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**‘Visiting Rights Only’: The Early
Experience of Nurses in Higher Education,
1918 – 1960**

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PhD Thesis

Abstract

This thesis explores the entry into, and early experience, of nursing in higher education, between 1918 and 1960. Because nursing education originated in the monotechnic environment of the hospital, it did not easily translate into the domain of the university. Accordingly, the status of nursing as a profession was compromised. Thus the professional status of nursing as a discipline of study is ambiguous and 'in-between'. This historical survey from 1918 to 1960, has been undertaken using a three strand approach, reading documents, viewing film and conducting oral histories. The scope of the study will trace three different courses which were instituted at university colleges around the country; the Diplomas in Nursing; the sister tutor; and health visitor courses. The study will also consider the special probationer schemes, that is nurse training schemes in hospitals in the late nineteenth and early twentieth centuries, for middle and occasionally upper-class, educated women; training for which these women would pay. These schemes are included by way of an introduction, in order to gauge some of the early ambiguities relating to the professional status of the nurse. This study was undertaken in order to demonstrate that although the professional status of nursing and its place in higher education were, and probably still are ambiguous, significant attempts were made in the early twentieth century to establish nursing as a discipline of study within the academy, when women's place in general within that sector was an anomaly.

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Abbreviations

Bedford College for Women	BCW
Florence Nightingale International Foundation	FNIF
General Nursing Council	GNC
International Council of Women	ICW
International Council of Nurses	ICN
King's College of Household and Social Science	KCHSS
King's College, London	KCL
King's College for Women	KCW
League of Red Cross Societies	LORCS
London School of Economics	LSE
London School of Hygiene and Tropical Medicine	LSHTM
Royal College of Nursing	RCN
Royal Sanitary Institute	RSI
Women Public Health Officers' Association	WPHOA
Women Sanitary Inspectors Association	WSIA
Women Sanitary Inspectors and Health Visitors' Association	HVA

Introduction

This thesis explores the history of nursing as a discipline of study and the professional status of the nurse. It will be shown that the positions of nursing and the nurse are problematic because they are conflated with other histories and disciplines. That is, nursing exists between labour, women's and educational histories. Specifically, the acceptance of nursing as a discipline of study in universities is complex and 'in-between'. Furthermore, it has been compromised by the uneasy translation from the hospital setting into that of higher education. The problem explored in this thesis is the ambiguity accorded to nursing as a profession and as a discipline of study. For example, several respondents remarked that those around them tried to dissuade them from entering the profession. Miss C¹ recalled the teachers at her school endeavouring to dissuade her, as did the parents of Miss L², Miss J³ and Lucy Duff Grant⁴. Moreover, at a conference held by the Headmistresses' Association and the College of Nursing in 1921, the Headmistresses' Association commented upon the many deterrents to educated young women entering the nursing profession⁵. However, the present study has identified a number of well-placed and educated young women who did enter nursing and considered themselves to have been achievers. For example, Miss C, who became matron of Leeds General Infirmary (LGI). She recalled how she was

¹ Miss C. Oral history interview 26th October 1999. Trained at Bradford Royal Infirmary. 1944 – 1948. Sister Tutor course RCN, 1952

² Miss L. Oral history interview 5th March 2002. Trained at Edinburgh Royal Infirmary. 1947 – 1951. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, 1961. MA University of Edinburgh, 1946

³ Miss J. Oral history interview 19th July 2000. Trained at Oldchurch County Hospital. 1940 – 1943. Diploma in Nursing (London University) 1955

⁴ Lucy Duff Grant. Oral history interview taken in 1983 by Father Kirkpatrick. Sister Tutor course, King's College for Women 1922. Diploma in Nursing, University of Leeds, 1923

⁵ Anon (1921) Nursing for educated women. *The Nursing Times*, 2nd April, p.380

the only one of her old sixth form who had a truly successful career⁶. Furthermore, the archives of the Royal College of Nursing identify that Miss Hallowes, an MA from Oxford had entered the nursing profession and in 1927 became the Education Officer at the College of Nursing⁷.

This study considers that the status of nursing as a profession is ambiguous and has been compromised by the uneasy translation of hospital nurse training into the university sector. The ambiguities are first created by the breadth of social class backgrounds among the entrants into nursing. Second, the relations between nurses and doctors precluded the normal social mores based upon class and gender. Third, what was called a 'School of Nursing' was rarely a school in the way normally understood. Fourth, the uniform of the nurse was a hybrid of domestic, military and religious dress. The professional status of the nurses in this study was compromised by the 'add-on' training they received when they entered the academy. That is, the education offered by the three courses in this study did not entirely conform to the liberal university ethos. Second, as post- registration students they were set apart from other students in the colleges they attended. Finally, they tended not to belong to any one particular college, but rather 'visited' a number of establishments for their education.

The two key issues in this study are the migration of nursing as a discipline of study into the university sector and the professional status of nursing. The first of these was made problematic by the previous hospital training received by the nurses, and that the university education was not at under-graduate level. The nurses were

⁶ Miss C. Sister Tutor course RCN, 1952

⁷ The College of Nursing. *History of the Department of Education*. RCN Archives, Edinburgh

women whose presence in higher education between World War I and World War II was anomalous. The College of Nursing with which all three courses had relations, did not appear to understand the nuances or 'games' of higher education, a lack of understanding which fed into the nurses on the courses themselves. Nursing was caught 'in-between' several other professional and work boundaries. Furthermore, nursing remained subservient to medicine, which had a strong professional ethos and was populated mainly by men.

Nevertheless, the argument in this study is that despite the problems faced by nursing as a profession, certain members of the 'elite' and 'leadership' did in fact achieve a space for nurses in the university sector at a time when few women in general attended university. In her 1966 PhD thesis, Reinkemeyer maintained that the Robbins Report into higher education in 1962 revealed that only 2.5% of women 'in the relevant age group' entered university and only 15% of the population of either sex was in full time education at the age of seventeen⁸. Thus, it is significant that an occupation, which was almost exclusively female the 1960s (this does not apply to the psychiatric nursing service), provided the opportunity for some of its members to enter university. The Diplomas in Nursing offered a post-registration education to nurses to prepare them for senior administration posts in hospitals. The sister tutor courses prepared a cadre of educators for the nursing profession and the health visitor courses provided the public health sector with 'agents of reform'⁹.

⁸ Reinkemeyer Sr M H (1966) *The Limited Impact of Basic University Education Programs in Nursing: A British Case Study* [unpublished PhD thesis] California, Berkeley University, p.28

⁹ Holdsworth A (1991) *Out of the Dolls House: The Story of Women in the Twentieth Century*. London, BBC Books, p.113

Terms of reference

There are a number of key terms of reference which will be used within this thesis. Within this study they will be understood as follows. 'Nursing as a discipline of study' refers to the formal programmes of nurse education, conducted in both hospitals and in universities. The 'professional status of nursing' refers to the way in which nurses - and especially the nursing elite and leaders - wished to be understood as a profession in their own right, standing next to medicine and other established, traditional learned professions. The preparation of 'a leadership or officer class of nurses' refers to those nurses who would later assume senior positions in the fields of hospital administration, nurse teaching and public health nursing. 'Elite' in nursing refers to those nurses who attained positions of power over the profession as a whole, such as those who were members of the Council of the College of Nursing, the General Nursing Council (GNC), or who held positions within government bodies, such as the Ministry of Health. References to the nursing profession's 'rank and file' concern the vast majority of nurses, who by virtue of education or social class would not achieve leadership positions, but rather spent their working lives directly attending the sick. The term 'ambiguous' refers to the uncertain position that the nurses in this study were located. References to nurses who attended universities having 'visiting rights' or being 'visitors', should be understood as them being allowed to enter, even welcomed, but not having full residential rights, that is not belonging to a university college. It should be noted that the term 'nursing' is itself somewhat ambiguous. Even in contemporary literature, it is not always clear whether one is required to be a Registered Nurse in order to carry out nursing. Nevertheless, in this study 'nursing' will refer to the undertaking of nursing work by trained nurses, unless otherwise stated.

Method

The method used to explore the issues of the migration of nursing as a discipline of study into the university and the professional status of nursing, has three components. The reading of archival and published documents, the viewing of film, both fiction and documentaries, and the conducting of oral histories. There will be several concepts drawn upon to explain the ambiguities. Firstly the notion of ‘in-betweenness’ from the work of the social anthropologist Marilyn Strathern, who used it to describe the lives of women in Melanesia¹⁰. In this study, the term will draw upon Joanna Latimer’s contemporary research on the ways that nurses organise their work in elderly care. Latimer described how nurses work as ‘the conductors of care’:

... like orchestral conductors, they are not free to decide how ward life should be ordered or care conducted. Like electrical conductors, nurses are the conduits through which power effects are made possible¹¹.

The notion of the ‘in-betweenness’ of women will be used to exemplify the ambiguous professional status of nurses as conduits of information and the ‘space’ between the patient and the domains of medicine and administration. The second set of concepts are those of class and gender drawn from the work of the French anthropologist, Pierre Bourdieu. These will also be used to explain the ambiguous professional status of nurses and their problematic migration into the university sector. The third set of concepts are those of dirt and pollution which are drawn from

¹⁰ Strathern M (1995) *Women in Between: Female Roles in a Male World: Mount Hagen, New Guinea*. Lanham, Maryland, USA, Rowman & Littlefield Publishers, Inc.

¹¹ Latimer J (2000) *The Conduct of Care: Understanding Nursing Practice*. Oxford, Blackwell Science Ltd., p.48

the cultural anthropologist Mary Douglas, in order again to explain the ambiguous professional status of the nurse.

Rationale for study

There are several reasons why this study was undertaken. First, that the history of nursing, has been an under-researched area in women's history. Second, the findings this study will contribute to the growing body of the social history of nursing. Third, the migration into higher education and the professional status of nursing are topical issues, as the debates regarding the position of nursing in higher education have not rescinded since the wholesale movement of nursing education into the university sector in 1997. Finally, as a trained nurse who then entered a college of health as a nurse-tutor and is now undertaking PhD studies, I feel that the history of nurses and nursing in higher education is part of my personal professional history.

Scope of the study

This study cannot hope to examine every university course that was available to nurses in the period in question, nor can it consider every possible function of the leaders of the profession of nursing. The scope of this study will thus be limited to three examples of university educational courses for nurses, the Diplomas in Nursing, the sister tutor and health visitor courses, between 1918 and 1960. The two dates are chosen as the first, 1918, reflects the year in which the first university course for nurses – the sister tutor course - was instituted at King's College for Women (KCW). The second date reflects the year in which the first under-graduate programme for nurses was instituted at a UK university, that is the integrated degree at the University of Edinburgh. However, by way of an introduction, the special probationers schemes, instituted first at St. Thomas's Hospital in 1867 will also be considered as they acted in part as a precursor to the university courses. Moreover

the history of the special probationer schemes will also provide a context for examining the professional status of nursing and the hospital training which was received by those who entered the profession. For as John Tosh argues, the historian must guard against presenting their work as a 'fixed single-track of events; context must be respected at every point'¹².

Brief description of chapters

Chapter one offers a review of the relevant literature and the historiography of nursing in order to explain the ambiguous position of the professional status of the nurse and how it was compromised. Until recently the history of nursing followed rather 'celebratory' lines, suitable for the inculcation of novices into the profession. These histories concentrated upon a history of the profession, which failed to take into account the lives, education and work of women in the period. The chapter will identify that although there has been a move in the last fifteen to twenty years to remedy this situation, it is still rare to find a historical work on nursing which sets the pursuits and ambitions of the profession within wider social, cultural, political and labour histories.

Chapter two considers the methods and methodology used to explore the ambiguities of the professional status of the nurse. The evidence used is drawn from both oral and documentary sources, and thus both are considered in this chapter. Documentary sources include both archival and published material. Moreover, although this research draws upon the work of women's historians in the fields of educational,

¹² Tosh J (2002) *The Pursuit of History*. Harlow, Pearson Education Ltd., p.11

cultural and labour histories, this method chapter will identify the absence of nursing from much of their work.

Chapters three to six are dedicated to the data itself, and are set within the various contexts of household science, teacher training and the production of an 'efficient' nation. Chapter three considers the early attempts to establish a leadership class, an attempt which was compromised by the ambiguous status of nurses. First, it considers the failed attempt of Ethel Gordon Fenwick and her supporters to create not only a Chair in Nursing, but also a Faculty of Nursing within the University of London, between the 1880s and 1930s. This will explain some of the difficulties of the translation of nursing as a discipline of study from the hospital to the university setting. Under the impetus of internationalist feminism, this move was to act as a memorial to Florence Nightingale. This was, ostensibly a symbolic gesture as Nightingale herself was no advocate of higher education for women. But, her cachet in the cultural canon was high, making opposition difficult to assert. Secondly the chapter considers the special probationers schemes, which this study demonstrates endured beyond the period previous studies suggested.

Chapters four to six consider the experience drawn by the nursing leadership from the inroads of women into higher education. Nurse leaders were adept at articulating essentialist argument to promote post-registration and more advanced forms of education for nurses. Thus, they looked to those environs which were known to be receptive to women's higher education, for the preparation of their future leaders in teaching, administration and public health. Drawn from the London voluntary hospitals, nurse leaders were confident that the supply of suitably qualified women to take up places at university would be adequate based upon their own experience as

matrons of elite institutions. Certainly, in the early years, the recruitment profile of candidates to the courses suggests that there was a stratum of women from educated backgrounds which could feed the supply lines of the university courses once established.

Chapter four deals with the first of attempt to create a university award for nurses, through the establishment of the Diplomas in Nursing at the Universities of Leeds and London in the 1920s. These courses were designed to provide hospitals with well-educated women as matrons, sisters and, originally, sister tutors. These courses represented one of the first examples of extra-mural, part-time courses for women and therefore could be considered as part of a progressive agenda to promote participation in higher education for women. However, the prestige of nursing, compromised by its proximity to bodily pollutants, its female workforce and limited cultural capital, alongside the *ad hoc* nature of the courses, compromised the success of these courses. Furthermore, it is unclear how prevalent the demand for such courses were? Indeed, this study raises questions about the esteem in which the courses were held by the profession itself. They were never formally endorsed or accredited as a pre-requisite by any professional organisation, including the College of Nursing and later Royal College of Nursing. The uptake was limited by funding and the problems caused by erratic off-duty. Moreover, nursing shared something of a 'legitimacy crisis' with other would be university subjects such as domestic science, and like it, was required to move between essentialist and eugenic discourses to justify its place in the academy.

Chapter five considers the second strand of leadership activity; that of teaching and education itself. Nurses were prepared in pedagogic skills and practices to enable

them to provide advanced instruction in nursing as a craft. However, just as the probationer's education was secondary to the work of the hospital, the sister tutor's position, once she qualified, placed her under the aegis of the matron. Her life was as much regulated by hospital service needs as that of her students. As Rafferty has argued, even though a number of nurse leaders in the inter-war period had some anxieties related to the 'quality of leadership that was available to British nurses'¹³, there was little impetus to remove nurse training from the 'economics of the hospital'¹⁴. Furthermore, unlike medicine, the dominant ethos of nursing remained a craft rather than an academic subject.

Chapter six deals with the post-registration education for public health nurses, most especially, health visitors. This provision has a rather different history, its ancestors being those women who instituted district visiting and sanitary inspection. The chapter will focus upon the discussions related to the positioning of health visitor education and professional organisation within the public health movement and nursing itself. It will be argued that there were differences in the class make-up of this profession to its nursing cousins, but that, like nursing, it faced a position of inferiority when placed against its male counterpart. Moreover, health visitors' different history meant that the translation of nursing as a discipline of study from the hospital to health visiting as a discipline of study in the university setting was even more uneasy than that for their nursing colleagues in the hospitals.

¹³ Rafferty A M (1996) *Nursing: An Intellectual Culture*. Paper delivered during the 40th anniversary celebrations of the Department of Nursing Studies, the University of Edinburgh, p.11

¹⁴ Rafferty (1996) *Nursing: An Intellectual Culture*, p.9

The final chapter will summarise the arguments used to support the findings of this study. It concludes that the leadership's agenda for establishing nursing in higher education revolved around the extent to which nursing as a discipline of study was considered worthy of a space within the university sector, since, many members of the profession held ambivalent views as to the need for university-educated nurses. As the recent criticisms of nursing education suggest, the objections have still not been resolved.

Chapter 1: Women's lives, women's work, women's education:

A review of the literature, 1850-1960

It is a significant fact, of all the professions into which women have flocked in recent years, that of nursing has apparently least attracted the Girton girl¹.

Introduction: Aims and objectives

The purpose of this chapter is to examine the place of nursing within the wider fields of women's, educational and labour histories in order to gauge the ambiguities of the professional status of the nurse. It will be shown that nursing history has only recently begun to display the critical and academic rigour required to gain credence as a serious scholarly endeavour. Nevertheless, it is arguable that such an unequivocal criticism of nursing history should be tempered with the realisation that women's history is also a reasonably new discipline. Thus, in order to find a place for nursing within wider social histories, this chapter will explore the possible reasons for the lacuna of nursing in more mainstream historiography. The chapter will begin with a discussion of the dominant themes to be examined. This will be followed by an analysis of the 'space' for the history of nursing; that is its location within historical scholarship and more generally its 'in-betweenness' as an academic discipline. The notion of 'in-betweenness' comes from the work of the anthropologist, Marilyn Strathern, in her work on women in Melanesian culture. In *Women in Between: Female Roles in a Male World: Mount Hagen, New Guinea*, she describes the various ways in which

¹ Anon (1919) Girton girls as nurses. *The Nursing Times*. 2nd August, p.765

women are understood as being in-between; as links between people and communities, one world and the next and as a go-between². It will be shown that the historiography of nursing and nurses is also in-between and that nurses and nursing as a discipline of study moved between a series of reference points. Therefore, it has been difficult to locate both the person of the nurse and nursing in any particular set of historical texts or traditions. As Deborah Simonton has argued, 'Nursing history is situated within a number of discourses'³. Sitting neither in the historiography of women's work, nor education, nor within the clearly defined Victorian notion of domesticity.

Nursing was neither domestic work, though many of her duties were of a domestic kind. Nor was nurse training strictly speaking an educational endeavour, although the notion of a 'school' persisted. Some of the smaller hospitals certainly drew their recruits from a similar social class to that of the upper servant and in the major voluntary, teaching hospitals, many came from the class akin to those entering teaching work. Moreover, the burgeoning 'white blouse' occupations - that is secretarial, clerical and shop work, again came from a similar class to the rank and file of nursing. However, the white blouse occupations tended to be more popular than nursing and contrary to anticipated recruitment, nursing appears to have lost out to them.

This chapter will begin by considering the historiography of nursing. This will be followed by a discussion of the alternative educational and career options

² Strathern M (1995) *Women in Between: Female Roles in a Male World: Mount Hagen, New Guinea*. Maryland, USA, Rowman & Littlefield Publishers, Inc., pp.138-139

³ Simonton D (2001) Nursing history as women's history. *International Journal of Nursing History*. Vol.6, No.1, p.43

available to women in the late nineteenth and early twentieth centuries. It will be argued that nursing has yet to find a 'space' for itself in the historiography of women, as well as establishing itself as a popular choice of career for educated women.

The place of nursing historiography

The dominant feature of nursing historiography, and the first set of themes used to frame this chapter, is that nursing has traditionally been isolated from more mainstream academic histories of labour, education and women's history by virtue of its ambiguities and in-betweenness. Moreover, the uneasy translation of nursing as a discipline of study from the hospital to the university setting made its place within the academy uncertain. It is also arguable that nursing has been concealed from the wider world through its connections to the intimate and dirt. Although the recent resurgence in the interest in the body⁴ could well have placed nursing centre stage, sadly this does not appear to have been the case. Ironically, the near absence of the body within the history of nursing has been most apparent in the historical work by nurses themselves. One of Christopher Maggs' objectives in his 1983 book, *Origins of General Nursing*, was to focus on the work of nurses however, even since the publication of this text, there has been a paucity of historical studies of nursing work⁵. Whilst the idea that women have been 'hidden from history', has been widely recognised, since the term was first

⁴ See Lawler, J (1997) *Locating the body in nursing, & Knowing the body and embodiment: methodologies, discourses and nursing*, Rudge T (1997) *Discourses, metaphor and bodies: Boundaries and skin & Parker J (1997) The body as text and the body as living flesh: Metaphors of the body and nursing in postmodernity*. All in: Lawler J (ed.) *The Body in Nursing*. South Melbourne, Australia, Churchill Livingstone

⁵ Maggs C (1983) *Origins of General Nursing*. London: Croom Helm

used by Sheila Rowbotham in 1973⁶, the concept of 'hiddenness' has rarely been used as a framework for analysis in the history of nursing.

The second set of themes to frame this thesis will be Mary Douglas's notions of dirt and pollution. In *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo*, first published in 1966⁷, Douglas explores the ritual, pollution and taboos of 'primitive' peoples, hoping to achieve some understanding of the ways in which the modern world comprehends such concepts. Sara Delamont uses Douglas to explore the history of women's higher education⁸, but Douglas has only rarely been invoked in nursing history. The exceptions to this are firstly, Alison Bashford's, *Purity and Pollution: Gender, Embodiment and Victorian Medicine*, although this work is predominantly about medicine, not nursing⁹. Secondly, in Holden and Littlewood's, *Anthropology and Nursing*, Jenny Littlewood discusses the ambiguities of the caring role of nurses, particularly, with reference to the proximity to, and management of, excreta¹⁰. More recently, in her lecture at the Florence Nightingale Museum, on 10th July 2002 Pamela Wood discussed issues of dirt and nursing, in relation to changing attitudes in different time periods¹¹. However, considering the centrality of issues of dirt and pollution in nursing work, it seems rather regrettable that there should

⁶ Rowbotham S (1973) *Hidden from History: 300 Years of Women's Oppression and the Fight Against It*. London: Pluto Press

⁷ Douglas M (2001) *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London, Routledge

⁸ Delamont S (1989) *Knowledgeable Women: Structuralism and the Reproduction of Elites*. London, Routledge

⁹ Bashford A (2000) *Purity and Pollution: Gender, Embodiment and Victorian Medicine*. Basingstoke, Macmillan Press Ltd.

¹⁰ Littlewood J (1991) Care and ambiguity: Towards a concept of nursing. In: Holden P & Littlewood J (eds.) *Anthropology and Nursing*. London, Routledge, pp.170-189

¹¹ Wood P. Lecture given at Florence Nightingale Museum, 10th July 2002. *Nursing and Dirt*. It does not appear that this lecture has been published

have been such a paucity of analysis on this subject, since concepts such as ‘dirt’ and ‘pollution’ can be useful constituents for comprehending the historical world of nursing and the nurse. This chapter will thus explore the cultural roots of ‘concealment’ and dirt, within women’s and more pertinently nursing history, by way of illustrating the ambiguities in the professional status of the nurse.

The third set of themes are based upon the work of Pierre Bourdieu. His sociological analysis of class and gender is particularly pertinent since, as the world of the nineteenth and early twentieth century woman was robustly divided by these two concepts. That is, women were always understood as subservient to men as nurses were to doctors. As Kate Hovgaard Jakobson has argued:

The hierarchical order involves both masculine dominance – **man-woman** – as well as the medical science’s dominance – **doctor-nurse** – which is embedded in the unconscious harmony between habitus and the field of treatment/care, where doctors and nurses act together [bold in the original]¹².

Significantly, compared to his popularity in other parts of Europe, Bourdieu has been relatively neglected in the history of nursing in the UK. This seems a particularly crucial omission, given the amount of work which has been produced about the gender and class make-up of the nursing work-force, and how the two concepts have affected the professional status of the nurse. As Eva Gamarnikow maintains in her 1985 thesis:

¹² Hovgaard Jakobson K (2001) Den verdslige sygeplejerskeuddannelse ved Københavns Kommunehospital 1876. Et Bourdieu-studie af uddannelsens opkomst og konstituering. (The secular nurse education at the Kommune Hospital in Copenhagen, 1876 A Bourdieu study of the education’s emergence and constitution). Aarhus, Denmark, Danmarks Sygeplejerskehøjskole ved Aarhus Universitet. English Summary to published thesis, p.iii

There exists to my knowledge, no other systematic exploration of nursing history from the historical vantage point of the sexual division of labour...The interest in the sexual division of labour is relatively recent, and coincides with the feminist intervention in the discipline¹³.

Having offered a brief discussion of the themes to be used within this thesis, it seems pertinent to offer an examination of some of the possible philosophical and practical problems that the historiography of hospital and public health nursing has faced in gaining a space in the histories of women, labour and education.

‘Write? What’s the good of your writing?’¹⁴ Early women’s history and its effects on nursing history

During the ‘second wave feminism’ of the 1970s, women academics, attempted to reverse the masculine domination in university departments, and the subjects under study¹⁵. This is not to say that, prior to the 1970s, women’s history was absent, but that during this decade women’s history became associated with the populist women’s movement. As Jordanova has argued, this association made it ‘a threat to the academy’; the academic and popular movements, when united, could not be ignored¹⁶. In 1937, Ellen Dorothy Abb, a BA Modern Languages graduate from Leeds University wrote:

¹³ Gamarnikow E H A Z (1985) *Women's Employment and the Sexual Division of Labour: The Case of Nursing, 1860 – 1923* [unpublished PhD thesis] London, London School of Economics and Political Science, University of London, p.14

¹⁴ Woolf V (1996) *A Room of One's Own*. London, Vintage, p.49

¹⁵ Scott J W (1988) The problem of invisibility. In: Kleinberg S J (ed.) *Retrieving Women's History: Changing Perceptions of the Role of Women in Politics and Society*. Oxford, Berg/Unesco, p.7

¹⁶ Jordanova L (2000) *History in Practice*. London, Arnold, p.9

It would have been simple to insert “and women” after men. But what is so disconcerting, so disquieting, is that it is obvious that the omission is not deliberate – it is entirely unconscious, natural, instinctive¹⁷.

Jordanova continued her examination of women’s history by arguing that the appointment of women in universities, especially in the more senior positions, remains paltry compared to their male colleagues. Thus, just as women remained peripheral within the academy, so the study of women also remained peripheral¹⁸. Certainly, departments of nursing remain illustrative of wider gender inequalities. The appointment of nurses to academic, and especially senior academic posts, is limited. Many teachers of nursing in universities are placed within the ‘academic-related’ category; by comparison the numbers of women in other academic departments begins to look impressive. Therefore, if the concealed position of women, both in history and historical writing, is extensive, how much more so for women who are nurses, or are writing about nurses?

Although women’s history is about women and their lives, according to June Purvis, ‘the history of women is not identical for all the female sex’¹⁹. Furthermore, whilst nursing was definitely a gendered occupation, to understand it simply as such, ignores the importance that it played as an incursion for many women into the public world of work, or that many women consciously chose it over other work. Given the impact that nursing had on the lives of many women, as an entrée into the world of work, especially in the Victorian and Edwardian

¹⁷ Abb E D (1937) *What Fools We Women Be!* London, Cassell and Company, Ltd., p.11

¹⁸ Jordanova (2000) *History in Practice*, p.43

¹⁹ Purvis (1992) Using primary sources when researching women's history from a feminist perspective. *Women's History Review*. Vol.1, No.2, p.274

eras, and that it constitutes the largest female occupational group, it would perhaps be assumed that a relevant amount of space had been offered to the profession in the historiography. This belief has not however, been justified, leaving what Sioban Nelson has described as a history of women which is, 'is in danger of gross distortion'²⁰. Furthermore she has argued, nurses and historians engaged in writing nursing history rarely intersect²¹.

Purvis has acknowledged the reasons for antipathy of feminist history towards traditional female roles²². She contends that, during the nineteenth century, many women created a role for themselves within the private world of the family. This separate sphere of domesticity ultimately became the dominant ideology for respectable women, of whatever class. If the position of the nurse is concomitant with this movement, then it simply becomes another place in which women remained subordinate, that is, having no independence which is offered by financial remuneration, but away from, and therefore not in opposition to, men. But nursing was different, for although many of the early lady nurses did not work for money, and they were in many ways subordinate to the world of medicine, they did manage to create their own power-base, in which, if financial remuneration was required, was given. Furthermore, whereas the nurse in the late nineteenth and early twentieth centuries, was certainly subsumed into the patriarchal system of doctors and hospital administrators, many of the women to

²⁰ Nelson S (2002) The fork in the road: Nursing history versus the history of nursing. *Historiographical Essay. Nursing History Review*. Vol.10, p.185

²¹ Nelson S (2003) A history of small things. In: Latimer J (ed.) *Advanced Qualitative Research for Nursing*. Oxford, Blackwell Publishing, p.212

²² Purvis (1992) Using primary sources when researching women's history, p.274

whom this study refers, were anything but what Diane Hamilton has described as 'manipulated nurses'²³.

When analyses of the world of nursing have been made by women's historians, the views have often been polarised. In *Independent Women: Work and Community for Single Women, 1850-1920*, Martha Vicinus included a chapter on nursing, but whilst her examination of the academic communities for women were positive, she was critical of the nursing profession and those who entered it²⁴. In contrast, in *Victorian Ladies at Work: Middle-Class Working Women in England and Wales, 1850-1914*, Holcombe appears to have extolled the virtues of the profession and those who made it their work:

This goal [to raise nursing to a respectable profession for middle-class women] was triumphantly achieved, and no aspect of the women's movement is more striking or important than the transformation of nursing from a refuge for the outcast into an honourable and skilled calling, and a very popular one as well²⁵.

In her study 'Late Victorian Women', Pat Thane has presented a more balanced approach to the 'haven' offered to a 'small, but significant number of women' who entered the single sex communities of 'boarding schools, nurses' home, settlement or shared "digs"²⁶. Other historians however, have shown little or no interest in nursing, ignoring, or virtually ignoring, their work altogether. Purvis'

²³ Hamilton D (1994) Constructing the mind of nursing. *Nursing History Review*. Vol.2, No.3, p.3

²⁴ Vicinus M (1985) *Independent Women: Work and Community for Single Women, 1850 - 1920*. London, Virago

²⁵ Holcombe L (1973) *Victorian Ladies at Work: Middle-Class Working Women in England and Wales, 1850-1914*. Newton Abbot, David & Charles, p.68

²⁶ Thane P (1988) Late Victorian women. In: Gourvish T R & O'Day A (eds.) *Later Victorian Britain, 1867 - 1900*. Basingstoke, Macmillan Education, p.179

Women's History: Britain, 1850–1945, has only one reference, in which it is likened to casual labour, with domestic work²⁷. Furthermore, Braybon and Summerfield's *Out of the Cage: Women's Experiences in Two World Wars*, fails to make any mention of the work done by nurses. Moreover, whilst they offer a comprehensive analysis of the effects of the 'marriage bar' on many women professional groups, its effects upon nursing are ignored²⁸. Martin Pugh's work on the women's movement in Britain from World War I has no index citation for nurses, although he does make cursory allusions to them, first, regarding nursing and VAD work in World War I, and second, within the chapter on the anti-feminist reactions of the inter-war period²⁹. Significantly, he appears to infer that the nursing profession was in part responsible for the poor level of wages for women in the 1920s³⁰. Significantly for the present study, Horn whilst acknowledging that women's professional roles in the 1920s were generally of a lowly status, singled out nursing management as the exception to the rule³¹. It thus appears that the position of the nurse is one of ambiguity for many women's historians.

The role of public health nurses and health visitors does appear to be given more credence within women's history and the history of health and welfare. When in 1958, George Rosen wrote *A History of Public Health*, he described the public

²⁷ Hudson P (1995) Women and industrialization. In: Purvis J (ed.) *Women's History: Britain, 1850 - 1945: An Introduction*. London, UCL Press, p.29

²⁸ Braybon G & Summerfield P (1987) *Out of the Cage: Women's Experiences in Two World Wars*. London, Pandora. The marriage bar was put in force after WWI and remained intact until WWII, in professions such as nursing, teaching and the civil service. It prevented women from remaining in the employ of these professions on marriage

²⁹ Pugh M (2002) *Women and the Women's Movement in Britain, 1914 – 1999*. Basingstoke, Macmillan, p.30

³⁰ Pugh (2002) *Women and the Women's Movement in Britain*, p.81

³¹ Horn P (1995) *Women in the 1920's*. Stroud, Alan Sutton Publishing Ltd., p.133

health nurse as one 'who today is an accepted member of the staff of any progressive public health agency'³². However, analyses of health visitors tend to be framed within examinations of women's health, welfare and childrearing, topics that have had a particular resonance with women's historians. As Jane Lewis has argued in the building of the Welfare State, it was necessary that the boundaries between the private and public spheres blurred so that 'women were able to 'domesticate the public', but within certain well-defined limits'³³. Thus she continued, women made the important move from unpaid volunteer to paid public health worker, although they rarely made it to positions of policy-maker³⁴. Furthermore, their professional roles complied with strict gender segregation: women health officials were called 'health visitors' to distinguish them from their male colleagues, and their work was more focused on family welfare, thus reflecting a more 'feminine' bias³⁵. Anne Scott has argued, that the Lady's Sanitary Association, out of which the health visitor arose, 'was relatively apolitical', although she continued, the issues of health and hygiene did ultimately assist the feminist movement in Britain³⁶. Furthermore, as Thane has maintained, Labour women gained a more powerful voice when issues of childbirth and child rearing became a preoccupation³⁷. Certainly, it is arguable that the role of the health visitor became increasingly useful to local government, especially with the

³² Rosen G (1958) *A History of Public Health*. Baltimore & London. The Johns Hopkins University Press, p.350

³³ Lewis J (1994) Gender, the family and women's agency in the building of 'welfare states': The British case. *Social History*. Vol.19, No.1, p.44

³⁴ Lewis (1994) Gender, the family and women's agency in the building of 'welfare states', p.44

³⁵ Lewis J (1984) *Women in England, 1870 – 1950: Sexual Divisions and Social Change*. Sussex, Wheatsheaf Books, p.194

³⁶ Scott A L (1999) Physical purity feminism and state medicine in late nineteenth century England. *Women's History Review*. Vol.8, No.4, p.625

³⁷ Thane P (1991) Visions of gender in the making of the British welfare state: the case of women in the British Labour Party and social policy, 1906 - 1945. In: Bock G & Thane P (eds.) *Maternity and Gender Politics: Women and the Rise of the European Welfare States, 1880s – 1950s*. London, Routledge, p.100

realisation of the poor health of the nation after the Boer War³⁸. Davidoff and Westover's discussion of health visitors is couched in terms of the campaign to 'glorify, dignify and purify motherhood' after the Boer War³⁹. To this end, they continued, the government organised professional support to enable women to make the best of the resources they had, rather than treat the poverty of the nation. Thus, whilst health visiting receives a more visible position within women's history than nursing, it appears that it is not because of the profession itself, but rather that health visitors are treated in women's history texts as an adjunct to discussions about motherhood⁴⁰.

This apparent interest in health visiting, compared to the near absence of nursing from seminal texts of women's history, might be the consequence of philosophical as well as practical issues. Firstly, second wave feminism may have chosen to ignore nursing as it was seen to belong firmly within the patriarchal stronghold of the nineteenth century, and to consider women in the 'learned professions' was more in keeping with feminism⁴¹. Significantly, it was not unknown for the Victorian and Edwardian pioneers of women's work and educational reform to be dismissive about nursing, considering its professional status to be ambiguous. Emily Davies, co-founder of Girton College, Cambridge, maintained that:

³⁸ Holdsworth A (1989) *Out of the Doll's House: The Story of Women in the Twentieth Century*. London, BBC Books, p.112

³⁹ Davidoff L & Westover B (1986) 'From Queen Victoria to the Jazz Age': Women's world in England, 1880 – 1939. In: Davidoff L & Westover B (eds.) *Our Work, Our Lives, Our World: Women's History and Women's Work*. Basingstoke, Macmillan, p.5

⁴⁰ Holdsworth (1989) *Out of the Doll's House*, pp.113-114

⁴¹ Baer E D (1997) Women and the politics of career development: The case of nursing. In: Rafferty A M, Robinson J & Elkan R (eds.) *Nursing History and the Politics of Welfare*. London, Routledge

...the position of a nurse is in every way too nearly allied to that of an upper servant, to be in the least appropriate for the daughters and sisters of the mercantile and professional classes⁴².

It is therefore ironic that discussions of health visiting tend to be associated with the quintessence of femininity, that is, motherhood. The second possible reason for the dearth of nursing in women's historical texts is the ambiguous position of nurses, existing, as they do, in-between the histories of education and work. Histories of professional women tend to overlook nursing because of its subservience to medicine, and histories of working-class women's work ignore nursing because of its links with middle-class pioneers. The third possible explanation is linked to the history of women in higher education. The Robbins Report of 1963, did not consider nursing to be within its remit, as, according to Altschul, 'the term "higher education" did not apply'⁴³. Significantly, Reinkemeyer has argued that Robbins Committee, to its credit, did in fact request projections for recruitment into nursing education in the 1970s and 1980s, from the General Nursing Council (GNC) of England & Wales and Scotland, but that:

...both organisations submitted only non-committal memoranda concerning present academic requirements for entry to their respective nurse training systems. Neither so much as mentioned university – despite the fact that the four experimental university programmes had been instituted already...⁴⁴

⁴² Davies E (1862) *Medicine as a Profession for Women*. For: The Social Science Congress; 1862, 11th June; London, Emily Faithful, p.6

⁴³ Altschul A T (1987) Why higher education for nurses? Issues and developments. *Nurse Education Today*. Vol.7, p.11

⁴⁴ Reinkemeyer Sr. M H (1966) *The Limited Impact of Basic University Education Programs in Nursing: A British Case Study* [unpublished PhD thesis] California, Berkeley University, p.40

However, it is perhaps only too easy to criticise the GNC for failing to identify university courses for nurses. The Robbins Committee's remit was higher education, and the number of nurses who were educated in the university sector was, even into the 1980s, very limited. Furthermore, it would appear that the higher education sector itself failed to articulate the presence of nursing as a discipline of study. Arrowsmith's history of Battersea College of Technology, which pioneered health visitor education, makes only cursory references to the founder of the course Miss Bideleux and the provision of health visitor education itself⁴⁵.

Fourthly, it is arguable that as the work that nurses do is itself private and hidden, so that they in turn are required to be hidden from the public gaze. In *Regeneration*, Pat Barker describes how the worst invalids from World War I were hidden away in the hospitals, away from the public eye; their deformities, both mental and physical being too much a reminder to those at home of the brutality of the war⁴⁶. Nurses' intimate relationship with these men meant that, by extension, they too must be hidden. This leads to a possible final explanation for the near absence of nursing from women's historical texts. Owing to the hidden and taboo nature of nursing work, there has been a lack of primary sources, which would have certainly curtailed any research, sadly; few nurses have written about their work. It is arguable that the role of the historian of nursing is to break this apparent vicious circle, and relocate nurses and nursing in the records. Indeed, there has been a growth in the discipline of the history of nursing and, having

⁴⁵ Arrowsmith H (1966) *Pioneering in Education for the Technologies*. Surrey, University of Surrey, p.54

⁴⁶ Barker P (1995) *Regeneration*. London, Viking, p.143

discussed the status of nursing in women's historiography in general, it is the historiography of nursing per se that this chapter will now turn.

'And still Florence was not satisfied'⁴⁷. From 'women worthies'⁴⁸ to social history

According to Rafferty, until recently the historiography of nursing has been self-congratulatory⁴⁹ and written specifically for the socialisation of its recruits and neophytes⁵⁰. In 1992, Godden, Curry and Delacour argued that:

Much history written or commissioned by nurses and other health industry groups has been adversely affected by the narrow aim of celebrating constructed heroes, ethos and ideology. The result has been a lack of critical analysis, a lack of socio-political and economic contextualisation and the location of nursing history outside social history⁵¹.

In its earliest incarnation, the acceptance by the nursing profession that there was one acknowledged history flourished. As Nelson has argued:

The narrative of nursing leaders-turned-historians constructed nursing in a particular way – as a story of a steady progress towards the light⁵².

This history involved, as Davies maintained twenty years previously, a:

⁴⁷ Woodham-Smith C (1950) *Florence Nightingale, 1820-1910*. London, Constable and Company Ltd., p.22

⁴⁸ Purvis J (1995) *Women's History: Britain, 1850-1950*. London, UCL Press, p.1

⁴⁹ Rafferty A M (1992) Historical perspectives. In: Robinson K & Vaughan B (eds.) *Knowledge for Nursing Practice*. Oxford, Butterworth-Heinemann Ltd., p.27

⁵⁰ Rafferty (1992) Historical perspectives, p.31

⁵¹ Godden J, Curry G & Delacour S (1993) The decline of myths and myopia? The use and abuse of nursing history. *The Australian Journal of Advanced Nursing*. Vol.10, No.2, p.27

⁵² Nelson S (2003) A history of small things, p.212

... broad-brush history, covering centuries rather than decades...
Its focus is particularly upon individuals, leaders in the field'⁵³

The proclamation of Christine Chapman, then Director of Advanced Nursing Studies at the Welsh National School of Medicine, to the 2nd Conference of the Association of Integrated and Degree Courses in Nursing, 1974, was typical of this thesis. She asserted a primacy of Nightingale, an assertion which remained unchallenged for decades:

As we all know, modern nursing owes its existence to the efforts of Florence Nightingale and her 'lady probationers'⁵⁴.

In 1985 Masson's *A Pictorial History of Nursing*, opened its section on the Crimean War, with, 'Florence Nightingale to the rescue'⁵⁵. In 1996, Donahue argued:

The Nightingale School was extremely important to nursing. It served as a model for other schools, sent out graduates to foreign lands, and raised nursing from degradation and disgrace to the rank of a respectable occupation for women⁵⁶.

⁵³ Davies C (1980) Introduction: The contemporary challenge in nursing history. In: Davies C (ed.) *Rewriting Nursing History*. London, Croom Helm, p.11

⁵⁴ Chapman C (1974) *Nursing Education-Curriculum Content (Why Bother to Teach It?)*. In: Smith J P (ed.) Report of the 2nd Open Conference of the Association of Integrated and Degree Courses in Nursing. 12th - 14th July; Penarth, Glamorgan (University College of South Wales), p.5

⁵⁵ Masson M (1985) *A Pictorial History of Nursing*. Twickenham, Hamlyn Publishers, p.52

⁵⁶ Donahue M P (1996) *Nursing: The Finest Art*. St. Louis, Mosby, p.207

'The mythologisation of Nightingale'⁵⁷

Florence Nightingale remained ubiquitous in the historiography of the late twentieth and early twenty-first centuries, just as she had in the early twentieth century. Writers such as Woodham-Smith⁵⁸, one of Nightingale's earlier biographers, Lucy Seymer⁵⁹ and Agnes Pavey⁶⁰, explored the professionalisation of nursing and influence of Nightingale, with little or no critical analysis related to the social and political motivations of those who sought to 'reform' nursing in the nineteenth century. Nightingale is invariably applauded as the sole force behind reforms in nursing, reforms, which it has been argued, were much needed and which, it appears from the early historiographers, were her life's most important work. Although Lytton Strachey's biographical work on Nightingale described her as 'still ravenous for more and yet more work, her activities branched out into new directions'⁶¹, many ignored Nightingale's other contributions to Victorian science and politics. Even respected women's historians, such as Barbara Ehrenreich, failed to create a balanced appraisal of Nightingale in respect to the value she placed on her work for nursing⁶². More recent and more critical historiography has sought to redress this assessment, which according to Dingwall, Rafferty and Webster, may have had as its cause, Nightingale's ability

⁵⁷ Hallam J (2000) *Nursing the Image: Media, Culture and Professional Identity*. London, Routledge, p.19

⁵⁸ Woodham-Smith 1950) *Florence Nightingale*

⁵⁹ Seymer L R (1956) *A General History of Nursing*. London, Faber and Faber Ltd.

⁶⁰ Pavey A (1938) *The Story of the Growth of Nursing as an Art, a Vocation and a Profession*. London, Faber and Faber Ltd.

⁶¹ Strachey L (1928) *Eminent Victorians*. New York, G P Putnam's Sons, p.183

⁶² Ehrenreich B & English D (1973) *Witches, Midwives, and Nurses: A History of Women Healers*. New York, The Feminist Press

as a self-publicist⁶³. It is to this more historically rigorous literature that this chapter will now turn.

Challenging assumptions: threatening or enrichment?⁶⁴

In the last two decades of the twentieth century, a more critical historiography of nursing has been in the ascendancy. In 1991, Newby reiterated the need for a 'new' history, a judgment he had originally made in 1979 to the Royal College of Nursing, History of Nursing Society:

There must be a wider form of nursing history to teach. More content, more sources and more micro histories are needed to overcome the current institutional linear approach⁶⁵.

Moreover, it should not be assumed that all works, even in part dedicated to Nightingale, have failed to critically analyse her impact upon nursing, and perhaps the world of middle-class women's work in general. Summers has argued in her seminal text on Sarah Gamp, the eponymous anti-hero of the pre-reform nursing movement:

With few exceptions, modern historians of nursing have also accepted Dickens' caricature as an accurate portrayal of the mid-nineteenth-century nurse. This is in part due to the domination of the literature on the subject by Florence Nightingale biography and hagiography⁶⁶.

⁶³ Dingwall R, Rafferty A M & Webster C (1988) *An Introduction to the Social History of Nursing*. London, Routledge, p.48

⁶⁴ Godden et al. (1993) The decline of myths and myopia? p.28

⁶⁵ Newby M (1991) The problems of teaching nursing history - twelve years on. A personal view of the progress. *History of Nursing Journal*, Vol.3, No.5, p.1

⁶⁶ Summers A (1989) The mysterious demise of Sarah Gamp: The domiciliary nurse and her detractors, c. 1830-1860. *Victorian Studies*, pp.365-366

Significantly, this article originally written in 1989 in the early years of critical nursing history, was re-written as a chapter of the same name, in *Female Lives, Moral States: Women, Religion and Public Life in Britain, 1800-1930*. However, the above quotation was not emended, perhaps suggesting that the situation has not altered appreciably⁶⁷.

As early as 1978, Whittaker and Olesen argued that the popular face of Nightingale was grounded in cultural acceptability, bound by the conventions of family and femininity. Her historical face, they maintain, is far from those idealised cultural norms, exhibiting ‘characteristics tinged with masculinity, aggression, and divorcement from the home and family aspects of femininity’⁶⁸. Pam Hirsch has certainly offered a more realistic description of Nightingale, given her achievements:

Florence Nightingale, an unstoppable force, achieving high goals, but willingly sacrificing individuals to her cause⁶⁹.

Significantly these are traits which Poovey has suggested bear a closer resemblance to that of the politician or soldier⁷⁰. Perhaps, Whittaker and Olesen continued, even though the clamour for women's emancipation was becoming louder in the latter years of the nineteenth century, the nursing profession's

⁶⁷ Summers A (2000) *Female Lives, Moral States: Women, Religion and Public Life in Britain, 1800-1930*. Newbury, Threshold Press Ltd., p.100

⁶⁸ Whittaker E & Olesen V (1978) The faces of Florence of Nightingale: Functions of the heroine legend in an occupational sub-culture. In: Dingwall R & McIntosh J (eds.) *Readings in the Sociology of Nursing*. Edinburgh, Churchill Livingstone, p.24

⁶⁹ Hirsch P (1998) *Barbara Leigh Smith Bodichon, 1827 – 1891: Feminist, Artist and Rebel*. London, Chatto & Windus, p.248

⁷⁰ Poovey M (1989) *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England*. London, Virago Press, p.168

leadership persisted in emphasising the feminine side of the popular face of Nightingale, who in their estimation was determined to tread:

...softly in this respect by choosing a path, with respect to the roles of women, which could not excite too much opposition⁷¹.

Such attitudes meant that neither nursing pioneers nor early historians needed to deal with the ambiguities of the Nightingale legacy. One of the key elements of the 'new' history was for historians of nursing to locate their work within the wider sphere of the socio-political and economic world, thus considering why the nineteenth century pioneers of nursing would choose to tread softly. Rafferty has argued that Maggs was one of the first nurses to consider the history of nursing in terms of social history⁷². His *Origins of General Nursing* offers an analysis of the training of the 'New Nurse' within a framework of labour history and critiques of the apprenticeship system⁷³. Whilst Rafferty's *Politics of Nursing Knowledge*, locates the history of professional developments of nursing in the twentieth century within the sphere of national politics and developments in health policy⁷⁴.

A growing number of historians and sociologists from outside nursing have also begun to research the history of nursing, for example, Anne Summers, Celia Davies, Anne Witz, and in the United States and Canada, Susan Reverby and Kathryn McPherson respectively. Dorothy Porter's work on public health and the

⁷¹ Whittaker & Olesen (1978) *The faces of Florence of Nightingale*, p.27

⁷² Rafferty A M (1994) Historical research. In: Cormack D (ed.) *The Research Process in Nursing*. Oxford, Blackwell Science Publications, p.207

⁷³ Maggs (1983) *Origins of General Nursing*

⁷⁴ Rafferty A M (1996) *The Politics of Nursing Knowledge*. London, Routledge

state provided a voice for the history of public health nurses and health visitors⁷⁵, with an objectivity which comes from being outside the profession and its socialising force. It is arguable that the issue of history as a method of socialisation is key to this thesis and other more critical works on nursing. Certainly, neophytes into the profession would have been offered initial 'History of Nursing' lectures of a self-congratulatory nature. It is therefore perhaps not surprising that the historiography of nursing education is as limited as that of the profession itself. It is thus to the historiography of nursing education that this chapter will now turn.

The nature of the nurse training school

It is arguable that it was not only the historiography of Nightingale and her work which often lacked critical appraisal; the discussion of nursing as a discipline of study also lacked assessment and was often viewed through the lens of nostalgia. Abel-Smith significantly understated the case when he argued that 'more stress was laid on personal qualities than on educational achievement'⁷⁶. As late as 1996, Helmstadter, whilst asserting that the needs of the training school remained subordinate to the needs of the hospital, again failed to acknowledge the lack of teaching within the schools⁷⁷. In fact, as Davies has argued, the early forms of training were barely training at all, even the Nightingale School, was not recognisable as such. There was no teaching staff, or students, who saw formal

⁷⁵ Porter D (1999) *Health, Civilisation and the State: A History of Public Health from Ancient to Modern Times*. London, Routledge

⁷⁶ Abel-Smith B (1960) *A History of the Nursing Profession*. London, Heinemann, p.22

⁷⁷ Helmstadter C (1996) Nurse recruitment and retention in the 19th century London Teaching Hospitals. *International History of Nursing Journal*. Vol.2, No.1, pp.58-69

learning as central to their existence, nor was there any specific specialist knowledge⁷⁸. Moreover, Rafferty has maintained that the:

...content and conduct of programmes in nurse training [were] reflective of contemporary ambivalence towards expanding educational opportunities for women⁷⁹.

In the USA, Reverby argued that the advocates of the school of nursing, 'saw their training programmes as 'social incubators' for creating a moral and obedient workforce⁸⁰, and that nursing had become an 'apprenticeship to duty'⁸¹. As such, the nurse was a being who learned about the boundaries to her work and learning, and that these boundaries were shaped by her gender and profession. To quote Rafferty, 'women, wherever they are located in time and space, appear simultaneously to use and be usurped by their gender⁸²'. These boundaries, she argues, help to explain the manner in which education is essentially a political project. Thus, the nurses' work was:

... truncated to preclude the application of cognitive skills such as interpretation and analysis. This was arguably the means by which the nurse's inferior place and the intellectual division of healthcare labour was determined⁸³.

⁷⁸ Davies C (1980) A constant casualty: Nurse education in Britain and the USA to 1939. In: Davies C (ed.) *Rewriting Nursing History*. London: Croom Helm, p.104

⁷⁹ Rafferty A M (1995) Art, science and social science in nursing: Occupational origins and disciplinary identity. *Nursing Inquiry*. Vol.2, p.141

⁸⁰ Reverby S (1987) *Ordered to Care: The Dilemma of American Nursing, 1850-1945*. Cambridge, Cambridge University Press, p.48

⁸¹ Reverby (1987) *Ordered to Care*, p.49

⁸² Rafferty A M (2001) Introduction. In: Conrad L & Hardy A (eds.) *Women and Modern Medicine*. Editions Rodopi B V., Amsterdam – New York, p.3

⁸³ Rafferty A M (1995) The anomaly of autonomy: Space and status in early nursing reform. *International History of Nursing Journal*. Vol.1, No.1, p.50

In Douglas' terms, 'by settling for one or other interpretation, ambiguity is often reduced'⁸⁴. It was not that the Nightingale School of Nursing was actually a school, but by rather interpreting it as a school, the anomaly of middle and upper-class women entering nursing, could somehow be accommodated, but the reality of rote learning and routine meant that they were, in the words of Gladys Carter in 1946, 'Camouflaged by the title "student" nurse'⁸⁵, thus creating difficulties for those who were keen to establish the professional status of nursing. Both the student nurse, and her predecessor, the probationer, found themselves in an uncertain position, which were exacerbated as more women entered higher education and the workplace as a matter of course. Nurse probationers were not being educated as were the women who attended the academy, but, nor were they only learning on the job like those in the new white-blouse occupations. Indeed, when in 1939 Carter published *A New Deal for Nurses*, a most strident criticism of nursing and nurse education, she gave a stark warning of the problems that nursing faced, the origins of which, she maintained, lay with the organisation of the Nightingale Training School in the late nineteenth century which clung to:

...methods of training and modes of thought now quite outworn and discarded by other professions⁸⁶.

The very limited number of texts written about nursing as a discipline of study in university, such as Reinkemeyer's 1966 thesis on post-registration education, further bring to light the ambiguities of the student nurse's life. Reinkemeyer was

⁸⁴ Douglas (2001) *Purity and Danger*, p.40

⁸⁵ Carter G B (1946) Reconsideration of nursing: Its fundamentals, purposes and place in the community. 3. Recruitment and training of nurses. *Nursing Mirror*. p.316

⁸⁶ Carter G B (1939) *A New Deal for Nurses*. London, Victor Gollancz, p.5

critical of the lack of progress made in the moves for university education for nurses, both on the side of the universities and the nursing profession itself⁸⁷. She continued, with reference to the Royal College of Nursing, Nursing Reconstruction Committee, in the early 1940s, that it ‘seemingly operated on an *a priori* judgment that girls with university qualifications did not enter training’⁸⁸. Furthermore, this legacy, inherited by late twentieth century nurses, was one in which the nurse’s education was, and remained, subordinate to the needs of the hospital, a training which was governed ‘more by economic than epistemological concerns’⁸⁹. Nancy Blakestad’s thesis on the Department of Household and Social Science at King’s College, London, is one of the few analyses of the early efforts to establish university courses. In one sentence she provides a summary of the negative feelings of the nursing profession. In her discussion of the dietetics course, which originally had been open to nurses or graduates, she stated:

Graduates were also anxious lest their pay and status should be reduced to that of a nurse – a level that was not commensurate with their longer and more costly education⁹⁰.

In the introduction to this chapter it was stated that the history of nursing has too often ignored the nature of nursing work. Therefore, having considered the historiography of the nursing profession and nursing as a discipline of study, it is to the literature on the work of nurses that this chapter will now turn.

⁸⁷ Reinkemeyer (1966) *The Limited Impact of Basic University Education Programs in Nursing*, p. 21& 26

⁸⁸ Reinkemeyer (1966) *The Limited Impact of Basic University Education Programs in Nursing*, p.117

⁸⁹ Rafferty A M (1995) Decorous didactics: early explorations in the art and science of caring. In: Kitson A (ed.) *Nursing: Art and Science*. London, Chapman Hall, p.49

⁹⁰ Blakestad N L (1994) *King’s College of Household and Social Science and the Household Science Movement in English Higher Education* [unpublished DPhil thesis] Oxford, University of Oxford, p.235

The 'private and taboo nature of nursing work'⁹¹.

In the opening paragraph of her chapter 'A history of small things', Sioban Nelson rather poignantly asserted, 'nursing work is often cloaked in simplicity'⁹². In this one sentence, she has identified the reasons for the lack of research into the actual work of nurses. First, it is not 'sexy'⁹³, and the nature of that work, intimate as it is, remains hidden from view. It is arguable that the history of nursing work itself has also suffered at the hands of an internalist approach to history. However, paradoxically it was the nurse-historian Christopher Maggs, who in, *Origins of General Nursing* offered one of the first examinations of the work of the rank and file nurse⁹⁴.

In focusing on the lives of the women worthies and more especially the iconic Florence Nightingale, many historians of nursing successfully concealed the unappealing aspects of nursing in the romance of rich, young women, caring for the nation's sick. As Kathryn McPherson asserted, 'the activities of unordinary nurses, commanded historical fascination'⁹⁵. Furthermore, Godden et al. have argued that the combination of commissioned and Whig histories of nursing, have resulted in, 'the near absence in history books of any bad, incompetent or uncaring nurses'⁹⁶. Whilst in North America, Barbara Melosh contended that:

⁹¹ Lawler J (1997) Knowing the body and embodiment: methodologies, discourses and nursing. In: Lawler J (ed.) *The Body in Nursing*. Melbourne, Australia: Churchill Livingstone, p.32

⁹² Nelson (2003) A history of small things, p.211

⁹³ Nelson (2002) The fork in the road, p.185

⁹⁴ Maggs (1983) *Origins of General Nursing*

⁹⁵ McPherson K (1996) *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*, Oxford University Press, Toronto, p.2

⁹⁶ Godden et al. (1993) The decline of myths and myopia? p.30

Leaders also left a number of histories, interpreting the development of their occupation in the image of their own hopes and aspirations⁹⁷.

As Douglas has argued, 'the initial recognition of anomaly' - that is young, single, women dealing with bodies, many of them men - 'leads to anxiety, and from there to suppression or avoidance'⁹⁸. Canning's work on the body has argued that in many cases the existence of the body for historians was so obvious as to not require explanation⁹⁹, and thus so in nursing. That is, the nursing care of people's bodily functions is such a truism, that it does not need discussion.

Reay, in her exposition of Bourdieu, gender and the nature of capital, has added emotional 'capital' to those described by Bourdieu. Her claim for doing so is that whilst Bourdieu did not refer to 'emotional' capital per se, he did 'highlight the key role of the mother in affective relationships'¹⁰⁰. Thus, she maintained, he displayed an understanding that the practical and symbolic work which engenders feelings of belonging and solidarity tends to fall upon women, especially in the relations between mothers and their children¹⁰¹. It is arguable that this form of capital is also that which exists between nurses and their patients. Importantly, unlike other forms of capital; cultural, economic, or symbolic, emotional capital cannot be passed on, it is a private and invisible matter, much like the work of the nurse.

⁹⁷ Melosh B (1982) *"The Physician's Hand": Work culture and conflict in American Nursing*. Philadelphia, Temple University Press, p.4

⁹⁸ Douglas (2001) *Purity and Danger*, p.5

⁹⁹ Canning K (1999) The body as method? Reflections on the place of the body in gender history. *Gender and History*. Vol.11, No.3, p.500

¹⁰⁰ Reay D (2002) *Gendering Bourdieu's concept of capital?: Emotional capital, women and social class*. Paper presented at the Feminists Evaluate Bourdieu Conference, Manchester University, 11th October 2002, p.4

¹⁰¹ Reay (2002) *Gendering Bourdieu's concept of capital?* p.4

Judith Parker has maintained that the silence of nursing is perhaps also attributable to anxieties of the body, which, when explored as part of nursing work, is both vulnerable and decrepit¹⁰². Furthermore, Rudge has argued that the relegation of the human body to a secondary position and its 'taken-for-grantedness' can be understood 'as part of the ascendancy of the mind within Enlightenment thinking'¹⁰³. That is, in the dualism created by Cartesian philosophy, between the mind and the body, there was an equivocalness connected with ideas of the body. Within this context, the body has been understood as inferior, being a 'fetter on the potential of the mind'¹⁰⁴, a notion which not only has an effect upon the work of the nurse, but on nurse as woman. For, the woman is often seen as closer to nature, being more controlled by her body, this being especially prevalent in ideas of the hysteria of women in nineteenth century medicine¹⁰⁵.

Significantly, despite the efforts of the Victorian pioneers of nursing, the training schools were not inundated with recruits from the middle-classes. Rather, according to Baly, certainly in the very early years, most nurses at St. Thomas's Hospital, London continued to come from the working-classes¹⁰⁶, thus the professional status of the nurse remained ambiguous. Moreover, working-class

¹⁰² Parker J (1997) The body as text and the body as living flesh: metaphors of the body and nursing in postmodernity. In: Lawler (ed.) *The Body in Nursing*. South Melbourne, Australia. Churchill Livingstone, p.12

¹⁰³ Rudge T (1997) Discourses, metaphors and bodies. In: Lawler (ed.) *The Body in Nursing*. South Melbourne, Australia. Churchill Livingstone, p.75

¹⁰⁴ Crowley H & Himmelweit S (1994) Article 2: Biology, society and the female body. In: Crowley H & Himmelweit S (eds.) *Knowing Women: Feminism and Knowledge*. Cambridge, Polity Press, p.63

¹⁰⁵ Porter R (1999) *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. London, Harper Collins, p.512

¹⁰⁶ Baly M (1997) *Florence Nightingale and the Nursing Legacy*. London, Whurr Publishers, p.41

women were understood in terms of their physicality, and were according to Hallam:

...paradoxically coded: on the one hand, they were depicted as inherently healthy, hardy and robust...; on the other hand they were seen as a source of infection and disease, in part the result of dangerous sexual appetites¹⁰⁷.

Nevertheless, even before the special probationer schemes, a number of middle-class, young women did enter nursing, which alongside problems of close working relations with men, meant that these nurses were required to consort with the 'lower orders'. As Delamont argued with reference to girls' schooling:

Ladies could be contaminated if they mixed promiscuously with non-ladies and friendships across social classes were seen as undesirable¹⁰⁸.

Having considered the historiography of nursing within nursing and more generally women's history, it is now the intention within this chapter to examine the notion of separate spheres of class and gender within the literature, two concepts which have impacted upon both the profession and its historiography. This will be followed by a consideration of how the notion of the separate spheres of class in terms of work and educational opportunities played into nursing.

¹⁰⁷ Hallam (2000) *Nursing the Image*, p.14

¹⁰⁸ Delamont (1989) *Knowledgeable Women*, p.89

Separation of spheres by gender and class

In 1973, Holcombe maintained 'not for them [middle-class women] the workaday world outside'¹⁰⁹. By the 1980s the historical concept of separate spheres had become encoded into women's history, and vast realms of 'space' was devoted to it. In, *White, Male and Middle-Class*, Hall asserted:

To be a middle-class man was to be somebody, a public person, whilst the essence of middle-class femininity was being constructed as private and domestic¹¹⁰.

In 1984, Lewis, argued that the separation of gendered spheres was much greater for middle-class than for working-class women, 'they should confine themselves to the sphere of the home'¹¹¹. However, Scott has argued that by the end of the nineteenth century, the concept of separate spheres was also infiltrating the social mores of the respectable working-class, 'not the least effect of which was to impede the access of these women to the public sphere'¹¹².

Nevertheless, whilst the concept of separate spheres has remained enshrined in the historiography, during the 1990s there were increasing calls for a reconsideration of the notion. Vickery has maintained that whilst the 'dialectic polarity between home and world', has a long history in western writing, using separate spheres as,

¹⁰⁹ Holcombe (1973) *Victorian Ladies at Work*, p.3

¹¹⁰ Hall C (1992) *White, Male and Middle-Class: Explorations in Feminism and History*. Cambridge, Polity Press, p.17

¹¹¹ Lewis (1984) *Women in England, 1870-1950*, p.82

¹¹² Scott G (1998) "As a war-horse to the beat of drums": Representations of working-class femininity in Women's Co-Operative Guild, 1880's to the Second World War. In: Janes Yeo E (ed.) *Radical Femininity: Women's Self-Representation in the Public Sphere*. Manchester: Manchester University Press, p.196

'the organising concept in the history of middle-class women is of more recent vintage'¹¹³. Thus, she continued, whilst 'the public/private dichotomy may serve as a loose description of a very long-standing difference between the lives of women and men'¹¹⁴, to claim that in the nineteenth century this distinction led to 'radically reconstituted' relations between the sexes is a rather more difficult argument to sustain¹¹⁵. However, notwithstanding the problems associated with the phrase 'separate spheres', it can be used as one way of explaining the import of the foundations of nursing as a career for educated women. That is, since many of these young women would otherwise have experienced the adverse effects of unemployment, either due to poverty, boredom or even unacceptable marriage, the opportunity to engage in pursuits outside the family home cannot be overlooked.

Marilyn Strathern has argued that the term, separate spheres, and debate which surrounded it, has after a very short life-span, been made obsolete¹¹⁶. Whether or not her assertion of the concept's redundancy is accurate, it is noteworthy that after a short time span it is less 'fashionable'. The reasons for this are, first, because the separate spheres ideology did not take into account class differences. Secondly, it is contended that to accept an ideology which places women firmly in the home, when there was so much achieved by women outside the domestic sphere in the nineteenth century, seems to take a leap of faith. This latter point

¹¹³ Vickery A (1993) Historiographical review: Golden age to separate spheres? A review of the categories and chronology of English women's history. *The Historical Journal*. Vol.36, No.2, p.383

¹¹⁴ Vickery (1993) Historiographical review: Golden age to separate spheres?, p.411

¹¹⁵ Vickery (1993) Historiographical review: Golden age to separate spheres?, p.412

¹¹⁶ Strathern M (1990) *The Gender of the Gift: Problems with Women and Problems with Society in Melanesia*. Berkeley, University of California Press, p.73

does perhaps require a qualification. Firstly, as Ivy Pinchbeck has argued, although many working-class women did continue to work outside their homes throughout the nineteenth century, there was some reduction in the variety of work that they were able to undertake¹¹⁷. Secondly, that in order for the middle and upper-class women to indulge in any type of role outside their homes, whether it were charity or in the latter years, paid work, they required an army of domestic assistants in their homes. However, despite the necessity of domestic assistance, the Victorian and Edwardian ethos demanded protection from the physical and metaphorical pollution of the working-class. It is to the issue of the segregation of the classes that this chapter will now turn.

Protection from the 'lower orders'

Reverby has argued that:

Nurses were forced into an overcrowded, sex-segregated labour market, where women of differing education, classes, races and ethnic origins contended for the title of 'nurse'. Political unity became difficult to achieve as differences undermined the basis for solidarity created by common gender¹¹⁸.

If the ideology of domesticity was designed to create a sisterhood, it failed to do so because the worlds of the middle and upper-class women were very different to the working-class women, who were often their servants. The problem for nursing was that whilst the middle-class home built into its mechanisms structures to protect its members from pollution by their servants, the same cannot be said

¹¹⁷ Pinchbeck I (1977) *Women Workers and the Industrial Revolution, 1750-1850*. London, Frank Cass and Company Ltd., p.282

¹¹⁸ Reverby (1987) *Ordered to Care*, p.2

for the middle-class nurses, thus their personal and professional status was adversely affected.

Work and dirt

The separate spheres of class, both physical and metaphorical, proved a problem for nursing. Despite questions over the respectability of women who worked for pay, the Victorian nurse was in peril of contamination from a multitude of pollutants, which came from two sources, both which would certainly affect her professional status. Firstly, pollution, which comes from dealing with bodily fluids, secondly pollution, which comes from mixing both with men and the 'lower orders'. Paradoxically, it was the employment of single, white, middle-class, educated young women, which it was hoped would neutralise the problem of bodily dirt, since, 'these ladies were used as part of the purifying and sanitising order of the working-classes'¹¹⁹. However, as Davidoff has contended, not only were those who were involved in 'dirty' work contaminated by that dirt, but they became defilers themselves, therefore likely to pollute others¹²⁰. Accordingly, the professional status of nursing was compromised. Drawing upon Douglas's notion of dirt as 'matter out of place'¹²¹, Bashford has argued that, as the nineteenth century progressed, 'nurse' became more and more aligned with the notion of 'woman', so that:

¹¹⁹ Brooks J (2001) Structured by class, bound by gender: Nursing and special probationer schemes, 1860-1939. *International History of Nursing Journal*. Vol.6, No.2, p.14

¹²⁰ Davidoff L (1995) *Worlds Between: Historical Perspectives on Gender and Class*. Cambridge, Polity Press, p.77

¹²¹ Douglas (2001) *Purity and Danger*, p.36

...the female body worked discursively within the domain of health and disease, women's purity and impurity were expressed at once morally and physically¹²².

Although as Baly has argued, Nightingale wanted the lady to train with the cook, this created a cross class culture, which many considered inappropriate¹²³. And, whilst there were many similarities between nursing and the middle-class household, in the latter, class boundaries could remain intact, something which was not so easy in the hospital or nurses' home. It is to the historiography of the work and educational opportunities of Victorian and Edwardian women that this chapter will now turn. First an analysis will be offered of the life and work of the domestic servant, followed by that of white-blouse work, an occupation that in the early years of the twentieth century, was to offer a significant alternative to both domestic service and nursing. Finally, the literature related to the educational opportunities for educated, middle-class women will be considered. The breadth of work discussed below will illustrate the wide class and educational entry gate which applied to candidates of nursing, thus exemplifying the nurses' ambiguous professional status.

'I shall call Dixon if your mother needs anything'¹²⁴.

The life of a servant in the nineteenth century was one of constant attention. Roberts has asserted that the usual day for a house-maid in 1873 was from 6am to 10pm, with two half-hour breaks for meals, and an afternoon 'break' for

¹²² Bashford A (2000) *Purity and Pollution: Gender, Embodiment and Victorian Medicine*. Basingstoke, Macmillan Press Ltd., p.36

¹²³ Baly (1997) *Florence Nightingale and the Nursing Legacy*, p.55

¹²⁴ Gaskell E (1995) *North and South*. London, Penguin, p.189

needlework¹²⁵. Working in a large house, with a hierarchy of servants, was less lonely and the work less arduous than working in a single-servant household of the less affluent. The life of the maid-of-all-work was described by Mrs Beeton as 'the only one of her class deserving of commiseration'¹²⁶, however the majority of households did only employ one or maybe two servants¹²⁷. Significantly, if in the nineteenth century some young women saw domestic service as a way to 'improve' themselves, and possibly as a good apprenticeship to marriage, this was only a reality if they were employed in a large household in which they could move through the ranks¹²⁸. If, Dixon, Mrs Hale's maid in Mrs Gaskell's, *North and South*, and Betteredge in Wilkie Collins' *The Moonstone*¹²⁹, were loyal, long-standing and adoring servants, this was not usual. Although some servants spent many years in a single household, it has been argued that a much more usual pattern was for short-lived and varied employment. Simonton has argued that a British study undertaken in 1894, which analysed length of service, identified that 54% of servants had been in their present position for less than two years¹³⁰. It is perhaps worthy of note that, servants in novels of the time appear happier in their positions than recent research suggests. It is possible that this is due to the authors of novels themselves, who were more likely to be from the employing classes, than the employed.

¹²⁵ Roberts E (1988) *Women's Work, 1840-1940*, Cambridge University Press, Cambridge, p.20

¹²⁶ Beeton Mrs I (1859-61) *Mrs Beeton's Book of Household Management*. (1982) Enlarged Version of First Edition. London, Chancellor Press, p.1001

¹²⁷ Simonton D (1998) *A History of European Women's Work, 1700 to the Present*. London, Routledge, pp. 102-105

¹²⁸ Simonton (1998) *A History of European Women's Work*, pp.99-103

¹²⁹ Collins W (1999) *The Moonstone*. Ware, Hertfordshire: Wordsworth Classics

¹³⁰ Simonton (1998) *A History of European Women's Work*, p.204

Whatever the household, D'Cruze has argued, the mistress-servant relationship was rarely, if ever, a circumstance of simple labour hire¹³¹. Dyhouse has referred to servants as, 'captive employees', who were under the moral and physical authority of employers¹³². This was not always a negative consequence. Some servants who became ill could sometimes rely upon their care to be supervised by a mistress, who accepted her responsibility. In *The Moonstone*, Lady Verinder was distressed enough about the housemaid, Rosanna Spearman's health, to suggest she be sent to another of the family's properties for a change of air¹³³. However, a servant's health was by no means always accepted as part of the mistress's responsibility and it was not unknown for an employer to dismiss an ailing servant before they became too ill to move¹³⁴. It is possible that the dismissal of ill servants may also have been performed for fear of contagion, however, this is not explicit in the historiography of the subject.

If the mistress was the servants' moral guide, then the master was their physical guide, being legally responsible for all the members of his household. Although the law could intervene in cases of extreme cruelty, the master was entitled to physically chastise his servants if he so wished; as he could his wife and children¹³⁵. Furthermore, servants were isolated by long hours, situations often far from home and moral prohibitions on whom they could entertain, making meeting suitable husbands difficult. Significantly these conditions were mirrored

¹³¹ D'Cruze (1995) Women and the family. In: Purvis J (ed.) *Women's History Britain, 1850-1945*. London, UCL Press, p.68

¹³² Dyhouse C (1989) *Feminism and the Family in England, 1880-1939*. Oxford, Basil Blackwell, p.110

¹³³ Collins (1999) *The Moonstone*

¹³⁴ Horn P (1975) *The Rise and Fall of the Victorian Servant*. Dublin, Gill & Macmillan, p.161

¹³⁵ Tosh J (1998) What should historians do with masculinity? Reflections on nineteenth century Britain. In: Shoemaker R & Vincent M (eds.) *Gender and History in Western Europe*, p.68

in the nineteenth and early twentieth century lives of nurses. Prohibitions against fraternising with medical staff, patients and other male hospital workers, as well as poor pay and long hours, also reduced their ability to find husbands. Ultimately, the Victorian and Edwardian household, like the school, workplace, women's college and hospital was organised on strict class and gender lines of segregation.

Domestic service or nursing?

There is little doubt that in the smaller and poor law hospitals, many of the rank and file did come from a similar class to that of the upper-servant¹³⁶. Both contemporary commentators and modern historians have made close comparisons of domestic service and nursing work. As Pamela Horn maintained:

Many nurses, especially trainees, resented being treated like servants, and this implied linkage with domestic service was further underlined by the uniforms both groups of workers had to wear while on duty. The limited amount of free time allowed to nurses restricted opportunities for a normal social life, especially as most of the time off had to be taken in the afternoon when other people were at work. Like domestic service, therefore, nursing in the 1920's had a high staff turnover and a large drop-out rate¹³⁷.

Edicts on dress and behaviour were numerous, for nurses and servants alike. Mrs Beeton maintained that deference to the master, mistress and their friends was implicit in the engagement of a servant, who was:

¹³⁶ See Tables 2 & 3, Chapter 3. Previous employment of entrants to Leeds General Infirmary & The Union Infirmary, Leeds

¹³⁷ Horn P (1995) *Women in the 1920's*. Stroud, Alan Sutton Publishing Ltd., p.131

...not to be seated, or wear a hat in the house...., nor offer any opinion unless asked for it, nor even to say, "goodnight", or "goodmorning", except in reply to that salutation'¹³⁸.

In an article in the *Nurses' Outfitting Association Journal* of 1910, probationers are reminded that if a visiting doctor should ask for something, the correct procedure is not to fetch it for herself, but:

To fetch the required article, and give it to her senior, who will in turn pass it on to the sister, who will present it to the doctor¹³⁹.

Thus it is arguable, even the nursing press reflected the ambiguous professional status of the nurse. Such rules also abounded in the Victorian and Edwardian household, where segregation was maintained between employers and servants, and upper servants would act as a buffer between groups of different classes. Significantly, it was not only upper-servants themselves, who were to act as a buffer between the lower servants and their employers, cross-class pollution could also be maintained through the use of household objects. For instance, if small articles such as handkerchiefs or spectacles were dropped, they should be handed back where possible on a salver¹⁴⁰. It is not surprising therefore that service was not popular, and as more diverse work opportunities became available for women, fewer entered service. Horn has argued that during World War I, the number of girls in service fell by a quarter, whilst those engaged in munitions factories rose from 212,000 to 900,000. Women were now engaged in a plethora of services and

¹³⁸ Mrs Beeton (1982) *Book of Household Management*, p.987

¹³⁹ Anon (1910) Hospital etiquette. *Nurses' Outfitting Association Journal*. Vol.1, No.4, p.104

¹⁴⁰ Horn (1975) *The Rise and Fall of the Victorian Servant*, p.110

industries including, shop assistants, land girls and bus conductresses¹⁴¹. Furthermore, even after the Armistice, when de-mobilised men returned to *their* jobs, young women were reluctant to return to service and although many jobs which they had undertaken during the war were now returned to the de-mobilised men, there were many, such as shop and clerical work, which continued to employ women. It is to these work opportunities that this chapter will now turn. For although many of the nursing profession's elite anticipated that white blouse workers would provide a significant recruitment pool for nursing, white blouse work proved more popular.

'A nice job for girls'¹⁴²

By the end of the nineteenth century, the creation of white blouse work, which included clerical, secretarial and shop-work, was impacting upon the possible recruits for nursing. Dingwall, Rafferty and Webster have argued that white blouse workers did offer suitable recruits into nursing, asserting that 70% of the recruits into nursing had been previously employed¹⁴³. It appears however, that few actually did come from clerical or shop work¹⁴⁴. Bruley has contended that clerical work was more popular than nursing, the hours were shorter, the young women could continue to live at home, and the work was sex-segregated¹⁴⁵.

¹⁴¹ Horn (1975) *The Rise and Fall of the Victorian Servant*, p.166

¹⁴² Davy T (1986) "A cissy job for men; A nice job for girls": Women shorthand typists in London, 1900-39. In: Davidoff & Westover (eds.) *Our Work, Our Lives, Our Words*, p.124

¹⁴³ Dingwall R, Rafferty A M & Webster C (1988) *An Introduction to the Social History of Nursing*. London, Routledge, p.69

¹⁴⁴ See Tables 2 & 3, Chapter 3. Previous employment of entrants to Leeds General Infirmary & The Union Infirmary, Leeds

¹⁴⁵ Bruley S (1999) *Women in Britain Since 1900*. Basingstoke, Palgrave, p.20

There is, however, some discrepancy related to the class of female clerks, it is probable that they were a more homogeneous group than nurses. Davy has argued the class composition of female clerical staff in the 1880s was largely from middle and lower-middle-class backgrounds¹⁴⁶. However, she continued, over the 40 years included in her study, it appears that increasingly recruits came from families where the father was in skilled manual work or unskilled, and thus essentially working-class¹⁴⁷. In *Women's Work in Modern England*, Vera Brittain maintained that clerical workers and typists came from the rank and file of the country, as, in practice, few senior posts were open to women¹⁴⁸. In her discussion of access to typing courses, Guerriero Wilson suggests that the majority of girls who applied had indeed come from the elementary school system¹⁴⁹. However, what is significant is that the pool seems to have been very similar to that of the rank and file in nursing, but a far cry from the profession's leaders and elite.

Simonton has asserted that segregation and separation from male workers in clerical work, unlike nurses' contact with male patients and doctors, enabled the young women to maintain a semblance of middle-class respectability¹⁵⁰. However, this belies some of the harsher realities of the work, for this segregation did give rise to strict discipline, similar in many ways to that of nursing and women's higher education. Unlike shop keeping, or factory work, these women

¹⁴⁶ Davy (1986) "A cissy job for men; A nice job for girls", p.124

¹⁴⁷ Davy (1986) "A cissy job for men; A nice job for girls", p.126

¹⁴⁸ Brittain V (1928) *Women's Work in Modern England*. London, Noel Douglas, pp.18-19

¹⁴⁹ Guerriero Wilson R (2001) Women's work in offices and the preservation of men's 'breadwinning' jobs in early twentieth-century Glasgow. *Women's History Review*. Vol.10, No.3, p.477

¹⁵⁰ Simonton (1998) *A History of European Women's Work*, p.249

could be concealed from the male gaze, something, which Davy suggests, 'met with parental approval', but was not always to the liking of the young women themselves¹⁵¹. Davy continued, and most pertinent here, clerical work was seen as a welcome alternative to domestic service¹⁵²; it is not certain if the same applied to nursing. If this is so, then perhaps clerical work was also seen as more attractive to nursing for lower-middle-class women. Certainly, Rafferty has argued that during the latter years of the 1930s as the economic recovery expanded the opportunities for women in general, the problems of recruitment into nursing worsened¹⁵³.

In the inter-war period, the female workforce remained largely unmarried¹⁵⁴ and poorly paid, compared to their male colleagues¹⁵⁵. The Sex Disqualification (Removal) Act 1919, opened up many professions for women¹⁵⁶, and in 1920, the Civil Service opened all classes of work to both men and women. Nevertheless, as Lewis has argued, the structure was manipulated in order to keep women in the lower echelons¹⁵⁷. In her study of women civil service clerks between 1925 and 1939, Sanderson maintained that young girls who entered the civil service were placed in unenviable positions. Firstly, they were required to spend an extra two years at school than required by law. This in itself could cause financial hardships in working and lower-middle class families at a time when many men were facing depressing work conditions. Secondly, once matriculated, these young women

¹⁵¹ Davy (1986) "A cissy job for men; A nice job for girls", p.127

¹⁵² Davy (1986) "A cissy job for men; A nice job for girls", p.127

¹⁵³ Rafferty (1996) *The Politics of Nursing Knowledge*, p.157

¹⁵⁴ Davidoff & Westover (1986) 'From Queen Victoria to the Jazz Age', p.19

¹⁵⁵ Lewis (1984) *Women in England*, p.197

¹⁵⁶ Brittain (1928) *Women's Work in Modern England*, p.13

¹⁵⁷ Lewis (1984) *Women in England*, p.196

were expected to compete on equal terms with men in their civil service examinations, even if their opportunities, once employed, would rarely be equal¹⁵⁸. Moreover, having matriculated these young women could apply to university and if they agreed to, 'Sign the Pledge' to teach for two years afterwards, they would receive a bursary during their university years¹⁵⁹.

Having discussed the historiography of alternative occupations to nursing for those who would constitute the profession's rank and file, this chapter will now consider the work and educational opportunities for middle-class women, most notably a career in teaching following either teacher training college, or if very fortunate, university. Certainly, after the Education Act of 1870, which enshrined compulsory elementary education, the number of teaching opportunities rose considerably. It is to the development of higher education for educated young women in the late nineteenth and early twentieth centuries that this chapter will now turn.

'I long to have something absorbing and compulsory to fill my head and hands...'¹⁶⁰

The nineteenth century pioneers for women's education were not the first to recommend higher education for women. As early as 1694, Mary Astell, a young woman from Newcastle who entered the London society of High Church circles,

¹⁵⁸ Sanderson K (1986) 'A pension to look forward to...?': Women civil service clerks in London, 1925 – 1039. In: Davidoff & Westover (eds.) *Our Work, Our Lives, Our Words: Our World: Women's History and Women's Work*. Basingstoke, Macmillan, p.150

¹⁵⁹ Dyhouse C (1997) Signing the Pledge? Women's investment in university education and teacher training before 1939. *History of Education*. Vol.26, No.2, pp.207-223

¹⁶⁰ Bronte C (1994) *Shirley*. London, Penguin, p.232

advocated equal education for boys and girls, as well as higher education for women¹⁶¹. In *A Serious Proposal to the Ladies* she argued:

And when by the increase of their Revenue, the Religious are enabled to do such as work of Charity, the Education they design to bestow on the Daughters of Gentlemen who are fallen into decay, will be no inconsiderable advantage to the Nation¹⁶².

Sadly, it was to be another one hundred and fifty years before the first institutions for women's higher education were established. The development of higher education for women in the nineteenth century mirrored the development of nursing education in terms of its trajectory. Nevertheless, apart from one or two families¹⁶³, there was very little connection or interaction between the two, which was arguably to have a negative affect on the professional status of nursing. Rafferty has maintained that in fact comparisons between the pioneering work of higher education for women, with nursing, is somewhat irrelevant, as the majority of nurses came from the 'artisan' classes¹⁶⁴. Whilst this is not denied, those nurses who formed the early special probationer elite in nursing, or later attended the newly established university courses for the future leaders of the profession, rarely, if ever, came from the working-class. They were far more likely to have been drawn from the class of young women who were now beginning to attend the academy. The significance of the movement for women's higher education and nursing is therefore not that there were no connections, but rather the nursing was

¹⁶¹ Astell M (1997) *A Serious Proposal to the Ladies*. In: Springborg P (ed.) *A Serious Proposal to the Ladies*. London, Pickering and Chatto, p.10

¹⁶² Astell (1997) *A Serious Proposal to the Ladies*, p.40

¹⁶³ Barbara Leigh Smith (later Madame Bodichon), a witness for girls' education at the Taunton Committee, was a cousin of Florence Nightingale's, as was Anne Clough, by marriage

¹⁶⁴ Rafferty (1996) *The Politics of Nursing Knowledge*, p.23

not entirely successful in managing the connections; connections which may have ameliorated the uneasy translation of nursing as a discipline of study from the hospital to the university setting.

'...that women cannot be confined to merely domestic pursuits'¹⁶⁵

Although Emily Davies did not consider nursing to be an appropriate occupation for educated women¹⁶⁶, Anne Clough, founder of Newnham College, Cambridge, was not so dismissive. Certainly there were links between the early pioneers of women's higher education and nursing. For example, the foundation of *The English Woman's Journal* was financed by Nightingale's cousin, Barbara Leigh Smith Bodichon¹⁶⁷. Sadly, the links forged by Nightingale and leading proponents of the different branches of the nineteenth century women's movements may have been substantial, but Nightingale's social and political manoeuvrings do not appear to have been continued by her successors, with the exception of Ethel Gordon Fenwick. However, although fiercely political, Gordon Fenwick does not appear to have had Nightingale's political subtlety. Thus, whilst she was a key conduit, she remained a marginal figure.

Whilst the nursing sisterhoods were taking shape in the 1840s, the Governess' Benevolent Institute was established to assist any governesses who found themselves in financially straitened circumstances. Realising they required a proper education, in, 1848 and 1849 respectively, Queen's College in Harley Street and Bedford College for Women were established to teach the women who

¹⁶⁵ Wollstonecraft M (1992) *A Vindication of the Rights of Woman*. London, Penguin Classics, p.300

¹⁶⁶ Davies (1862) *Medicine as a Profession for Women*, p.6

¹⁶⁷ Caine B (2001) *English Feminism, 1780-1980*. Oxford, Clarendon Press, p.94

were to be governesses¹⁶⁸. In 1869, only nine years after the foundation of the Nightingale School, Girton College opened its doors in Hitchin, followed in 1871 by the institution of Newnham College, by Anne Clough. Clough's and more especially, Davies' struggles with the university authorities and the almost infallible belief of Victorian society that education was not appropriate for women are well documented. This chapter will thus consider some of the causes of the difficulties, the difference in approach by the two pioneers, and the methods used to attempt to educate the young women who attended their institutions.

In 1867 the North of England Council for Promoting the Higher Education of Women was established to provide ladies, most especially governesses, with lectures and other educational facilities. It was from this that Anne Clough developed her ideas for Newnham College, Cambridge¹⁶⁹, which would enable young women with a paucity of formal education to prepare themselves for teaching work, thus ultimately providing a better education for the girls that they taught. Clough's *raison d'être*, seemed to be that women should not be expected to run intellectually before they could walk, therefore they were not admitted to Newnham with the expectation that they should take the same examinations as the men¹⁷⁰. Davies, was convinced that the only way for men to accept that women were as able intellectually as they were, was to insist that her students undertook the same subjects as the men and took their Tripos, within the same number of

¹⁶⁸ McDermid J (1995) Women and education. In: Purvis J (ed.) *Women's History: Britain, 1850-1945*. London, UCL Press, p.109

¹⁶⁹ Dyhouse C (1995) *No Distinction of Sex? Women in British Universities, 1870-1939*. London, UCL Press, p.14

¹⁷⁰ McWilliams-Tullberg R (1975) *Women at Cambridge: A Men's University - Though of a Mixed Type*. London, Victor Gollancz Ltd., p.58

terms¹⁷¹. Davies herself described this decision as, 'this informal, but none the less strictly regular, system of examinations'¹⁷², and was less than accommodating about Clough's far more gentle regime. Nevertheless, it was only three years later, in 1874, that two young women at Newnham took the Moral Science Tripos. Thus, whilst, the two women's colleges both enabled young women to take the Tripos, it was in matters of regulations and process in which they differed, although it should be noted, that these factors in themselves were important, distinguishing features.

According to Davies's biographer, Daphne Bennett, when Davies met Clough at a Headmistresses' Conference some years earlier, she had found her to be a kind woman, who wanted all women to have the opportunity to be educated, but that she was ineffectual and ill-informed, thus Davies disregarded her as a possible ally¹⁷³. According to Gallant, Clough worked closely with Henry Sidgwick, with whom Davies differed on many ideological points concerning women's education, including the continued incorporation of Latin and Greek in the Higher Local Examinations¹⁷⁴. There was however, one area in which Clough and Davies did agree: they both had similar ideas with regards to the behaviour of their students.

The generally held Victorian view was that girls should be educated at home, hidden away from public gaze. Home was the only place in which feminine

¹⁷¹ Notably, women were not actually awarded their degrees at Oxford until 1921 and at Cambridge in 1948.

¹⁷² Davies E (1896) *Women in the Universities of England and Scotland*. Cambridge, Macmillan and Bowes, p.17

¹⁷³ Bennett D (1990) *Emily Davies and the Liberation of Women, 1830-1921*. London, Andre Deutsch, p.201

¹⁷⁴ Gallant M P (1997) Against the odds: Anne Jemima Clough and women's education in England. *History of Education*. Vol.26, No.2, p.155

virtues could properly be taught. According to McWilliams-Tullberg, marriage was considered to be the only suitable profession for women. Attending college, away from home would both prevent them from preparing for marriage, and they would be 'unsexed' by that education¹⁷⁵, thus making them unmarriageable. Delamont has argued, that a central theme in the education of women throughout the nineteenth and early twentieth centuries, was what she has called, 'double conformity'. That is, the women students were expected to behave in a ladylike fashion at all times and maintain a propriety which was acceptable in the rest of society, whilst at the same time being as rigorous in their studies as their male counterparts¹⁷⁶. Notwithstanding the pressures that this applied to the young women, as unlike the male students they had very little opportunity to engage in rowdy recreation as an antidote to hard study, the strictures on behaviour were often at odds with the independence of spirit, which was required in these young pioneers. But, for Davies, the prize was a university college for women, and she was anxious not to do anything that would jeopardise that goal. To this end, though she was a great admirer of George Eliot, and did in fact meet with her, Davies was careful not to allow Eliot to publicly endorse the hoped for college¹⁷⁷. Furthermore, according to Caine, Davies limited her involvement with suffrage campaigns and with Josephine Butler over the Contagious Diseases Act¹⁷⁸. In fighting for higher education for women, Davies could only be seen to ally herself to sympathetic members of the clergy and other respectable people. It thus seems somewhat paradoxical that Davies was quite so content to have a rather more public friendship with Barbara Leigh Smith, especially on the matter of the

¹⁷⁵ McDermid (1995) *Women and education*, p.111

¹⁷⁶ Delamont (1978) *The contradictions in ladies' education*, p.140

¹⁷⁷ Bennett (1990) *Emily Davies*, p.252

¹⁷⁸ Caine (2001) *English Feminism*, p.113

funding of Girton, given Leigh Smith's open feminism and unorthodox heritage¹⁷⁹.

Both Davies and Clough disliked 'indecorous' behaviour, fearing as McDermid argued, that it would, 'undermine the cause'¹⁸⁰. Like Nightingale, both Davies and Clough were happy to find a place for women in the public world, which did not entirely infringe their accepted roles. Sara Burstall, later Headmistress of Manchester Girls' School, attended Girton between 1878 and 1881 in her memoirs she stated:

There were a few rules, but the ordinary social rules that other ladies then obeyed were maintained for us and by us to the full, and rightly so¹⁸¹.

Davies herself wrote that, although discipline may be strongly felt by the students, 'it does not appear to be insuperable'¹⁸². As Dyhouse has argued, not many years prior to the establishment of women's colleges at Oxford and Cambridge, all dons were expected to be celibate, therefore, any women seen in college grounds were considered suspicious. Even after the celibacy rule was revoked, there was an uneasy tension between the wives of professors, judged to be 'ladies', and the female students, judged to be 'women'¹⁸³. Within this environment, it is not surprising that strict chaperoning rules prevailed. Dyhouse has argued elsewhere, that female students were kept in seclusion from the men, though their proximity

¹⁷⁹ Hirsch (1998) *Barbara Leigh Smith*, pp.248-249

¹⁸⁰ McDermid (1995) *Women and education*, p.112

¹⁸¹ Burstall S (1933) *Retrospect and Prospect: Sixty Years of Women's Education*. London, Longman, Green and Co., p.65

¹⁸² Davies (1896) *Women in the Universities of England and Scotland*, p.41

¹⁸³ Dyhouse (1995) *No Distinction of Sex?* p.57

became closer when Girton moved from Hitchin into Cambridge itself¹⁸⁴. The rules were no less strict at other universities; at Somerville, Oxford even into the 1920s, female students were only allowed to sit in a room with a man, with a chaperone present and the permission of the Principal¹⁸⁵. Whilst in 1901, at Ashburne Hall, Manchester, women students were not permitted to enter the library, and were required to fill in a voucher for a serving girl to fetch the desired text. Sadly, many female academics were either employed to act in a pastoral role for the women students only¹⁸⁶. Or, as Burstyn has argued, in the USA, women academics were employed in order to teach domestic subjects, even if their PhD was in zoology or chemistry¹⁸⁷. Moreover, in many universities, the male lecturers did nearly all the teaching, often, in the nineteenth century, repeating the lectures to the women, as it was not considered seemly for men and women to be taught together. This problem was exacerbated when women were admitted to medical degree, as it was considered anathema that they should dissect bodies with male students¹⁸⁸. By the early years of the twentieth century, whilst some of the many rules for women remained, they were in many universities more relaxed. Vera Brittain¹⁸⁹ remembered staying up until 2 a.m., during her first term at Somerville in 1914, though chaperonage rules were very tight. According to Dyhouse, many chaperonage rules survived until World War II, though they became easier for the students to circumvent¹⁹⁰.

¹⁸⁴ Dyhouse C (1995) The British Federation of University Women and the status of women at universities, 1907-1939. *Women's History Review*. Vol.4, No.4, p.470

¹⁸⁵ Leonardi S J (1989) *Dangerous by Degrees: Women at Oxford and the Somerville College Novelists*. New Brunswick, Rutgers University Press, p.23

¹⁸⁶ Dyhouse (1995) *No Distinction of Sex?* p.59

¹⁸⁷ Burstyn J (1977) Women's education in England during the nineteenth century: A review of the literature, 1970-1976. *History of Education*. Vol. 6, No.1, p.16

¹⁸⁸ Bashford (2000) *Purity and Pollution*, p.107

¹⁸⁹ Brittain V (1978) *Testament of Youth*. London, Virago, pp.66-67

¹⁹⁰ Dyhouse (1995) *No Distinction of Sex?* p.213

Conclusion

This chapter has demonstrated that the historiography of nursing holds within it similar ambiguities to those of nursing work itself. That is, as the historiography of nursing has been somewhat peripheral to women's history in general, so nursing itself has been peripheral to women's professional work and education. Rafferty has contended that 'much of nursing history has been used to serve a number of professional even "professionalising" ends'¹⁹¹. It is thus arguable that by using history to socialise a workforce and not to offer any sort of critique of the profession's history, the undertaking of the history of nursing was able to ignore any of the ambiguities inherent within nursing itself. It has been shown, through a discussion of the literature, that the work and position of the nurse in the late nineteenth and early twentieth centuries were caught between a variety of other realities. As a woman, the nurse's position was ambiguous; she functioned in the public world of work and yet, her functions were similar to those of the mother at home. She was not the same as a domestic servant, although her daily duties and restrictions could belie that belief, as could her uniform. The probationer nurse attended a 'school', but it was not education in the same ways that attending university was an education. Thus nursing appears to have been caught between, at one end of the spectrum, domestic service and at the other opportunities for educated, young women at university, with the ambiguities further enhanced by the white blouse occupations of the late nineteenth and early twentieth centuries. Furthermore, for those middle-class women who entered nursing, her proximity to the rank and file nurse, but being of a similar class to the doctors, only served

¹⁹¹ Rafferty (1994) Historical research, p.207

to enhance the ambiguities of her professional status. The following chapter will consider the three stage method used in the current research. It will be shown that the ambiguities of location identified in the historiography of nursing, are also found in the documentary, film and oral data.

Chapter 2: Methods and methodology

Introduction: A brief description of the method

In this chapter the method used for this historical study will be described in order to explain how the data justifies the two key issues of the ambiguous professional status of nursing and the uneasy translation of nursing as a discipline of study from the hospital to the university setting. In this study a three stage method is used. Archival repositories around the UK were consulted for unpublished evidence of the hospital and university education offered to nurses. Published lay and professional journals from the nineteenth and twentieth centuries were also consulted. The British Film Institute was visited in order to view both fictional and documentary film relating to nursing and nurses. A number of oral histories were conducted from retired nurses who had undertaken one or more of the courses considered for this study, in the appropriate time frame. However, before offering a full description of the methods used, it seems pertinent to flag a methodological consideration, that is my position as a nurse who is now conducting academic research into the history of nursing.

'Insider' and 'outsider' research

Coming to historical nursing research as a qualified nurse does, it is arguable have its problems. Perhaps the most relevant of these is the use of the history of nursing by nurses to provide 'professional armoury'¹, especially in the

¹ Nelson S (2003) A history of small things. In: Latimer J (ed.) *Advanced Qualitative Research for Nursing*. Oxford, Blackwell Publishers. p.212

socialisation of its neophytes². Thus, nursing's 'noble history'³ is reinforced in the battle to establish nursing as a profession and maintain the position of 'progressive, respectable reformers of society'⁴. This sort of narrative, Nelson continues places the profession's history in a reassuring mode, which she maintained is not necessarily 'good' history⁵, even if these early works have provided the more critical historians of nursing with *a* record of the *past*⁶. Tosh has maintained that this form of history written with the present in mind, provided marginalised social groups with a history; which progresses from some point in the past to the present⁷. This can in turn 'glorify' that present position⁸. However, this type of historiography has a profound effect upon the history produced:

If the outcome of historical enquiry is so heavily conditioned by the preferences of the enquirer and can so easily be altered by the intervention of another, how can it merit any credibility as a serious contribution to knowledge⁹?

Moreover, as Hobsbawm has argued, historians have a responsibility to provide history and not just myths and inventions¹⁰, such as those which have crystallised around Florence Nightingale.

² Davies C (1980) Introduction: The contemporary challenge in nursing history. In: Davies C (ed.) *Rewriting Nursing History*. London, Croom Helm, p.11

³ Nelson (2003) *A history of small things*, p.224

⁴ Nelson S (2002) The fork in the road: Nursing history versus the history of nursing. Historiographical essay. *Nursing History Review*. Vol.10, p.177

⁵ Nelson (2003) *A history of small things*, p.218

⁶ Nelson (2002) *The fork in the road*, p.179

⁷ Tosh J (2002) *The Pursuit of History*. London, Harrow, Pearson Education Ltd., p.182

⁸ Davies (1980) Introduction: The contemporary challenge in nursing history, p.12

⁹ Tosh (2002) *The Pursuit of History*, pp.182-183

¹⁰ Hobsbawm E (1997) *On History*. London, Abacus, p.10

One way, Nelson has argued, to avoid such celebratory and Whiggish history is to consider one's audience. Whereas early nursing history considered student nurses as its audience, ready to be socialised into their place, the new, more critical histories look to historians of nursing, women, education and labour. In altering the purpose of the history that is being written, the province of nursing history will widen¹¹. Nelson continues that this change in perception of desired and actual audience has led to a number of nurse historians and historians without a professional nursing background, dealing with the history of nursing, a history embedded in a different discourse, 'in the social world of women'¹². Thus, as a nurse who has also been involved in the higher education sector, it is hoped that I have been able to broaden from the traditional nursing history to a history of nursing, by placing this research in the wider discourses of women's education, labour, lives and culture.

Motivations

In the early 1990s as a clinical nurse, before my move to education, it was clear that there were many in nursing who were ambivalent about graduate status. There still appeared to be a belief that academic achievement and nursing are mutually exclusive. However, on completion of my Masters degree, I moved directly into nurse education, thus creating in my mind a major paradox. Many in the nursing profession were suspicious of nurses with degrees, but it was these nurses who were given the senior positions in service and education. Yet, a college of health, situated within the environs of the hospital and associated, but not of the university, seemed to sit between different worlds. As a nurse tutor, I

¹¹ Nelson (2002) *The fork in the road*, p.177

¹² Nelson (2002) *The fork in the road*, p.179

was teaching nursing students, but these 'students' did not enjoy the autonomy of their fellow university students. We were inside the hospital walls, but not of it; our work being based in the classroom, and not the wards. We were affiliated to the university, but not part of it, either socially, spatially or symbolically. When all colleges of nursing moved wholesale into the university sector in 1997, our School was transferred physically within the university's walls, but we retained our distinctiveness, which kept us as outsiders. Most nurse tutors retained teaching and not academic contracts, our students had different term times to those of other students, and the majority were educated to diploma not degree standard. However, the hospital nurses considered us teachers and our students as outside their locale. Teachers and students were very much women and men in-between.

Whilst working in the archives, my interest in the ambiguous status of nurse teachers and students was increased when I discovered correspondence in Leeds General Infirmary (LGI) archives, between Miss Innes, Lady Superintendent of LGI and W H Bonham Carter, who in 1914, succeeded his father as Secretary to the Florence Nightingale International Foundation¹³. The letter in question; written on 8th June 1923 to Miss Innes, requested information on the granting of certificates to the nursing staff at the hospital. Following this discovery, investigation of the archives identified a request from Miss Innes to the Dean of the Faculty of Medicine, Professor Kay Jamieson, for the introduction of a diploma or licence. Thus, realising that attempts had been made to institute courses for nurses in the higher education sector eighty years previously, I

¹³ Baly M (1997) *Florence Nightingale and the Nursing Legacy*. London, Whurr Publishers, p.209

wondered whether these ambiguities had always existed between the two worlds. In order to answer this question, the decision was taken to consult not only written, but also film and oral evidence, to gauge not only the 'official story', but also the personal. It is thus to the archival sources themselves that this chapter will now turn.

Archival sources

This discussion of the archival sources used for this study will outline the selection of sources and how they were chosen. The discussion will then identify how they were used with reference to the key issues in this study, that is the ambiguous professional status of nursing and the uneasy translation of nursing as a discipline of study from the hospital to the university setting. As illustrated below the location of the archival sources was somewhat *ad hoc*. Moreover, the absence of records reflects the ambiguous professional status of nurses, as well as their 'visiting' status. The key archival sources which will be considered in turn are, the Nursing Committee Minutes of the Leeds General Infirmary (LGI), which provide information regarding the Leeds Diploma in Nursing. The London Metropolitan Archives (LMA), which hold the St. Thomas's Hospital and Nightingale Training School archives. The archives of King's College for Women (KCW), which are located at King's College, London (KCL). This archival repository also holds the Royal British Nursing Association (RBNA) archives, which particularly relate to Ethel Gordon Fenwick, the chief proponent of nurse registration and under-graduate education for nurses. The final key repository is the Royal College of Nursing (RCN) archive in Edinburgh.

My discovery of the LGI archives in 1998 was timely since the wholesale entrance of nursing schools into higher education sector had recently occurred and there was much debate as to the benefits of the transfer. On commencing this research, it soon became apparent that other courses for nurses within the university sector had been initiated even earlier than the Diploma in Leeds. Health visitor training had first been offered at Battersea Polytechnic in 1907, and then more formally at King's College for Women from 1919. Sister tutor courses had been first instituted at King's College for Women in 1918. However, that these formal links with the academy had first occurred in 1918, seven years before compulsory state examinations for nurse registration, seemed to have been all but forgotten. My fear was that the limited secondary material related to nursing as an academic discipline would faithfully reflect the state of the archival sources on the matter. As it transpired the evidence for the university courses is both disparate and *ad hoc*. For example, in the LGI archives the Nursing Committee Minutes largely examine the general nursing work of the hospital. However, there are some quite lengthy discussions regarding the Diploma in Nursing within the archive, suggesting the esteem with which the course was held by the Nursing Committee itself. The University of Leeds archives do carry a substantial amount of data related to the Diploma, but since it was not an important course, central to the general functioning of the University, much data has been lost or destroyed. This could suggest that the Diploma in Nursing was not considered as highly by the University as by the hospital. The voices of those nurses who became the early university students remained unheard, thus discussions as to the academic credibility of nursing had for eighty years been limited to a few.

Sampling: access issues

It was hoped at the beginning of the study that it would be possible to track the professional lives of some of the nurses who undertook these courses in their very early years, thus identifying their professional achievement. As many died long ago, it was hoped that they could be tracked through hospital records, since many went on to senior administrative appointments. Sadly, in many cases this was not possible as the hospital records that pertained to nursing had often been destroyed. It was possible to locate such figures as Lucy Duff Grant¹⁴ and Bethina Bennett (nee Horsman)¹⁵, as both had important war and post-war careers. This is important as it does exemplify that some nurses were able to create a space for themselves as achievers, however, for the others whose careers left less of a mark, records were lacking. Two such women who had undertaken the Leeds Diploma in Nursing were, Alexandra Stopford-Smyth, who became matron at the Devon and Exeter Hospital in the early 1930s and Gwendoline Burns, who became sister tutor at the Norfolk and Norwich Hospital in 1927. Archivists were located, repositories consulted, but the responses from all were that the records had been destroyed. In fact, the archivist for the Devon and Exeter Hospital stated that, virtually no records for the 1920s existed. Susan McGann, archivist for the Royal College of Nursing, has argued that to maintain archives in dry storage can be a very expensive business, thus the fate of records has often depended upon the demands of space and staff, as well as the demands on particular records themselves¹⁶. Her views correspond to those of Richard Evans, who argued that

¹⁴ Lucy Duff Grant was Matron of Manchester Royal Infirmary from the 1920s to 1951

¹⁵ Bethina Bennett was the Chief Nurse to the Ministry of Labour in the post-war years

¹⁶ McGann S (1997/8) Archival sources for research into the history of nursing. *Nurse Researcher*. Vol. 5, No.2, p.19

archives are the 'product of the chance survival of some documents'¹⁷. Where the demand has been great, records are either kept at the institution, or moved to a record office or repository, but when the demand was lacking, the records, especially those of the rank and file¹⁸, have been destroyed. The reality of a recent interest in the study of the history of nursing has meant that many records pertaining to the work of hospital and community nurses have been lost to the nation.

Organising the data collection

The decision to undertake research into the early years of nursing as a discipline of study within the academy, demanded data collection from archives in both England and Scotland. Significantly, the archives for St. Thomas's Hospital are abundant, no doubt because of the high cultural cachet of Florence Nightingale herself. Thus much information can be gained from these records regarding the professional status of nurses, and nursing as a discipline of study. Although the major part of this research focuses on England, the location of all the RCN archives and the first Department of Nursing Studies in Edinburgh demanded the inclusion of that city in the research process. The London Metropolitan Archives (LMA) hosts the St. Thomas's Hospital and the Nightingale School of Nursing archives, as well as archives for Guy's and Westminster Hospitals. It was in these that the data for the research on the special probationers was located. This included not only the registers for entry to the Nightingale School of Nursing, but also diaries and the commentaries upon them from probationers and Florence Nightingale herself. It should be noted that these diaries are work diaries,

¹⁷ Evans R (1997) *In Defence of History*. London, Granta Books, p.87

¹⁸ Evans (1997) *In Defence of History*, p.87

designed to record the training of the probationers. These documents, like other primary sources, were certainly 'not written with the needs of the historian in mind'¹⁹. Sadly, no personal diaries of any nurses have been located. The Nightingale Training School archives have been used by a number of historians of nursing, notably by Monica Baly, in, *Florence Nightingale and the Nursing Legacy*²⁰. However, whilst she surveyed the probationer record books to analyse the social class of all probationers, as well as their nurse training and subsequent work histories, this study used the records to analyse the social class origins of the special probationers, that is those middle and upper-class women who paid for their training, and the probationers in the twentieth century who undertook post-registration university courses.

The training registers gave details of the occupations of the probationers' fathers, which provided data to track and identify the class structure of the entrants into nursing at St. Thomas's Hospital and ascertain any differences between the social class of ordinary (that is those probationers who were paid during their training) or special probationers. Using the father's social position in order to denote the social position of the daughter is fraught with difficulties for the feminist who works within women's history, as it places women outside the social structure of the society in which they live, their position being maintained only by their male next of kin²¹. Nevertheless, in the nineteenth and early twentieth centuries, a young woman's social position would have been governed by the position of her

¹⁹ Rafferty A M (1994) Historical research. In: Cormack D (ed.) *The Research Process in Nursing*. Oxford, Blackwell Science Publications, p.206

²⁰ Baly (1997) *Florence Nightingale and the Nursing Legacy*

²¹ Davidoff L & Hall C (1997) *Family Fortunes: Men and Women of the English Middle Class, 1780 – 1850*. London, Routledge, p.30

father. Therefore for the purposes of the present study it was considered an appropriate indicator of class. Sadly, the archives at LGI and the Union Infirmary, Leeds, did not provide any information on the fathers' occupations. They did however, provide details as to the previous employment of probationers and this was also used within this current research as a method of gauging the class of nurses (see: Chapter 4, tables 2 & 3).

The ward diaries of the Nightingale probationers provided valuable insights into the work of the specials whilst training and the priority placed upon them as opposed to the ordinary probationers. Thus identifying the disunity of the class structure in nursing, which was part of the problem for nursing's professional status. For example, the preservation policy of the archive seems to have favoured the specials, since only one ordinary probationer appears to have had her diary retained; all others were of specials. The use of diaries for historical research has been discussed by a number of historians. They can certainly prove useful as they are rarely written for public consumption, Tosh has asserted that diaries are the '*par excellence*' records of history for the historian²². It is not known whether the ward diaries in question were originally written as a log purely for the probationers themselves, or also for consideration by Florence Nightingale. However, commentaries by Nightingale, which have been preserved in the archives, certainly identify that she read at least some. The diaries therefore offer an exciting resource and lens through which to view nursing in the latter years of the nineteenth century. Moreover, Baly has argued that the disparaging comments

²² Tosh (2002) *The Pursuit of History*, p.59

regarding the contents of the ward diaries by Nightingale illustrate her apparently growing irritation of the lack of training that the probationers were receiving²³.

One further important discovery made at the LMA was that Miss Lloyd Still, when matron of St. Thomas's Hospital, attempted to establish a diploma in nursing in London in 1913. This attempt was important as it identifies the desire to offer higher education for nurses very early in the profession's history. Unfortunately, World War I intervened and prevented the institution of this course²⁴, although it later became a template for the sister tutor course at King's College for Women (KCW). A decision was therefore made to include not only those courses which carried a university award, such as the two Diplomas, but also those which, although undertaken at university, were not acknowledged university courses. The most important of these was the sister tutor course, although this course did later carry a university award as well. This decision meant that the archives at King's College, London (KCL) were also eligible for inclusion after the amalgamation of KCW with KCL. The institution of a health visitor course at KCW as well as Leeds University, created the third 'case study' of university courses for nurses which were used for this research. This ensured that the study was able to encompass all the major courses undertaken by nurses within the university sector in the inter-war and early post World War II years.

Data collection for the sister tutor and Diploma in Nursing courses in London revealed that the nurses who undertook them were required to register for lecture

²³ Baly (1997) *Florence Nightingale and the Nursing Legacy*, pp.173-174

²⁴ Alicia Lloyd Still letter to King's College of Household and Social Science, regarding a university course for nurses. 1st April 1914, KCL: A/NFC/22/1

courses in several different institutions around London. The research therefore necessitated archival work at Holloway College, which after the demise of Bedford College for Women (BCW) housed the archives for that institution. This led to the final area of study, the Florence Nightingale International Foundation (FNIF), which organised courses for British and foreign nurses up to the beginning of World War II, at Bedford College in Teaching and Hospital Administration, or Public Health²⁵. These students were also separated from the other women students at the College, being accommodated in Manchester Square, London by the British Red Cross Society. Research into the FNIF has been enhanced by the recent decision of the Royal British Nurses' Association (RBNA) to release Ethel Gordon Fenwick's papers to the KCL archive. These provide fresh insights into the early battle for registration and the relationship between organisations initiated by Ethel Gordon Fenwick - who originally proposed the Memorial to Florence Nightingale, which eventually became the FNIF, and rival organisations.

The *ad hoc* nature of the distribution of the sources reflected the student experience of the university education of nurses in these formative years. These students were separated from other students, either because of living accommodation, the peripatetic nature of the teaching, or because of their age and professional work, factors which meant that they were never fully able to participate in normal university life²⁶. Indeed, they appeared to have 'visiting

²⁵ Bentley L (1991) *Educating Women: A Pictorial History of Bedford College, University of London, 1849-1985*. Surrey, Alma Publishers, p.50

²⁶ Significantly, Mr H denies that this was the case. He maintained that when undertaking the one year full-time, sister tutor course at the then, Battersea Polytechnic, he had engaged fully in the life of the institution. He illustrated this by discussing his 'rag week' activities. Mr H. Oral history

rights' only. In some cases, the status of the nursing courses appeared so low that there are no records of their existence. Certainly, there are no records of the Diploma in Nursing at Senate House, University of London.

The archival sources described are valuable because they illustrate the ambiguities of nursing as a discipline of study and the professional status of nursing. However, they also challenge the assumption of the lack of nurses who achieved high status. Archival data is however not the only written data which can be used to make some sense of the past. Published material can also provide the historian with a valuable resource. It is to the published evidence used in this research that this chapter will now turn.

Published primary sources

The most frequently used published source in this study, was the nursing press itself; however, the lay press and journals were also used. The key published sources, which will be described in this chapter were, the nursing press of the late nineteenth and early twentieth centuries. The debates, which were conducted via this medium illustrate the ambiguities of the professional status of nursing. On the one hand, nursing is often held up as an exemplary profession for educated women, but on the other, few nurses actually published articles themselves. The correspondence of Ethel Gordon Fenwick in both the lay and professional press is also of importance because as a key figure in the demand for under-graduate education for nurses, her letters identify a deep-seated distrust held for her by

interview 3rd October 2000. Trained at Oldchurch County Hospital. 1947 – 1950. Sister Tutor Diploma Battersea Polytechnic, 1956

many. Fictional and documentary film will also be considered. These are both excellent mediums for illustrating the ideas of policy makers and the nursing elite as to the professional status of the nurse.

When considering the archival and published material available to the historian, Carr has argued that 'no document can tell us more than what the author of the document thought'²⁷. However, it is arguable that this is even more the case when the document has specifically been written, 'for a readership', such as newspapers, journals and autobiographies, therefore in some way controlled by author's expectations of how the reader will understand it²⁸. More specifically, Jordanova has considered whether such written materials can be counted as primary sources at all. They were, she suggests, written by outsiders and rarely those directly involved in the events described²⁹. It is arguable this is not in itself a reason to reject such sources as 'primary', which can depend upon how 'primary' is defined. For the purposes of the current research, the inclusion of published materials is to enable the examination of issues from a number of vantage points.

Tosh has offered useful examination of the value or otherwise of newspapers as evidence. He welcomes their use as, first, they record the views of the time. Second, they offer a day-to-day record of events and third, they offer articles on wider issues³⁰. However, he continues it is important to remember that the journalism will be coloured not only by the views of the author, but also by what

²⁷ Carr E H (1990) *What is History?* London, Penguin, p.16

²⁸ Evans (1997) *In Defence of History*, p.104

²⁹ Jordanova L (2000) *History in Practice*. London, Arnold, p.101

³⁰ Tosh (2002) *The Pursuit of History*, pp.63-64

was considered appropriate for public consumption at a given time, what officials were prepared to reveal, and what information journalists themselves were able to elicit³¹. Moreover, newspapers would only include what the journalists and editors deemed important. Therefore, it is significant that as Catherine Hall has argued, women as a group are generally absent from such texts. In her examination of feminism and history, she agonises over what she described as the:

...virtual absence of women from any page of these papers until I finally realised... that the newspaper was contributing to the construction of a new middle-class male public sphere by the very items that were chosen to be reported³².

Joan Wallach Scott's work on, 'The problem of invisibility', maintained that the absence originates from the work of historians themselves, rather than the documents *per se*³³. Certainly, it was apparent when studying the published materials for this current research, that a number of key issues were considered worthy of journalistic attention. In the Victorian and Edwardian eras, journals, especially, *The Nineteenth Century*, published a number of articles on nursing and hospital issues. The crisis, over 'reformed nursing', at Guy's Hospital was covered quite thoroughly by this journal, with articles from leading medical men, and the matron's supporter, Miss Margaret Lonsdale. However, sadly, no word was written by any of the nursing staff, nor the matron herself. As with the absence of personal diaries, there has been a lack of published evidence from

³¹ Tosh (2002) *The Pursuit of History*, p.65

³² Hall C (1992) *White, Male and Middle-Class: Explorations in Feminism and History*. Cambridge, Polity Press, p.17

³³ Scott J W (1988) The problem of invisibility. In: Kleinberg S J (ed.) *Retrieving Women's History: Changing Perceptions of the Role of Women in Politics and Society*. Oxford, Berg/Unesco, p.10

nurses themselves, apart from that which exists in the nursing press, though it is not possible to know why this should be. Certainly there are works from World War I VAD's, but none from professional nurses themselves. Perhaps they did not have the time for such ventures, or perhaps did not think such issues worthy of public attention.

One of the key issues discussed in the lay and professional press of the early twentieth century, was the debate over the registration of nurses. However, what is perhaps most astonishing is the diatribe with which the debate over this and other related issues were dealt in letters published in the nursing press by Ethel Gordon Fenwick. Whether she felt that since the readership would be largely nurses themselves, or whether her wrath was so great that all reason left her, her words remain vitriolic and liable to offend. She stated that the British College of Nurses did not in any way rival the College of Nursing, the latter 'which is a Corporation of persons not necessarily professional'³⁴. However, even in her correspondence with Sidney Holland³⁵ which was published in *The Morning Post*, her language is no less strident. It is arguable that Ethel Gordon Fenwick's flamboyance made for 'good' journalism, but won her few friends. Thus it is arguable that although the data generated by such published materials offers an insight into the social and political currents of the time, perhaps their more important use, is the provision of an understanding of important characters.

³⁴ Gordon Fenwick, letter to Lloyd Still, 17th February 1927. Published in *The British Journal of Nursing*, March 1927. Correspondence between the Council of the British College of Nurses and the Matron of St. Thomas's Hospital. KCL/RBNA: BCN1/63

³⁵ Sidney Holland, Lord Knutsford, was the Chairman of the London Hospital, an anti-registrationist and ally of Eva Luckes, matron of the same hospital.

One fruitful source of published evidence reviewed was works written by educated ladies to encourage other such women into nursing. Propagandist articles on nursing recruitment appeared in many of the popular journals of the nineteenth century, including, *The Cornhill Magazine*, *Macmillan's Magazine* and *The Contemporary Review*. In an anonymous article to *The Cornhill Magazine*, the author wrote about nursing:

...an employment undisturbed by any jealousy of men, congenial with all the best instinct of women, universally honoured, and better paid than any other women's work, except, as has been said, that of queens and actresses³⁶.

If the lay press was used in the nineteenth century to raise the professional status of the nurse and improve recruitment, in the twentieth century this task was adopted by film, and later broadcast television. It is thus to these forms of media that this chapter will now turn.

Film and propaganda

Even though written documents remain the historian's primary set of texts, film, especially in the study of more recent history, is becoming more respectable³⁷. Nevertheless he concedes, its newness as a resource merits more discussion as a method of historical study³⁸. Loughlin has maintained that audio-visual sources are beginning to be considered by those researching the history of health³⁹, but as film pre-dates television, it has generally been accepted more readily than

³⁶ Anon (1865) Nurses wanted. *The Cornhill Magazine*. Vol. XI, January to June. London, Smith, Elder & Co., pp.411-412

³⁷ Tosh (2002) *The Pursuit of History*, p.55

³⁸ Tosh (2002) *The Pursuit of History*, p.323

³⁹ Loughlin K (2000) The history of health and medicine in contemporary Britain: Reflections on the roles of audio-visual sources. *The Society for the Social History of Medicine*. Vol.13, No.1, p.131

broadcast television. Certainly for the present study, film was seen as a valuable resource for understanding the audience. Significantly, whereas in the nineteenth century, the journals would have been published with an educated, literate and refined readership, it is arguable that film, and more especially television, would reach a far greater proportion of the populace.

One film which offered an excellent illustration of the professional status of the nurse was the 1943 British film, *The Lamp Still Burns*⁴⁰, based on Monica Dickens' autobiographical novel, *One Pair of Feet*. The Ministry of Health not only collaborated with this propaganda film but also gave financial assistance, which, according to Hallam was not unusual at that time⁴¹. With Rosamund John as Nurse Hilary Clark, a middle-class architect who decides to become a nurse, the issue of the satisfaction for women to undertake vocational 'women's work', rather than working in the male professions, is dealt with in an idealistic manner. Moreover, it legitimised the professional status of nursing, encouraging it to be considered as a suitable career for the professional classes. However, what is interesting is that Nurse Clark's previous professional background is deployed as evidence of her determination to succeed, as well as her initial difficulties with authority. At the end of the film, when her dismissal is under discussion, she pleads her case, accepting the abandonment of personal freedoms, marriage and children, endorsing the familiar trope of self-sacrifice. She recognises that the profession leaves no time for personal life, and furthermore, 'I didn't realise before how difficult it would be if all the nurses were like me, trying to make their

⁴⁰ Dickens M (author) & Elvey M (director) (1943) *The Lamp Still Burns*. Made in collaboration and with the assistance of the Ministry of Health. British Film Institute, London

⁴¹ Hallam J (2000) *Nursing The Image: Media, Culture and Professional Identity*. London, Routledge, p.40

own rules'⁴². Hallam has maintained that the nursing profession, and most especially 'its professional wing under the auspices of the College of Nursing', was keen to continue in its capacity as advisor to the film industry, as it had previously to a magazine industry, which had been aimed at the middle-class reader⁴³. Significantly, this film was made after the Athlone Committee and during the Royal College of Nursing, Nursing Reconstruction Committee, under the chairmanship of Lord Horder. Their *raison d'être*, Hallam has contended, was to, at least maintain, if not increase, the recruitment of educated young women⁴⁴, by encouraging recognition of the professional status of the nurse. However, Hallam concluded there is in fact very little evidence to suggest that film did fulfil this ambition⁴⁵.

However, this all too familiar theme of self-abnegation, also explored in *Vigil in the Night*⁴⁶, further identifies the in-betweenness and ambiguities of the professional status of the nurse, as self-sacrifice is more reflected in vocational callings than professional occupations. *Vigil in the Night* was made in the USA, although, it was written by a British writer, A J Cronin. In it, Carole Lombard as Sister Anne Lee, a dedicated nurse, accepts the blame for her younger sister Lucy, a probationer, whose carelessness leads to the death of a child. Towards the end of the film, Anne is asked by the handsome Dr. Prescott, played by Brian Aherne, 'Is nursing you whole life?'. 'Why, yes', she answers, thereby forfeiting her chance to marry him⁴⁷. Significantly, Hallam has argued that:

⁴² Nurse Hilary Clarke in, *The Lamp Still Burns*. (1943)

⁴³ Hallam (2000) *Nursing the Image*, p.39

⁴⁴ Hallam (2000) *Nursing the Image*, p.46

⁴⁵ Hallam (2000) *Nursing the Image*, p.46

⁴⁶ Cronin A J (1940) *Vigil in the Night*. British Film Institute, London

⁴⁷ Sr. Anne Lee in, *Vigil in the Night* (1940)

‘Marriage’ to nursing is portrayed as equivalent to a religious vocation, a higher calling demanding both idealism and self-sacrifice⁴⁸.

It has been illustrated thus far, that film and written data have been used within this study to provide a level of objective evidence, though coloured by the views of the authors. Moreover, film footage can offer a picture of the views of the policy makers. However, all the methods discussed thus far identify the voices of those related to, but not ‘in’ nursing. In order to properly gauge the experience of nurses themselves, it was deemed necessary to undertake oral history. Thus, the final area of consideration in this chapter on methods and methodology is oral history, which Tosh asserts is not a ‘new branch of history’, but a new ‘*technique*’⁴⁹. It is argued that this method can provide evidence of meanings and experiences of the participants, in the past events to be uncovered.

Oral history: Process and techniques

A number of oral histories were taken for this study. Thirteen were conducted taken specifically for this research, along with two other retired nurses contacting me by letter and email. A further two were used that were already deposited in the Royal College of Nursing Oral History Archive. These oral histories were used in order to gauge the personal experiences of nurses who had undertaken one or more of the three university courses considered for this study. These oral histories illustrate how these nurses felt about their own status as professional

⁴⁸ Hallam (2000) *Nursing the Image*, p.34

⁴⁹ Tosh (2002) *The Pursuit of History*, p.320

nurses and their experiences of the migration of nursing as a discipline of study from the hospital to the university setting.

Tosh acknowledges that oral testimony cannot offer an adequate representation of the past⁵⁰. As he suggests:

The use of oral evidence for historians began as a means of restoring the particularities of human experience to their central place in historical discourse⁵¹.

However, the insights provided by oral testimony can offer powerful accounts of individuals' responses to the events of the time, as well as an awareness of the people themselves and their beliefs⁵². For example, the Annual Report for LGI in 1923 acknowledges the award of Diploma in Nursing from University of Leeds to Lucy Duff Grant, this corresponds with the training register report relating to her at St. Thomas's Hospital⁵³. However, the University of Leeds record for the 1923 Diploma Examinations have no record of her passing⁵⁴. Furthermore, she makes no reference to the Diploma in her oral history. There are several reasons why this may be the case, and in order to understand some of the nuances of the process of oral history, this chapter will now examine the theory and practice of oral history, and offer a consideration of how oral history was used within this thesis. Firstly, however, it seems pertinent to offer a brief discussion of terms.

⁵⁰ Tosh (2002) *The Pursuit of History*, p.304

⁵¹ Tosh (2002) *The Pursuit of History*, p.319

⁵² Jordanova (2000) *History in Practice*, p.53

⁵³ Leeds General Infirmary Archives (1924) *Annual Report*. LGI Archives

⁵⁴ University of Leeds (1923) *Diploma in Nursing Examination Results*. University of Leeds Archives

In this chapter the terms 'oral history' and 'interview' have been used interchangeably for the sake of style. However it is acknowledged that, as Anderson and Jack have argued, oral history demands a 'shift in methodology from information gathering'⁵⁵. Where 'interview' has been used, it does not refer to a formal set of questions which demand answering by the interviewee. Rather, it is used in order to emphasise that the process is not an informal conversation, but one in which the respondent is offering his or her life experiences in response to the thesis objectives. Within the research a semi-structured interview process was used, although the respondents were encouraged to talk freely and in narrative form, which made the information gathered more lively and engaging⁵⁶. However, there were times when direct questions were necessary in order to gain further understanding of issues raised. Byrne has argued that care must be taken for narrative not to become story⁵⁷. However, oral history was also used in order to gain access to the personal experiences of nurses to higher education, often therefore, this was interspersed with biographical material which was seen as a bonus to the data.

The use of oral history

The 1993 *New Shorter Oxford English Dictionary* defines oral history as:

([A] collection of) tape-recorded historical information drawn from the speaker's personal knowledge; the use or interpretation of this as an academic subject⁵⁸.

⁵⁵ Anderson K & Jack D C (1991) Learning to listen: Interview techniques and analyses. In: Gluck S B & Patai D (eds.) *Women's Words: The Feminist Practice of Oral History*. London, Routledge, p.23

⁵⁶ Byrne B (2003) Reciting the self: Narrative representations of the self in qualitative interviews. *Feminist Theory*. Vol.4, No.1, p.31

⁵⁷ Byrne (2003) Reciting the self, p.34

⁵⁸ Brown L (1993) *The New Shorter Oxford English Dictionary*. Oxford, Clarendon Press

In *The Voice of the Past*, Thompson argues for the re-instatement of the value, relevance and importance of oral testimony⁵⁹. Prior to the nineteenth century, he continues, archival documents were used, if at all, as an adjunct to oral testimony, 'a distasteful corrective duty'⁶⁰. The elevation of the written document was, Thompson maintained, part of the professionalisation of history in the nineteenth century. The desire to show a particular expertise, that is the analysis of archival documents, along with the 'objectivity' which came from the examination of these written works, illustrated the scientific nature of the new and emergent professional discipline of history⁶¹. E H Carr neglected oral testimony altogether from his classic text, *What is History?*, and in, *The Idea of History*, R G Collingwood goes as far as to deny that oral testimony was history at all:

In so far as an historian accepts the testimony of an authority [a person] and treats it as historical truth, he obviously forfeits the name of historian; but we have no other name by which to call him.... There may be cases in which, as perhaps in some cases of memory, our acceptance of such testimony may go beyond mere belief and deserve the name of knowledge. What I assert is that it can never be historical knowledge, because it can never be scientific knowledge⁶².

It has been acknowledged that oral documents can, if judged by the standards of 'scientific' positivism, appear suspect⁶³. However, in recent decades, the attitude to oral testimony has become far more tolerant, although researchers writing at the

⁵⁹ Thompson P (1988) *The Voice of the Past: Oral History*. Oxford, Oxford University Press

⁶⁰ Thompson (1988) *The Voice of the Past*, p.53

⁶¹ Thompson (1988) *The Voice of the Past*, p.56

⁶² Collingwood R G (1994) *The Idea of History*. Oxford, Oxford University Press, pp.256-257

⁶³ Wallot J-P & Fortier N (1998) Archival science and oral sources. In: Perks R & Thomson A (eds.) *The Oral History Reader*. London, Routledge, p.366

present time acknowledge a residual prejudice⁶⁴. In the Preface to the third edition of *The Voice of the Past*, Thompson has argued that there is a vast difference in the understanding of, and value placed in oral history by academic and non-academic historians alike⁶⁵. Although, in the introduction to *The Oral History Reader*, it is contended that the interviewing of eye-witnesses, and recording their testimonies has had an valuable influence on contemporary history⁶⁶. According to Portelli:

Oral sources tell us not just what people did, but what they wanted to do, what they believed they were doing, and what they now think they did⁶⁷.

The importance of this definition of what oral history can 'do' for the researcher and her respondent, is not that oral history is less 'factual' than any other evidence, but that its 'factualness' is more about meaning than events. The archival data for this study provided information relating to the courses and those who undertook them, the ambitions of the profession and the responses of the universities. The oral history data it was hoped, would offer a more personal set of evidence.

Sangster has argued, 'oral history offered a means of integrating women into historical scholarship'⁶⁸, but it is not only women's history which has benefited

⁶⁴ McKenna Y (2003) Sisterhood? Exploring power relations on the collection of oral history. *Oral History*. Spring, p.66

⁶⁵ Thompson (1988) *The Voice of the Past*, pp.xi-xii

⁶⁶ Perks R & Thomson A (eds.) (1998) *The Oral History Reader*. London, Routledge, p.ix

⁶⁷ Portelli A (1998) What makes oral history different? In: Perks R & Thomson A (eds.) *The Oral History Reader*. London: Routledge, p.67

from oral history. However, she continued, this does not mean it should simply be used to fill the gaps where written evidence is lacking, nor must it be seen as providing a “better” history, a “purer” version’. The former devalues both oral and written history, whilst the latter, ignores the mediated nature of oral testimony⁶⁹. It is this point, which illustrates one of the many problems that are to be found in using oral history. How rigorous is it? What about memory, or motives? What effect does the interview itself have on the testimony recorded? It is to these and other issues in the use of oral data that this chapter will now turn, examining the oral data collected for this study by way of examples of obstacles encountered, and how, where possible, these were overcome.

Recruitment of participants

The purpose of this study was to explore the early experience of university education for nurses. Therefore the key inclusion criteria for participation in the oral history interviews was that all respondents were nurses who had undertaken a course of study associated with nursing in a university or polytechnic; it was therefore, purposive sampling (see Table 1).

⁶⁸ Sangster J (1994) Telling our stories: Feminist debates and the use of oral history. *Women's History Review*. Vol.3, No.1, p.5

⁶⁹ Daley C (1998) "He would know, but I just have a feeling": Gender and oral history. *Women's History Review*. Vol.7, No.3, p.343

Table 1: Courses undertaken by oral history interviewees

Name	Diploma in Nursing	Sister Tutor	Health Visitor	HV Tutor	Degree prior to nursing	Degree after nursing
Miss A					Y did not complete	Y
Miss C		Y				
Miss E					Y	
Miss H		Y			Y did not complete	Y
Mr H		Y				Y
Miss Ho		Y			Y did not complete	Y
Miss J	Y					
Miss L		Y			Y	
Miss O			Y	Y		
Miss R		Y			Y	
Mrs S	Y		Y			
Miss T	Y did not complete					
Miss W		Y				Y

Several participants were graduates prior to entering nursing and others read for degrees in disciplines other than nursing after training. One respondent had graduated prior to training to be a nurse, but did not undertake any of the university courses, which were appropriate for this research. This respondent, Miss E, was however chosen for her lively discussion of nursing and her work at St. George's Hospital, London, where one of the early experimental courses for nurse training had been established. Furthermore, during the data collection period a decision was taken to extend the upper end of the research period from

1957 to 1960⁷⁰. The former date which marked the opening of the Nursing Studies Unit at Edinburgh University, the first 'department' of nursing in the UK and latter date which marked the establishment of the first under-graduate programme in nursing in the UK, again at the University of Edinburgh.

The respondents were located in a number of ways. Initially, contact was made through professional networks, such as the Royal College of Nursing (RCN) and its History of Nursing Society. However, this did not bring forth the numbers desired, thus a letter and subsequently an article were published in the *Nursing Standard*, as well as in the *Newsletter of the RCN History of Nursing Society*. All respondents were therefore self-selected. After these avenues had been pursued, thirteen candidates were located, all of whom were interviewed. Initially, it was planned that only those who had completed their university course would be interviewed. However, when one respondent came forward who had not, it was decided that this would make a useful comparison, in terms of class and occupational history. A further two respondents were communicated with by letter and email and previous oral histories of Lucy Duff Grant and Dame Kathleen Raven, which were located in the RCN Oral History Archive were also available for consideration, thus ultimately, seventeen oral histories in total were consulted. As in qualitative research generally, there does not appear to be any accepted level of respondents in oral history, what is important is the richness and texture of the testimony. For *Women Teachers and Feminist Politics, 1900-1939*, Alison Oram

⁷⁰ Significantly, these two dates correspond respectively to the establishment of the first university department of nursing at Edinburgh, and the first university degree in nursing, at the same university

interviewed only twelve women⁷¹. Rolph, Walmsley and Atkinson's work on mental welfare officers between 1948 and 1970, received responses from twenty-nine people, of which twenty-six were interviewed⁷². Norland in her study of female undergraduates at Cambridge between 1972 and 1996, initially mailed to a sample of 900 women, received 332 replies and interviewed fifty⁷³.

Significantly, of the six nurses who had begun degrees prior to nursing, only three completed their degrees. Of the three who completed, Miss R read Natural Sciences at Cambridge, Miss E, English at Nottingham and Miss L, History at Edinburgh. However, of those three who failed to complete, academic performance was not an issue. Miss A and Miss Ho, were both at university in Austria prior to World War II, reading Mathematics and Physics, and Medicine respectively, sadly both in seeking to escape the Nazi invasion of Austria, were required to leave their country and enter Britain as refugees. Miss H had been reading English at Bedford College, London, when her eye-sight began to fail her and the constant reading became too difficult. Only one nurse failed to complete her post-certificate course, in this case the Diploma in Nursing. Several others had undertaken other nursing courses, such as Queen's Institute of District Nursing and Registered Mental Nurse training.

Not only were the respondents self-selected, but, by the very nature of the research, they were not intended to be representative of the profession. They had

⁷¹ Oram A (1996) *Women Teachers and Feminist Politics, 1900 - 1939*. Manchester: Manchester University Press, p.90

⁷² Rolph S, Walmsley J & Atkinson D (2002) "A man's job"? Gender issues and the role of Mental Welfare Officers, 1948-1970. *Oral History*. Spring, p.29

⁷³ Norland J (2002) More than earnest diligence: The academic performance of female undergraduates at an elite British university. *Oral History*. Spring, pp.73-82

all chosen to undertake further studies and had apart from one, reached leadership positions within the profession, either as teacher, senior health visitor or matron. Significantly, the only one respondent who did not achieve a high status post, was Miss T, who was also the only one not to complete her Diploma in Nursing. This is certainly interesting, especially as having the Diploma was not considered by the respondents to have been relevant to their promotion prospects. It is possible that Miss T was either not particularly ambitious and therefore interested in neither academic or professional 'capital', or that she did not have the intellectual ability. However, it has not been possible to test either of these hypotheses.

Seldon has argued that 'Elite interviewing is the black sheep among the contemporary historian's sources', referring to A J P Taylor's comments about 'old men drooling about their youth'⁷⁴. However, although nearly all the respondents for this research were amongst the leadership of the nursing profession, they do not conform entirely to the type usually associated with 'elite' interviewees. Firstly since, they were all bar one, women and secondly, because of the ambiguous professional status of the nurse. All the respondents in this research were white, Caucasian, and British or European by birth. Celia Davies has argued, nurses from ethnic backgrounds frequently suffered blocked promotions, lack of co-operation from their colleagues, and racial harassment⁷⁵. None of the respondents for this research however, referred to their whiteness, or ethnicity.

⁷⁴ Seldon A (1996) Elite interviews. In: Brivati B, Buxton J & Seldon A (eds.) *The Contemporary History Handbook*. Manchester: Manchester University Press, p.353

⁷⁵ Davies C (1995) *Gender and the Professional Predicament in Nursing*. Buckingham: Open University Press, p.10

Collaboration in oral history interviews

Having been neglected within the standard documentary sources, oral evidence can provide women's historians with valuable research data⁷⁶. As Oram has argued:

Oral history has been seen as providing direct evidence of people's life experiences in the past, especially for marginalized groups (such as women) otherwise missing from the historical record⁷⁷.

It does, she continues, 'help map out some of the broad parameters', furthermore, oral history helps the researcher and the interviewee understand some of the contradictory tensions in their experiences⁷⁸. These points are reiterated by Liddington and Norris, who argued that the interviews enabled them to understand individuals and their allegiances better⁷⁹. Furthermore, the same reasons were given by Gittins over a decade earlier, 'to gain insight into the individuals' values and beliefs'⁸⁰. However, notwithstanding the great benefit that oral history can offer women's history, it is not without its problems. Care needs to be taken that the process remains non-confrontational, whilst ensuring that the information gathered is not mundane. Deirdre Beddoe offered a useful rule-of-thumb when

⁷⁶ Roper M (1996) Oral history. In: Brivati B, Buxton J & Seldon A (eds.) *The Contemporary History Handbook*. Manchester: Manchester University Press

⁷⁷ Oram (1996) *Women Teachers and Feminist Politics*, p.51

⁷⁸ Oram (1996) *Women Teachers and Feminist Politics*, p.221

⁷⁹ Liddington J & Norris J (2000) *One Hand Tied Behind Us: The Rise of the Women's Suffrage Movement*. London, Rivers Oram Press, p.8

⁸⁰ Gittins D (1982) *Fair Sex: Family Size and Structure, 1900 - 1939*. London, Hutchinson, p.30

she suggested that 'one must be cautious in pursuing one's historical curiosity at the expense of other people's feelings'⁸¹.

It is also important to guard against 'interviewer-interviewee hierarchy', which, the distinguished sociologist, Anne Oakley suggested in her analysis of qualitative research and oral history, can be a problem. However, she wrote this indictment 22 years ago when both women's history and oral history were in their infancy, in later works she is more confident that interviewing, if semi or unstructured, can be a useful research tool⁸². More recent women's historians have refined interviewing techniques in response to some of these criticisms⁸³. Furthermore, Oakley did warn that there are problems, many of which are shared with qualitative research generally, issues of validity, rigour and power, notwithstanding other concerns⁸⁴.

It should also be noted that the respondents in this research were not subordinate; indeed, quite the reverse in terms of status and seniority within the profession, either in my or their own minds. Beddoe has argued that for many older women the opportunity to be interviewed can be rewarding, and 'is often the only recognition they have ever received that their working lives are important'⁸⁵. However, this was not necessarily the case for many of the respondents in this research had achieved positions of prominence and external social recognition.

⁸¹ Beddoe D (1983) *Discovering Women's History: A Practical Manual*. London, Pandora Press, p.202

⁸² Oakley A (2000) *Experiments in Knowing: Gender and Method in the Social Sciences*. Cambridge, Polity Press, pp.47-48

⁸³ Stacey J (1991) Can there be a feminist ethnography? In: Gluck S B & Patai D (eds.) *Women's Words: The Feminist Practice of Oral History*. London, Routledge, p.112

⁸⁴ Oakley (2000) *Experiments in Knowing*, p.57

⁸⁵ Beddoe (1983) *Discovering Women's History*, p.142

Mr H had received an OBE⁸⁶, Kathleen Raven was made Dame in 1968⁸⁷ and Miss H had been awarded an honorary DSc in the mid 1970s⁸⁸. Thus illustrating the certainty of their professional status as nurses.

Significantly, perhaps owing to the hierarchical structure of nursing, and as Rafferty has argued, the transposition of the structure of the home into the hospital⁸⁹, it was not unreasonable for the interviewees to see me as the 'daughter' in relation to them as 'mother figure'. In her interviews with wives of the clergy, Finch claims that she had some inward conflict as to whether to tell the women that she too was married to a clergyman⁹⁰. She stated however, that they did find out and once they were aware of the similarity in their roles as women, the interview situation was improved⁹¹. She therefore decided to inform all her interviewees of her marital position. It is acknowledged that the position of the interviewer should perhaps not be given in all cases. In her research on women who were conscientious objectors in World War II, Feld did not think it appropriate to inform the interviewees that she was Jewish, because she felt that she would receive a "truer" picture of the woman's own thoughts and experiences⁹². However, all the interviewees for this study were made aware of my professional status, many in fact were aware of it prior to contact being made

⁸⁶ Mr H. Oral history interview 3rd October 2000. Trained at Oldchurch County Hospital. 1947 – 1950. Sister Tutor Diploma Battersea Polytechnic, 1956

⁸⁷ Dame Kathleen Raven. Interviewed by Dr. Anne Marie Rafferty, 28th March 1988. RCN Oral History Archives, Edinburgh

⁸⁸ Brooks J (2004) Winifred Emily Hector. In: Harrison B & Matthew C (eds.) *The Oxford Dictionary of National Biography*. Oxford, Oxford University Press

⁸⁹ Rafferty A M (1996) *The Politics of Nursing Knowledge*. London, Routledge, p.35

⁹⁰ Finch J (1993) 'It's great to have someone to talk to': Ethics and politics of interviewing women. In: Hammersley M (ed.) *Social Research: Philosophy, Politics and Practice*. London, Routledge, p.172

⁹¹ Finch (1993) 'It's great to have someone to talk to', p.172

⁹² Feld R (2003) From the interviewer's perspective: Interviewing women conscientious objectors. *Oral History* Spring, p.33

and, like Finch's respondents, were keen to 'open up'. Furthermore, as several of the respondents had been either teachers or researchers themselves, they appeared to have been eager to help.

Minister has maintained that it is possible to justify oral history as a research method in feminist or women's history. However, in order to do so, the researcher must be mindful of the different ways in which men and women communicate. One essential difference is that women's speech is often devalued:

[W]omen talk more than men, don't talk about significant things, can't tell jokes, are weak and less capable speakers than men, cannot speak logically⁹³.

Interestingly, the one man interviewed for this research was far more loquacious than any of the women, and apart from the oldest interviewee, was the most bold about his achievements. Mr H's voice appears very certain, when compared to the words of the other female respondents,

Consenting participants

All the nurses interviewed were contacted by telephone beforehand, some by letter or email prior to that. In this way various personal details could be gathered. Ryan in her research into Irish women leaving Ireland in the 1930s, discusses the use of the telephone as a method of gauging the health of the women. The use of email plays an important communication role in modern society. However, it can too easily be accepted that older people are unfamiliar

⁹³ Minister K (1991) A feminist frame for oral history interview. In: Gluck S B & Patai D (eds.) *Women's Words: The Feminist Practice of Oral History*. London, Routledge, p.30

with it, or conversely, if they are not, that they must be unusually able. For the purpose of this study there was a growing awareness that attributes which were applied to the respondents prior to meeting them were not always correct. Both Miss A and Miss Ho responded via email.

All respondents were asked for permission to use a tape recorder for the interview, all gave that consent. They were also informed that a consent form would be brought to the interview, so that if they wished, the tapes could be placed in the RCN Oral History Archive. In all cases it was stated that if they wished to offer sensitive information the tape recorder would be switched off as necessary. In fact this only happened in one interview, and that on account of the political sensitivity of the discussion. These issues are raised by Church and Johnson as appropriate pre-interview protocol⁹⁴.

The date and time of the interviews were arranged to best suit the respondents. Significantly many wished to be interviewed just before lunch or tea, so that a light meal could be taken together. Thompson questions the suitability of accepting food and drink from interviewees, as he feels it can lead to a deference from the interviewer which will lead them to take more care over the questioning⁹⁵. This was not found to be the case. The women who offered refreshments appeared to do so as a way of making the interview process more social and less daunting for both of us. Finch has argued that this allows the interviewer to enter the interviewee's home as a guest, not as an inquisitor, which

⁹⁴ Church O M & Johnson M L (1995) Worth remembering: The process and products of oral history. *International History of Nursing Journal*. Vol.1, No.1, pp.23-24

⁹⁵ Thompson (1988) *The Voice of the Past*, p.241

allows for a less hierarchical relationship⁹⁶. All the interviews were conducted at the respondents' convenience in their own homes, with the exception of one, which was conducted at the hotel in which the interviewee was staying whilst on holiday.

Conducting the interviews

On arriving at the interview, issues relating to the interview and the deposit of the tapes were reiterated, along with a briefing of the research and the aims of the interview. There has been much discussion in the literature as to whether the tape recorder should be switched on even prior to the initial introductions, or whether a previous meeting should be arranged in order for these introductions to be made⁹⁷. However, for the purposes of the present study the decision was taken to make simple notes on vital information if that were forth-coming, prior to the tape-recorder being switched on. Significantly, as many of the interviewees had themselves been leaders of their profession, several had been interviewed before hand and were aware of the general protocol surrounding oral history. Nevertheless, this did not always make for a better interview. Miss L was so used to the process that she had notes to which she referred throughout the interview and found it intimidating to veer from them. The respondents were not initially asked many questions. After a brief resume of their lives and work, they were asked to expand on their student days, working lives and the courses that they undertook. Only when points required expansion or explanation were they interrupted (see Appendix 5 for interview schedule). These included their responses as probationers to the discipline they encountered, their attitudes to

⁹⁶ Finch (1993) 'It's great to have someone to talk to', p.167

⁹⁷ Thompson (1988) *The Voice of the Past*, p.326

rules of uniform and relationships with more senior nurses and other professional groups in hospital. Other prompts were directed to the university courses that they undertook, especially in comparison to later degree and post-graduate education.

Thus far, this chapter's consideration of oral history has focused upon the value it can have for the historian, especially the historian of marginalised groups such as nurses. There is however a key issue which can be understood to effect the validity of oral history, that of memory. Significantly, several of the respondents maintained that they found it difficult to maintain their life history in a chronological order. Furthermore, there were a number of discrepancies in the written data and the oral testimonies. It is therefore to the issue of memory that this chapter will now turn.

Memory and oral history

Stanford has stated that 'personal memories are chancy things'⁹⁸. Ultimately they are influenced by time, space, changes in beliefs, influences of others and a multitude of other facets, which influence the human psyche. Several of those who were interviewed for this research apologised for their memory, or stressed the difficulties they had experienced in trying to remember certain things, especially dates and places. Hobsbawm has argued that adequate use of oral history cannot be made until the nature of memory has been fully understood. Furthermore he argued:

⁹⁸ Stanford M (1994) *A Companion to the Study of History*. Oxford, Blackwell, p.52

Memory is not so much a recording as a selective mechanism, and the selection is, within limits, constantly changing⁹⁹.

However, oral history testimony should not be dismissed because of this. Moreover, Menuge, Quinn and Westall have suggested that sometimes poverty of memory is used by respondents as an editing device, something to enable them to 'own' their personal histories¹⁰⁰. Portelli's history of the steelworkers in Terni, Italy circa 1950, is all the more striking when the contradictions in time and space are understood. When memory is understood as 'an active process of creation of meaning'¹⁰¹, the political and social beliefs and experiences of the interviewees are put into context:

Thus, the specific utility of oral sources for the historian lies, not so much in their ability to preserve the past, as in the changes wrought by memory¹⁰².

Lucy Duff Grant in her oral history undertaken prior to her death stated that she had been the youngest probationer at St. Thomas's Hospital when she entered three months before her twenty-third birthday in 1916. The matron had originally stated that she could not be considered until she was twenty-five¹⁰³. That she entered St. Thomas's Hospital just before her 23rd birthday is confirmed in the *Nightingale Probationers' Record Book No. 8*¹⁰⁴. However, the table of ages on

⁹⁹ Hobsbawm (1997) *On History*, p.273

¹⁰⁰ Menuge N, Quinn S & Westall S (2002) Listen to me! A question of ownership. *Oral History*. Autumn, p.75

¹⁰¹ Portelli (1998) What makes oral history different?, p.69

¹⁰² Portelli (1998) What makes oral history different?, p.69

¹⁰³ Lucy Duff Grant. Oral history interview taken by Father Kirkpatrick, 1983. Trained at St. Thomas's Hospital 1916-1919. Sister tutor course, KCW 1922, Diploma in Nursing, Leeds, 1923

¹⁰⁴ The Nightingale Fund (1916) *Nightingale School Probationers Record Book No.8*. St. Thomas's Hospital, London. LMA: H1/ST/NTS.C4/16

entry to St. Thomas's Hospital show that she was not necessarily the youngest entry to that date, it therefore appears that she was not given preferential treatment. Furthermore, the appendices in Baly's *Florence Nightingale and the Nursing Legacy* provide the ages of those accepted in the nineteenth century, several of whom were under twenty-five years old¹⁰⁵.

One of the most illuminating aspects of the interviews were the memories of the training that all the respondents had received, and the contradictions that lay therein. In her work *Reconstructing Women's Wartime Lives*, Summerfield explores the notion of 'composure' and its relevance to oral history. The verb 'to compose', she argues, plays on the double meaning of the word, the creation of applicable accounts, and the maintenance of comfort to the self in doing this¹⁰⁶. Thus, the nurses interviewed for this research identified their 'in-betweenness'. That is, they had to simultaneously uphold the regime of nursing in which they eventually became leaders, whilst at the same time showing their distinctiveness from the rank and file in their dealing with their training and early years as a qualified nurse. In this way the ambiguity of the professional status of the nurses interviewed for this study were illustrated. Miss Ho stated:

I didn't ever criticise the hospital. You know I probably wouldn't have done, because it was my home, and it was my future¹⁰⁷.

¹⁰⁵ Baly (1997) *Florence Nightingale and the Nursing Legacy*. Appendix III: Nightingale Nurses, 1860-1868, pp.232-245

¹⁰⁶ Summerfield P (1998) *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War*. Manchester, Manchester University Press, p.17

¹⁰⁷ Miss Ho. Oral history interview 8th August 2001. Trained at The London and Watford County Hospital. 1939 – 1942. Health Visitor Tutor course, RCN 1950

This was a significant comment given her potentially precarious position as a Jewish-Austrian refugee in England during World War II. By describing her student life thus, Miss Ho appears to have been able to compose a description of her training which was at once critical, and thus provided an impetus for the changes she was to work towards in her later professional life, whilst remaining faithful to the establishment which offered her the life that she had enjoyed. The ambiguities in Miss E's testimony are perhaps even more acute. In her description of the sister tutors at St. George's, she likened them to school teachers, stating, that they were, 'very nice women', but that they did not have 'much intellectual interest'¹⁰⁸. However later she maintained, on being questioned whether they were trained or educated, 'I believe we were educated'.

Daly has argued that as the worlds that men and women inhabit are gendered so their experiences are gendered¹⁰⁹. Thus, when Miss L stated that:

You must remember this was immediately post-war. It's very difficult for you young people to accept what we'd all been through during the war and maybe we accepted things more ready than we should have... perhaps we were less ready to be rebellious¹¹⁰.

Whilst she describes the accommodation of intelligent young women in nursing to their war-time experiences, it may also have been due to the expectations of women at that time. Having been taken out of the home for war-time activities,

¹⁰⁸ Miss E. Trained at St. George's Hospital, 1958-1961. English Literature, Nottingham University, 1953

¹⁰⁹ Daley (1998) "He would know, but I just have a feeling", p.344

¹¹⁰ Miss L. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, 1961. MA University of Edinburgh, 1946

women were now returned to it. Furthermore, the 'woman's place' in the late 1940s and 1950s, remained one of modified subordination, and thus ambiguous, vis-à-vis participation in the employment market. Significantly, Hallam has argued that whilst the propagandist films produced at this time did little to alter the perception of nursing of the public, they did limit the career prospects for young women¹¹¹. Braybon and Summerfield have maintained that although there was an increase in married women working after World War II, as well as a move towards more companionable marriages, during the early post-war years women were encouraged back into the home, and many men did not wish their wives to continue working outside of the home¹¹².

Conclusion

In this chapter, the methods used in order to gather and analyse the data has been described, along with the methodological issues attached to historical research. A three stage method of reading documents, viewing film and conducting oral histories has been used to justify the key issues in this thesis of the ambiguous professional status of nursing and the uneasy translation of nursing as a discipline of study from the hospital to the university setting. The use of oral history has provided a personal view on the training and university education of those who trained as nurses, whilst the written and other forms of archival data have provided a more objective view of these matters. In this way the different methods have been used to analyse the data, in order to achieve the necessary rigour.

¹¹¹ Hallam (2000) *Nursing the Image*, p.46

¹¹² Braybon G & Summerfield P (1987) *Out of the Cage: Women's Experiences in Two World Wars*. London, Pandora, p.271

Having discussed the methods used within the current research, this thesis will now consider the data relating to the special probationer schemes. These schemes will be considered by way of an introduction, as they acted in part as a precursor to the university courses and therefore highlight the uneasy translation of nursing as a discipline of study from the hospital to the university setting.

Chapter 3: Structured by class, bound by gender

...among the upper classes where the best nurse that could be obtained¹.

Introduction: Aims and objectives

The previous chapters in this study have offered an analysis of the literature and methods used to underpin the present research. The aim of this chapter is to use archival and published documents and film, to examine the attempts in the late nineteenth and early twentieth centuries to construct nursing as a respectable occupation for middle and occasionally upper-class women, especially through the special probationer schemes. It was these schemes, which in part acted as a precursor to the university courses. As the literature review identified, there were a number of different educational and career opportunities, which arose in the same period covered within this current research, from the middle of the nineteenth century, through to the middle of the twentieth century. For nursing to compete with these other opportunities of suitable careers for educated women, something more had to be offered to those prospective candidates from the upper echelons of society. In the chapters which follow, it will be shown that, from the end of World War I, the growth in university colleges sympathetic to women's higher education was exploited by some leaders in the nursing profession to provide post-registration course for nurses as a means of career progression and to

¹ Lees F (1874-5) *Nurses' Work & Nurses' Training – Nursing in London Hospitals*, p.3. LMA: A/NFC/22/4. Florence Lees had been an observer at St. Thomas's Hospital, when Florence Nightingale recommended her to act as supervisor to the nurses during the Franco-Prussian War in 1870. She subsequently conducted a survey into the training schools for nurses in London and was a pioneer of trained district nursing. Baly M (1997) *Florence Nightingale and the Nursing Legacy*. London, Whurr Publishers, pp. 114 & 124-128

develop a cadre of leaders. However, in the late nineteenth and early twentieth centuries, before such courses became available, there were two quite separate endeavours to develop this cadre of leaders. The first involved a number of hospitals, especially, London voluntary, teaching hospitals, which instituted shortened courses for 'paying', 'lady', or 'special' probationers (hereafter, special probationers or specials), as they were known, who were prepared to pay for their training. The second, was the attempt by Ethel Gordon Fenwick, the pro-registrationist and proponent of nursing as a skilled profession for educated women, to establish a Faculty of Nursing with under-graduate nursing courses. This latter venture was, it will be shown, doomed to failure, perhaps partly because of the personality of Ethel Gordon Fenwick herself, and partly because of the uneasy translation of nursing as a discipline of study from the hospital to the university setting. The specials' schemes, however, became a significant part of the reform of nursing in the late nineteenth century, especially in the attempt to ameliorate the professional status of the nurse. Moreover as the chapter will illustrate, the presence of these educated young women in the nursing profession, challenges assumptions that nursing was not perceived to offer status.

The attempt to establish a Faculty of Nursing will be dealt with first for despite its failure, it casts an important light on the uneasy translation of nursing as a discipline of study from the hospital to the university setting and 'in-between', professional status of the nurse. Significantly, Ethel Gordon Fenwick believed in the 'emancipation of nurses and nurse training from the control of the hospitals'². This belief was to sustain her determination for registration and resolve that

² Rafferty A M (1996) *The Politics of Nursing Knowledge*. London, Routledge, p.53

nursing should be a profession for educated young ladies, who would receive their training within the university environs. Had this venture in these very latter years of the nineteenth century, succeeded the uneasy translation of nursing as a discipline of study from the hospital to the university setting may have been circumvented.

Pre-registration Innovations

At a meeting of the International Council of Nurses (ICN) in 1912, Ethel Gordon Fenwick suggested that an educational foundation should be created as a memorial to Florence Nightingale³, an idea enthusiastically seconded by Adelaide Nutting⁴. It was this organisation that twenty-two years later would become the Florence Nightingale International Foundation (FNIF). World War I intervened and it was not until 1929 that the subject was referred to again at an ICN meeting⁵. The published statement of the organisation proposed that the Foundation:

Should take the form of a Chair of Nursing and Health, should be placed in her [Nightingale's] own country, England, in one of its universities, and should open to every woman the door to the rich opportunity of intellectual and technical development along the highest lines of nursing work⁶.

³ Anon (1934) The Florence Nightingale International Foundation Inaugurated. *The American Journal of Nursing*. Vol. XXXIV, No. 8, August, p.786. FNIF Archives, Geneva

⁴ Adelaide Nutting was the first nurse to hold a professorship at the Teacher's College, New York, in 1899

⁵ Anon (c.1937) *To Commemorate Florence Nightingale: Towards The Florence Nightingale International Foundation*, p.2. FNIF Archives, Geneva

⁶ Anon (1936) The Florence Nightingale International Foundation. *The American Journal of Nursing*. Vol. XXXVI, No. 10, October, pp.4-5. FNIF Archives, Geneva

Reinkemeyer has argued that for Gordon Fenwick, the foundation of a Chair in Nursing, was that which all hope seemed to centre⁷. This was not however, the first time the placing of nurses in higher education had been suggested by Gordon Fenwick. As early as 1898, she maintained that nurses should be taught in higher education. In this she was strongly influenced by the United States, where the first Chair in Nursing was created the following year⁸.

In 1934, the FNIF was formally established with the assistance of the League of Red Cross Societies (LORCS) and between that year and the beginning of World War II it conducted the Bedford College International Courses⁹. In October 1934, the Canadian Nurses' Association submitted a proposal for expansion of the educational role of the Foundation, according to Rafferty, they were critical of the scope and content of the International Courses¹⁰. They recommended that a Faculty of Nursing be established at London University, which should undertake not only nurse education, but also research into that education¹¹. Annie Goodrich, late Dean of Faculty of Nursing, Yale University, USA, had been asked to serve as a co-opted member on the FNIF Education Committee, thus the proposal was sent to her for comments. On 19th January 1935, she wrote to the Committee stating her accord with the Canadian Nurses' Association, especially as she felt

⁷ Reinkemeyer Sr. M H (1966) *The Limited Impact of Basic University Education Programs in Nursing: A British Case Study* [unpublished PhD thesis] California, Berkeley University, p.67

⁸ Burke L M & Harris D (2000) Education purchasers' views of nursing as an all graduate profession. *Nurse Education Today*. Vol. 20, No. 8, p.620

⁹ Anon (1956) *Notes on the Florence Nightingale International Foundation and its General Programme*, p.1. FNIF Archives, Geneva

¹⁰ Rafferty A M (1995) Internationalising nursing education during the interwar period. In: Weindling P (ed.) *International Health Organisations and Movements, 1918 – 1939*. Cambridge, CUP, p.276

¹¹ Letter from Grace M Fairley, Convenor Florence Nightingale Memorial Committee, Canadian Nurses' Association, to the Education Committee of the FNIF, 25 June 1934. Read to FNIF Education Committee, 6th October 1934. FNIF Archives, Geneva

that there were great differences in the preparation of nurses at both undergraduate¹² and post-graduate levels:

I am impressed with the fact that only a Chair in Nursing in an English University would enable the wide variations in the educational program required for effective results¹³.

Between 1935 and 1936, Adelaide Nutting and Ethel Gordon Fenwick, corresponded on the subject of the proposed Chair. On 4th January 1935, Nutting wrote to Gordon Fenwick, congratulating her on the establishment of the FNIF:

This reminds me of the Chair in Nursing and its endowment which you have so long & vigorously advocated. I have heard with delight that you have secured the support of Sir Arthur Stanley – My own experience in developing post-graduate work in this University, leads me to look upon such an endowment (and all that it implies in proper leadership) as the very foundation stone of any really sound educational development¹⁴.

By December 1936, there was still no Faculty or Chair of Nursing. Nutting wrote again to Gordon Fenwick, offering \$1,000 towards the endowment of a Chair. Significantly, she stated, ‘I shall have to say frankly that I would not now give such a sum, for any other phase of our work’¹⁵. The previous month, Miss Coode, President of the College of Nursing, wrote to the Education Committee of

¹² At the Provisional Committee for the proposed FNIF, on 9th March 1934, it was decided that the word, ‘post-graduate’ with reference to courses available for nurses at English Universities, be changed to ‘advanced’, as most nurses did not have degrees. However, even in the 1930s, degree courses were available for nurses in the USA, thus it is not surprising that Goodrich continued to use the terms, ‘pre and post-graduate’

¹³ Letter from Annie Goodrich to the Education Committee of the FNIF, read at meeting on, 19th January 1935 (no reference exists as to the date the original letter was written). FNIF Archives, Geneva

¹⁴ Letter from Adelaide Nutting to Gordon Fenwick. 4th January 1935. KCL/RBNA:BF16/1

¹⁵ Letter from Adelaide Nutting to Gordon Fenwick. 14th December 1936. KCL/RBNA:BF16/2

the FNIF. She maintained that the College of Nursing had been working towards the endowment of a Chair in Nursing at London University, as well as the establishment of the College of Nursing as a School within the University for seventeen years and that the College would be most grateful for the assistance of the Foundation in this matter¹⁶. However, not everyone was so keen to establish a Chair. According to Reinkemeyer, Miss Rundle¹⁷ and KCW worked on a scheme to prevent its establishment in as early as 1912¹⁸. Furthermore, delaying tactics were employed at the FNIF Grand Council Meeting on 2nd July 1935, arguing that for 'financial reasons' the aim of a Chair could not be realised, and that it should be considered an 'ultimate aim', rather than an 'immediate' one¹⁹. According to Rafferty, the FNIF had never been able to raise sufficient funds²⁰. World War II prevented further discussion on the establishment of a Chair. However, although after the war, the RCN began its own negotiations, it was an ambition, which would not come to fruition until the late twentieth century²¹. Significantly, as Reinkemeyer has contended, whilst the post-certificate university courses were very important for the professional identity of nurses themselves, such an arrangement for post-registration courses in another department of a university was incompatible with Gordon Fenwick's goal: to elevate the study of nursing to the level of a university course²². The effects of this upon nursing as a discipline of study were acute and arguably maintained nursing as a profession 'in-between'.

¹⁶ Letter to Dame Alicia Lloyd Still, Chair of the Education Committee of the FNIF, from Miss Coode, President of the College of Nursing. Discussed at Education Committee meeting of FNIF, 23rd November 1936, p.5. FNIF Archives, Geneva

¹⁷ Miss Rundle was Secretary of the College of Nursing

¹⁸ Reinkemeyer (1966) *University Education Programs in Nursing*, p.72

¹⁹ Florence Nightingale International Foundation (1935) Ordinary General Meeting – Grand Council. 2nd July, p.5, Agenda item 5a, No. 10

²⁰ Rafferty (1995) *Internationalising nursing education*, p.276

²¹ Royal College of Nursing (1947) Education Committee Minutes, 24th February. RCN Archives, Edinburgh

²² Reinkemeyer (1966) *University Education Programs in Nursing*, p.77

Having offered a discussion of this failed attempt to institute under-graduate education for nurses from the very early years of the twentieth century, this chapter will now explore the institution of the special schemes from the late 1860s. The special schemes are important as they, in part acted as a precursor the university courses.

The special probationers

In order to explore the impact and import of the special probationer schemes, this chapter will first consider the class and gender structures of Victorian and Edwardian Britain. It will be shown that young middle and upper-class ladies were treated quite differently, and indeed were considered to be quite different creatures from both their working-class 'sisters', and men from their own classes. Furthermore, it is argued that these differences made the potential recruitment from the pool of educated, young women problematic. That is, the cross-class entry for nursing created ambiguities for the professional status of the nurse. The chapter will then examine the work and lives of the special probationers themselves. Vital to an understanding of these young women, is the notion of their distinctiveness. Distinctiveness as considered in terms of their roles as nurses, and position within the social strata of the time. In fact, far from class being an issue which divided the profession and led to disunity, it was a fundamental basis of the reforms. As Rafferty has argued:

The campaign to reform nursing in the mid-nineteenth century was therefore less an attempt to redefine nursing work than to reconstruct the class basis of the occupation²³.

²³ Rafferty (1996) *The Politics of Nursing Knowledge*, p.5

The position and career of the lady-nurse was not only different from those of the rank-and-file²⁴, the whole ethos behind their work derived from a fundamentally different comprehension their purpose²⁵. The role of the lady-nurses was to inculcate the working-class with appropriate religiosity and morals, as well as teaching nursing work²⁶. The role of dress as a measure of distinction, and a method of distinguishing the new breed of 'special', was crucial to the period. Therefore, the third area to be explored will be the significance of uniform as a signifier of distinction between grades of nurses, nurses and non-nurses, and in some cases as a means of distinguishing between the ordinary (that is; those who were paid during their probationary period) and special probationers. However, despite the best efforts of the very early pioneers of nursing to encourage middle-class ladies into the profession, the professional status of the nurse remained ambiguous.

Research has already been conducted into the specials, however in this chapter, it is the intention to use the cultural theories of Mary Douglas²⁷ and Pierre Bourdieu²⁸ as analytical tools in order to explore the class and gender issues

²⁴ Helmstadter C (2001) From the private to the public sphere: The first generation of lady nurses in England. *Nursing History Review*. Vol.9, pp.127–140

²⁵ Summers A (2000) *Female Lives, Moral States: Women, Religion and Public Life in Britain, 1800-1930*. Basingstoke, Threshold Press, p.13

²⁶ Nightingale (1863) (3rd ed.) *Notes on Hospitals* London, Longman, Green, Longman Roberts and Green, p.183

²⁷ See: Douglas M & Wildavsky A (1983) *Risk and Culture: An Essay on the Selection of Technological and Environmental Dangers*. Berkeley, USA, University of California Press. Douglas M (1992) *Risk and Blame: Essays in Cultural Theory*. London, Routledge. Douglas M (2001) *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London, Routledge

²⁸ See: Bourdieu P (2000) *Distinction: A Social Critique of the Judgement of Taste*. London, Routledge. Bourdieu P (1996) *The State Nobility: Elite Schools in the Field of Power*. Oxford,

within nursing and especially nursing leadership. Douglas's work on 'dirt', 'pollution' and ritual, has, as was argued in the literature review chapter, been used within nursing, but rarely in historical studies of nursing²⁹. However, Douglas's work on dirt and purification are particularly pertinent to a history of class issues in nursing, not only on account of fears of class and gender pollution, but also because of the sanitary ideals of Nightingale and other Victorian reformers. Bourdieu's work on class, taste and 'capital', has also rarely been used in nursing history in the UK. In his foreword to Bourdieu's, *The State Nobility: Elite Schools in the Field of Power*, Loic Wacquant has maintained that the work is 'doggedly Francocentric in empirical substance and scope'. However he continues it is 'irrepressibly universalising in analytical intent and reach'³⁰. In *Distinction: A Social Critique of the Judgement of Taste*, which preceded *The State Nobility*, Bourdieu argues that, 'Sexual properties are as inseparable from class properties as the yellowness of a lemon is from its acidity'³¹. Furthermore, according to Rafferty:

Nursing is at times sandwiched between, and at times encapsulated by, the workers who surround it in a division of labour³².

Blackwell Publishers & Co. Bourdieu P & Passeron J-C (1977) *Reproduction in Education, Society and Culture*. London, Sage Publications

²⁹ The exceptions to this are: Bashford A (2000) *Purity and Pollution: Gender, Embodiment and Victorian Medicine*. Basingstoke, Macmillan Press Ltd. Although this work deals with both nursing and medicine. Secondly, Professor Pamela Wood gave a lecture at the Nightingale Museum, St. Thomas's Hospital, 10th July 2002, but no publication has yet appeared from this work

³⁰ Wacquant L J D (1995) Forward. In: Bourdieu P (1968) *The State Nobility: Elite Schools in the Field of Power*. Oxford, Blackwell Publishers, p.ix

³¹ Bourdieu P (2000) *Distinction: A Social Critique of the Judgement of Taste*. London, Routledge, p.107

³² Rafferty (1996) *The Politics of Nursing Knowledge*, p.188

Significantly, Bourdieu, whilst placing nursing in late twentieth century France within the petit bourgeoisie, acknowledges the diverse class make-up from the lower or middle-classes, to the more established families, often Parisian and bourgeois, endowed with similar cultural capital as the new professions³³. Prior to the analysis of the specials, it seems pertinent to offer a brief examination of the nature of 'capital' in the writing of Bourdieu.

Bourdieu and the nature of 'capital'

Hipsky has argued that Bourdieu's concept of 'cultural capital' is the 'cultural knowledge as a resource of power'³⁴; capital which is understood as emanating from the family and its associations. Thus, with the establishment of special probationers within nursing it was hoped that the introduction of women from the culturally and often financially comfortable and successful families of the UK would endow the profession with a level of cultural capital similar to the male dominated learned professions. Having gentrified the profession in this way, social capital, understood as the 'power that comes from social associations, such as membership of various kinds of groups'³⁵, would follow. However, Bourdieu himself argued that 'cultural capital' could also come from the 'school'³⁶ - understood as the place of formal education. It is arguable, therefore, that the nursing leadership was bound to fail in their attempts to gain either cultural or social capital for the profession as a whole. For, although many of the specials

³³ Bourdieu (2000) *Distinction*, p.359

³⁴ Hipsky M (2000) Romancing Bourdieu: A case study in gender politics in the literary field. In: Brown N & Szeman I (eds.) *Pierre Bourdieu: Fieldwork in Culture*. Lanham, Maryland, USA. Rowman & Littlefield Publishers, Inc., p.192

³⁵ Hipsky (2000) Romancing Bourdieu, p.192

³⁶ Bourdieu P (1977) Cultural reproduction and social reproduction. In: Karabel J & Halsey A H (eds.) *Power and Ideology in Education*. New York, Oxford University Press, p.488

brought the cultural capital they had acquired from the home into the profession, the rigid training of hospital nursing, alongside the inflexible timetable, did little to encourage such inculcation of cultural capital³⁷. It appears that the cross-class make-up of probationers was exploited not as a method of creating class unity, but disunity. It is thus to the issue of the cross-class membership of the nursing profession that this chapter will now turn

An ambivalent unity

In 1858, prior to the foundation of the Nightingale Training School at St. Thomas's Hospital, Miss Nightingale wrote:

It seems to me that ladies, as such, should have no separate status; but should be merged among the head-nurses, by whatever name these are called³⁸.

Significantly, in *The Lady with the Lamp*, a film biography of Florence Nightingale, Dr Menzies, the medical officer at Scutari, suggests to Florence Nightingale, played by Anna Neagle, that the work required in the hospital is completely inappropriate for a lady. Miss Nightingale replied:

³⁷ One method of attempting to imbue the profession with a level of both cultural and social capital was through access to tennis courts. In *Distinction*, Bourdieu describes tennis as part of the bourgeois sporting world, along with horse riding, skiing and golf. Bourdieu continues that within these sports there are 'hidden entry requirements, such as family tradition and early training, or the obligatory manner (of dress and behaviour)'. Significantly, in an article written to *The Nursing Times* in 1930, the author commented upon how the large provincial hospital where she trained, had built two tennis courts since she had left twenty five years previously. *MLS (1930) Training twenty-five years ago: Conditions the College has helped to abolish. The Nursing Times. 22nd February, p.217*

³⁸ Nightingale F (1858) *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War*. Presented... to the Secretary of State for War (Thoughts submitted as to an eventual Nurses' Provident Fund) London, Harrison and Son, p.5

I assure you Dr Menzies, that among my group there are no ladies, in your sense of the word. We are all nurses³⁹.

However, Miss Nightingale, conceded that women from the middle and upper-classes will be required to act as an 'officer' class, supervising the other nurses⁴⁰. Bradshaw has argued that nursing was unique because it recruited from all classes, and that the somewhat derisory image of nurses as ministering angels arose from the fact that ladies were prepared to risk their health in order to serve humanity⁴¹. In this she appears to imply that the cross-class recruitment meant that reformed nursing was founded on parity across the classes. However, whatever the original intentions, from even the earliest years of reform this was clearly not the case. Although Miss Nightingale initially believed that different classes of women were required in nursing for different types of work, seven years after the founding of the Nightingale Training School she agreed to institute a special probationer scheme⁴². According to Baly, this was because, apart from Agnes Jones, the School had not produced one nurse suitable for leadership positions⁴³. Candidates for the special schemes, would be ladies of the middle and upper-classes - although Baly has argued that in fact not all of specials were in fact ladies, would take a shortened training for which they would pay, and would create a sustainable source of head nurses or matrons at St. Thomas's or other hospitals. Previous research has suggested that special probationer schemes,

³⁹ Wilcox H (director) (1951) *The Lady with the Lamp*. British Film Institute

⁴⁰ Nightingale (1858) *Subsidiary Notes*. p.5

⁴¹ Bradshaw A (1998) Charting some challenges in the art and science of nursing. *The Lancet*. Vol.351 7th February, p.438

⁴² The Nightingale Fund (1909) *Regulations as to the Training of Special Probationers in the Practice of Hospital Nursing, under the Nightingale Fund*. London Metropolitan Archives [LMA] HI/ST/NTS.A2/3

⁴³ Baly M (1997) *Florence Nightingale and the Nursing Legacy*. London, Whurr Publishers, p.xi

rather than continuing to operate as a recruitment strategy, were eradicated in the very early years of the twentieth century⁴⁴. However, the present study, has found vestiges of the schemes enduring into the middle years of the twentieth century. Moreover, even where specials did not exist, strict class demarcations continued to structure opportunities for women in the nursing profession. Thus, it is arguable, that the issue of class was both a dividing force for the new profession, and fundamental to its reform.

The present chapter will consider the ideology of the reformers of nursing and the problems they faced in trying to establish nursing as a respectable profession for young middle and upper-class women. It will be argued that reformers were hindered not only by issues of financial remuneration for young ladies, but also by fears of class and gender pollution through their dealings with patients, doctors and the rank and file of nursing, which would ultimately affect the professional status of the nurse. Moreover, reformers were faced with the issue of the physical dirt associated with nursing work. The exploration of the training and work of both the rank and file and the 'lady' nurses in this chapter will examine not only the methods of training, but also the techniques which were employed by hospitals and specials alike to create and maintain their distinction from the ordinary probationers. Bourdieu has argued that those whom 'the school'⁴⁵ distinguishes have actually been separate from very early in their schooling, 'these students have from the outset been set apart by the slight gaps that are at the source of a cumulative distancing'⁴⁶. Thus it is suggested that those ladies who

⁴⁴ Maggs C (1983) *Origins of General Nursing*. Kent, Croom Helm Ltd., p.171

⁴⁵ Here understood as schooling

⁴⁶ Bourdieu (1996) *The State Nobility*, p.106

entered as specials had often experienced very different educational opportunities and expectations as children, compared with women even from their own social class. Furthermore, once a probationer, even if she were required to undertake cleaning work or some of the more mundane aspects of a probationers' duties, she remained set apart by the other small but collectively critical differences, such as access to lectures by medical staff, shorter training and optional night duty. However, that she was expected to undertake the most minor of mundane, domestic work during her training, would place her 'in-between'.

It should be noted that many of the very early recruits to St. Thomas's Hospital were drawn from similar social classes as the pre-reform nurses, or at least, the difference did not fulfil initial aspirations of the reformers⁴⁷. However, by the end of the nineteenth century, class differentiation can be seen between the specials and ordinaries, although even then few ordinaries at St. Thomas's Hospital came from staunchly working-class backgrounds. For the present study, the nurse training registrars from the various hospitals were used. Two different types of evidence were used to determine class. First the previous employment of the probationers themselves was considered, second, where the data is available, the probationers' fathers' occupations.

In Table 2 below, it can be seen that the occupations undertaken prior to entrance to the Nightingale Training School were similar for both specials and ordinaries. The disparity in numbers probably reflects more, the greater number of ordinaries,

⁴⁷ Baly M (1990) Florence Nightingale and the establishment of the first school at St. Thomas's - myth versus reality. In: Bullough V, Bullough B & Stanton M P (eds.) *Florence Nightingale and Her Era: A Collection of New Scholarship*. New York, Garland Publishing, Inc., p.8

than difference in roles undertaken. There is, however, one major difference which it is difficult to ignore, that is the high number of specials who had worked in the Voluntary Aid Detachment (VADs) during World War I. The disparity between the occupations of the probationers' fathers is again limited, the most significant difference being the number of specials whose fathers were members of the clergy. It should be noted, that within this table, free specials are included as specials, and their father's occupations listed, rather than whether or not they were living. According to Baly the free-specials were mainly daughters of clergymen or educated women who now found themselves in financial distress⁴⁸.

⁴⁸ Baly (1997) *Florence Nightingale and the Nursing Legacy*, p.55

TABLE 2: Previous employment of entrants to Nightingale School, 1900 - 1919¹

Ordinary Probationers

Date	At Home/None	Nurse	Gov/Teacher	Companion/Housekeeper	VAD	Shop	Service	Office/Bank	Married	School/Student	Artisan	Not given	Other
1902	13	4	5	2			1	2				1	
1910	27	7	4	1							1		2
1919	3	2	2		5			1					1

Special Probationers

Date	At Home/None	Nurse	Gov/Teacher	Companion	VAD	Shop	Service	Office/Bank	Married	School/Student	Artisan	Not given	Other
1902	10	1	3	1				1					2
1910	15	1	1	2									
1919	2	1			15								1

¹ The Nightingale Fund (1902-1919) *The Nightingale Training School Probationers' Record Books*. LMA: HI/ST/NTS.C4/1-17. The years chosen within the time span were done so at random

It should also be noted that it is not always clear where the boundaries between the upper-class lady-nurse, and her middle-class colleague lie. Nightingale⁵⁰ argued that the only lady in the hospital should be the lady superintendent, and that the sisters should be, 'daughters and widows of the middle-classes'. However, Williams and Fisher⁵¹ twenty years later, described lady-nurses as being 'daughters of professional, naval or military men'. It is possible that these blurring of boundaries between the middle and upper-classes is due to the differing social positions of the three women writers, or perhaps the changing circumstances as the century progressed. Bourdieu acknowledges this, stating that certainly in France, different ideologies dominated between 1880 and 1930, with the movement from the aristocracy as dominant to the 'elites', dominant by means of a meritocracy and education⁵². Morgan has argued that as the century advanced the aristocracy became, at least superficially, more serious, and the middle-classes less rigid⁵³. Notwithstanding these shifts and similarities, because specials came from both the middle and upper-classes, throughout this thesis they will be treated as the same unless otherwise stated.

⁵⁰ Nightingale (1858) *Subsidiary Notes*, p.5

⁵¹ Williams R & Fisher A (1877) *Hints for Hospital Nurses*. Maclachlan and Stewart, Edinburgh, p.2

⁵² Bourdieu (1996) *The State Nobility*, p.266

⁵³ Morgan M (1994) *Manners, Morals and Class in England, 1774 – 1858*. Basingstoke, Macmillan Press, p.121

TABLE 3: Fathers' Occupations

Ordinary Probationers

Date	Banking/ Business	Education	Church	Medicine	Law	Army/ Navy (Officer)	Army/ Navy (NCO / private)	New Professions	Farmer/ Landowner	Industry	Not given	Dead	Other
1902	2	1		1				1	4	2	4	8	5
1910	9	3						8	9	2	1	2	9
1919	3	1	2		1	1		1	1		1	1	2

Other includes – gardener, estate manager, Inspector General NIC Dublin, baker, civil service

Special Probationers

Date	Banking/ Business	Education	Church	Medicine	Law	Army/ Navy (Officer)	Army/ Navy (NCO / private)	New Professions	Farmer/ Landowner	Industry	Not given	Dead	Other
1902	4		2	1				2	1		4		3
1910	6	1	5	1		2				3			1
1919	8		3	1	2	1			2	1			1

Other includes – Indian Police, Chamberlain, Duke

The Nightingale Fund Record Books also identify a number of free-specials whose fathers were professional men, doctors, engineers or accountants (see table 3). Often, but not always, these women entered as free-specials owing to the death of their fathers⁵⁴. It is arguable that the advantages of entering as a free-special, for these impoverished but refined young women, were that they would not impose any financial obligations on their families, but would have access to senior positions. For as, Mrs Frewer, who trained in 1905, stated:

I entered the Nightingale Home as a 'Special' Probationer, i.e. one who might leave in three years as soon as her training ended and who paid about £30 for the first year. Only 'Specials' could be asked to stay on as Sisters⁵⁵.

For the purposes of the current research, free-specials and specials will be considered together. It is to an examination of the special probationer schemes that this chapter will turn.

Opportunities for Gentlewomen

By 1867, the Nightingale Fund at St. Thomas's Hospital realised that it would have to begin to recruit paying probationers. The Fund presented this opportunity as follows:

The Committee of the Nightingale Fund, being desirous of affording increased opportunities to gentlewomen to qualify themselves in the practice of Hospital Nursing, have made arrangements for the admission of a limited number of probationers to the School at St. Thomas's Hospital, upon

⁵⁴ The Nightingale Fund (1860-1947) *Nightingale Training School Probationers Registers, 1860-1947*. LMA: H1/ST/NTS.C4/1-31

⁵⁵ Recollections of Mrs Frewer (nee Jacob). LMA:H1/ST/NTS. Y23/12/2

payment only of the cost of their maintenance during their year of training⁵⁶.

Special probationers were to pay a sum of £30, or £52 if they were willing, in two instalments for the first year. In the second and third years they would be employed as Staff Nurses for which they would receive a salary equal to that of the ordinary probationers, in preparation for 'superior appointments'⁵⁷. However, unlike the ordinary probationers, they were required to remain in the hospital for only three, rather than four years. It is arguable that these probationers did not require the same length of training of their ordinary probationer colleagues, since the specials had been preparing for their role as sister or matron since girlhood. That is, they had been taught whilst at home how to manage a house and its servants. That same knowledge was now to be transferred to the hospital setting. A two-tier system, was created in which the class order and relations of mistress and servant could be perpetrated⁵⁸. Such a 'culture of distinction' operated, according to Bourdieu, through:

... the fact that the cultural training provided by the most deeply rooted bourgeois families provides access to a large proportion of the dominant positions in and of itself, it alone provides the very particular form of cultural capital (deportment, manners, accent) and the social capital that, when combined with inherited economic capital, or even without it, give a person an advantage over rivals endowed with academically equivalent or even superior titles⁵⁹.

⁵⁶ The Nightingale Fund. *Regulations as to the Training of Special Probationers, 1899, 1901, 1905 & 1909*. LMA:H1/ST/NTS.A/3

⁵⁷ The Nightingale Fund. *Regulations as to the Training of Special Probationers, 1899, 1901, 1905 & 1909*. LMA:H1/ST/NTS.A/3

⁵⁸ It should be noted that the problem of lady nurses and male doctors remained less simple to overcome

⁵⁹ Bourdieu (1996) *The State Nobility*, p.320

'...in a well ordered household the mistress ought not to do the domestic work herself.'⁶⁰

Emily Anne Beaufort Smythe, Viscountess Strangford, became involved in nursing work in 1869 following the sudden death of her husband⁶¹. Her chief, though not exclusive interests were in military and suitable training for home-nurses⁶². However, she was also keen to increase the recruitment of 'ladies' into nursing. In an appeal to these ladies, she stated the desire of the middle and upper-classes to achieve conciliation between the classes⁶³. Women's historians such as Jane Lewis⁶⁴ and Martha Vicinus⁶⁵ have argued that it was this facet of philanthropic work which had become a cornerstone of the female bourgeoisie by the end of the nineteenth and early twentieth centuries. Although in *Notes on Hospitals*, Nightingale⁶⁶ is adamant that the 'sisters' should not only be present on the wards to exert 'moral influence', it cannot be doubted that the advent of a paid 'professional' nursing service not only afforded respectable work for middle and upper-class women, it also enabled ladies to access the poor as their patients, and as their working-class nurses. Nineteenth century propagandist texts on nursing frequently carry statements as to the requirement of 'proper moral supervision'⁶⁷,

⁶⁰ Garrett E (1866-67) Volunteer hospital nursing. *Macmillan's Magazine*. Vol. XV, November – April, p.496

⁶¹ Summers A (2000) *Angels and Citizens: British Women as Military Nurses, 1854-1914*. Basingstoke, Threshold Press, p.119

⁶² Summers (2000) *Angels and Citizens*, p.120

⁶³ Strangford Viscountess (nee Emily Anne Beaufort Smythe) (1874) *Hospital Training for Ladies: An Appeal to the Hospital Boards in England*. London, Harrison and Sons

⁶⁴ Lewis J (1984) *Women in England, 1870 – 1950: Sexual Divisions and Social Change*. Sussex, Wheatsheaf Books, p.93

⁶⁵ Vicinus (1985) *Independent Women: Work and Community for Single Women, 1850 - 1920*, London, Virago, p.x

⁶⁶ Nightingale (1863) *Notes on Hospitals*, p.183

⁶⁷ Anon (1858) Social employments of women. *The Ladies' Treasury*. Vol. 1, p.23

or the presence of refined ladies being ‘a great restraint upon any ill-behaviour’⁶⁸. However, the positive propaganda related to the special probationer scheme could not wholly ignore some of the ambiguities of the professional status of the nurse within the machine of the hospital. It is to these ambiguities that this chapter will now turn.

Ambiguities of class: Medicine and nursing in the nineteenth and early twentieth centuries

The advent of reformed nursing, and more especially the special probationer, created a number of problems regarding class and gender. The reforms in nursing in the nineteenth century, arguably arose out of a combination of three important facets of the middle and upper-class Victorian woman’s life. These are, ‘*noblesse oblige*’, which Summers describes as part of Victorian nostalgia for a previous, more glorious time; Christian zeal; and perhaps most importantly for any study of women’s history of the period in question, the ‘cult’ of domesticity.⁶⁹ The combination of these three ideologies meant that the only acceptable way for a middle and upper-class woman to occupy her time in the public world was with charitable works. Philanthropy which allowed the ruling classes to enter the homes of the poor, dispensing advice, food and some ‘nursing’⁷⁰, without any financial remuneration, was sanctioned as a proper extension of a lady’s caring and domestic qualities, by men and women alike⁷¹. It was work which improved

⁶⁸ Haward W (1879) Ladies and hospital nursing. *The Contemporary Review*. Vol. XXXIV, December 1878 – March 1879, p.494

⁶⁹ Summers A (1989) The mysterious demise of Sarah Gamp: The domiciliary nurse and her detractors, c. 1830 – 1860. *American Victorian Studies*. Spring, pp.365 - 385

⁷⁰ Summers (1991) The costs and benefits of caring, p.135

⁷¹ Hannam J (1995) Women and politics. In: Purvis J (ed.) (1995) *Women’s History: Britain 1850 – 1945*. London, UCL Press, p.221

social cohesion and maintained a check on the habits of the working-class, without ladies entering into the capitalist world of men. As Summers has maintained:

Women were not being told to take their place alongside men in this pastoral endeavour. They were volunteering, or being encouraged to volunteer, for undertakings neglected, ignored or abandoned by men, or considered unsuitable for them⁷².

Victorian literature is replete with noble women who care for the poor on their estates. Perhaps the most striking of these is Dorothea Brooke in *Middlemarch*⁷³. Nevertheless, it was argued in some quarters, that so successful was the construction of the Victorian lady as weak and frivolous and without any useful education, that she was not even qualified for philanthropic work⁷⁴.

The location of charity was not only structured within the aspirations of social cohesion, but also within religion. 'Womanliness', it could be argued, was grounded in Christian zeal, the Victorian lady defined as the 'lady of refinement', who voluntarily entered the filth and squalor in order to help the poor and suffering⁷⁵. In *Suggestions for Thought*, Nightingale argued for the creation of 'God's family', where there would be mutual affection and companionship at

⁷² Summers A (2000) *Female Lives, Moral States Women, Religion and Public Life in Britain, 1800-1930*. Newbury, Threshold Press, p.23

⁷³ Eliot G (1994) (1st published 1872) *Middlemarch*, Penguin, London

⁷⁴ Cobbe F P (1862) Essay VII: The education of women, and how it would be affected by university examinations. In: *Essays on the Pursuits of Women*. London, Emily Faithfull, p.221

⁷⁵ Linton E L (1883) *The Girl of the Period and Other Social Essays*. London, Richard Bentley & Sons. Vol.2, p.110. Cited in: Auerbach N (1982) *Woman and the Demon: The Life of a Victorian Myth*. Massachusetts, Harvard University Press.

work⁷⁶. Thus, as stated above, the vocational basis for many of the ladies who entered nursing, both in the secular, reformed schools and the earlier sisterhoods, was grounded in the spiritual⁷⁷. Working-class souls had become much less accessible with growing urbanisation. Like the young, female, obedient probationer, eager to gain her certificate, the sick patient was a malleable creature. The inspiration of Christian values was an accepted part of the matrons' and sisters' roles⁷⁸. In some of the more traditional hospitals, for example the Leeds General Infirmary, some of the older sisters only stopped saying morning prayers on the wards within the last 25 years⁷⁹. Trudgill refers to the 'quasi-religious homage' invested in the 'pure woman'⁸⁰. In a letter to the probationers of the Nightingale School on her retirement in 1887, Mrs Wardroper, the matron of St. Thomas's Hospital for 34 years, reminded them what a privilege it was to do 'the work that God has given us to do for Him'⁸¹.

Nightingale thus was required to state a case for the approbation of ladies not to suffer a loss of caste by accepting financial remuneration for their work, whilst maintaining that nursing was a calling, a vocation which should not be entered for financial reasons. Bashford has contended that perhaps the factor which allowed women to accept paid work was ironically a justification in religion and

⁷⁶ Nightingale F (1994) *Suggestions for Thought*. In: Calabria M D & Macrae J A (eds.) *Suggestions for Thought by Florence Nightingale: Selections and Commentaries*. Philadelphia, University of Pennsylvania Press, p.102

⁷⁷ Summers A (2000) *Angels and Citizens*, p.11

⁷⁸ Lorentzon M & Bryant J (1997) Leadership in nursing: a historical dimension. *Journal of Nursing Management*, Vol.5, pp.271 – 278

⁷⁹ This has been confirmed by a number of colleagues who trained at LGI as nurses in the last 25 years.

⁸⁰ Trudgill E (1976) *Madonnas and Magdalens: The Origins and Development of Victorian Sexual Attitudes*. London, Heinemann, p.76

⁸¹ Mrs Wardroper, letter to the past and present Probationers of the Nightingale Fund Training School. 12th January 1888. LMA: H1/ST/NTS.C45

morality⁸². In *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals*, Nightingale states that middle-class women are more appropriate for positions as head nurses or matrons than ladies, and that the acceptance of a salary is for more preferable than refusal⁸³. However, she appears to find herself in some confusion, as she also argues that, 'To be a good Nurse one must also be a good woman'⁸⁴ [underlining in the original], and notion of a good woman in Victorian Britain did not include those who earned through work. Furthermore, she demands self-sacrifice and the 'tenderness of a mother'⁸⁵, neither concept involving financial remuneration. Ironically, this call was made at a congress on women's philanthropic work. However, whilst there are obvious inconsistencies in the views of Nightingale regarding the payment of nurses and the maintenance of caste, it is arguable that indulging in such discrepancies are integral to leadership and being a member of the establishment, in this instance irrespective of gender, or perhaps essential because of her gender.

Douglas and Wildavsky contend that 'when the central establishment is strong, it holds the monopoly of explaining the natural order'⁸⁶. Nightingale did not need to explain the contradictions in her work she had established herself as part of the ruling class. In her analysis of the work of Hannah More, Jane Nardin has argued that it was precisely More's inconsistencies which allowed her to argue for

⁸² Bashford (2000) *Purity and Pollution: Gender, Embodiment and Victorian Medicine*. Basingstoke, Macmillan Press Ltd., p. 50

⁸³ Nightingale (1858) *Subsidiary Notes*, p.6

⁸⁴ Nightingale F (c.1875) *Address to the Probationer-Nurses in the "Nightingale Fund" School at St. Thomas's Hospital and the Nurses who were formerly trained there*. British Library (BL) TAB1281a.2

⁸⁵ Nightingale (1893) *Sick-Nursing and Health-Nursing, Woman's Mission: A Series of Congress Papers on the Philanthropic Work of Women*. London, Sampson Low, Marston & Company Ltd., p.195. LMA: H1/ST/NC/7/15.

⁸⁶ Douglas M & Wildavsky A (1983) *Risk and Culture: An Essay on the Selection of Technological and Environmental Dangers*. Berkeley, USA, University of California Press, p.47

educational reform: she used the same tactics as she had with her father, when as a young girl she sought an education usually only offered to boys:

She wanted to change the world in many ways, but she always clothed her reformist schemes in a fluffy sheepskin of conciliatory rhetoric⁸⁷.

However, the financial remuneration of ladies was not the only problem facing the reformers of nursing. Young middle and upper-class women entering the hospital would have to care for working-class patients and work alongside women from the lower orders, as well as male doctors, who were also often of a lower social class than themselves. Thus, they were required to work with a ‘many pronged polluter’, something which would certainly affect the professional status of the nurse. It is to the difficulties in the relations between nurses and doctors that this chapter will now turn.

Nurses and doctors

The metropolitan elite of physicians may have achieved a superior social status, but those outside this small enclave remained peripheral to the bourgeoisie even after the Medical Act of 1858 gave them a professional status⁸⁸. The uncertain social position of members of the medical profession is exemplified in George Eliot’s *Middlemarch*. During a conversation between Lady Chettam and Mrs Cadwallader, the heterogeneity of the profession is alluded to:

⁸⁷ Nardin J (2001) Hannah More and the rhetoric of educational reform. *Women’s History Review*. Vol.10, No.2, pp.212-213

⁸⁸ Porter R (1987) *Disease, Medicine and Society in England, 1550 – 1860*. London, Macmillan Education, p.55

...he is one of the Lydgates of Northumberland, really well connected. One does not expect it in a practitioner of that kind. For my own part, I like a medical man more on a footing with the servants⁸⁹.

Furthermore, in the period just prior to the passing of the Medical Act, 1858, the profession was becoming rather overcrowded, with what Porter has called 'a plethora of doctors jostling for affluent invalids'⁹⁰. Thirdly, whilst the nineteenth century saw a burgeoning in medical knowledge, for the most part doctors were able to do little more than apply good nursing skills⁹¹. Rafferty goes as far to assert that doctors complaints regarding nurses could be understood as a 'smoke screen for their own clinical failure'⁹². Significantly, in a reply to Lady Priestley's 'Nurses a la mode', Ethel Gordon Fenwick maintained that there were many doctors who stated 'that they "got on very well without nurses formerly"'. She retorted, 'So did typhoid fever'⁹³.

It therefore became rather important that the members of nursing's elite were seen to constitute a different hierarchical structure than that of the medical profession⁹⁴. Something, which it was hoped would counter-balance some of the ambiguities of the professional status of the nurse. This different hierarchical structure would mean that the only person to whom these women deferred was the lady

⁸⁹ Eliot G (1994) *Middlemarch*. London, Penguin Classics, p.90

⁹⁰ Porter R (1999) *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. London, Fontana Press, p.351

⁹¹ Ironically, Baly (1997) *Florence Nightingale and the Nursing Legacy*, p.23), contends, when Nightingale returned ill from the Crimea, the only available medical treatment for her, was bed-rest

⁹² Rafferty A M (1995) The anomaly of autonomy: Space and nursing in early nursing reform. *International History of Nursing Journal*. No.1, Summer,p.46

⁹³ Gordon Fenwick E (1897) Nurses a la mode: A reply to Lady Priestley. *The Nineteenth Century: A monthly Journal*. February, p.331

⁹⁴ Summers (2000) *Angels and Citizens*, p.63

superintendent, a woman of superior or similar social standing to themselves. Therefore, as lady superintendent or sister, they could be seen to be giving the orders rather than receiving them. However, these ladies remained on the borders, caught in-between the domestic and the working environments⁹⁵ and in-between the rank and file nurses and the doctors, their position remained ambiguous. Vicinus has argued that the power ultimately achieved by the lady nurses was minimal, that it could only be exercised over the probationers and nurses:

The complicated struggles with doctors and the traditional structure of nursing did not lead to the creation of communities of women as with other occupations..., rather a strict hierarchy dominated by a single women head prevailed. In spite of a rhetoric of power, nursing leaders controlled only their own corps of women⁹⁶.

However, this appears to ignore two significant issues. Firstly, that the power held by women in society in general was minimal, and secondly, that within the hospital, nursing and domestic work were essential to its machinery and management. It is to the training of the probationers, which the sisters and matrons controlled, which this chapter will now concentrate, especially that of the special probationers.

The conduct of training

The School at St. Thomas's, reflected the middle-class home in which the probationers were the servants / daughters of the house, where their every move

⁹⁵ Poovey M (1989) *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England*. London, Virago Press, p.14

⁹⁶ Vicinus M (1985) *Independent Women*, p.87

was subject to scrutiny. In a letter to *The Nineteenth Century*, a Miss Warde⁹⁷ applauded the constant supervision of nurses in hospitals as a method of preventing them from doing wrong, unlike the possibilities for misdemeanours when nurses are employed in a private home. This, a matter about which Lady Priestley wrote in scandalised tones, was ironically directed at the very nurses whom the reformers considered the sanitisers of the working-class nurses and patients:

Uncontrolled by vows, untroubled by austerity, the nurse of the period, guardian of the sick-bed, and watcher over the solemn moments of expiring life, may be found taking part joyously in many frivolities around us. Abroad, in some of our garrison towns, she may be seen at balls, dressed in nursing attire, dancing with the young officers whom she has recently nursed or may be called on to nurse in the future⁹⁸.

It has been argued that for Nightingale character and morals were paramount to nurse training⁹⁹. However, this suggests a false dichotomy between morality and education that did not exist for the educated Victorian woman¹⁰⁰. Moreover, given the proximity of physical and moral cleanliness, it was not considered enough for the sister to merely supervise the actions of the nurses and probationers¹⁰¹. Nightingale's replies to the diaries of the special probationers suggest a keen interest that they should learn about scientific nursing skills, and show concern that there were not enough nurses on the wards to prevent endless

⁹⁷ Warde E (1902) The question of the modern trained nurse. *The Nineteenth Century: A Monthly Review*. June, p.977

⁹⁸ Priestley Lady E (1897) Nurses a la mode. *The Nineteenth Century: A Monthly Review*. January, p.31

⁹⁹ Baly (1997) *Florence Nightingale and the Nursing Legacy*

¹⁰⁰ Rafferty (1996) *The Politics of Nursing Knowledge*, p.40

¹⁰¹ Nightingale (1863) (3rd ed.) *Notes on Hospitals*, p.183

‘pinning up of checks’ from occupying so much of the probationers’ time¹⁰². By 1867, Nightingale was arguing that she realised too late that the School was not a training school, and that in fact the probationers were taking on much of the hospital’s work¹⁰³. In 1875, Nightingale wrote her comments in reply to the probationers’ ward diaries, she stated (Nightingale’s underlining):

These are the diaries or rather horories not of probationers but of ward assistants... they afford scarcely the slightest clue to what the place is doing as a Training School¹⁰⁴.

These endless and repetitive tasks did however, have one advantage, they ensured the socialised subordination of the nursing staff. This subordination, whilst forcing them into an anti-intellectual sphere, helped to defend them against the criticisms that they were independent women¹⁰⁵. However, the intellectual pursuits of women were becoming more acceptable, so that ultimately the new profession of nursing was hoist by its own petard. In order to be considered respectable, the leaders needed to ground their work in vocation and character building, possibly to the detriment of intellectual pursuits. In order to recruit educated women¹⁰⁶, they needed to offer a training more in keeping with the growing expectations of their desired recruitment pool. It is possible that nursing lost out on recruits to higher education as opportunities for women grew in that sphere. Certainly, the monotechnic environment of hospital training was to create

¹⁰² The Nightingale Fund (1875) Replies to ward diaries from Miss Nightingale. LMA:H1/ST/NTS.37/6

¹⁰³ Baly M (1995) *Nursing and Social Change*. London, Routledge

¹⁰⁴ The Nightingale Fund (1916) *The Nightingale Training School Probationers’ Record Book No. 8*. Lucy Duff Grant Special Probationer, entered 1916, p. 416. LMA: H1/ST/NTS.C4/15

¹⁰⁵ Poovey (1989) *Uneven Developments*, p.166

¹⁰⁶ Pringle A L (1895) On the choice of pupils for professional nursing: From an old-fashioned standpoint. *The Hospital Nursing Supplement*. 7th September, pp.clvii – clviii

an uneasy translation of nursing as a discipline of study, into the university sector in the twentieth century.

Although there was a number of well connected young women who entered nursing, Sophia Jex Blake's cousin Clara entered the Nightingale School as a special in 1892¹⁰⁷, links with the academic and feminist elite were never strong. Certainly, the separation of the International Council of Nurses (ICN) from the International Council of Women (ICW) in the early twentieth century, potentially placed nursing 'on a limb'¹⁰⁸. But the reality of nursing work militated against building such a strong axis. As Nightingale¹⁰⁹ argued that whilst ladies may be required to superintend: nursing work was hard work, and ladies should only undertake it if they were prepared for that. It was important that those who undertook it realised that they may well become, 'worn and sorely-harassed women'¹¹⁰. The prospects of such travail were not always welcomed by the special probationers. In her diary dated December 8th 1876, Marion Morris, a special probationer at St. Thomas's, stated:

The discipline and management of the ward is most excellent the patients well attended to, the ward well ventilated and everything offensive removed at once. This necessarily throws a great deal of work on the probationers and when there are only two there is very little time for studying or reading up the cases. It would perhaps be advisable in the last three months of a lady-probationers training to relieve her somewhat from the manual

¹⁰⁷ The Nightingale Fund (1872) *The Nightingale Training School Probationers' Record Book No.5*. LMA:H1/ST/NTS.C4/7. Sophia herself had argued as early as 1873, that nursing was dull. Furthermore, it is interesting to note that in Burke's Peerage, the occupations of the Jex Blakes are recorded, apart from Clara, who is described as having married

¹⁰⁸ Rafferty A M & Boschma G (1999) The essential idea. In: Brush B L & Lynaugh J E (eds.) *Nurses of All Nations: A History of the International Council of Nurses, 1899-1999*. Philadelphia, Lippincott, p.40

¹⁰⁹ Nightingale (1858) *Subsidiary Notes*

¹¹⁰ Rafferty (1996) *The Politics of Nursing Knowledge*, p.30

work of the ward and leave her more time for studying the cases under her care¹¹¹.

It is apparent from the above quotation that those who had entered as specials considered themselves different to the ordinary probationers, a difference which they believed, should have been made manifest in a distinct and separate type of training. It is to the distinction between the specials and ordinaries that this chapter will now turn. It will be shown that in fact their respective training was in many ways quite distinct, though to what extent this was to militate against the ambiguous status of this leadership class of nurses is unclear.

Distinction

Even in situations when the specials felt that their talents were not fully appreciated by the hospitals, they were being groomed for authority, their intelligence was at least more encouraged and more prized than that of the ordinaries¹¹². However, Mrs Wardroper, matron of St. Thomas's Hospital, felt a perhaps understandable antagonism to the specials, which does not seem to have waned¹¹³. Soon after her retirement lines of demarcation between the specials and ordinaries increased. For example, whilst the regulations for the training of both special and ordinary probationers suggest that all probationers had equal opportunity to live within the Nurses' Home itself, recollections from

¹¹¹ The Nightingale Fund (1876) Ward Diary for Marion Morris; special probationer, Nightingale Training School, St. Thomas's Hospital. LMA: HI/ST/NTS.C37/1

¹¹² Weir R I (2000) Medical and Nursing education in the nineteenth century: comparisons and comments. *International History of Nursing Journal*. Vol.5, No.2, Spring, pp.42–47

¹¹³ Baly (1997) *Nightingale and the Nursing Legacy*, p.158. Baly does contend that it was in fact no wonder that Wardroper disliked the specials, as they formed their own little 'coterie', reported and complained to Nightingale and Bonham Carter, as well as making decisions as to which wards they would like to remain or leave.

probationers who trained between 1900 and 1910 state that the specials lived in the Nurses' Home, and the ordinaries lived in one of the hospital blocks, up 140 steps and with no lifts for use by the nursing staff¹¹⁴. Thus, in effecting some form of segregation, the Training School was able to overcome some of the fears of contamination by the lower orders, for the middle and upper-classes, whilst being able to supervise the behaviour of the working-class nurses, an issue which could affect recruitment from the superior classes. Rachel Williams and Alice Fisher, who had each been specials at St. Thomas's Hospital, referred to the 'embarrassment' of the mixing of classes, although they respond by stating the advantages of close companionship¹¹⁵. However, this is substantiated by the caveat that the advantage is more for the working-class nurse who attempts to 'improve' herself. Moreover, Miss Nightingale, once she had accepted the necessity of specials, does appear to have treated them quite differently from the ordinaries. For example, she invited them to her home - an honour not extended to the ordinaries, as a letter from Mary Cadbury to her mother in 1873 attests:

Miss Vincent I saw down stairs [sic], she is very nice, she told me that she had been spending the night previously with Miss Machin at Miss Nightingale's¹¹⁶.

By the 1890s only the special probationers were offered sisters posts at St. Thomas's¹¹⁷. This is confirmed in the Register of Nightingale Probationers for

¹¹⁴ The Nightingale Fund (1895-1950) *Nightingale Training School, Recollections and diaries*
LMA: H1/ST/NTS.Y23/11

¹¹⁵ Williams & Fisher (1877) *Hints for Hospital Nurses*, p.10

¹¹⁶ The Nightingale Fund (1873) Mary Cadbury, Letter to her mother, October 24th
LMA:H1/ST/NTS.Y16/1/8b

¹¹⁷ Register of Appointments of Nightingale Probationers to the Staff of St. Thomas's Hospital
1893 - 1915. LMA: H1/ST/NTS.C3/1

appointments at St. Thomas's Hospital between 1893 and 1915, which identify the disparity of career opportunities between specials and ordinaries. In 1895, there were thirteen special probationers who received appointments at St. Thomas's, of which seven were sisters appointments. Of the twenty ordinaries non received sisters appointments at St. Thomas's, though seven received them elsewhere. Thus, whilst the official documentation of the Nightingale School and St. Thomas's Hospital argued for cohesion between the two types of probationers, the current research identifies a quite different order.

Furthermore Miss Coode, in her recollections states that only specials were entitled to undertake sister's duties whilst probationers, 'which sometimes gave rise to awkward situations'. The diary of Miss Fisher for Wednesday July 1st, 1874, whilst on Charity Ward, states that she:

Accompanied Sister with Physician, assisted in giving out beef tea. Left in charge of ward while Sister and nurses were at dinner¹¹⁸.

In 1901, Lucy Seward recounts how the specials received lectures from the Visiting Medical Staff, another honour which she states was not offered to the ordinaries. Significantly, Weir has argued that although certain nurse leaders believed that intelligence was necessary to be a good nurse, it was really only in the specials that this quality was prized¹¹⁹. According to the regulations for training, however, in theory at least, some of the ordinaries were entitled to

¹¹⁸ The Nightingale Fund (1874-1875) Ward diary of Miss Mary Anne Fisher; special probationer, Nightingale Training School, St. Thomas's Hospital, July - January. LMA: HI/ST/NTS.C36/6

¹¹⁹ Weir (2000) Medical and nursing education in the nineteenth century, p.45

receive instruction from the medical staff at this time. *The Regulations as to the Training of Hospital Nurses under the Nightingale Fund* for 1872 state that they will receive instruction from the Sisters. From 1901 to 1910, the Regulations state that instruction will be given by the, “Home Sister”, the Ward Sisters, and *if sufficiently qualified* [my italics], by the Medical Instructor’. It was not until 1917 that the ordinary probationers admission to the lectures by medical staff was comprehensive¹²⁰. Whereas the Regulations dating from 1899 identify that all specials received instruction from the medical staff¹²¹. Lucy Seward offers further insights into the separation of spheres in her reference to the training of Baroness Mannerheim¹²², who she stated started her training whilst Seward herself was still a probationer. She recollects the Baroness working with them but receiving further special instruction.

It does however appear that in some of the London teaching hospitals, even the expectations of ward work were different for the specials and ordinaries. In his opening statements about special probationers in general hospitals, Burdett stated:

¹²⁰ The Nightingale Fund. *Regulations as to the Training of Hospital Nurses under the Nightingale Fund, 1872, 1901, 1909, 1910 & 1917*. LMA:H1/ST/NTS .A2/2

¹²¹ The Nightingale Fund. *Regulations as to the Training of Special Probationers in the Practice of Hospital Nursing, under the Nightingale Fund, 1899, 1901, 1905 & 1909*. LMA:H1/ST/NTS.A2/3

¹²² Sophie Mannerheim (1863-1928) was the daughter of a count and sister of a former Finnish President, marshal Carl Gustav Mannerheim. After a brief career as a secretary and travels abroad, she married Sir Hjalmar Linder, which ended in divorce. She entered the Nightingale School as a special, in 1899. Returning home she was appointed as head nurse of Helsinki Surgical. Later, she was elected President of the Finnish Nurses' Association, a position she had for 24 years and as a result of her international involvement she was also elected President of the International Council of Nurses (ICN) in 1922, a position she held for 3 years. A firm adversary of certifying VAD nurses, she nevertheless worked closely with the League of Red Cross Societies (LRCS) Baroness Sophie Mannerheim was, together with Dr. Arvo Ylppö, founder of the Children's Hospital (*Lastenlinna*) in Helsinki as well as the Mannerheim League for Children's Welfare (<http://home.online.no/~jdigrane/amd/finwomen/mannerheim.htm>, and, Stuart M & Boschma G (1999) Seeking stability in the midst of change. In: Brush BL & Lynaugh JE (eds.) *Nurses of All Nations: A History of the International Council of Nurses, 1899-1999*. Philadelphia, Lippincott, pp.72, 78 & 80

These paying pros [probationers] are under the same rules as the ordinary pros, except they are exempt from night duty, and in institutions where there are no ward maids they do not have to keep the wards clean, except so far as dusting and light work is concerned¹²³.

With particular reference to Guy's hospital he informed future candidates that specials would be housed with the Matron, and would not have to undertake cleaning duties in the wards except for light dusting. However, ultimately, even acknowledging the increased intellectual input for the special probationers, the training was focussed on the domestic and moral rather than the intellectual, a training dominated by discipline. A point attested to by the special probationer Maria Gertrude Ward whilst on Leopold Ward. For Saturday 18th April 1890, she ended her notes stating:

Through the discipline of hospital life I think one may learn daily lessons in punctuality, precision, quickness, cleanliness. Neatness, prompt obedience, forbearance, endurance and humility¹²⁴.

For as Nightingale herself argued, how could the leaders be prepared to enforce the necessary disciplinary codes if they had not experienced it themselves¹²⁵. However, given usual the expectations of propriety and professional ability of the

¹²³ Burdett H (1899) *The Nursing Profession, How and Where to Train: Being a Guide to Training for the Profession of a Nurse, with Particulars of Nurse Training Schools in the United Kingdom and Abroad, and an Outline of the Principle Laws Affecting Nurses, etc.* London. The Scientific Press, Ltd., p.xxvii

¹²⁴ The Nightingale Fund (1876) Ward diary of Maria Gertrude Ward; special probationer, Nightingale Training School, St. Thomas's Hospital. LMA:H1/ST/NTS.C37/5

¹²⁵ Nightingale F (c. 1875) *Address to the probationer-nurses in the 'Nightingale Fund' School at St. Thomas's Hospital and the Nurses who were formerly trained there*, p.5. BL TAB 1281a.2

professional classes, such strict discipline imposed upon the specials certainly adversely affected the professional status of even the leadership and elite nurses. Indeed, in an early documentary film, *Student Nurse*, on first day of Preliminary Training School, all the student nurses stand for the sister tutor, who talks of 'Self-discipline which makes a nurse dependable'¹²⁶.

Thus far in this chapter, there has been an examination of the employment and ambiguities in the professional status of the special probationer. It has been shown that there was in many ways a constant conflict between the unity and separation of the specials and ordinaries. One way that this battle can be most readily envisioned is in the issue of dress and uniform. It is thus to this issue that this chapter will now turn, considering the dress codes of the period in general and then the uniform regulations and irregularities. The issue of dress is considered an important facet in the understanding of the professional status of the nurse and uneasy translation of nursing as a discipline of study from the hospital to the university setting because of the nature of uniform wearing in general and the differences or similarities in the dress of the rank and file and the leadership and elite.

Dress and distinction

Dress becomes a sort of symbolic language – a kind of personal glossary – a species of body phrenology, the study of which it would be madness to neglect¹²⁷.

¹²⁶ Anon (c. 1940) *Student Nurse*. British Film Institute

¹²⁷ Anon (1847) Art of Dress. *Quarterly Review*. No.79, pp.375-376

As stated above, whilst all probationers were nominally subject to the same rules, it is arguable that the expectations of specials and ordinaries were of a different order. One of the most obvious methods of illustrating this difference was in dress codes. The dress, as well as the demeanour, of the nurse came to signify her position in the hospital and the wider world. It is therefore not surprising that uniforms were used, not only to demarcate nurse and non-nurse, but also different types of nurses. In some hospitals the uniform was also used to differentiate between special and ordinary probationers. At the Middlesex Hospital, when the Matron introduced paying probationers, their superior status was denoted by:

A small train, three inches in length, which swept the floor behind them to prevent the medical students seeing their ankles on bending over a patient¹²⁸.

However, notwithstanding the codes of uniform propriety, nurses were expected to wear their garb with the same self-abnegation as pervaded their entire lives. It is thus to the dress and uniform rules that this chapter will turn.

'No Crinolines, Polonaises¹²⁹, Hair-pads, &c., to be worn when on duty in the Hospital'¹³⁰

There is little doubt that dress and fashion, had an important place in Victorian society. It could be viewed both as a virtue and a vice. There were a number of social commentators were prepared to demonise the fetishising of fashion,

¹²⁸ Lorentzon & Bryant (1997) *Leadership in nursing: a historical dimension*, pp.271–278

¹²⁹ It is not possible to decipher if this refers to the dress type, open at the front and hooped up at the back, or the fabric of silk /and cotton mixture. *New Shorter Oxford English Dictionary*

¹³⁰ The Nightingale Fund (1878) *Duties of the probationer Under the 'Nightingale Fund*, Mrs Wardroper, Superintendent of Nurses. LMA: H1/ST/NTS.C14/3

arguing of the possible pernicious effects that such infatuation with the world of fashion could have on the populace. Lady Priestley contended that this obsession not only existed in the 'civilian'¹³¹ world, but had egregiously decanted into the sphere of nursing. She refers to the 'bewitching costume' of the private nurse in order to accentuate the inappropriateness of the behaviour of these young women and suggest immorality¹³². Furthermore, as Morgan has argued, the rapidity with which fashion could change, and the apparent absurdities and inconsistencies which existed in the codes of dress accepted by the fashionable set, could all too easily destabilise other traditional influences and morals¹³³. Whilst it is possible that many of the anxieties related to fashion were anxieties about the changes in society contextualised in a more tangible form, there is no doubt that fashionable dress was viewed with suspicion by many of the 'old guard', both in nursing, and amongst the general populace. This suspicion most notably observed through the work and influence of the Rational Dress Society, and their journal¹³⁴. However, notwithstanding Lady Priestley's remonstrations against the private nurse's dress codes, those nurses who worked within the 'machine' of the hospital had no such opportunities for intoxicating apparel. The regulations for the Nightingale Training School proposed strict rules regarding the physical appearance, regulations which were hardly surprising considering the nursing experience to

¹³¹ The world 'civilian' is used as part of the metaphor of nursing and the army, along with 'officer class'. Civilian, here being outside the corps of the nursing world, nursing being set apart, regimented and with a different set of moral and physical boundaries than those outside

¹³² Priestley (1897) *Nurses a la mode*, p.32

¹³³ Morgan M (1994) *Manners, Morals and Class in England, 1774-1858*, St. Martin's Press, New York.

p.55

¹³⁴ Beetham M & Boardman K (2001) *Victorian Women's Magazines: An Anthology*. Manchester, Manchester University Press, p.18. Examples of dresses worn by members are exhibited in the V & A. They tend to be loose fitting and in plain colours. The dresses did become a fashion in themselves, with some of the bohemian and intellectual elite

which Nightingale had herself been exposed when at Kaiserswerth, Germany.

Referring to the Deaconesses at Kaiserswerth, Poplin has argued:

As prospective members of an honoured group, they also had to learn to take pride in their outward appearance; yet they were to remain humble, seemingly unaware of dress customs, fashion, and other forms of vanity – indeed, a seemingly paradoxical goal¹³⁵.

Furthermore, whilst the nurses were to avoid appearing too interested in fashion, expectations regarding the dress of women required that certain codes be followed. In an article to *The Nursing Times* in 1927, Dr Elizabeth Sloane Chesser¹³⁶ is quoted stating her admiration for nurses, ‘they worked so hard, they fagged so beautifully for the men doctors; they looked very nice indeed in their spotless tidy uniforms’¹³⁷. The nurses’ dress and womanly behaviour thus appear to become synonymous. The nurse in the nineteenth and early twentieth centuries were encased in corsets and, depending upon the codes of the day, broad skirts with many petticoats, or long slim-line skirts. Along with the high collars, long sleeves and cuffs, the uniform codes provided an absolute boundary between the body of the nurse and that of her patients or male doctors, whilst at the same time exemplifying her womanliness. It is to the ambiguities inherent in the nurses’ uniform in the nineteenth and early twentieth centuries, that this chapter will now turn. It will be argued that it was not only the uniform itself, but also the rituals attached to it which provided boundaries and distinction for the nurses.

¹³⁵ Poplin I S (1994) Nursing uniforms: Romantic idea, functional attire, or instrument of social change *Nursing History Review*, 2, p.162

¹³⁶ Elizabeth Sloane Chesser was also a leading member in the social hygiene movement if the inter-war period. <http://www.forces.org/articles/forest/fascism.htm>

¹³⁷ Anon (1927) A medical woman on nursing. *The Nursing Times*. 8th January, p.27. Reference to article in the Glasgow Herald, by Dr Elizabeth Sloane Chesser [no reference for original article]

Dress and dirt

Mary Douglas has argued in respect of her analysis of boundaries and dirt, that:

When we honestly reflect on our busy scrubblings and cleanings... we know that we are not mainly trying to avoid disease. We are separating, placing boundaries...¹³⁸.

Thus, it is arguable that the dress code of the nurse's uniform follows the same 'logic'. Notwithstanding the sense in which the nurse rolls up her sleeves in order to wash a patient, the same does not apply to the rolling of them down again and placing on her cuffs to talk to the sister, doctor, or if leaving the ward. As Miss Ho testified:

On duty, pale mauve uniform with great big puffed sleeves, and the white sleeves that you had in your pocket, you weren't allowed to address a sister without putting your white sleeve bits on, which you had in your pocket. You had to put your hands behind your back and say, 'please sister', when you spoke to her¹³⁹.

Miss A maintained that there were always rules, 'the way you were meant to do your collar, or the way your cap had to fit'¹⁴⁰. These rules, which appeared seemingly meaningless, acted as an instrument of pollution control¹⁴¹, but also to designate deference and demeanour, to which arbitrary rationales are prescribed.

¹³⁸ Douglas (2001) *Purity and Danger*, p.69

¹³⁹ Miss Ho. Oral history interview 8th August 2001. Trained at The London and Watford County Hospital. 1939 – 1942. Health Visitor Tutor course, RCN 1950

¹⁴⁰ Miss A. Oral history interview 7th August 2001. Trained at Epsom Hospital. c.1940 – 1943. Sister Tutor course, Battersea Polytechnic c.1949

¹⁴¹ Douglas & Wildavsky (1983) *Risk and Blame*, p.37

This is reflected in the double standards of the application of uniform, which were not followed or expected from other members of the hospital staff. For example, the physician may touch a patient without changing from the suit in which he arrived at work. Certainly the arbitrariness illustrates the ambiguous professional status of the nurse compared to her medical colleagues. However, the uniform regulations for nurses appear to have another anti-pollution device, that is, they demand that the nurse is always busy, thus opportunities for lax behaviour are minimal¹⁴². Significantly, this exemplifies the double standard of Victorian and Edwardian morality. As Douglas and Wildavsky contend, it is not that sex *per se* is dangerous, 'but women who are too lively and seductive and men who are too susceptible to them to maintain the approved social separation'¹⁴³. Therefore it can be argued, that the nurse's uniform acted as a physical as well as metaphorical barrier to immorality not only must it be worn, but worn in conjunction with strict rules and regulations. Thus the nurse's uniform, certainly in the nineteenth and early twentieth centuries, is redolent with meaning beyond mere function¹⁴⁴.

As Kathryn McPherson has argued with reference to Canadian nurses, the uniform was also understood by most nurses in the twentieth century as 'representing a non-sexual femininity'¹⁴⁵. Its intention to erase sexuality was however double-edged, since as Hallam and Bashford both contend, in so far as nurses' uniforms were designed to depict moral and physical orderliness, they

¹⁴² Poovey (1989) *Uneven Developments*, p.182

¹⁴³ Douglas & Wildavsky (1983) *Risk and Blame*, p.37

¹⁴⁴ McPherson K (1996) *Bedside Matters: The Transformation of Canadian Nursing, 1900 – 1990*. Toronto, Oxford University Press, p.86

¹⁴⁵ McPherson (1996) *Bedside Matters*, p.16

were in fact morally ambiguous. The nurse in her garb was both nun-like, veiled in purity, but also worldly, one who had intimate dealings with bodies¹⁴⁶. It was not, however, only the outer-wear of the nurse which represented ambiguity and necessitated purity regulations, but also her inner-garb. Perhaps the most significant article of clothing for all women was the corset, creating a boundary for her body, as well as accentuating the womanliness, and thus, prevented from physical labour by its binding nature. To this end, the corset was at once the pacifier and the signifier of the nurse's sexuality, further highlighting the ambiguities of her position.

Boundaries and binding

In an article to *The Nineteenth Century*, Mr. G. F. Watts¹⁴⁷ referred to the corset as one of civilised society's 'monstrous extravagances in fashion'. The most infamous debacle over corsetry was in fact concerned with 'tight-lacing', a more extreme version. Even Madame Roxey Caplin, corsetiere and author on women's dress, was cautious about the extent to which corseting should be taken, arguing 'everything which forces nature beyond its due bounds proceeds from bad taste'¹⁴⁸.

In her recent novel, *Fingersmith* Sarah Waters describes in detail the binding of Mr Lilly's niece into her gloves and corsets, as well as the insistence of her continuing into adulthood in dresses more suitable to young girls. What Waters

¹⁴⁶ Hallam J (2000) *Nursing The Image: Media, Culture and Professional Identity*. London, Routledge, p.136, & Bashford (2000) *Purity and Pollution*, p.58

¹⁴⁷ Watts G F (1883) On taste in dress. *The Nineteenth Century: A Monthly Review*. Vol. XIII, January to June. London, Kegan Paul, Trench and Co., p.46

¹⁴⁸ Caplin Madame R (1864) *Health and Beauty: Or, Woman and her Clothing. Considered in Relation to the Physiological Flaws of the Human Body*. London, Kent & Co., p.31

explores in particular is the physical and moral binding of Maud Lilly in contrast to her work as her uncle's secretary, dealing with Victorian pornography¹⁴⁹. In *Purity and Pollution*, Douglas has described the ordering of pollution rules in order to prevent defilement:

Defilement is never an isolated event. It cannot occur except in view of a systematic ordering of ideas. Hence any piecemeal interpretation of the pollution rules of another culture is bound to fail. For the only way in which pollution ideas make sense is in reference to a total structure of thought whose key-stone, boundaries, margins and internal lines are held in relation by rituals of separation¹⁵⁰.

Significantly for Maud Lilly, her encasement in her corset is used as metaphor for her binds which tied her to the home of her uncle. Thus, the removal of her stays, day or night, are identified with the fear she feels in the eventual flight from the house. Both her corset and the boundaries of the house were used as part of the disciplining culture of the household. Furthermore, Maud's maintenance in 'anti-fashion', as well as the binding of the corset, provided a boundary between her and the pollution of the books upon which she worked. It is arguable that this code of ordered apparel also mitigated against the pollution of nurses from the moral and physical dirt which accompanied their work¹⁵¹. Moreover, the more morally suspect the nurse, that is, those from the lower classes, the more important it was that the boundaries were upheld.

¹⁴⁹ Waters S (2002) *Fingersmith*. London, Virago

¹⁵⁰ Douglas (2001) *Purity and Pollution*, p.42

¹⁵¹ Hallam (2000) *Nursing The Image*, p.139

It is therefore arguable that there was an element of cultural disciplining in the donning of the middle-class costume for many of the working-class nurses. That is, the high collar, the long sleeves, but especially the corset. This discipline of dress can be understood as a way of 'binding' nurses once the corsets were abandoned in the early years of the twentieth century. In the *New Shorter Oxford English Dictionary*, the word 'bind' refers to 'tie, fasten, attach', as well as 'indenture as an apprentice'. Probationer nurses were tied into their complicated uniforms and into their contracts, a nurse who broke her contract would be liable to pay a penalty. Furthermore, dress reformers of the time, associated tight-lacing with Chinese foot-binding, which is linked to physical and moral restraint, as well as feminine beauty¹⁵². Yet as the physical, social and moral restraints of Victorian femininity were removed from the lives of many women, the metaphorical binding of the corset continued within nursing¹⁵³. Arguably, such firm boundaries placed upon the nurse in her hospital training would compound the uneasy translation of nursing as a discipline of study from the hospital to the liberal setting of the university. Significantly, Evelyn Pearce¹⁵⁴, instructed probationer nurses in 1937, 'The woman who desires to be a nurse, has come to give, not to gain'¹⁵⁵. Thus attitudes, which typified the Victorian notion of womanly duty and self-sacrifice prevailed in nursing well into the twentieth century. Moreover, Miss R who, in 1941, after coming down from Cambridge, began her nurse training at St. Thomas's Hospital, recalled:

¹⁵² Watts (1883) *On taste in dress*, p.51

¹⁵³ *The Nurses' Outfitting Association Journal* was still advertising corsets in 1910. 10th October 1910, an advert for the 'Self-Reducing Corset' appeared,. Significantly, considering the growing importance of 'hygiene' after the Boer War, it claims to offer, 'hygienic safety', (p.75)

¹⁵⁴ Evelyn Pearce was an examiner for the GNC in England and Wales, sister tutor at the Middlesex Hospital and author of numerous journal articles on nursing, as well as textbooks

¹⁵⁵ Pearce E C (1937) *A General Textbook of Nursing*. Edinburgh, Faber & Faber, p.4

[I]f you put a uniform on, you become very subservient in some ways, quite easily, you lose your character¹⁵⁶.

The importance of neatness and sublimation of woman into nurse was central to the dress codes of probationers and nurses throughout the nation's hospitals. The corset appears to have provided both, for it indicated a 'willingness to bear suffering'¹⁵⁷, an essential attribute for Victorian women and the new or reformed nurse. And if the corset provided the frame, the dress itself provided the 'poster for [her] act'¹⁵⁸.

Gaines, in her exploration of costume in film, contends that dress is employed to enable the audience to understand what sort of woman is being portrayed, 'an indicator which in popular usage could subsume the social, moral and psychological'¹⁵⁹. The shy or rigid woman is dressed in long sleeves and high stiff collars which come up to the face¹⁶⁰, whereas untidiness illustrates the antithesis of the moral woman¹⁶¹. The comparison here with the uniform of the nurse until well into the twentieth century is all too obvious. Miss Pickering, a probationer at St. Thomas's in 1918, confirmed:

¹⁵⁶ Miss R. Oral history interview 19th April 2000. Trained at St. Thomas's Hospital. 1941 – 1944. Sister Tutor course RCN, 1952. BA, Newnham College, Cambridge, 1941

¹⁵⁷ Roberts H E (1977) The exquisite slave: The role of clothes in the making of the Victorian woman *Signs: Journal of Women in Culture and Society*, Spring, 2, p.556

¹⁵⁸ Wilson E (1990) All the rage. In: Gaines J & Herzog C (eds.) *Fabrications: Costume and the Female Body*. New York, London. Routledge, p.29

¹⁵⁹ Gaines J (1990) Costume and narrative: How dress tells the woman's story. In: Gaines J & Herzog C (eds.) *Fabrications: Costume and the Female Body*. New York, London. Routledge, p.187

¹⁶⁰ Gaines (1990) Costume and narrative, p.190

¹⁶¹ Gaines (1990) Costume and narrative, p.193

Having worn uniform as a V.A.D., 1914-1917, uniform did not seem that strange, but the stiff collar and ankle-length dress did¹⁶².

Significantly the starched high collar lasted in some hospitals until the 1950s, as oral histories from Miss J¹⁶³ and Miss W¹⁶⁴ both testify. Perhaps the continuation was an attempt by the authorities to maintain an outward appearance of discipline tempered with docility and submissiveness.

The notion that nurses should be of a 'uniform' and orderly appearance, was generally well accepted¹⁶⁵. A vignette in the *Nurses' Outfitting Association Journal* of 1910 entitled 'Nurses who never look nice', stated, that it is much better for a nurse to 'err on the side of simplicity... with absolute neatness'. Moreover, it continues, the nurse who indulge in bows, rings, bangles and bracelets 'simply invites unkind criticism and pitying smiles by her lack of good taste'¹⁶⁶. Although the regulations of St. Thomas's Hospital state that sisters and nurses were not expected to wear 'distinctive dress' outside the hospital, there were definite expectations of proper dress¹⁶⁷. Miss Vezey, a probationer at the Nightingale School in 1895; recalled:

¹⁶² Pickering E (1922) *Styles and Fashions: Recollections of life as Probationer at the Nightingale Training, School 1918 – 1922*. LMA:H1/ST/NTS.Y23/24/2

¹⁶³ Miss J. Oral history interview 19th July 2000. Trained at Oldchurch County Hospital. 1940 – 1943. Diploma in Nursing (London University) 1955

¹⁶⁴ Miss W. Oral history interview 9th August 2001. Trained at Glasgow Royal Infirmary. c.1957 – 1961. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, c.1970

¹⁶⁵ Dowding M K (1895) Letters to the Editor - Uniform. *The Nursing Record and Hospital World*. 2nd February, p. 80.

¹⁶⁶ Anon (1910) Nurses who never look nice. *Nurses' Outfitting Association Journal*. 9th September, p.48

¹⁶⁷ The Nightingale Fund (c.1878) *Nursing Arrangements and Suggestions Connected Therewith*. LMA: H1/ST/NTS.A1/5/2

I remember one evening when, on the grand piano used to accompany our hymns, was placed a pair of high-heeled dainty slippers, we knew they were going to form the subject of that evening's lecture. The owner recognised them. They were described by the Home Sister [Miss Crossland] as being very unsuitable for nurses' wear, etc., although not intended for wear in the wards¹⁶⁸.

The fluidity of uniform

It is arguable that a central aspect of the uniform for nurses is that it sets boundaries between nurses and others. At a time when, as Muff has argued, the professional boundaries between nurses, doctors and social workers are unclear¹⁶⁹, the nurse can don her uniform and her boundary is regulated by that; such that she and others know who she is, even if it is unclear what roles she must enact. Secondly, her uniform distinguishes between herself as nurse, and as a woman, and draws a boundary between herself and lay people. Without the uniform, people do not deal with strangers in an intimate manner, nurses themselves, within their professional role, are granted to do so. In her analysis of the cultural implication of wound care and the significance of the boundary provided by the skin, Rudge argues that the:

[P]hysical boundedness is, however, only part of the story if one is to understand the cultural imperative for cover¹⁷⁰.

¹⁶⁸ Recollections of Miss Vezey of training at St. Thomas's Hospital, 1895.

LMA:H1/ST/NTS.Y23/1

¹⁶⁹ Muff J (1988) Of images and ideals: A look at socialisation and sexism in nursing. In: Hudson Jones A (ed.) *Images of Nurses: Perspectives from History, Art, and Literature*. Philadelphia, University of Philadelphia Press, p.203

¹⁷⁰ Rudge T (1997) Discourses. Metaphor and bodies: Boundaries and the skin. In: Lawler J (ed.) *The Body in Nursing: A Collection of Views*. South Melbourne, Churchill Livingstone, p.80

The boundaries denoted by uniform, as distinguishing nurses from others and protection from physical and moral pollutants, however, created a further problem for the pioneers of nursing. Were those who were to lead to be differentiated from those who would be led? Notwithstanding Nightingale's belief in the lady being educated with the cook, this prescription was not carried out in practice. However, according to Summers, the problem of uniformity in dress arose for Nightingale even before the Nightingale Training School was instituted. Summers maintains that the ladies who travelled with Nightingale's party to the Crimea:

Were utterly dismayed to discover that the consequence of taking up government service was to appear to all the world as domestic servants¹⁷¹.

She continued, that the ladies in the party soon altered the dress in some slight but significant ways, and encouraged any new arrivals 'of their own class to follow their example in the matter of dress'¹⁷². The matter was not simply one of appearance, clear social demarcations in civilian life were signified by many things, not least dress. If the ladies looked the same, how could they expect to maintain their superiority and demand deference from the lower orders: it appears that these ladies did not want any ambiguities with regards their social status, even if their professional status was 'in-between'.

¹⁷¹ Summers (2000) *Angels and Citizens*, p.39

¹⁷² Summers (2000) *Angels and Citizens*, p.41

Prior to the opening of the Nightingale Training School, Nightingale had conceded that it was appropriate for head nurses to wear a different garb from the other nurses. However, unlike in other hospitals, where special probationer schemes was instituted, Miss Nightingale did not see fit to dress the specials differently from the ordinaries¹⁷³. It is arguable that this decision was affected by her belief that:

How can she (the Ward Mistress) command if she has not learned to obey? If she cannot enforce upon herself to obey rules with discretion, how can she enforce upon her Ward to obey rules with discretion?¹⁷⁴.

The ambiguities of the specials' position could be identified within hospitals and between hospitals. The metaphor of their uniform only illustrating these paradoxes further. Should the special look different to her ordinary colleagues, would her natural deportment be enough to distinguish her? Certainly, that she spent more time with the ward sister would entail less time spent in her apron. Significantly, Hallam has argued that uniform serves as a method of underplaying class issues, to the outside world, what is viewed is simply the nurse¹⁷⁵. However, it also acts as a great divider, distinctions made in the uniform of different grades maintaining strict hierarchical boundaries¹⁷⁶. Moreover, the decision of the matron at the Middlesex Hospital to make her specials less 'available' than the ordinaries appears to contradict the notion that the working-class were more prone to immorality than the upper-classes.

¹⁷³ Nightingale (1858) *Subsidiary Notes*, p.12

¹⁷⁴ Nightingale F (c.1875) *Address to the Probationer-Nurses in the "Nightingale Fund School" at St. Thomas's Hospital and the Nurses who were Formerly Trained there*, p.5. BL TAB. 1281a.2

¹⁷⁵ Hallam (2000) *Nursing the Image*, p.136

¹⁷⁶ Hallam (2000) *Nursing the Image*, p.139

Regulating dress

Kate Adie has argued that with the passing of the Nurses' Registration Act of 1919 nurses' position as professionals was confirmed. They now had their own badges and uniform, which stopped 'any old patient-visitor fluttering around in a nurse outfit... calling themselves "nurse"'¹⁷⁷. However, this leads to another of the many paradoxes for nursing, the belief that uniform elevates the professional status of the nurse. As Muff has argued, nurses believed that to wear uniform is professional. However, 'nurses rarely point out that it is service workers, not professionals who wear uniforms'¹⁷⁸. Furthermore, as stated above, the wearing of the nurses' uniform was protected by the Registration Act, 1919 thus stressing the trained, professional nurse over her non-trained colleague. It is unclear however, whether this difference was ever made manifest. Certainly in the modern period, similar uniforms are worn by domestic staff and non-qualified care assistants¹⁷⁹. Nevertheless, that uniform was to play a role in the professional project of nurses after the Registration Act, 1919, can perhaps be understood as a physical manifestation of the confusions of that project. It is significant that the greatest protagonist of registration, Ethel Gordon Fenwick, was known for her fashionable garb¹⁸⁰.

¹⁷⁷ Adie K (2003) *Corsets to Camouflage: Women and War*. London, Hodder & Stoughton, p.119

¹⁷⁸ Muff (1988) *Of images and ideals*, p.209

¹⁷⁹ The GNC published a pamphlet outlining the uniform for all SRN's from 1st July 1949. However, oral history records as well as hospital histories themselves, do identify different uniforms worn throughout the nation. *The General Nursing Council for England and Wales: Uniform for State Registered Nurses*. BL x.311/4093.

¹⁸⁰ Abel-Smith B (1979) *A History of the Nursing Profession*. London, Heinemann, p.63

Conclusion

In her 1977 book on *The London Hospital*, Polly Toynbee stated that the sisters, although, wearing dresses with short sleeves like all other members of the nursing staff, had some 'rather odd-looking sleeves which they have to pull on, like opera gloves, whenever they leave the ward'¹⁸¹. She continued that this was because sisters originally had long sleeves as a sign that they did not do much dirty work¹⁸². Although Toynbee's research took place somewhat later than the period, which this thesis is concerned, it does, raise some quite startling issues. That is, the sisters were different and should thus be offered further protection from the contamination present in the hospital environment. Notably, as discussed below, during the early years of the twentieth century, it was not possible to gain a sisters' post in some hospitals without having previously been a special. Secondly, that sisters should look different, their superior position allowing them more modesty, considered appropriate for ladies in contact with multiple sources of pollution. The third point of interest may well have been a throw away comment by Toynbee, that these cuffs were pulled on like, 'opera gloves', an activity associated with 'high cultural capital'.

In this chapter the use of the archival and published documents as well as film have illustrated the ambiguities inherent in the 'in-betweenness' of the position of the professional status of the nurse and the uneasy translation of nursing as a discipline of study from the hospital to the university setting. Nevertheless, the assumption that nursing was not considered by educated middle-class women as

¹⁸¹ Toynbee P (1977) *Hospital*. London, The Quality Book Club, p.118

¹⁸² Toynbee (1977) *Hospital*, p.118

an occupation with status has been challenged. It has been shown that the training of the probationer was one of boundaries, from the clothes she wore to the education she would receive. However, the boundaries were porous and the rules ambiguous. This permeability was exacerbated by the issue of class distinction which divided the probationers into the rank and file and the leadership. By the early years of the twentieth century, some leaders of the profession were realising that, as educational standards were increasing generally, the population of young women who could, if desired enter higher education was increasing. If they wished to maintain a recruitment pool from the educated middle-class, they would need to offer more than simply an increased chance of promotion once qualified. The endeavour to create a Chair and Faculty of Nursing failed, thus precluding the participation at this time of nurses entering the hallowed world of the university and exacerbating the later uneasy translation of nursing as a discipline of study from the hospital to the university setting. The Registration Act of 1919 no longer enabled hospitals to offer one year special probationary courses other inducements were needed. In the following three chapters, the university opportunities which were devised for registered nurses in the inter-war years will be examined, courses which some members of the profession believed would enable nursing to recruit enough young women of leadership quality.

Chapter 4. Visiting rights only

Introduction: Aims and objectives

In the previous chapter the ambitions of the nursing elite to create a leadership class of nurses drawn from the country's middle and upper-class were considered. It was argued that the special probationer schemes instituted within some of the voluntary teaching hospitals in the UK were an important part of that plan. However, by the early years of the twentieth century, it was apparent to the profession's elite that these schemes were not going to provide adequate recruitment from educated young women, especially after the Nurse Registration Act of 1919, which made a three year training compulsory for all¹. It is also arguable that the failure of this Act to offer the profession a decisive victory, created a vacuum in the ambitions of some leaders. Moreover, some of the profession's elite felt that the training received by ordinary and special probationers alike was not sufficient preparation for senior administrative and teaching posts. Thus, as will be shown in this and the following chapters, an appreciation by some nursing leaders of the attraction of a university education for women led to courses being organised in the higher education sector for post-certificate nurses. However, it will be shown that the location of nursing as a discipline of study in hospitals did not allow for an easy translation into the university setting. Nevertheless, it will be shown that, despite the problems nursing as a profession faced, certain members of the 'elite' and 'leadership' did

¹ See: Anon (1908) A Bill to regulate the qualifications of Trained Nurses and to provide for their Registration, p.4. KCL/RBNA:1908/1/3. Anon (1919) Nurses' Registration (No. 2) Bill. A wide Bill: Second reading passed. *The Nursing Times*. 22nd November, p.1251

in fact achieve a space for nurses in the university sector at a time when few women in general attended university.

Using documentary film and oral evidence, this chapter will consider the early university programmes that were instituted for nurses who were destined to work in senior nursing administrative posts in hospitals in the UK. The courses to be considered are the Diplomas in Nursing held in Leeds and London. However, whilst it will be argued that these courses did provide some nurses with an inroad into the hallowed grounds of the universities, they entered as 'visitors', their status being closely akin to 'immigrants'. It is not the intention in this chapter to explore the International Courses at Bedford College - that is, those courses which were administered through the Florence Nightingale International Foundation (FNIF) and the League of Red Cross Societies (LORCS). These courses had a far more direct impact upon the sister tutor and public health courses, and will be dealt with more fully in the chapters dedicated to those programmes.

This chapter will firstly examine the origins of the demands for university education for nurses, the 'space' they occupied after the Registration Act of 1919, and the educational advances that were being made for nurses and women in general. It is significant that the university college which played the principal role in the establishment and organisation of the London Diploma was King's College for Women (KCW), later King's College of Household and Social Science, or simply the Department of Household and Social Science. It was at KCW that the Household and Social Science degree was organised, which was also considered to inhabit the liminal areas of academia. This analysis will be followed by an

examination of the Diplomas in Nursing in Leeds and London; the entry requirements, students, subjects studied and examinations. The chapter will also consider the attempts to maintain a strict class structure and the contradictory intellectual culture of nursing education, exploring the College of Nursing as a political resource. Finally, the impact of the programmes themselves will be considered, firstly on the nursing profession and, secondly, upon the careers of those who undertook them. First however, it seems pertinent to offer a brief examination of the nature of 'visiting rights', a concept which, it will be argued, epitomised the ambiguous position of nursing within the higher education sector.

Visiting rights only

Meerabeau, in her inaugural lecture as Dean of Nursing at the University of Greenwich, argued that:

University disciplines [are likened] to waves of immigration, each tending to look down on those that came later. Immigrants, of course, usually come to a country with their own customs and language. They may integrate in their host country, or stay in their own enclave; they may be at a disadvantage².

This is significant since it resonates with the challenges confronting nursing's initial entry into the universities en masse in the 1990s. Furthermore, in the inter-war period, as a newcomer, nursing came to be separated from the majority of university life by the part time hours and attendance of lectures at different

² Meerabeau L (1998) *Immigrants to the New World: Reflections on the Identity of Nursing*. London, University of Greenwich, p.1. This paper was given as an Inaugural Lecture, delivered at the University of Greenwich, 21st April 1998

institutions³. Moreover, even when accessing courses at KCW, itself a College whose status was subject to questions of academic credibility, nurses were seen as 'other'. Nursing maintained an otherness, which only heightened its differences and prevented full integration and thus access to the entirety of cultural capital available within a university college. It is this notion of 'visiting rights only' which provides an important theme within this chapter. The Diploma students in London attended lectures at KCW, Bedford College and the College of Nursing, therefore attempts at integration into the academic world of the university were stymied. Miss J, who undertook the diploma at Battersea Polytechnic⁴ in the 1950s, described a social scene far removed from that of the other students, which was exacerbated by the travelling time between London and Oldchurch in Romford, Essex:

And when I get the bus back she [her friend] was at the Royal Free, so her bus stopped at Chancery Lane, and I'd go on to Liverpool Street. So you know it was sort of two days a week travelling as well as, actual lectures⁵.

For those students at Leeds, their lectures were held in the medical school, which was attached to the hospital. As a teaching hospital the medical school was theoretically part of the university however in practice, the physical location of the Leeds Diploma student remained within hospital space. Furthermore, as immigrants may struggle to find the space between their old culture and new

³ Significantly, although the Diploma was a university award, London University did not consider it an university course. This is affirmed by the University Calendar, which specifically states, 'Three Years' Course and 'Other Courses', which includes the nursing courses.

KCL:Q/EPH/RPT/5-16

⁴ Later to become the University of Surrey

⁵ Miss J. Oral History interview 19th July 2000. Trained at Oldchurch County Hospital, Romford, 1940 – 43. Diploma in Nursing (London University) 1955

'home', so nursing also struggled, especially as there was an uneasy translation of nursing as a discipline of study from the hospital to the university setting. The permanent residents in their new 'home' were not keen to welcome them. Although in London the Diploma was not associated with a medical school, as it was in Leeds, at both universities, doctors had influence over the curriculum. This is significant, for as Gamarnikow has argued, 'Doctors desired *skilled* service, provided they could control the nursing curriculum'⁶ [italics in the original]. She continued that for doctors, controlling the curriculum meant nurses 'learning their place', and that was one dominated by limits, which they must be trained not to exceed⁷. It is to the relations between doctors and nurses within hospitals and universities that this chapter will now turn.

Encoding nurses' space after 1919

In 1927 *The Nursing Times* - perhaps rather strangely, published a critical and controversial article by a male physician, in which he wrote:

He [the doctor] cannot be expected to co-operate in any sense with a uniformed nurse who by her speech reveals a lack of education, lack of understanding, and a barrier of class distinction, which would take much experience to wear down⁸.

Although the possible rationale for *The Nursing Times*, to publish such comments can be questioned, it may have reflected an important section of medical opinion

⁶ Gamarnikow E H A Z (1985) *Women's Employment and the Sexual Division of Labour: The Case of Nursing, 1860 – 1923* [unpublished PhD thesis] London, London School of Economics and Political Science, University of London, p.249

⁷ Gamarnikow (1985) *Women's Employment and the Sexual Division of Labour*, p.232

⁸ Anon (1927) The nursing shortage: A hospital physician's view. *The Nursing Times*, 26th February, p.222. "Reprinted practically in full by kind permission of the Editor of 'The Outlook', in which the article appeared last week (February 19th)"

at the time. It is arguable that nursing's problem may lie in the fact that even the leaders of the profession are trying to find a voice within a language that was created by others who had far louder voices⁹. Bourdieu has argued that there is a 'visible' difference in the language of the bourgeoisie and working-classes. Bourgeois language is one of 'abstraction, formalism, intellectualism and euphemism', working-class language, on the other hand, 'shun the bombast of fine words', moving from case to case, 'from illustration to parable'¹⁰. It is arguable that many nurses do not know how to speak this bourgeois tongue thus they are precluded from the discussion. However, perhaps this problem of discourse and language is as much related to gender differences as profession or class. Bourdieu has argued in *Masculine Domination*, that:

Generic alienation is the basis of the specific privilege: it is because men are trained to recognise social games in which the stake is some form of domination...¹¹.

Thus, nursing would never be seen as an equal partner to medicine, because of the gender composition of the two professions. Thus, whatever their educational and professional advances, nurses were not part of the same, 'their whole upbringing prepares them to enter the game *vicariously*, that is, in a position that is both external and subordinate'¹², just like the immigrant into the new country. Nevertheless, in spite of these indictments on the possible value of nurses receiving a university education, a number of nurse leaders were, in the early

⁹ Meerabeau (1998) *Immigrants to the New World*, p.2

¹⁰ Bourdieu P & Passeron J-C (2000) *Reproduction in Education, Society and Culture*. London, Sage Publications, p.116

¹¹ Bourdieu P (2001) *Masculine Domination*. Cambridge, Polity Press, p.75

¹² Bourdieu P (2001) *Masculine Domination*, p.78

years of the twentieth century, keen that some nurses should in fact be enabled to access higher education.

The development in university education for nurses in the inter-war period is significant for three reasons. Firstly, as stated above, the importance of intellect remained subordinate to character in nurse training, thus precluding an easy translation of nursing as a discipline of study from the hospital to the university setting. Secondly, the innovations occurred prior to compulsory examinations for Registration, and thirdly, it was not generally anticipated that women would go to university¹³. It should be noted however that the opportunities for post-registration education did not radically alter the status quo. They were often, at least in the early years, reserved for the privileged few; nurses were usually chosen by their seniors, not only because of their education, but also their class. Furthermore, the organisation of the Diplomas, regardless of the aspirations held of it, did not lend itself to fostering a liberal education.

Post- registration innovations

The unsuccessful attempt in 1912, to establish a University Chair in Nursing was not the only pre-World War I endeavour to improve the educational opportunities for nurses. In 1913, Ellen Musson, RRC, Matron of the General Hospital, Birmingham, had written to *The British Journal of Nursing* urging the importance of post-graduate teaching for nurses, as was common amongst the medical

¹³ Dyhouse C (1995) *No Distinction of Sex? Women in British Universities, 1870 – 1939*. London, UCL Press Ltd., p.7

profession¹⁴. It is interesting to note the use of the word 'graduate' here, rather than post-certificate, or later, post- registration. It is possible that the term was influenced by colleagues from the USA. It is to these post- registration innovations that this chapter will now turn.

On 1st April 1914, Alicia Lloyd Still, Matron of St. Thomas's Hospital, sent a draft syllabus to KCW, then, King's College of Household and Social Science (KCHSS):

Enclosed is a draft Syllabus of a proposed course for certificated nurses. It is divided into three groups. Time and experience will show which, if any, subjects may be wisely added, and it will be well, in order to widen the opportunities of instruction, and so to work all the requirements of possible students, to offer alternative courses to be selected by the student. This can easily be done, should experience show it to be required¹⁵.

It appears that this draft syllabus was associated with a sub-committee which was organised between Mr Minet, chairman of the Nightingale Fund, Mr West and Mr Pennant¹⁶, which reported in March 1914¹⁷. The report of the Nightingale Fund also recommended the course being run at KCW, suggests similar subjects to be taken, and is also from those associated with the Nightingale Fund at St. Thomas's Hospital. In the report the Sub-Committee argued that, although they are unable to provide this course themselves:

¹⁴ Musson E (1913) Post-graduate training for nurses. *The British Journal of Nursing*. 12th July, p.23 Read at the Nursing Conference, Dublin, 4th June 1913

¹⁵ Alicia Lloyd Still, letter to King's College of Household and Social Science, regarding a university course for nurses. 1st April 1914, KCHSS:A/NFC/22/1

¹⁶ Messes West and Pennant were medical members of the Nightingale Fund.

¹⁷ Report of the sub-Committee Consisting of Mr W Minet, Mr A W West & Mr D F Pennant, appointed to prepare a scheme for a Post-Graduate course of instruction for Nurses. March 1914. LMA: H1/ST/NTS.A6/001.

[we] have found, we think, exactly what is needed at King's College for Women, now in Kensington Square, but shortly to remove to a new building specially erected, which will include a Hostel where the students can live, if so minded. A branch of the London University, this College supplies to women higher education in most branches of knowledge. The heads of the College have met us in the most sympathetic spirit...¹⁸.

Unfortunately, as with the attempts to found a Memorial to Florence Nightingale, World War I intervened¹⁹ and Miss Lloyd Still was not able to bring her project to fruition, though it was to prove pivotal in the creation of the two Diplomas which were instituted in the 1920s.

Before examining the Diplomas themselves, it is worth exploring why at this early stage in the occupation's history, even before compulsory examination for registration, it was felt that a post-certificate course should be offered. The possible answers to this question are speculative; however, much could be made of the rise in opportunities for educated middle-class women in general. As discussed in the previous chapter, the special probationer schemes, devised to attract upper and middle-class women, did not, as prior research by Maggs has suggested, find their demise in the first decade of the twentieth century²⁰, but continued, certainly at some of the London hospitals into the 1940s. At LGI there had never been a special probationer scheme. However, with the city of Leeds having both the LGI, a voluntary hospital and the Union Infirmary (now St. James' University Hospital), a class division was maintained, with middle and upper-class women training at LGI and the Union Infirmary accepting women

¹⁸ Report on the Sub-Committee appointed to prepare for a Post-Graduate course of instruction for nurses, March 1914, p.7. LMA:H1/ST/NTS.A6/001

¹⁹ Editorial (1914) Nightingale scholarships for nurses. *The Nursing Times*. 4th July, pp.853–854

²⁰ Maggs C (1983) *Origins of General Nursing*. London, Croom Helm, p.146

from more working-class backgrounds (see Tables 4 & 5 below). It is argued, therefore that the early Diplomas offered another method of attracting the continuation of middle and upper-class women into the profession when increased job and educational expectations and opportunities for women, in far less restrictive occupations, were affecting recruitment into nursing²¹. Furthermore, KCW had commenced its Household Science course in 1908, a programme which was by the 1920s a degree course. It therefore seems pertinent to offer an exploration of the Household Science movement, a discipline which like nursing had an ambiguous professional status.

²¹ Brittain V (1953) *Lady into Woman: A History of Women from Victoria to Elizabeth II*. London, Andrew Dakers Ltd., pp.96-97

Table 4: Previous employment of entrants to Leeds General Infirmary (LGI)

Date	At home	Nurse	Governess/ Teacher	VAD	Shop	Companion	Service	White blouse	School	Student	Taylorress	Married	Not given	Other
1883-1895	121	35	59									17	38	29
1895-1903	125	81	57			25		5					5	1
1910-1915	125	75	38			19		8					8	2
1919	3	9		1				1					1	
1920	23	27	2	3		1		18						2
1921	17	22	6	2				17					3	3
1922	22	21	2	2		3		15					4	1
1923	25	17	2			2		11					1	2
1924	32	22	7					6						1
1925	14	20	1			2		4						3
1931	16	17	2					4	5	2			3	
1932	22	23	3					11	5	2			9	5
1933	23	31							3	5		6	4	1

Table 5: Previous employment of entrants to The Union Infirmary, Leeds

Date	At home	Nurse	Governess/ Teacher	VAD	Shop	Companion	Service	White blouse	School	Student	Tayloress	Married	Not given	Other
1914	7	1	1		1		2				1			3
1915	13	12			2		5							8
1916	8	18		1	1	1					2		2	
1917	6	17	2	2		1	3				1			1
1918	6	4	1				1	1			1			5
1919	10	10		4		1	1	1			1		1	
1920	8	10		1			1	6			2			2
1921	10	15				1	2	2			2		1	7
1922	14	12					3	4					1	1
1923	5	10	1		1		3				3			
1924	16	8			5	1	6	1					2	
1925	9	8	1			2	5	3	1		1		1	3
1926	12	11	1	1	1	1	6	3			2		4	3
1927	9	4	4				4	5			1		12	1
1928	15	9	1		3	1	8	4	1					6
1929	20	4	2		3	3	14	3						

1930	7				1	1	9	5											4
1931	7	8			2	3	3	5				2							2
1932	12	15			5		8	8											13
1933	15	12			3		12	5				1							6

Household science: A lost opportunity for nursing?

It was at KCW, following in the steps of the Ellen Richards and the Lake Placid conferences in the USA²², which attempted to form an academic basis for what was known variously as Home Economics, Domestic Economy or Domestic Science, or in the UK, Household Science²³ (hereafter Household Science). In 1908, under the new principal, Hilda Oakley, the new course in household science was inaugurated²⁴. The purpose of this course was to supply:

...an intellectual and scientific formulation for the pursuits of women as home makers and housekeepers, or to provide as highly cultural and scientific a basis for this life and profession as for any other²⁵.

For as Lady Rucker, one of the chief proponents of the scheme, asked four years later:

...was no attempt made to treat the profession of household management as one that needed as advanced university training as any other profession²⁶?

²² Stage S (1997) Ellen Richards and the social significance of the Home Economics movement. In: Vincenti V B & Stage S (eds.) *Rethinking Home Economics: Women and the History of a Profession*. New York, Cornell University Press, p.5

²³ Stage has argued that there was much anxiety related to the defining and naming of the home economics movement. 'Household arts', implying cooking and sewing, 'Domestic Economy' being too reminiscent of Caroline Beecher's (1842) *Treatise on Domestic Economy*. Stage (1997) Ellen Richards. However, since the term 'Household Science' was the one chosen in this country, especially with reference to the Department at King's College for Women, it is this which will be used throughout this thesis

²⁴ Dyhouse (1995) *No distinction of sex?* p.45

²⁵ Oakley H (1921) King's College for Women: an appendix. In: Hearnshaw F J C (1929) *The Centenary History of King's College, London, 1828 – 1928*. London, George Harrap and Company Ltd. p. 490

²⁶ Rucker, Lady (1912) The Queen's Hostel for women. *The Gentlewoman*. 16th March, p.340. KCHSS: Q/PC/2

During the heyday of household science in the early twentieth century, KCW was able to offer both an under-graduate and post-graduate university discipline²⁷. Significantly, Reinkemeyer has argued that the endowment of the Home Science and Economics department at King's College for Women was cited as offering a reasonable opportunity for the establishment of a Chair in Nursing at that College²⁸. It is thus to the comparisons of nursing and household science, especially their ambiguous professional status, that this chapter will now turn.

Household science and nursing: Worthy of university space?

Dyhouse has argued that whilst the majority of women's colleges were struggling to exist on meagre funds in the period just prior to World War I, KCW was 'shaped by what was almost an embarrassment of riches'²⁹, having raised £100,000 by 1912³⁰. This can be attributed to an eagerness to offer women a university education, but one that did not impinge upon the male establishment and cause jealousies. Secondly, the proponents of household science were keen to offer women a university education, which would prepare them for the work usually undertaken by women, but elevate that work by raising the status of the domestic sphere. The establishment of the Department of Household Science certainly offered a physical locale for the debates by feminists and others, as to whether women and men were 'equal but the same', or, 'equal but different'. However, there is another issue which arises from the institution of the Department, and one which is most pertinent for this study; whether 'craft-like'

²⁷ Blakestad N L (1994) *King's College of Household and Social Science and the Household Science Movement in English Higher Education* [unpublished DPhil thesis] Oxford, University of Oxford, pp.9-10

²⁸ Reinkemeyer Sr. M H (1966) *The Limited Impact of Basic University Education Programs in Nursing: A British Case Study* [unpublished PhD thesis] California, Berkeley University, p.72

²⁹ Dyhouse (1995) *No Distinction of Sex?* p.45

³⁰ Dyhouse (1995) *No Distinction of Sex?* p.46

disciplines such as nursing and domestic science should be considered a liberal, university education, or a technical one.

In the early years of the twentieth century, women in the professions continued to be clustered within the so-called 'caring' professions of teaching and nursing. These two professions continued to be seen as a suitable alternative or precursor to marriage and motherhood³¹. Certainly, Horn has argued, that 90% of all professional women in the 1921 census worked as nurses, teachers or midwives, a figure which only decreased by 3% over the next ten years³². Oram has further argued that the 'renewed emphasis on women's difference by interwar feminists had a number of potential strengths'³³. The arguments meant that feminism could reach a wider audience as the majority of women's lives were still undeniably grounded in the domestic, with marriage and motherhood the chief occupations. Those working-class women who did work outside the home had rejected middle-class women's claims for gender equality, seeking instead protective legislation which would improve their lives and those of their children³⁴. Thus feminists could influence women who would otherwise have considered the cause alien. Delmar maintained in 1986 that:

...the post-suffrage movement (after much conflict) adopted a concept of woman based on the needs of reproduction and the social value of maternity³⁵.

³¹ Horn P (1995) *Women in the 1920's*. Stroud, Alan Sutton Publishing Ltd., pp.128-129

³² Horn (1995) *Women in the 1920's*, p.129

³³ Oram A (1996) *Women Teachers and Feminist Politics, 1900-1939*. Manchester, Manchester University Press, p.147

³⁴ Oram (1996) *Women Teachers and Feminist Politics, 1900-1939*, p.147

³⁵ Delmar R (1986) What is feminism? In: Mitchell J & Oakley A (eds.) *What is Feminism?* Oxford, Basil Blackwell, p.25

However, not all feminists did want to place the arguments for equal rights within a framework of women's differences, *qua* their childbearing and rearing responsibilities³⁶. Perhaps if they had, the disputes over the Department of Household and Social Science might not have been so vitriolic. As Emily Davies and Anne Clough had argued about the optimum method of achieving women's university education in the nineteenth century, so the leaders of women's higher education in the early twentieth century argued over the value of a course which would raise the position of women's main responsibilities; the domestic, by placing it within the university sector. Unfortunately, such hopes were to be ill founded. Indeed, Rona Robinson, a former student of the household science course and a holder of a Gilchrist Post-Graduate Scholarship³⁷, wrote to *The Freewoman* stating that just because a course exists in a university, does not mean that it is worthy of such status³⁸. Furthermore:

I must say that I protest most strongly against young women being sent to the University to learn to clean... There are places where cleaning can be learned, and such places are *not* in the Universities [*italics in the original*]³⁹.

Perhaps not surprisingly, there were many 'traditionalists' who were very keen on the establishment of the household science course. In an anonymous article in the

³⁶ Beaumont C (2001) *The Women's Movement, politics and citizenship, 1918 – 1950's*. In: Zweiniger-Bargielowska (ed.) *Women in Twentieth Century Britain*. Harlow, Pearson Education Ltd., p.264

³⁷ The Gilchrist Awards had originated from a bequest made by Sr. John Borthwick Gilchrist (d. 1941). Much of the monies went into scholarships and fellowships at the universities of London, Oxford and Cambridge, as well as several of the newer universities. Dyhouse (1995) *No Distinction of Sex?* p.30

³⁸ Robinson R (1912) King's College for Women. *The Freewoman*. 15th February, p.255

³⁹ Robinson (1912) King's College for Women, p.256

British Medical Journal extolling the virtues of the household science, it stated that the rearing of children is the 'special work which Nature and custom has assigned to women'⁴⁰. The article ended stating that all right-minded people should 'heartily wish success to a scheme which strikes at one of the roots of national decay'. Such eulogies compare favourably with those the medical profession made for nursing. Both nursing and household science embodied the social Darwinist ideas of the day, in so far as, the 'eugenic ideal' eulogised the notion of the women at home⁴¹. Given the similarities in the purpose and philosophies of nursing and household science, it is therefore striking that their histories in the twentieth century should have been so different.

The debate regarding the naming of the household science courses was not simply a matter of semantics. Domestic science, domestic economy and home economics had long been subjects taught to young girls in school and then later to young women in the polytechnic system. However, all those names signified to educators and the lay public in general, technical skills which were designed to assist in the education of girls for marriage, the home or service. Significantly, it should not be assumed that there was no positive exchange; Burstyn has argued that the inclusion of domestic science in the school curriculum provided women teachers with a new area of expertise, one which would not be usurped by their male colleagues⁴². The predicament was how the shift in understanding was to occur, from domestic education existing for all girls (but mainly the working-

⁴⁰ Anon (1912) Home science. *British Medical Journal*. 10th February. KCL: Q/PC/3

⁴¹ Dyhouse C (1976) Social Darwinistic ideas and the development of women's education in England, 1880-1920. *History of Education*. Vol.5, No.1, p.47

⁴² Burstyn J N (1977) Women's education in England during the nineteenth century: A review of the literature, 1970-1976. *History of Education*. Vol.6, No.1, p.16

class) to being part of the liberal university system. Moreover, how were the pioneers of household science able to sustain a position in both camps? As with the entrance of nursing as a discipline of study into the university sector, would the translation of household science be uneasy? East has argued that for those who believed household science should be an academic discipline, to be accepted as other more traditional disciplines, there was a great difference between learning how to do something, and, 'studying and developing a subject matter'. That is, creating it as a discipline in its own right⁴³.

It is arguable that there are similarities between the technical apprenticeship level of home economics and apprenticeship training for nurses, and correspondingly for graduates of household science and 'graduates' of the university programmes for nurses. The home economics classes undertaken by school-girls, especially working-class girls, would prepare them for their own homes, as well as for work in service. Significantly, the rhetoric which placed the servant and mistress as 'working alongside each other as equals'⁴⁴ is reminiscent of the same rhetoric used by Nightingale for the relations between middle and upper-class probationers, especially specials, and their more working-class colleagues. If the apprentices in the technical courses of both professions learned how to do the work, the 'graduates' were to supervise and educate. Thus, as with household science and also nursing, there was a lack of clarity as to whether they were vocational, technical, or academic disciplines, a question which would stymie the professional status of each discipline. Rafferty has argued that Robert Morant

⁴³ East M (1980) *Home Economics: Past, Present and Future*. Boston, Allyn and Bacon, Inc., p.178

⁴⁴ Giles J (2001) Help for housewives: Domestic service and the reconstruction of domesticity in Britain, 1940-1950. *Women's History Review*. Vol.10, No.2, pp.299-323

(the first Permanent Secretary to the Ministry of Health established in 1919) wished to 'bring nursing education in line with technical education'. However, she continued, 'the word "technical" was left loose..., possibly deliberately so'⁴⁵. What is clear is that like nursing, the household science course at KCW was not unequivocally popular:

The failure of the household science movement to establish an academic 'territory' reflects also uncertainties about its ethos and image⁴⁶.

Archival evidence of KCW does, however, identify a large number of young women entering the household and social science course until World War II. The entries for the session 1923-1924 show 66 students on the three year degree course in household science, and 64 students on the other courses, including, the sister tutor, institutional administration and one year special courses⁴⁷. For the session 1938-1939, the figures are one hundred and sixty seven and two hundred and sixty six, respectively, this latter figure including numbers for the two year diploma in household science, which accounted for fifty students⁴⁸. It is thus obvious that, notwithstanding the problems regarding the value of household science courses, there continued to be a healthy demand⁴⁹. Nevertheless, KCW was also keen to promote its involvement in post-registration courses for nurses,

⁴⁵ Rafferty A M (1991) *The Politics of Nursing Education, 1860 – 1948* [unpublished DPhil thesis] Oxford, University of Oxford, p.272

⁴⁶ Blakestad (1994) *King's College of Household and Social Science*, p.314

⁴⁷ KCW (1922-1923) Household and Social Science Department. *Annual Report*. KCL: Q/EPH/RPT/1a

⁴⁸ KCW (1938-1939) Household and Social Science Department. *Annual Report*. KCL: Q/EPH/RPT/16

⁴⁹ It should be noted that these figures also included a number of other courses at KCW, such as the sister tutor and health visitor courses, to which the nursing profession was encouraging recruitment

including the Diploma. It is to the Diplomas themselves that this chapter will now turn.

The Diplomas in Nursing at Leeds and London Universities

Rationale for courses

In December 1920, Miss Innes, the Lady Superintendent of LGI, despatched a petition and letter to the Faculty of Medicine of the University of Leeds requesting consideration of a Diploma or License in Nursing⁵⁰. This Diploma, she suggested, should be open to any nurse who had completed her training at LGI or elsewhere, so long as their training complied with any conditions laid down by the University⁵¹. In the third paragraph of the letter, she reminded the members of the Medical Faculty that the profession of nursing was assuming more and more importance, and that a qualification in nursing⁵², was becoming 'increasingly necessary to qualify for the holding of many administrative posts'⁵³. Furthermore, in the discussions for the London Diploma, the College of Nursing Education Committee also petitioned the medical schools and leading hospitals,

⁵⁰ Leeds General Infirmary (1920) Nurses Committee Minutes, 20th December. LGI Archives 6/1. Copy of letter to the Faculty of Medicine. The decision to award a Diploma and not a License appears to have been made almost immediately

⁵¹ There appears to have been some discrepancy over the issue of entry requirements. Whilst the Minutes of the LGI Nursing Committee state, 'Leeds General Infirmary or elsewhere', *The Nursing Times* on 30th July 1921 (Anon, p.827), state that the candidate must have trained at LGI. Whether or not this was an intention is unclear, but in fact, from the inception of the diploma, nurses from a variety of voluntary hospitals were accepted. It is possible that the discrepancy arose from a misunderstanding of the covering letter regarding the nurse training arrangements at LGI which had accompanied Miss Innes' initial petition. LGI Nurses' Committee Minutes 6/1. Petition for the granting by the University of Leeds of Diploma or License in Nursing.

⁵² It is significant that even after compulsory registration, many members of the nursing profession, including Miss Innes and several other members of the Council of the College of Nursing, Miss Rundle, the secretary, Miss Sparshott, matron of Manchester Royal Infirmary, Miss Lloyd Still, matron of St. Thomas's Hospital, Miss A E Musson and Miss E M Musson, continued to cite themselves as Royal Red Cross (RRC) rather than SRN (Constituency of Council of The College of Nursing, 1926 – 27. KCL: QAP/GPF7/25 (1925 – 1944)

⁵³ Leeds General Infirmary (1920) Nurses' Committee Minutes. 20th December. LGI Archives 6/1

with requests for post-graduate practical training for students. The Committee considered the need for post-graduate nurses 'experience in the latest methods and treatments in nursing'⁵⁴.

Establishing the Diplomas in Leeds and London

It perhaps appears strange that it was Leeds that established the first Diploma since it was in London that the first proposals for a post-graduate course were made. Miss Innes, Lady Superintendent of LGI, as a member of the College of Nursing Council and its Education Committee, would almost certainly have been aware of these early manoeuvrings and the already established courses for sister tutors and health visitors at KCW. However, whatever the rationale for Leeds acting as vanguard for a post-certificate university award for nurses, Miss Innes took up the challenge.

Euphemia Steele Innes entered the LGI on 19th June 1897, and was accepted as a probationer on 19th July of the same year⁵⁵. In the LGI register she was described as an 'excellent nurse & made a capable, intelligent and reliable sister'⁵⁶. Anning states that apart from four years when she took the position of Matron at Halifax Infirmary, she served at LGI all her professional life⁵⁷. She returned to the LGI from Halifax in 1913 as Lady Superintendent. It would appear that she was woman of some 'spirit', for she alone of the nursing

⁵⁴ College of Nursing (1927) Education Committee Minutes, 27th January. RCN Archives, Edinburgh

⁵⁵ Leeds General Infirmary (1883-1901) *LGI Training Registers*. Special Collections in Brotherton Library, University of Leeds Archives, p.117

⁵⁶ Leeds General Infirmary (1883-1901) *LGI Training Registers*. Special Collections in Brotherton Library, University of Leeds Archives, p.117

⁵⁷ Anning S T (1966) *The General Infirmary at Leeds, Volume II: The Second Hundred Years, 1865 – 1965*. Edinburgh, E & S Livingstone Ltd., p.3

profession faced The Lancet Commission with criticisms of its comments and recommendation⁵⁸. Sadly, very little else is known about her or her background.

Miss Innes' call for post-registration education for nurses was not solely on the grounds of professional need, but also on the grounds of recruitment. Although she did not state so specifically, it appears that she wanted to encourage the continued recruitment from the middle-classes. In her initial correspondence with the Faculty of Medicine, she refers to the desire to attract into nursing 'the best possible type'⁵⁹. Secondly, she remained quite firm that candidates with a four year, voluntary hospital training would always be given precedence⁶⁰. Thirdly, it is possible that the fees set for the Diploma, at £43.10/-, would have been prohibitively high for those without some sort of private income⁶¹. Significantly, by requiring that the candidate had attended an approved voluntary hospital, Innes was maintaining the bias reflected in the membership of the College of Nursing Education Committee, as it was from the voluntary hospital sector that the nurses on that committee had been recruited. It is arguable, that she like other members of the committee, wished to enable their nurses to have some cachet to distinguish them from the rank and file, something which had been lost to them through State Registration⁶².

⁵⁸ Gordon Fenwick E, discussion after attending The Lancet Committee hearing. *The British Journal of Nursing*, December 1932, p.327. It is not clear whether Miss Innes was a member of the Commission or called as a witness.

⁵⁹ Leeds General Infirmary (1920) Nurses Committee Minutes, 20th December. Leeds General Infirmary Archives 6/1

⁶⁰ Leeds General Infirmary (1923) Nurses Committee Minutes, 23rd March. Leeds General Infirmary Archives 6/1

⁶¹ Leeds General Infirmary (1923) Nurses Committee Minutes, 23rd March. Leeds General Infirmary Archives 6/1

⁶² Witz A (1992) *Professions and Patriarchy*. London, Routledge, p.134

In the letter to the Medical Faculty, Miss Innes argued for the opportunity, 'to raise the status of the Nursing Profession' and that chosen candidates should be excellent from 'the point of view of both general education and technical efficiency'⁶³. She continued that this Diploma would be the first step towards the incorporation of nurse training into the University. Furthermore she asserted:

It is clear that the practice of Nursing takes rank as a profession as distinguished from a mere craft or guild and is eminently entitled to receive both University supervision and aid⁶⁴.

The Faculty of Medicine was keen on the proposal and on 10th January 1921 the University of Leeds Medical Board gave its formal approval in principle⁶⁵, this approval was reiterated by Professor Jamieson, Dean of the Faculty, at the Nursing Committee on 18th March⁶⁶. The eagerness of the medical staff for the Diploma in Nursing could at least partly have been because they were aware that they would have the power to decide what was taught and when, thus having control over the Diploma curriculum. This appears to be confirmed by the fact that the Nursing Committee consisted of only one nurse, Miss Innes herself, all the rest were members of medical staff⁶⁷. Although the Medical Board Minutes record that a month later, on 25th October, that there was discussion regarding the strengthening of the nursing representation on the Nursing Committee,

⁶³ Leeds General Infirmary (1920) Nurses Committee Minutes, 20th December. Leeds General Infirmary Archives 6/1

⁶⁴ Leeds General Infirmary (1920) Nurses Committee Minutes, Copy of letter to the Faculty of Medicine, 20th December. Leeds General Infirmary Archives 6/1

⁶⁵ University of Leeds (1921) The University of Leeds Faculty of Medicine Minutes Book 3, 10th January. University of Leeds Archives

⁶⁶ Leeds General Infirmary (1921) Nurses Committee Minutes, 18th March. Leeds General Infirmary Archives 6/1

⁶⁷ Leeds General Infirmary (1921-1923) Nurses Committee Minutes. Significantly, in these Minutes and those of the Medical Faculty Board (University of Leeds (1921) Medical Faculty Board Minutes, 30th September. University of Leeds Archives), the medical members are named, whereas Miss Innes is referred to as, 'The Matron'. Leeds General Infirmary Archives 6/1

unfortunately the matter does not appear to have been referred to again. It was noted in an article for *The British Journal of Nursing* in 1923 that the Nurses' Committee still consisted of only one nurse, Miss Innes⁶⁸.

For nurses to 'rank with the fellowship in medicine and surgery'⁶⁹

In August 1926, *The Nursing Times* reported that the University of London had instituted its own Diploma in Nursing, which the Journal regarded as a 'welcome decision'⁷⁰. And, in December the Journal reiterated the hope of the College of Nursing⁷¹ that the institution of the Diploma would bring the desired Chair in Nursing a step closer⁷². In February of the following year the Journal went so far as to suggest that the Diploma would assist in the desire to establish a higher academic qualification in order for nurses to rank with their medical colleagues. This latter point reflected a recurrent aspiration on the part of the nursing elite. Although it appears to ignore that there would be an uneasy translation of nursing as a discipline of study from the hospital to the university setting.

The Diploma in London

Unfortunately, little archival or published data can be found relating to the initial idea for this Diploma, nor has there been much interest in it from historians of nursing. Rafferty makes reference to it in her examination of the work of Miss Lloyd Still, stating that the first awards were made in 1926⁷³. Baly makes only an oblique reference to it, when she describes a suggestion from the Nightingale

⁶⁸ Anon (1923) Higher education of nurses at Leeds. *The British Journal of Nursing*. 10th February, p.85

⁶⁹ Editorial (1927) The University Diploma in Nursing. *The Nursing Times*, 26th February, p 213

⁷⁰ Anon (1926) Another University Diploma. *The Nursing Times*. 7th August, p.693

⁷¹ College of Nursing (1927) Education Committee Minutes. 12th April. RCN Archives, Edinburgh

⁷² Anon (1926) University of London Diploma. *The Nursing Times*. 4th December, p.1089

⁷³ Rafferty A M (1996) *The Politics of Nursing Knowledge*. London, Routledge, p.115

Fund to use any surplus income to assist its nurses to attend KCW⁷⁴. There are however references to both the Leeds and London Diplomas in some older nursing texts. Agnes Pavey states that the Leeds Diploma was the first in 1921, and that the London one followed five years later. She does however make one interesting assertion:

The question of introducing a Diploma in Nursing, and the conditions under which it should be awarded, had been under consideration by the Senate of the University for some time, and an Advisory Committee, consisting of persons with a special knowledge of the subjects involved, had been appointed to enquire into the matter and make a considered report⁷⁵.

Bethina Bennett also refers to both Diplomas in her *Guide to Professional Nursing*, published in 1951. In the section on the London Diploma, she stated:

The diploma is not a teaching qualification, but is designed as a post-registration qualification for nurses to provide evidence of a high standard of knowledge and skill in the basic subjects which are necessary for all nurses, and also in a specialised professional field⁷⁶.

There were also discussions regarding the Diplomas in the nursing journals of the day, along with publications of the regulations and examination results. However, the first allusion to the Diploma in the archives is in the Education Committee

⁷⁴ Baly M (1997) *Florence Nightingale and the Nursing Legacy*. London, Whurr Publishers, p.212

⁷⁵ Pavey A (1959) *The Story of the Growth of Nursing: As an Art, a Vocation, and a Profession*. London, Faber & Faber, p.464

⁷⁶ Bennett B (1951) *A Guide to Professional Nursing: Nursing, Midwifery, and Allied Professions*. London, Faber & Faber, p.65

Minutes of the College of Nursing, 6th February 1926⁷⁷. The Minutes examine the regulations for the Diploma, especially in relation to the entry qualifications and also the entry of men⁷⁸. Between February and October 1926 there is no mention of the Diploma either in the letters between the College of Nursing and KCW, nor in the committee minutes of either organisation. However, correspondence between Miss Cowlin, the Education Officer for the College of Nursing, and Miss Reynard, Warden of KCW, in October, suggests that there was much energy being expended in order to institute this Diploma. It is stated that the Senate of the University of London had agreed to refer enquires to the College of Nursing, and a sub-committee of the College of Nursing had been organised in order 'to consider the best way to meet the needs of those wishing to study for it'⁷⁹. The first time the Diploma is discussed is at the Board of Principal Teachers (later the Academic Board) on November 2nd 1926, when the minutes record the institution of the Diploma by the University of London, and that the Executive Committee should be sent a declaration stating:

The Academic Board welcomes the establishment by the University of London of the Diploma in Nursing & hopes that the College [King's College for Women] may be able to co-operate in the teaching required⁸⁰.

⁷⁷ College of Nursing (1929) Education Committee Minutes, 6th February. RCN Archives, Edinburgh

⁷⁸ It should be noted however, that until World War II, the candidates for the Diploma were exclusively women.

⁷⁹ Gertrude Cowlin, Education Officer to the College of Nursing, letter to Miss Reynard, Warden of King's College for Women. 30th October 1926. KCL: QAP/GPF7/25 (1925 – 1944)

⁸⁰ KCW (1926) Department of Household and Social Science, Board of Principal Teachers Minutes, 2nd November. KCL: QA/AB/M2

One week later, on 9th November 1926, the College Council again welcomed the establishment of the Diploma and acknowledged the probable use to be made of both its courses of study and those at Bedford College, which were at present attended by the international students⁸¹. Furthermore, the minutes consider the possibility of claiming some exemption for work undertaken as part of the sister tutor course⁸², a point reiterated in the College of Nursing, Education Committee Minutes on 15th November, where it was recommended that:

... where it is possible, all candidates be advised by the College of Nursing to undertake one year's Continued Post-Graduate study before entering for the Diploma in Nursing, unless the candidate had already taken the Sister Tutors' Course at King's College for Women⁸³.

The possible reasons for the institution of the Diploma can be deciphered from discussions around the general issue of post-graduate education for nurses. Bedford College had established the International Courses in 1920 for 'outstanding nurses' to facilitate them with post-graduate education of a 'very distinctive kind'⁸⁴. In spite of this, although these courses attracted nurses from around the world and were associated with both the University of London and the College of Nursing, they did not in themselves carry a university award. The same criticism could be levelled at the sister tutor course, which had been established at King's College for Women in 1918. There had, however, long been

⁸¹ For more detailed discussion about the International Courses, see Chapters five and six, relating to the sister tutor and health visitor courses respectively

⁸² KCW (1926) Department of Household and Social Science, The Council Book Minutes, Book 4, 9th November. KCL: QA/C/M4

⁸³ College of Nursing (1926) Education Committee Minutes, 15th November. RCN Archives, Edinburgh

⁸⁴ Florence Nightingale International Foundation (c. 1936) *Towards the Florence Nightingale International Foundation: To Commemorate Florence Nightingale*, p.2. FNIF Archives, Geneva

discussion of a proposal to establish a Chair in Nursing at the University of London, and it was felt that the London University Diploma would provide a much needed foundation for this ideal⁸⁵. Significantly, at a meeting of the College of Nursing, Education Committee, in 1927 there was a general acceptance that the founding of a Chair would probably take at least a further five years, because of the need to train a suitable 'woman who is qualified to be the professor in charge of it'⁸⁶.

A university award for nurses

The conduct for the examinations of the Diploma in Leeds was approved on 2nd November 1921, at which point Miss Hills, Matron of Halifax Infirmary, was appointed external examiner⁸⁷. In the Calendar for the University of Leeds 1921 – 22⁸⁸, the regulations for the Diploma in Nursing state that each candidate is expected to undertake written examinations in the principles and practice of nursing, elementary medicine and surgery, elementary anatomy and physiology, elementary gynaecology and obstetrics, care of infancy and childhood, and hygiene. These examinations would be offered in June and December⁸⁹. The candidates would also be expected to undertake practical and *viva voce* examinations. Being run by a far larger institution, and in collaboration with the College of Nursing the London University Diploma allowed for greater diversity of subject matter. In Part A the candidates were required to pass; firstly, scientific basis and general principles of nursing, including elementary psychology and;

⁸⁵ College of Nursing (1927) Education Committee Minutes, 12th April. RCN Archives, Edinburgh

⁸⁶ College of Nursing (1927) Education Committee Minutes, 12th April. RCN Archives, Edinburgh

⁸⁷ University of Leeds (1921) Minutes of Senate, 2nd November. University of Leeds Archives

⁸⁸ University Of Leeds (1921) *Calendar , 1921 – 1922*. Leeds, Jowett & Sowry Ltd., p.411.

University of Leeds Archives

⁸⁹ University of Leeds (1921) Minutes of Council, 16th November. University of Leeds Archives

secondly, history of nursing. For Part B, they had a choice of general nursing, obstetric and gynaecological nursing, nursing of children, mental nursing, fever nursing and epidemiology, elementary economics, sociology and hygiene, and hospital administration, of which they were expected to pass one subject. They could also take the examination for methods of teaching and elements of educational psychology⁹⁰.

However, it was not only to KCW that students who wished to avail themselves with the opportunity of gaining the Diploma needed to turn. They were also given access to Bedford College, as well as attending the College of Nursing itself. It appeared as though the candidates entered for the examinations were advised to undertake a series of theoretical lecture courses before hand, rather than attending university and after the required time period, take the expected examinations⁹¹. In fact, the students were to attend KCW for lectures in elements of physics and chemistry, elementary bacteriology; KCW, or Bedford College, for elements of anatomy, histology and physiology and hygiene; Bedford College, was recommended for elementary psychology; and the College of Nursing for history of nursing, hospital administration and the methods of teaching and elements of educational psychology. Two years later, in 1928, students also had the opportunity to attend lectures at Battersea Polytechnic (now Surrey University)⁹². It was however agreed, that the College of Nursing should undertake as much teaching as possible, thus removing the students almost completely from

⁹⁰ Anon (1926) University of London Regulations for the Diploma in Nursing. *The Nursing Times*. 7th August, p.702.

⁹¹ College of Nursing (1926) Education Committee Minutes, 15th November. RCN Archives, Edinburgh

⁹² College of Nursing (1928) Education Committee Minutes, 2nd March. RCN Archives, Edinburgh

university life⁹³. Thus it is arguable, the nurses on the Diploma moved 'between' colleges as visitors to the various institutions. By January 1927, the Education Committee of the College of Nursing had received twenty nine enquiries for information relating to the lectures for the Diploma from nurses who wished to attend as soon as possible, the vast majority of whom wanted evening lectures⁹⁴. In 1936, KCW instituted lectures over three terms which it stated had increased the numbers of candidates⁹⁵. As well as the theoretical part of the Diploma, candidates who wished to avail themselves of the examination for Diploma in Nursing were also required to undertake clinical practice in an approved hospital. However, it would appear that few nurses did choose to make use of this option⁹⁶.

The record of the examinations in Leeds identify that in practice the scientific subjects were taken as Part I, and the principle of nursing practice as Part II. However, in the very years, the examinations were taken at the same time. The first examination to be offered was taken by five nurses, all of whom passed. The Examinations Board further agreed that Marjorie Eadon Craven ought to be offered a distinction, if thereafter such awards were granted⁹⁷. Sadly, as will be discussed below, this auspicious beginning did not herald success and sustainability, the translation of nursing as a discipline of study from the hospital

⁹³ College of Nursing (1926) Education Committee Minutes, 15th November. RCN Archives, Edinburgh

⁹⁴ College of Nursing (1927) Education Committee Minutes, 27th January. RCN Archives, Edinburgh

⁹⁵ College of Nursing (1936) Education Committee Minutes, 14th October. RCN Archives, Edinburgh

⁹⁶ College of Nursing (1927) Education Committee Minutes, 15th July & 29th September. RCN Archives, Edinburgh

⁹⁷ University of Leeds (1921-1937) *Diploma in Nursing Examination Results, Appendix B*. University of Leeds Archives

to the university setting was uneasy. Furthermore, it is arguable that lack of continued success, may have been affected by the criteria for selecting candidates.

Having outlined the context and content of the Diploma in Nursing, it is to the criteria, both academic and personal that this chapter will now turn. It will be shown that in many respects the strict discipline which had been experienced by the nurses whilst probationers did to some extent preclude the analytical thinking and liberal ideas which are considered part of a university education. That is, the cultural capital taken by a person into the sphere of the academy will affect the ways in which they use their education. To quote Bourdieu:

Hidden behind the statistical relationships between educational capital or social origin and this or that type of knowledge or way of applying it, there are relationships between groups maintaining different, and even antagonistic, relations to culture, depending on the conditions in which they acquire their cultural capital and the markets in which they can derive most profit from it⁹⁸.

Entry criteria to the Diplomas in Leeds and London

The regulations for the London Diploma in Nursing were publicised in *The Nursing Times*, on 7th August 1926 and state:

The Diploma is intended for those Registered nurses who have undertaken further study and training with a view to qualifying for the more responsible posts open to nurses (as for example, matron, sister-tutor nursing sister, superintendent of public health nurses etc.)...⁹⁹

⁹⁸ Bourdieu P (2000) *Distinction: A Social Critique on the Judgement of Taste*. London, Routledge, p.12

⁹⁹ Anon (1926) University of London Regulations for the Diploma in Nursing. *The Nursing Times*. 7th August, p.702

The regulations for the Leeds Diploma state that candidates must have had four years of hospital training, which would have included ward nursing, techniques on surgery and assisting therein, bandaging and splints, ward administration, urine testing, and the preparation of autopsies. In addition, they should have attended the prescribed lecture courses at the University. Finally they would be expected to furnish certificates of attendance and examination successes¹⁰⁰. No mention is made of matriculation from school. *The Nursing Times* in 1921 reviewed an interview between the College of Nursing and the Headmistresses' Association. The Headmistresses report one of the deterrents to educated women entering nursing was the 'absence of any standard of general education on admission to the training schools'¹⁰¹. In *The State Nobility: Elite Schools in the Field of Power*, Bourdieu makes much of the impact and value placed upon the 'membership in the group chosen, and, inextricably, separation from those kept out'¹⁰². Selection criteria for entry to an institution are important for both students and the establishment. A month after the criticism from the Headmistresses' Association relating to the lack of academic entry criteria for entry into nursing, a reply appeared to the report which again bemoaned the reality that nursing was open to any girl with common sense, even if she had only elementary level education¹⁰³. The lack of steps taken by the profession to guard its entry gate may well have been a fatal mistake, at a time when opportunities for young educated women

¹⁰⁰ University of Leeds (1921) Minutes of Senate, 21st May. University of Leeds Archives

¹⁰¹ Anon (1921) Nursing for educated women. *The Nursing Times*, 2nd April, p.380

¹⁰² Bourdieu P (1998) *The State Nobility: Elite Schools in the Field of Power*. Cambridge, Polity Press, p.106

¹⁰³ Anon (1921) Higher Education. *The Nursing Times*, May 7th, p.496

were growing¹⁰⁴. The professional status of the nurse remained ambiguous. The London teaching hospitals and major provincial teaching hospitals were able to continue to recruit intelligent, educated women, but smaller rural or poor law hospitals could not be quite so particular.

The reluctance to set strict entry criteria for entrance into pre-registration nurse training was perhaps due, at least in part, to the College of Nursing's limited understanding of the vast majority of nurse training institutions, as well as highlighting their attitudes to nurse education. The majority of the members on the College of Nursing's Council and Education Committee were matrons of London with a few drawn from leading provincial hospitals, who had all trained within the same elite structure¹⁰⁵. As Miss L asserted,

The theory is, I'm not saying it's my theory, that the matrons wanted to keep the power in their hands, and the way to do it, was to make sure that the students were taught in the hospital setting¹⁰⁶.

They arguably saw little point in changing the status quo, since they had benefited from it. Thus the entry criteria, especially for the Leeds Diploma, favoured,

¹⁰⁴ The situation became worse in 1939, when the test examination for entrance into nursing was suspended in order to increase recruitment. This in effect meant that hospitals could set their own standards of entry, a situation was not to change until 1962 (White R (1985) *The Effects of the National Health Service on the Nursing Profession, 1948 – 1961*. London, King's Fund Publishing Office, p.89)

¹⁰⁵ Dingwall R, Rafferty A M & Webster C (1988) *An Introduction to the Social History of Nursing*. London, Routledge, p.117

¹⁰⁶ Miss L. Oral history 5th March 2002. Trained at Edinburgh Royal Infirmary. c.1947 – 1951 Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, 1961. MA University of Edinburgh, 1946. There is some discrepancy over the dates of Miss L. In her oral history she stated that she commenced nurse training in 1945, however her CV states that she qualified in 1951

almost to the point of exclusion of all others, those probationers who had trained in voluntary hospitals, thus perpetuating their rather elite 'club'¹⁰⁷.

Class and access to the Diplomas

In a letter to *The Nursing Times*, a poor law trained nurse complained about the voluntary hospital bias of the Leeds Diploma regulations, arguing that the Diploma would be of great benefit to those involved in nursing the elderly, but who were in fact precluded by it¹⁰⁸. The class bias inherent in recruitment to the voluntary and municipal hospitals is evident in the hospital training registers. The two hospitals in Leeds give previous occupations of the recruits themselves (see Tables 4 & 5 above), but do not unfortunately, unlike St. Thomas's Hospital, give fathers' occupations (see Table 3: Chapter 3). However, they do show a class differentiation between the recruits, with the LGI probationers having been more likely to have either come straight from home, or having been engaged in employment suitable to middle-class women, such as governess work.

Another significant class distinction between the voluntary and municipal hospitals can be observed in the Nursing Committee Minutes for the LGI in 1934, which show a distinct separatism from the Union Infirmary, Leeds, by now renamed St. James' Hospital. There appears to have been some concern over the

¹⁰⁷ Significantly McPherson has shown that in Canada, during the 1920s and 30s, whilst many probationers came from skilled, but working-class backgrounds, the percentage of women from professional backgrounds rose when the upper echelons of the profession are considered (McPherson K (1996) *Bedside Matters: The Transformation of Canadian Nursing, 1900 – 1990*. Toronto, Oxford University Press). Bourdieu argues that this is the habitus of knowing one's place. A feeling which may be unconscious, but which offers unwritten rules to the 'les gens modestes', or the ordinary people, to 'respect their rank', 'keep their distance'. Bourdieu P (1990) *In Other Words: Essays Towards a Reflexive Sociology* Stanford, California, Stanford University Press, p.128

¹⁰⁸ Brian Wilson J (1921) The of our chronics. *The Nursing Times*. 25th June, p. 720

level of anatomy and physiology teaching given to the St. James' probationers. At a committee meeting on 13th December 1934, Mr Lupton, a surgeon and member of the Nursing Committee at LGI, suggested that they should be given the lectures at LGI, because it would, 'raise the standard of the St. James' nurses'. However, Miss Innes remarked:

She was very sorry to differ with Mr Lupton, but felt it might be a loss of prestige to the Leeds General Infirmary nurse¹⁰⁹.

Significantly, it was Miss Innes, and not the medical staff, who was concerned about the loss of status to the LGI nurses. As Bourdieu has argued with regard to women, especially of the petite bourgeoisie:

Swept along by their aspiration to identify with the dominant models, they are particularly inclined to appropriate at any price the distinctive and therefore distinguished properties of the dominant classes...¹¹⁰.

The decision to only admit voluntary hospital trained nurses to the Leeds Diploma was reconsidered on 21st October 1929, when an application was received from a sister who had both worked and had trained at the Victoria Hospital, Burnley. It was decided that in this instance the nurse could not be admitted, as the hospital had only one hundred and seventeen beds, and therefore would not have offered the necessary training¹¹¹. However, the issue of nurses trained for only three

¹⁰⁹ Leeds General Infirmary (1929) Nurses Committee Minutes, 13th December. Leeds General Infirmary Archives 6/4. Minutes relating to the changes in entry requirements for the Diploma

¹¹⁰ Bourdieu (2001) *Masculine Domination*, p.101

¹¹¹ Leeds General Infirmary (1925) Nurses Committee Minutes, 20th February. Leeds General Infirmary Archives 6/3

years remained a thorny issue, which was to be exacerbated after 1925 as some standardisation had occurred with State Registration. The matter was considered at the meeting on 13th December 1929, and the decision taken that nurses with a three year training could be accepted onto the Diploma if they had also completed two years post-registration experience 'of a character approved by the University'¹¹². Thus, whilst the boundary became more permeable between hospitals and therefore arguably between classes, there was no doubt that to gain access to the Diploma in Leeds, and thus the possibility of a senior position, was far easier if the nurse had trained at a voluntary hospital.

Training for leadership

Having considered the Diploma and diplomates from the University of Leeds, and LGI, it seemed pertinent to focus on St. Thomas's Hospital nurses to gain some understanding of the changing class structure of the entrants to university programmes and the positions they subsequently achieved, as the records here were more complete. The St. Thomas's Hospital records show that, of the six who undertook post-registration courses who had entered training between 1924 and 1926, four had been specials (Table 6). Moreover, what is perhaps most interesting is that this class bias appears to have continued after World War II.

¹¹² Leeds General Infirmary (1929) Nurses Committee Minutes, 13th December. Leeds General Infirmary Archives 6/4

Table 6: Post- registration courses undertaken by St. Thomas's Hospital nurses qualified between 1924-1926

Name	Age on entry to nursing	Previous occupation	Father's occupation	Class	Course	Dates	Comments
Joan Lambert	22	Teacher	Passenger Manager	Special	Diploma in Nursing	1933 - 34	Died 24.10.63
Sybill Constance Bovill	28	Home	Land Agent	Special	Administration at BCW	1933	1939-56 Assistant Matron at MRI Oct 1959 Member GNC
Isobel Mary Giles	24	Secretary	Master of Emmanuel College	Special	Diploma in Nursing (KCW)	1929	Married and retired
Amy Ellen Aylward Squibbs (1964 Kept)	20	Teacher	Medical Missionary (dead)	Ordinary	Diploma in Nursing (KCW) (night school)	1931	Senior Sister Tutor LGI 1934
Winifred Mary McAllister	29	Masseusse	Reverend	Fr. Sp.	Diploma in Nursing	1938	Member of Council of Chartered Physiotherapists 1934
Kathleen Anne Sharwood- Smith	21	Child Care	Headmaster	Ordinary	Diploma in Nursing	1933	Sister Tutor New Delhi 1935 ? married 1939

As can be seen in Table 7 below, in 1947, the records identify that not only did far more specials attend one of the university courses instituted for registered nurses, but that the access to senior positions of specials, especially those who attended university, was far greater. The percentage of senior positions gained by specials being 90%, and the percentage from the ordinaries being merely 6%. Nevertheless, despite being given access to the higher education sector, it should not be assumed that the education that nurses were given in the university was concomitant with traditional liberal university education. It is thus to the 'location' of the Diploma students within the academy that this chapter will now turn.

Table 7. University education and career success at senior level by type of probationer, 1947

Type of probationer	Attended university	Of whom gained senior position	Did not attend university	Of whom gained senior position	Total
Specials	5	5	14	4	19
Ordinaries	3	2	67	2	70

Locating Nurses in the Academy

The Diplomas in Leeds and London differed not only their in type and class makeup, but also in the location of the courses. The Diploma in Nursing at the University of Leeds was held in conjunction with the LGI. In order to present themselves for the Diploma examination, the candidates in Leeds were required to attend three months of lectures at the University. Significantly, as a university teaching hospital, the LGI was deemed to be on university soil, therefore for the

majority of their lectures the students did not actually enter the university campus. This precluded them taking full advantage of the facilities and participating in the liberal atmosphere of the academy¹¹³. Even though the Nursing Committee Minutes maintain that the students would be required to take a further course within the university campus, in a subject such as social economics, this limited passage onto the main campus would, it is arguable, have made little difference to their 'visitor' status. Therefore from the earliest days of the Diploma in Leeds students were somewhat outside the normal student location, both physically and metaphorically. The candidates were students who studied whilst working, for they did not receive study time. Theirs was an award below the vast majority of students' awards, but one which was seen as placing them above the rank and file of their profession, the 'in-betweenness' of their position did not alter. It cannot be doubted that this would have had some effect on the views of the professional status of the nurse, both by the public and medical staff. These points are reiterated by Mrs S, who undertook the Diploma in the late 1940s. When asked if she had felt like a university student, she answered:

No, I don't think so. I think that... the people were pretty patronising to us. 'Oh, you're nurses', you know, 'oh my dear, isn't that good that you're doing that'. And I remember the actual degree ceremony, when one got one's Diploma. We were right at the very end, of course, and in the, wherever the hall was, it must have been part of the university where this was. And I can remember that we were in uniform...¹¹⁴

¹¹³ University of Leeds (1921) Minutes of Senate, 10th May. University of Leeds Archives

¹¹⁴ Mrs S. Oral History interview taken 30th March 2000. Trained at Leeds General Infirmary, 1944 – 48. Health Visitor course University of Leeds, 1954. Health Visitor Tutor course RCN, 1960

Whilst this student undertook her Diploma nearly thirty years after its inception, the expectations and numbers of women attending university had altered little in that time¹¹⁵. It is significant, that whilst others who collected their awards that day would have been in academic dress, those who had been awarded the Diploma in Nursing wore their nursing uniform. It is also worth noting, that, she does not appear to have been *au fait* with the university campus buildings. If, however, the issue of location was problematic for those undertaking the Diploma in Leeds, how much more so in London?

Improvements, popularity and prestige: The influence of the College of

Nursing

There appears to have been an initial flurry of excitement regarding the Diploma in London, with the College of Nursing reporting much interest from its members¹¹⁶. Perhaps in demanding two years' post-registration experience before entering the Diploma, and its emphasis on public health as well as hospital nursing, made this award seem both professionally prestigious and useful¹¹⁷. The first examinations were offered in October and November of 1927, but unfortunately the results of represented auspicious beginnings¹¹⁸. On 3rd December 1927, *The Nursing Times* published the following editorial note:

¹¹⁵ Dyhouse C (1997) Signing the Pledge? Women's investment in university education and teacher training before 1939. *History of Education*. Vol.26, No.2, p.207

¹¹⁶ Anon (1926) University of London Diploma. *The Nursing Times*. 4th December, p.1089

¹¹⁷ Anon (1926) University of London Regulations for the Diploma in Nursing. *The Nursing Times*. 7th August, p. 702.

¹¹⁸ College of Nursing (1927) Education Committee Minutes, 29th September. RCN Archives, Edinburgh

We offer hearty congratulations to the eight successful candidates who have just gained the first Diploma in Nursing awarded by the University of London. The percentage of passes was less than 50, ...

The standard of this diploma, we hope will be maintained at a high level, but one cannot help a feeling of disappointment at the small number of entrants¹¹⁹.

The reason for the poor pass rate is unknown, however, the uneasy translation of nursing as a discipline of study from the hospital to the university setting would have had some effect. Notably *The Nursing Times* showed more chagrin over the lack of entrants, than the lack of passes. Significantly the poor pass rates occurred in spite of the revision courses organised by the College of Nursing. This was identified in the College of Nursing Education Committee Minutes 18th October 1926, when a letter from the Registrar of the University of London Extension Board was considered with respect of an enquiry as to whether the College would be making any provision for special study for the candidates¹²⁰. Dr Aubrey (whose position is not stated) is reported to have agreed on 16th November 1927 to teach a postal course in anatomy and physiology, and Lucy Seymer, a historian of nursing, had been approached to run a postal course in the history of nursing. It was, however stated that these courses would not be sufficient preparation in themselves, and that candidates were advised to attend the courses of lectures to assist in the preparation for examination¹²¹. Ironically, in 1934 more of those who studied by correspondence than attended lectures passed their examinations¹²².

¹¹⁹ Editorial (1927) Diplomas in nursing. *The Nursing Times*. 3rd December, p.1142

¹²⁰ College of Nursing (1926) Education Committee Minutes, 18th October. RCN Archives, Edinburgh

¹²¹ College of Nursing (1926) Education Committee Minutes, 16th November. RCN Archives, Edinburgh

¹²² College of Nursing (1934) Education Committee Minutes, 7th November. RCN Archives, Edinburgh

The College of Nursing, was it would appear rather self-congratulatory with regards the instituting of these revision courses, which were not solely for the use of its members. On 6th December 1932, the Minutes of the Education Committee report that of the twenty four students who had attended lectures, seventeen had been successful in the whole examination, and a further six had been successful in either Part A or Part B. All those who had passed the whole examination had been College members.

By 1933, provincial branches were making enquires as to the possibility of setting up their own Diploma, or, if not, organising lectures in preparation for the London Diploma. The former request was not acceded to, but a decision was taken to allow provincial universities to offer lectures to nurses in preparation for the London University Diploma¹²³. Certainly after a rather poor beginning, the results for the London Diploma, with the assistance of the College of Nursing, began to improve. In 1929, all seven candidates who had attended the College for instruction were successful. In 1930, nine out of thirteen candidates were successful, of whom eight were College members. By 1936, the pass list was seventeen, though unfortunately information as to the number of candidates is not given. If the London Diploma was proving to be relatively successful, the same cannot be said of the Leeds Diploma. It is to the problems with this course that this chapter will now turn.

¹²³ College of Nursing (1934) Education Committee Minutes, 2nd May. RCN Archives, Edinburgh

'Not an unqualified success'¹²⁴

Sadly, the successes of the London Diploma were not matched in Leeds. In 1922, one nurse failed; the following year, four out of seven failed. In 1924, elementary medicine and surgery was given over to Part II, though the number of subjects required for examination did not alter. This matter was discussed at the Nursing Committee, suggesting it would make Part I 'less heavy', though it was acknowledged that up to that point all the nurses has taken the examination together¹²⁵.

In 1927, the regulations were changed again, this time altering the examinations in which all subjects were separated for examination purposes, and stipulating that all examination must be passed, the marks would not be added together¹²⁶. Fortunately, there was no significant increase in the number of failures after this quite major alteration. In December 1927, of the seven candidates, only two failed. In 1930, the examination dates were altered to March and September, a further shift which made little difference to the success and failure rates. However, by 1937, the failure rates increased significantly. In March 1937, nine nurses took the Part I examinations, of whom two failed, but of the seven who took Part II, six failed¹²⁷. In the same year, the College of Nursing Education Committee requested that the Nursing Committee at the LGI consider its Diploma compared to the London Diploma. It was suggested that the Leeds Diploma be

¹²⁴ College of Nursing (1929) Education Committee Minutes, 21st October. RCN Archives, Edinburgh

¹²⁵ Leeds General Infirmary (1924) Nurses' Committee Minutes, 23rd June. Leeds General Infirmary Archives 6/3

¹²⁶ Leeds General Infirmary (1926) Nurses' Committee Minutes, 21st December. Leeds General Infirmary Archives 6/3

¹²⁷ University of Leeds (1921-1937) *Diploma in Nursing Examination Results, Appendix C*. University of Leeds Archives

placed on a sounder footing¹²⁸. Paradoxically initially, the Nursing Committee at LGI was critical of the London Diploma, which was, it felt, too practical and had an excessive focus on chemistry and psychology¹²⁹. The Leeds Diploma curriculum was reconsidered, and more subjects were added, such as sociology and psychology, which Mrs S recalls studying in the late 1940s. But as examination papers from this time identify, the work remained uncritical and the subject matter functional¹³⁰. In 1938, ten students entered the Diploma; in 1944, two, and thereafter there is no mention of the course in the annual lists of students¹³¹. The Diploma in Leeds fell into abeyance in 1955, one year after the death of Miss Innes, and was officially removed from the University Statute in 1967¹³².

The Diploma in London proved far more resilient, continuing until the latter years of the twentieth century. Certainly, the influence of the College of Nursing cannot be ignored. It acted as a conduit and continuing source of support to the Diploma students in London, and it is likely that this influence ultimately enabled the London Diploma to achieve a greater number of candidates, passes and to continue far longer than its rival in Leeds. By supporting the London Diploma, the College of Nursing was able to exert its influence, and therefore indirectly shaped the more senior nursing workforce, whether or not nurses were members, or had been able to take the Diploma. One matter is, however, clear from the

¹²⁸ Leeds General Infirmary (1937) Nurses' Committee Minutes, 3rd February. Leeds General Infirmary Archives 6/4

¹²⁹ Leeds General Infirmary (1926) Nurses' Committee Minutes, 25th February. Leeds General Infirmary Archives 6/3

¹³⁰ University of Leeds (1953) *Examination papers for the Diploma in Nursing*. University of Leeds Archives

¹³¹ University of Leeds (1938-1944) *Lists of Students*. University of Leeds Archives

¹³² University of Leeds (1967) Minutes of Council, 17th October. University of Leeds Archives

discussions of the successes and failures of the two programmes. Even given the selection process for candidates, without the support of the College of Nursing and the revision lectures which it established, many candidates struggled with the academic work. It is arguable that the anti-intellectual culture of nurse training may have had some bearing on this. It is to this culture that the chapter will now focus.

A contradictory intellectual culture?

In the film *Student Nurse*, it is stated that ‘they [student nurses] are entering what is in many ways the most interesting career for women’¹³³. However, this eulogy belies some of the realities of nursing life. Indeed the pre-eminent strand in the pre- registration training of nurses was the subordination of educational needs to those of service and discipline. Miss Salmon (nee Verney), a probationer at the Nightingale School in 1929, recalled:

She [Matron] asked if my people were in London and was very glad to hear that they were not, that I must only think of my work and not my friends etc. Matron then told me I was standing badly and must not poke¹³⁴.

In an editorial for *The Nursing Times* in 1921 it was stated that although improvements had been made:

¹³³ Anon (c.1940) *Student Nurse*. British Film Institute

¹³⁴ Salmon D (1924) Letters to her mother regarding the Preliminary Training School at St. Thomas’s Hospital. LMA: H1/ST/NTS.Y23/29

The traditions of hard work, severe discipline, excessive hours, poor pay, indifferent food, irritating old fashioned restrictions, and so on, die hard¹³⁵.

The ambitions of those who desired an intellectual field for the profession were constantly blocked¹³⁶, both from within and without. In 1932, the Lancet Commission's Report complained about the continued inappropriate discipline, long hours and low financial remuneration¹³⁷. Whilst the Commission argued for less stringent discipline off duty, an issue which, according to an editorial for *The Nursing Times* in 1932¹³⁸, concerned a number of nurses, sadly no attempt was made to suggest the dissociation of service from probationers' training¹³⁹. In the introduction to the Report, it is noted:

We have confined our attention as far as possible to proposals which would involve adaptation rather than fundamental change in the system on which our nursing services of this country are at present carried on¹⁴⁰.

It is arguable that the maintenance of nurse education in a monotchnic, service-bound, nurse training school, prevented nursing from reforming education more radically. Recruitment to the profession was made problematic by the very tool used to create its acceptability; discipline. Perhaps many of the senior members of the nursing profession were not able to consider the appropriateness of an

¹³⁵ Editorial (1921) The Shortage. *The Nursing Times*. 16th July, p.777

¹³⁶ Rafferty A M & Boschma G (1999) The essential idea. In: Brush B L & Lynaugh J E (eds.) *Nurses of all Nations: A History of the International Council of Nurses, 1899 – 1999*. Philadelphia, Lippincott, p.64

¹³⁷ The Lancet Commission (1932) *Final Report on Nursing*. London, The Lancet Commission, p.40, para.57

¹³⁸ Editorial (1932) A square deal. *The Nursing Times*. 19th March, p.297

¹³⁹ Bell L (1991) Shortage of nurses 1928 – 1935: Was nursing going – or was nursing going on?. *History of Nursing Journal*, Vol.3, No. 5, pp.16 - 23

¹⁴⁰ The Lancet Commission (1932) p.11

educational system built on discipline as obedience rather than discipline as training, since they too had been trained in the same monotechnic system. In a 1925 silent film about the Middlesex Hospital in London, the student nurses are shown obediently taking notes during a lecture by a member of the medical staff¹⁴¹. In a later film, *Nurse!*, released in 1940, the regimentation of the students is shown with alacrity, suggesting that not only was their life disciplined, but that the profession rather relished it¹⁴². Significantly, as late as 1946, the Wood Report received objections from the RCN over what Rafferty has called ‘the prejudice against repetitive tasks in learning’¹⁴³.

Burdett, in his 1933 version of where to train as a nurse, argued that there had been a ‘steady wave of improvement in nursing conditions’¹⁴⁴. The theoretical training was increasing in thoroughness, aided by the ever-swelling numbers of sister tutors. However, later in a perhaps more realistic vein he contended that the life of the probationer was a difficult one, and she may become disheartened. Nevertheless, if she would only ‘persevere, she will gradually find her path growing smoother, her work easier, her surroundings pleasanter [sic]’¹⁴⁵. Certainly, the less positive aspects of nurse training were raised by a number of those interviewed for this present study nurses from a variety of backgrounds, and with quite differing careers. Miss Ho, who trained during World War II, affirmed this, stating:

¹⁴¹ Anon (1925) *In The Case of Humanity: A Middlesex Hospital Study*. British Film Institute, London

¹⁴² Anon (1940) *Nurse!* British Film Institute, London

¹⁴³ Rafferty (1996) *The Politics of Nursing Knowledge*, p.176

¹⁴⁴ Burdett H (1933) *How to Become a Nurse: A Complete Guide to Training in the Profession of Nursing* (12th ed.) London, Faber and Faber Ltd. p.i

¹⁴⁵ Burdett (1933) *How to Become a Nurse*, p.xx

But I think one accepted that if you wanted to become nurses, that discipline came into it. You either accepted it or you didn't¹⁴⁶.

Mrs S discussing her training in a large provincial town during World War II, admitted that sometimes the discipline was difficult to take:

...obviously there were things we hated all of us, and we, I think having been to boarding school partly, and also the war, we were pretty used to discipline. And on occasions the discipline was a bit irksome, but I think we took to it better than youngsters would these days¹⁴⁷.

Even after the war, it appeared that rules were paramount. Miss T recalls her training in Nottingham in the early 1950s:

Very rigid discipline I consider...regarding off duty, as I said, you had the home sister. Now when you were on night duty, she used to come round between 10 and 11, 'Are you in bed nurse, are you in bed?' And she'd come into your room, to check¹⁴⁸.

Furthermore, education, at least in the smaller hospitals, continued to be limited.

According to Miss A who trained during World War II:

Being a student didn't mean anything at all as far as I could see, except there was the occasional lecture that was dictated and

¹⁴⁶ Miss Ho. Oral history interview 8th August 2001. Trained at The London and Watford County Hospital. 1939 – 1942. Health Visitor Tutor course, RCN 1950

¹⁴⁷ Mrs S. Health Visitor course University of Leeds, 1954. Health Visitor Tutor course RCN, 1960

¹⁴⁸ Miss T. Oral history interview 24th August 2001. Trained at Nottingham County Hospital. 1950 – 1953. Part A Diploma in Nursing, Newark Technical College, c.1965

then the tutor collected one's lecture notes that one had composed and then corrected them. It had to be verbatim what she had dictated¹⁴⁹.

Therefore, that some nurses were so keen to seek further education is not surprising, neither is the fact that many struggled and failed. Certainly there was an uneasy translation of nursing as a discipline of study from the hospital to the university setting. Perhaps of equal concern were the obstacles nurses faced in attempting to access the university courses. In 1928, the Education Committee minutes report that twenty College of Nursing students had attended parts of the course, but, owing to hospital duties, were unable to complete the year's study¹⁵⁰. This issue cannot be overlooked in the attempt to both recruit and retain educated women for the nursing profession. In 1936 the Florence Nightingale International Foundation published a report on Advanced Nursing Education in London, one of the key points made regarding the situation at that time, was the reduced demand for post-registration courses. In 1939, Gladys Carter emphasised the need for ward sisters to be promoted, 'on evidence of some higher course of study...'¹⁵¹. By 1946, Carter and Evelyn Pearce¹⁵² were so concerned about the lack of educational opportunities for ward sisters that they printed the negative opinion of a young doctor on the dubious understanding of ward sisters, of the rationale underpinning skills:

¹⁴⁹ Miss A. Oral History interview taken 7th August 2001. Trained at Ealing and Epsom hospitals, 1939 – 42. Sister Tutor course, Battersea Polytechnic c.1949

¹⁵⁰ College of Nursing (1928) Education Committee Minutes, 2nd March. RCN Archives, Edinburgh

¹⁵¹ Carter G B (1939) *A New Deal for Nurses*. London, Victor Gollancz, p.175

¹⁵² Evelyn Pearce had been the sister tutor at the Middlesex hospital in 1930s, and had been an examiner for the London diploma. She wrote text books for nurses, which were widely used, as well as writing on issues related to nursing education in the nursing press.

As always she [the Sister] was applying meticulously the details of her training. She had no idea of the reason for most of the orders she gave¹⁵³.

These criticisms arose in spite of the growing number of extra-mural and correspondence courses which the College of Nursing and various universities around the country made available to nurses¹⁵⁴. Paradoxically, it was these which perhaps throw into stark relief how far removed nurses were from the benefits of a liberal education and university life. This alienation within seats of learning had severe consequences for enquiry and innovation; the profession was caught in a vicious circle. Nurses found it difficult to organise themselves satisfactorily because of the inadequate preparation offered in the monotonic and intellectually stifling milieu of the school of nursing. However, despite the best efforts of the nursing elite, the profession's success in attracting sufficient numbers of well educated women, that is those who would eventually seek a university education¹⁵⁵, was limited. For as Whitehead stated:

The justification for a university is that it preserves the connection between knowledge and the zest for life, by uniting the young and the old in the imaginative consideration of learning¹⁵⁶.

¹⁵³ Carter G B & Pearce E C (1946) Reconsideration of nursing: Its fundamentals, purpose and place in the community. 4. The training of nurses in hospital. *The Nursing Mirror*. 16th February, p.331

¹⁵⁴ College of Nursing. Education Committee Minutes, 4th July 1934, 4th March 1936 & 7th November 1936

¹⁵⁵ Reinkemeyer (1966) *The Limited Impact of Basic University Education Programs in Nursing*, pp.84-85

¹⁵⁶ Whitehead A N (1959) *The Aims of Education*. London, Ernest Benn Ltd., p.139. Alfred North Whitehead, 1861 -1947, British mathematician, logician and philosopher best known for his work in mathematical logic and the philosophy of science <http://plato.stanford.edu/entries/whitehead/>

Although an internal Diploma was discussed by the College of Nursing in 1934¹⁵⁷, it appears that nothing further was achieved in this. Thus the fact that the Diploma students received their award from the University of London was in many ways purely 'academic'. Rafferty has argued that nursing leaders differentiated between intelligence, a necessary pre-requisite for nursing, and intellect, which was not. In fact, given the anxieties about American methods of training nurses, it is arguable that not only was intellect not an indispensable attribute, it was to be avoided¹⁵⁸. If some of the profession's leaders thought a post-registration education in an academic institution was a suitable pre-requisite for its future leaders, that was not the same as creating academic nurses. As with the teachers from petit bourgeois backgrounds, nurses within the academy 'are pre-disposed to occupy the paradoxical, if not contradictory, position that the educational system sets up for them'¹⁵⁹. That is, caught between the demands of the rank and file nurse training system, and the intelligentsia who are present in the academy they are minded to adopt, as Bourdieu asserted, 'middle-of-the-road stances that are perfectly suited to a bureaucracy of cultural conservation'¹⁶⁰. Thus, these nurses continued to represent the conservative views of their profession's; one consequence being the maintenance of post-registration education, rather than the formulation of an under-graduate university education¹⁶¹ which had been originally proposed by Ethel Gordon Fenwick. Thus the professional status of the nurse remained ambiguous.

¹⁵⁷ College of Nursing (1934) Education Committee Minutes, 4th July. RCN Archives, Edinburgh

¹⁵⁸ Rafferty (1996) *The Politics of Nursing Knowledge*, p.171

¹⁵⁹ Bourdieu (1996) *Distinction*, p.24

¹⁶⁰ Bourdieu (1996) *Distinction*, p.24

¹⁶¹ Leeds General Infirmary (1929) Nursing Committee Minutes, 4th October. Leeds General Infirmary Archives 6/4

The impact of the Diplomas in Nursing

Although those who undertook the diploma often achieved senior positions, the popularity and demand for the two courses, in terms of the numbers who undertook them, appears overstated¹⁶². The Register of Trained Nurses at Guy's Hospital in the 1932 edition of the *Handbook of the Nurses' League*:

In the matter of higher education the Universities of Leeds and London have instituted a Diploma in Nursing for which more and more candidates, experienced trained nurses, enter each year¹⁶³.

However, in reality only five of the nurses listed in the above mentioned edition, which cited all the Guy's trained nurses from the inception of its training school, ever undertook the Diploma, all of whom took the London Diploma. Furthermore, not all the London Teaching hospitals were so staunch in their support of the Diplomas. For example, the Westminster Hospital does not even mention the Diplomas with reference to its alumni, even though at least one of its nurses was known to have taken a Diploma: Bethina Bennett sat for the Leeds Diploma in December 1925¹⁶⁴. Thus, arguably, the Diploma was a marginal consideration for the hospitals.

¹⁶² The early years of the Leeds Diploma provided the profession with a number of well-qualified intelligent women to undertake some of the more prestigious positions in the country's hospitals. Amongst the celebrated alumni were, Miss Innes herself who was awarded an honorary Diploma in Nursing in 1921. Lucy Duff Grant, who later became matron of Manchester Royal Infirmary, graduated in 1923 and Bethina Bennett (nee Horsman), later Chief Nursing Officer for the Ministry of Labour in 1925

¹⁶³ The Matron (ed.) (1932) *Guy's Hospital Nursing Guide, Handbook of Nurses' League and Register of Nurses Trained at Guy's Hospital*. London, Ash & Co. Ltd., p.6. LMA: H9GY/C20 /4

¹⁶⁴ University of Leeds (1925) *Record of Examination for the Diploma in Nursing*. University of Leeds Archives

This lack of attention is not confined to the hospital records, thus detailed analysis of the subsequent careers of individual nurses is further precluded. For example, whilst the LGI Nursing Committee Minutes credit Lucy Duff Grant with the title 'DN', and refer to her post as Assistant first Matron¹⁶⁵, in her oral history interview she discusses her time on the sister tutor course at KCW, but makes no mention of the Leeds Diploma in Nursing. It is difficult to know how to interpret Lucy Duff Grant's apparent disinterest in her diplomate status. It is possible that it did not feature as part of the frame of reference for the interview, or perhaps she regarded it as having little impact. If the latter of these two suppositions is even partly the rationale, it is certainly concomitant with other oral history interviewees' beliefs and those of some commentators of the time. Mrs S stated that when she decided to take the Diploma in Leeds, she had no particular motive, and although in hindsight felt it may have been an advantage for her, was not really aware of it at the time. Furthermore, there was little motivation from LGI where she worked as a ward sister. She was given no time in which to attend lectures or study and she was required to pay for herself¹⁶⁶. Grace Owen reiterates the thoughts of reformers of nursing education before her when she asserts 'the profession's reluctance to allow the universities to make a contribution to nursing'¹⁶⁷. Margaret Scott Wright¹⁶⁸ argued in 1973 that the hallmark of professional maturity, which should exist for nursing as for other professions and businesses, is that they should take advantage of their members

¹⁶⁵ Lucy Duff Grant. Oral history interview taken 1983, by Father Kirkpatrick. Sister Tutor course, KCW, 1922, DN Leeds, 1923

¹⁶⁶ Mrs S. Health Visitor course University of Leeds, 1954. Health Visitor Tutor course RCN, 1960

¹⁶⁷ Owen G M (1988) For better, for worse: Nursing in higher education. *Journal of Advanced Nursing*. Vol.13, p.6

¹⁶⁸ Margaret Scott Wright was given the first Chair in Nursing in Europe in 1971, when she became Professor of Nursing at the University of Edinburgh

who are 'able and trained to think several decades ahead however challenging and uncomfortable', the questions they ask and the conclusions they draw, may be to the profession¹⁶⁹. Sadly, it appears that the opportunities which could have been made available through the Diplomas did not achieve this, thus the professional status of the nurse remained ambiguous.

Conclusion

It is arguable that the two Diplomas did offer an opportunity for educated women in nursing to increase their skills and knowledge in order to improve their clinical and administrative skills. However, their impact upon the recruitment of 'ladies' is debatable. Whilst the Diplomas appear to have been attractive to those who wished to nurse, there is no evidence that they increased the attraction of the profession to educated women when deciding on their career of choice. Perhaps had an under-graduate degree been considered, as it was in the USA, recruitment from this desired pool may have improved¹⁷⁰. Nevertheless, on this matter the College of Nursing remained equivocal:

Many experienced teachers in America however, are now feeling that the university courses are not an unqualified success, and that possibly the present English policy with regard to nursing education may represent a more satisfactory solution to the problem¹⁷¹.

¹⁶⁹ Scott Wright M (1973) Nursing and the universities. *The Nursing Times*. 15th February, p.226

¹⁷⁰ Stein A M (1998) History of continuing nursing education in the United States. *The Journal of Continuing Education in Nursing*. Vol.29, No.6, November/December, pp.245–252

¹⁷¹ College of Nursing (1929) Education Committee Minutes, 21st October. RCN Archives, Edinburgh

Furthermore, the part-time nature of the courses ensured that the students remained 'visitors' within the university colleges. Moreover, part-time attendance did little to foster the liberal educational values espoused by the academy. Successive government and professional commissions failed to adhere to the advice, that more needed to be done to improve recruitment and retention of a cadre of leaders. Arguments that there would be too little demand for university courses, given the limited supply of well-educated recruits, appear to have misjudged the number of nurses, who despite family antagonisms and university potential continued to enter the profession¹⁷². Certainly, Rafferty has argued that the Wood Report identified a diverse set of abilities in nursing recruits, and pointed with optimism with regards a stratum of recruits capable of university entrance¹⁷³.

Even if it could be argued that in the 1920s the Diplomas did in some way offer an entrée into the university setting with a standard education and concomitant career opportunities for some women, by the late 1930s interest in them was waning, and the failure rate was high. It is not clear if this was because of a lack of well educated women entering the profession at this point in time, or simply due to decreasing demands for the courses. Nevertheless, that there was even a small number of educated women who entered nursing and considered it to offer status challenges previous assumptions. What is certain is that the sister tutor and health visitor courses became the main post-registration courses for educated

¹⁷² Carter G B (1955) *A Study of the Course for Nurses Tutors Organised by the Royal College of Nursing (Scottish Branch) Leading to the Certificate Awarded by the University of Edinburgh to Nurses Tutors*. Appendix III. British nurses with university degrees of diplomas, 1953-1954, p.4. Unpublished, held in the Elsie Stephenson Collection, University of Edinburgh archives

¹⁷³ Rafferty (1996) *The Politics of Nursing Knowledge*, p.175

nurses. Perhaps their appeal lay as much in the full-time residential nature of the courses as any other feature. It is thus to the training of sister tutors and then health visitors that this thesis will now turn.

Chapter 5. 'Essentially educational work'¹?

“A Sister Tutor leads a hard life between the syllabus for the State Examination, the pragmatism of ward requirements, the recriminations of the ward staff when nurses are called away to lectures, and the aspersions on her teaching when unfortunate probationers show ignorance of some nursing procedure or fail in their examinations”. They have their particular problem².

Introduction: Aims and objectives

In the previous chapter the first courses for nurses to offer a university award were discussed, that is, the Diplomas in Nursing at Leeds and London Universities. However, in 1918, three years prior to the establishment of the Diploma at Leeds, King's College for Women (KCW) instituted a course for sister tutors, that is those women who would be the teachers in the schools of nursing. The sister tutor course, whilst provided in the university sector, did not however carry a university award. In this chapter, documents, film and oral histories will be used to examine the university courses and preparation for the teaching workforce of the nursing profession. It will be argued that the professional status of the sister tutor was ambiguous and 'in-between'. Furthermore, her previous hospital training did not offer her an easy translation of nursing as a discipline of study into the university setting.

¹ Anon (1950) An educational problem. *The Nursing Times*. 5th August, p.795

² Gertrude Cowlin (Education Officer to the College of Nursing) (1935) *Address to the meeting of the Association of Hospital Matrons, and the Public Health and Sister Tutor sections of the College of Nursing*. 9th November. RCN Archives, Edinburgh

The term sister tutor will be used throughout the chapter because it remained the most popular term into the second half of the twentieth century. A number of tutor courses were established around the country, including London, Hull, Manchester, Leeds and Edinburgh. The main focus in this chapter will be the London programmes, as they were the longest running and most closely associated with the College of Nursing. Reference will be made to courses elsewhere, especially at the University of Edinburgh, since the sister tutor course there was central to the development of the Nursing Studies Unit at Edinburgh University, the first university department of nursing in the UK to provide under-graduate courses for nurses³.

Within the chapter, the uncertainty towards the position of the sister tutor will be explored, both in terms of the place that they occupied within the universities, and the nursing profession itself. The ambiguity of their position will be considered within the different strands in the chapter itself. Firstly, the ambiguity of their position will be considered by virtue of their 'inbetweenness' vis-à-vis the profession itself and their work place. Latimer has maintained that nurses in the ward area move between the bedside and the nurses' station, between the patient and the doctors, between the patient and technology⁴. This 'inbetweenness' means that nurses act as conductors of care, not in terms of directing the care patients receive, but rather as conduits between the various groups⁵. In this chapter it will be shown that this analogy applies most strongly to the sister tutor. She not only

³ Weir R (1996) *A Leap in the Dark: the Origins and Development of the Department of Nursing Studies, of the University of Edinburgh*. Penzance, Jamieson Library

⁴ Latimer J (2000) *The Conduct of Care: Understanding Nursing Practice*. Oxford, Blackwell Science Ltd., p.123

⁵ Latimer (2000) *The Conduct of Care*, p.48

conducts the education that the student nurses are to receive, but rather acts as a conduit through which the power bases of the medical teaching staff and the matron of the hospital shape the student nurses. Furthermore, the training the probationers received was as much about the content of the curriculum as 'conduct' itself; that is, behaviour, in the same way that the newly married young woman in Strathern's, *Women in Between*, had to learn the constraints of conduct in her new family⁶. Moreover, sister tutors were constantly negotiating their position and that of their students within the hospital, between the opposing forces of education and service. It is thus argued that, the profession struggled to articulate whether the sister tutor should be an advocate for a professional and educated workforce, or the teacher of a workforce servicing the needs of the hospital.

The chapter will begin with a discussion of the educational context in which the sister tutors and courses which were organised for them grew, especially that of the liberal versus 'technical' education debate. For as John Tosh has argued the historian must guard against presenting their work as a, 'fixed single-track of events; context must be respected at every point'⁷. This will be followed by an examination of the influence of that debate upon teaching and nursing. The chapter will then explore the changes to nursing education in the twentieth century, before turning to the training and function of the sister tutors. The chapter will consider the ambiguity of the position of the sister tutor students themselves within the university. Thus, an examination will be offered on the physical home

⁶ Strathern M (1995) *Women in Between: Female Roles in a Male World: Mount Hagen, New Guinea*. Lanham, Maryland, USA, Rowman & Littlefield Publishers, Inc., p.35

⁷ Tosh J (2002) *The Pursuit of History*. Harlow, Pearson Education Ltd., p.11

of the courses, and the nature of the courses. Particular attention will be paid to the role of the College of Nursing and their relationship with the universities involved with the running of the sister tutor's education.

In the previous chapter, household science was used as a point of comparison for nursing. It was argued that there were a number of similarities between the two subjects and thus the professions that arose out of them, especially in relation to the feminine ideology in which each was grounded. In this chapter, comparisons will be made between the sister tutor and the teaching profession as a whole. Higher education for nursing and teaching was seen as concomitant with women's 'higher mission', that is the extension of motherhood; notwithstanding the contradictions inherent in the imposed celibacy and spinsterhood of women in both professions. It will be argued that both teacher and nursing education were somewhat *infra dig* when considered against higher education for women as a whole. However, whereas teaching moved to an all graduate profession, and thus raised its social and educational status, the nursing profession failed to achieve the same with regards their teachers; remaining until the late twentieth century a post-registration course, not a degree. It will be argued that the sister tutors were constantly caught between arguments for nursing to be a liberal profession or a craft, that is, a technical discipline. Moreover, this dispute was as much coloured by the recruits to the nursing profession as the constant requirements of hospital service. Thus the curriculum was constantly in conflict. Before considering the education and functions of the sister tutor, it seems pertinent to offer a brief examination of the comparisons between teaching and nurse-teaching.

Technical or liberal education?

In the recently published *Teacher Training at Cambridge*, Pam Hirsch offers an analysis of the work of Elizabeth Hughes, the founder of the Cambridge Training College for Women⁸. Hughes' relevance to this chapter is the distinction she made between liberal and technical education, the latter, which she offered as synonymous with professional. Hughes does not appear to have endorsed either as superior, they were simply different. Within liberal education, she maintained, 'man is considered as an individual', whereas in technical or professional education 'man is regarded rather as a means to an end', that is as a doctor, lawyer or artisan⁹. The pertinence of this distinction is key, not only in a theoretical sense, but also in a pragmatic sense. First, Hughes believed that if someone received a professional or technical education and they did not use it, it was a waste of that particular education¹⁰, a philosophy, which perhaps enabled her to instil a commitment to teaching in her students. Secondly, and crucial to arguments espoused in this study on nursing education, she believed that teacher, and therefore professional or technical education, should occur after a degree level course¹¹. However, the reality was that the education, certainly of elementary school teachers was not liberal, nor did it occur after receiving a liberal university education.

⁸ Hirsch P & McBeth M (2004) *Teacher Training at Cambridge: The Initiatives of Oscar Browning and Elizabeth Hughes*. London, Woburn Press, p.119

⁹ Hughes E (1884) *The Higher Education of Girls in Wales*, Newnham College p.43 (I am indebted to Dr. Hirsch for providing me with this text)

¹⁰ Hughes (1884) *The Higher Education of Girls in Wales*, p.43

¹¹ Significantly, Hirsch has argued that whilst Hughes was able to generate cohorts of genteel students, in the early years at least, few were graduates. Hirsch (2004) *Teacher Training at Cambridge*, p.173

Teaching the nation and teaching the nation's nurses

Dina Copelman, in her analysis of women elementary school teachers in London, argues that certification was important for these women. Furthermore, she argued, 'ensuring a proper training for a future career was often a family concern....,' that is, the importance of such training was seen worthy of family sacrifice¹². Moreover, the alternative could be far less attractive. In some areas, uncertified teachers were employed and were left to teach the children with no previous training or experience. In her paper on teacher education in Wales in the late Victorian and Edwardian era, Deborah James cites the entry in the *Pontypridd County School Magazine* of a young uncertified teacher:

I was to have sole charge of thirty-five, I cannot describe my feelings on hearing this, for I had never taught an hour in my life¹³.

It is arguable that like nursing, teaching as an occupation for women, especially elementary school teaching, was seen as an extension to motherhood, therefore systematic training was not necessary, women were 'born' into the roles. However, Mr D M Jones, clerk to the Education Committee in Pontypridd, did admit, that many left the elementary teaching service annually¹⁴, a problem that was also prevalent in nursing and domestic service.

¹² Copelman D (1996) *London's Women Teachers: Gender, Class and Feminism, 1870 – 1930*. London, Routledge, p.41

¹³ Coverdale M (1910) *The Pontypriddian*. Vol. XI, No. 1, December. Cited in: James D (1999) *Femininity, Respectability and Class: Teaching Girls in Late Victorian and Edwardian Wales*, p.6. Paper given at the History of Education Conference, Breaking Boundaries: Gender, Politics and the Experience of Education. 3rd – 5th December 1999. Winchester, UK

¹⁴ James D (1999) *Femininity, Respectability and Class: Teaching Girls in Late Victorian and Edwardian Wales*, p.6. Paper given at the History of Education Conference, Breaking Boundaries: Gender, Politics and the Experience of Education. 3rd – 5th December 1999. Winchester, UK, p.5

There are innumerable references in the literature related to the history of nursing, regarding the 'transmission of informal rather than formal knowledge'¹⁵. Moreover, the suitability of this sort of training was also accepted for teaching, especially that of elementary teachers. Until all teacher education entered into the higher education sector, it was divided between university and day training colleges. The registers for the two types of institutions in the Museum of Education at the University of Leeds identify men as attending the former, and women the latter¹⁶. Furthermore, in the early years of the twentieth century, three quarters of elementary school teachers were women, and it was these teachers who would have been more likely to have experienced an apprenticeship training as 'pupil teachers'. Thus they would receive a technical training rather than a liberal education¹⁷.

The sister tutor courses were conducted in the university sector, and were post-registration education. However, although like teachers, they were being trained *to do* something, not only *to know* something, unlike teachers they experienced the uneasy translation of nursing as a discipline of study from the hospital to the university setting. Nursing failed to clarify whether the chief role of the sister tutor was to train the probationers in their boundaries and act as a buffer between the probationers and medical staff from whom the probationers received their lectures, or if it were they who were to ensure that the probationers had an

¹⁵ Rafferty A M (1991) *The Politics of Nursing Education, 1860 – 1948* [unpublished DPhil thesis] Oxford, University of Oxford, p.x

¹⁶ Leeds Day Training College & The Yorkshire Training College (1908-1920) *Female and Male* [respectively] *Student Teachers at University of Leeds*. University of Leeds, Museum of Education

¹⁷ Edwards E (2001) *Women in Teacher Training College, 1900 – 1960*. London, Routledge, p.1

adequate knowledge of the science required for nursing. Significantly, the film *Student Nurse*, which though not specifically acknowledged, was almost certainly made in collaboration with the nursing profession's elite¹⁸, stated that the sister tutor 'is always at hand to see that each subject is thoroughly understood'¹⁹. Was the training of sister tutors therefore, to be grounded in the liberal scientific education, or the technical teacher training?

At a meeting of the Florence Nightingale International Foundation on 26th November 1943, Olive Baggallay, secretary to the organisation, maintained that the International Courses had provided education of a wider intellectual nature in order to prepare for leadership²⁰. Furthermore, she argued, the nursing profession would have to make 'a choice between the provision of technical courses in nursing subjects and the provision of a higher education for nurses'²¹. Significantly, she appeared to consider the preparation for leadership different from the training of public health nurses or teachers²².

The profession did not appear to be able to agree on the educational needs of its members, thus, issues related to the technical or liberal nature of nurse education were subject to continuing and consistent controversy, moreover, the professional status of the nurse remained ambiguous. The main debates regarding the curriculum of the sister tutor courses focused on two matters. Firstly, on the

¹⁸ Probably the Royal College of Nursing

¹⁹ Anon (c.1940) *Student Nurse*. British Film Institute

²⁰ It is unclear whether Miss Baggallay considered 'leadership' to mean those in senior positions within the profession, or those who were members of the national or international elite

²¹ Florence Nightingale International Foundation (1943) *Report of a Special Meeting of the Provisional Committee of Management*. 26th November. FNIF Archives, Geneva

²² Florence Nightingale International Foundation (1943) *Report of a Special Meeting of the Provisional Committee of Management*. 26th November. FNIF Archives, Geneva

teaching of science, which could, at least in principle act as a justification for higher education. Secondly, educational theory and teaching practice, which were considered technical. Before turning to the thorny issues of the curriculum, this chapter will examine the establishment of the sister tutor role.

Power and paranoia

Much has been written regarding the early Nightingale Training School²³. However, what is of particular interest for this present study is the constant battle between the needs of the hospital and the training or education of the probationers. That compromise had to be reached in order for Mrs Wardroper to accept a home sister is not insignificant, nor is the power that the medical men had over the curriculum. Latimer has argued that nurses are forced to ‘continually change and metamorphose to fit into spaces which are often shaped by forces other than its own’²⁴. Thus it is contended, the home sister moved between the matron’s rule of the probationers and the doctors’ rule over their curriculum and the hospital itself, her position remained ‘in-between’.

The role of the home sister gained credence with the establishment in 1910 of the Preliminary Training School (PTS) at St. Thomas's Hospital²⁵. By 1913, the first sister tutor, Miss Gullen, was appointed at St. Thomas’s Hospital, she was given sole responsibility for the organisation of the teaching of nurses in the Nightingale School, not only for their character development. It should be noted that the first PTS in the UK had been instituted at Glasgow Royal Infirmary (GRI) by Rebecca

²³ See particularly Baly M (1999) *Florence Nightingale and the Nursing Legacy*. London, Whurr Publishers

²⁴ Latimer (2000) *The Conduct of Care*, p.3

²⁵ Coode Miss. The Nightingale Home 1903 – 1910. LMA: H1/ST/NTS.Y13/4/14

Strong²⁶. However, even though the value of an introductory period for probationers was recognised at GRI in the very early years of nurse training, it was not until the 1950s that a qualification for the teaching sister was made compulsory. Significantly, Isobel Hampton Robb, Principal of Johns Hopkins Hospital School of Nursing, called for all teachers of nursing to be graduates²⁷ of normal schools in 1894²⁸. However, if this had been achieved in the UK, it would not necessarily have circumvented the uneasy translation of nursing as a discipline of study from the hospital to the university setting. Nevertheless, it was not until 1918 that the first course for sister tutors was instituted at King's College for Women²⁹, later King's College for Household and Social Science (hereafter KCW). It is to the establishment of the sister tutor courses that this chapter will now turn.

Training or education: Teaching nurses, 1919 – 1960

An article in *The Nursing Times* in 1954 stated that with the establishment of sister tutor posts in training schools, the profession quickly realised the need for a tutor's qualification. As early as 1926, the nursing press was calling for 'thoroughly well qualified woman' in the sister tutor's department, and referred to it as 'an essential branch of the administrative department'³⁰. Throughout the 1930s and early 1940s, the nursing press continued to discuss the nature of the sister tutor's role:

²⁶ Strong R (1895) Lecture: *Education in Nursing*. November. KCL: BCN2/9

²⁷ It is arguable that the definition of a 'graduate' in the USA, is akin to what would be considered a school-leaver in the UK

²⁸ Russell C H (1958) Liberal education and nursing. *Nursing Research*. Vol.7, No.3, October, pp.116-12

²⁹ Marsh N (1986) *The History of Queen Elizabeth College: One Hundred Years of Education in Kensington*. London, King's College, p.98

³⁰ Darbyshire R E, ARRC (1926) Nursing requirements of a modern hospital. *The Nursing Times*. 24th April, p.381

She must be capable of gauging each student's capacity, and of instilling enthusiasm for study and determinism to win through into each individual nurse³¹.

Mrs Bethina Bennett, Diploma in Nursing, Leeds University and later Chief Nurse with the Ministry of Labour argued that a special type of nurse was required, who had 'a wide knowledge of human conditions and work'³². Significantly, whilst it quickly became generally accepted that tutors of nursing should attend university, a fact which can be seen in the proliferation of courses in the 1920s and 1930s³³, it was still considered necessary to state the issue in the 1950s. Miles³⁴, the Lecturer-in-Charge of the sister tutor diploma course at the University of Hull, in her critique of that course, argued that whilst the profession was still divided as to the benefits of a university education for all nurses – and probably still is, it cannot be doubted that it was essential for teachers of nursing.

An article in *The Nursing Times* in 1950 asserted that the lack of qualified sister tutors was to be deplored and a level of concern expressed for the training schools which were unable to recruit. It was regarded as a great concern for the profession, and was being examined by the Royal College of Nursing (RCN) and

³¹ Moore F (1932) The training and work of a Sister Tutor. *The Nursing Times*. 19th March, p.303

³² Bennett B (1951) *A Guide to Professional Nursing: Nursing, Midwifery, and Allied Professions*. London, Faber & Faber. p.58

³³ Roberts E & Dixon K (1971) A course in a college of education for nurses preparing to become nurse tutors in England and Wales. *International Journal of Nursing Studies*. Vol.8, p.164

³⁴ Miles H B (1955) University education for nurse teachers: An account of the University of Hull sister tutors' course. *Nursing Mirror*. 11th March. p.x

the Minister of Health at that time³⁵. Dr Zachary Cope³⁶, writing five years later on the evolution of the sister tutor, argued that:

There is little doubt that it has been largely due to the coming of the sister tutor that the standard of theoretical training of nurses has been raised. Without such special teachers it would have been impossible for the authorities to have increased and extended the curriculum to its present dimensions³⁷.

However, although praised, many sister tutors were still leaving the classroom, and recruitment, as stated above, was problematic. The reasons given were connected to both the work that they were expected to undertake, the position in which they were invariably placed within the hospital hierarchy, and the students that they were expected to teach and assist towards registration. That is, the wide entry gate for entrance into nursing meant that not all candidates had what some sister tutors considered to be sufficient academic ability to undertake nurse training. This certainly affected the professional status of the nurse. It is to the poor recruitment of sister tutors that this chapter will now turn.

A crisis in the recruitment of teachers

In 1950, Miss Gould, Chair of the Sister Tutor Section of the RCN, published a letter in *The Nursing Times* to the members of the Section. In it she bemoaned the

³⁵ Anon (1950) An educational problem. *The Nursing Times*. 5th August, p.795

³⁶ Vincent Zachary Cope was born in Kingston-upon-Hull on 14th February 1881. He trained at St Mary's Hospital Medical School, London and became a Fellow of the Royal College of Surgeons of England in 1909. During his retirement Cope produced many works on medical history, including a biography of Florence Nightingale in 1958. Cope died in Oxford on 28 December 1964 at the age of 93. http://www.aim25.ac.uk/cgi-bin/search2?coll_id=3291&inst_id=8

³⁷ Cope Z (1955) Evolution of the sister tutor. *The Nursing Times*. 9th December, p.1390

wastage of tutors, which she suspected was partly due to the irritation they felt by the apparent misunderstanding by others of their role:

It is clearly soul-destroying when the authorities of the hospital look on the sister tutor as a machine for getting individuals of varied abilities through the State Examinations, in order to retain a pair of hands in the hospital, and when her time is so fully occupied in doing this that she cannot feel that her teaching bears any real relationship to the standard of nursing care of the patients on the ward³⁸.

Significantly, the picture she represents mirrors the critique levelled by some at the training of student nurses. As Miss A commented:

I was quick in those days, and that was the only reputation that I know that I got. People were glad that I could take temperatures in half the time that other people took them. The fact that they were probably totally inaccurate didn't seem to matteras far as training was concerned, I don't remember much about anybody doing anything positive about training, but there must have been somebody giving a lecture every now and then³⁹.

There were voices less critical of the system. Miss Darbyshire, Matron of University College Hospital, London, maintained that the lack of recruits into teaching was a positive reflection of the commitment of the ward sisters to their work. Moreover, in 1935, the Association of Hospital Matrons (AHM) held a meeting in Birmingham with the Public Health and Sister Tutor sections of the

³⁸ Gould M E (1950) Sister tutor section: Section news of the Royal College of Nursing. *The Nursing Times*. 18th February, p.182

³⁹ Miss A. Oral History interview 7th August 2001. Trained at Epsom Hospital. c.1940 – 1943. Sister Tutor Course, Battersea Polytechnic c.1949

College of Nursing. Miss Cowlin, of the AHM, who chaired the meeting, declared:

I am always impressed when I go abroad to notice with interest how very much wider is the scope of our matrons' duties in this country than in other countries. The successful running of a training school is the responsibility of the matron⁴⁰.

However, it appears that the opportunity for more regular hours and less vigorous physical work did not seem to attract enough candidates into nurse teaching.⁴¹

Furthermore, it appears that nearly twenty years later the situation had not altered.

In the mid 1950s, *The RCN Memorandum on the Nurse Tutor*, maintained that:

The proper function of the Nurse Tutor is the education of the student nurse. By this is implied something wider than teaching for examinations, and recent studies have shown that failure to recognise this wider educational function is the greatest single cause of loss from the ranks of the Nurse Tutors⁴².

It is also arguable that the lack of recruits for sister tutor positions may have been because the apparent advantages were outweighed by the sometimes ambiguous position in which sister tutors were placed. The Rushcliffe Committee, it was argued, whilst having done much for the salary scales of nurses, focused heavily on the administrative side, such that sister tutors' salaries

⁴⁰ Miss Cowlin addressing the meeting of the Association of Hospital Matrons, and the Public Health and Sister Tutor sections of the College of Nursing. 9th November 1935. RCN Archives, Edinburgh

⁴¹ Royal College of Nursing (1939) *Qualifications for Nurse-Teachers. Proposal to a Conference to be held at the College of Nursing*, 21st March. KCL: QAP/GPF7/44.

⁴² Royal College of Nursing (c.1955) *Memorandum on the Nurse Tutor: Function, Scope, Responsibilities and Conditions of Service*. London, Royal College of Nursing, p.5

remained much lower than their counterparts in the matron's office⁴³. Moreover, salary was not the only point of contention. Mr H recalled the retirement of one very supportive matron for whom he worked as a tutor. Her replacement, who allegedly referred to him as 'boy', told him not to go near the wards, "you do your job, 9 to 5 in the classroom, and I'm happy about that" she'd say⁴⁴. Thus, whilst the matrons jealously guarded their hospital wards from the interference of the sister tutors, and the sister tutors attempted to maintain a grip over their educational position, the student nurses were caught in-between.

In 1947 the Royal College of Nursing (RCN), published a pamphlet entitled *Nursing as a Career*. The section on the sister tutor states:

A good teacher is always a learner: in medicine and nursing rapid progress is always being made and the nurse who decides to teach must be prepared to keep herself as fully informed as possible of all the recent advances in science. This means continued study and research....⁴⁵

However, it was not until the Nurses' Act of 1943 that the GNC was empowered to set up a roll of sister tutors, and not until 1948 that this became a special register on which all names of those functioning as sister tutors in recognised training schools were required⁴⁶. Furthermore, at this time, whilst the larger hospitals and teaching hospitals would have employed sister tutors with a

⁴³ Carter G B (1946) The organisation of the nursing profession. 2, Suggestions for the future. *Nursing Mirror*. 9th March, p.387

⁴⁴ Mr H. Oral history Oral history interview 3rd October 2000. Trained at Oldchurch County Hospital. 1947 – 1950. Sister Tutor Diploma Battersea Polytechnic, 1956

⁴⁵ Royal College of Nursing (1947) *Nursing as a Career*. Ministry of Labour and National Service. RCN Library: 11A Min.

⁴⁶ Anon (1954) Post-Registration Nursing Education. *The Nursing Times*. 13th March. KCL: Q/PC/3

certificate⁴⁷, some of the smaller, less prestigious hospitals did not. Thus for many nurses their experience of the sister tutor, was erratic and of variable quality.

Even at major national teaching hospitals, not all the tutors were capable 'of instilling enthusiasm'. Miss L, whilst praising the principal tutor at her training school, remarked that many of the tutors were 'routine, and you had to do what they told you'. In a recruitment film of the 1940s, the sister tutor is shown using scientific slides, a person of academic ability in her own right⁴⁸. However the reality may have been very different. So that, although the training school that Miss L attended required very high entry qualifications, students were expected to copy lecture notes and hand them in to the tutor to be marked⁴⁹. Even her principal tutor, whilst allegedly far more enlightened than some of her colleagues, was required to teach by rote learning, which continued to be the norm. This was obviously the accepted mode of teaching, as all who have been interviewed for this current research commented upon this practice.

Thus far from the recommendations of study leave, time for research⁵⁰, and attendance at refresher courses, the role of the sister tutor remained rigid,

⁴⁷ Miss Ho. Remarked during her oral history interview, that whilst she did not know if the sister tutor at The London Hospital, during World War II, had a certificate, she felt sure, given the nature of the hospital that she would have. Miss Ho. Oral history interview 8th August 2001. Trained at The London and Watford County Hospital. 1939 – 1942. Health Visitor Tutor course, RCN 1950

⁴⁸ Unfortunately there is no further information regarding this film, although it was probably made in association with the Ministry of Health

⁴⁹ Miss L. Oral history interview 5th March 2002. Trained at Edinburgh Royal Infirmary. 1947 – 1951. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, 1961

⁵⁰ Miss U W Daldorph , 'Especially should time be allowed for post-graduate studies and longer holidays be given. These things will help us all to render service you our nurses and ultimately to the patient.' Daldorph U W (1950) Candidates policies: Central Selection Committee, Sister Tutor Section, Royal College of Nursing: *The Nursing Times*. 29th April, p.458

maintaining rote learning as a matter of routine, although perhaps this was a matter of expedience considering the highly variable educational attainment of the students. The sister tutor's time was taken up with marking lecture notes, maintaining a register of attendance of the student nurses, organising the medical lectures and time-tabling⁵¹. Miss A contended that the sister tutor at the hospital where she trained was 'of unbelievable stupidity'⁵². Sadly, this accusation appears borne out by an article by 'an educationist' reprinted from *The Times Educational Supplement*. The article contended that, although the importance of the sister tutor could not be overstated, those who undertook the role were 'not required to have wide education or academic qualifications and their talents are not always equal to their opportunity'⁵³. Not surprisingly, the profession's opinion regarding the sister tutor was somewhat different. *The Nursing Times*, the official journal of the College of Nursing, condoned and ever spoke in reverential tones about the training received by the student sister tutors⁵⁴. However, all of this was secondary to the practical running of the hospital and without 'standing orders', which would have provided clear guidelines as to the role and responsibilities of the sister tutor, their position remained ambiguous. It should be noted that *The Nursing Times* did publish a list of 'suggested standing orders' in 1941, stating the work that they should undertake and the qualifications that they

⁵¹ Anon (1941) Suggested Standing Orders for Sister Tutors. *Nursing Times*. 15th November, p.938 drafted by the Chairman of the Central Sectional Committee, Sister Tutor Section, 22nd August 1941. KCL: Q/PC/3

⁵² Miss A. Oral history interview 7th August 2001. Trained at Epsom Hospital. c.1940 – 1943. Sister Tutor course, Battersea Polytechnic c.1949

⁵³ Anon (1955) An educationist looks at nurses. Reprinted from *The Times Educational Supplement* under the title, Preparing for the bedside before becoming a nurse: By courtesy of the editor. *The Nursing Times*, 16th December, p.1421

⁵⁴ Carpenter M F (1950) The Royal College of Nursing Education Department. *The Nursing Times*, 3rd June, pp.579-580

should hold⁵⁵ (See Appendix 4). The issue of qualifications is key, as significantly, whilst the recruitment into sister tutor positions was problematic, recruitment at least in the early years, onto the sister tutor courses was not. Perhaps given the uneasy translation of nursing as a discipline of study from the hospital to the university setting and the ambiguous professional status of the nurse, the reality of sister tutor work was quite different to the education they received in preparation for that work. This chapter will now focus on the courses themselves, their syllabi and the relationship between the College of Nursing and the universities involved. It will be shown that the understanding of the College of Nursing of the university sector was limited, probably in part because of the monotechnic education many of those who were Council members of the College of Nursing had received. Certainly, this lack of understanding did little to ameliorate the uneasy translation of nursing as a discipline of study from the hospital to the university setting.

The College of Nursing and King's College for Women

In the 'Syllabus of Lectures' for the year 1926 to 1927, the Department of Education of the College of Nursing made this general statement:

Since the foundation of the College of Nursing in 1916, it has been the policy of the College to develop an Educational programme to meet the needs of Trained Nurses wishing to undertake any special branch of professional work or to prepare themselves as Administrators or Teachers in the Training Schools⁵⁶.

⁵⁵ Anon (1941) Suggested standing orders for sister tutors, p.938

⁵⁶ The College of Nursing, Limited (1926-1927) *Department of Education Syllabus of Lectures*. London, Chiswick Press, p 5

It was as a result of trying to implement this policy, the statement continued, that the College of Nursing began its co-operation with KCW and developed the sister tutor course in 1918. According to the College of Nursing, *History of the Education Department*⁵⁷, a full time Education Officer, Miss Hallows, MA (Oxon.) SRN⁵⁸, was appointed in 1927. Nursing was not a popular choice for university graduates⁵⁹, therefore, Hallows' choice of nursing as a career is significant, as she was one of a small minority of graduates who chose to enter the profession. Ironically, in a profession which remained ambivalent to higher education, she nevertheless, like many other graduates achieved a high status position within nursing. It is not known what prompted Miss Hallows' entrance into nursing after going down from Oxford. However, a testimonial for the position of Education Officer to the College of Nursing, from the Vice-Principal of Lady Margaret Hall, wrote of her 'thoroughness and devotion' to her nursing⁶⁰. Significantly, this paradox may have been lessened by the near-invisibility of graduates in nursing at this time. Miss R felt that her colleagues at St. Thomas's Hospital were aware of her graduate status, but that it did not prove a problem to them or the sister tutors who taught her⁶¹. However, as late as 1955, when Gladys Carter conducted her research on nurses with degrees, she only located fifty who

⁵⁷ The College of Nursing. *History of the Department of Education*. RCN Archives, Edinburgh

⁵⁸ Ruth Hallows, born 31st December 1886. She read English Language and Literature at Oxford, went down in 1908. She was awarded an MA in 1927. Miss Hallows trained at St Thomas' between 1919 and 1922, health visitors' certificate from Battersea in 1924 and sister tutor certificate from King's College for Women in 1925.. At the request of the College, the Rockefeller Foundation granted her a travelling scholarship for one year and she sailed in September 1927, to study nursing education and organisation in USA and Canada. In June 1931 she resigned, but continued to work as an outside lecturer, she was certainly still doing this in 1939. Ruth Marian Hallows, application form for post of Education Officer, College of Nursing. Bedford College archives, Holloway College, University of London. I am also indebted to Susan McGann, archivist at the RCN for providing additional information.

⁵⁹ Anon (1919) Girton girls as nurses. *The Nursing Times*. 2nd August, p.765

⁶⁰ Jamison E M, Vice-Principal of Lady Margaret Hall. Correspondence regarding Ruth Hallows. 27th May 1927. RCN Archives, Edinburgh

⁶¹ Miss R. Oral history interview 19th April 2000. Trained at St. Thomas's Hospital. 1941 – 1944. Sister Tutor course RCN, 1952

were graduates when they entered nursing, and ten who undertook degrees after nurse training⁶². Carter also maintained that many graduates concealed their status⁶³.

The College of Nursing did not establish an actual Department of Education until 1930, although the Examination and Education Committee had been instituted in 1925; of which one aspect of whose terms of reference was:

To consider and report to the Council...the granting of higher certificates of proficiency and training to Registered Nurses, and for the institution of post-graduate courses of instruction⁶⁴.

By 1930, the College of Nursing's role in the running and organisation of the KCW sister tutors' course was well established. It was run as an extra-mural course, for which the students were examined by the University of London, which in turn took advice from the College of Nursing. Thus, the course can be understood as a collaborative arrangement, but ultimately existing within King's College for Women's parameters. On 6th May 1930, a request from the College of Nursing for a joint committee to be appointed to consider the course, and most especially the professional aspects, was considered by the Council of KCW⁶⁵. This decision of the Council was to request the Academic Board be asked to appoint representatives, which it duly did on 20th May. The decision was taken

⁶² Carter G B (1955) *A Study of the Course for Nurse Tutors, Organised by the RCN (Scottish Branch) Leading to the Certificate Awarded by the University of Edinburgh to Nurse Tutors. Appendix III*, pp. 4-8. University of Edinburgh Archives, Elsie Stephenson Collection

⁶³ Carter (1955) *A Study of the Course for Nurse Tutors*, p.1

⁶⁴ College of Nursing (1925) Education Committee Minutes: *Terms of Reference*, January. RCN Archives, Edinburgh

⁶⁵ KCW (1929-1932) Department of Household and Social Science, Council Minute Book, No. 5. KCL: QA/C/M5

that a special *ad hoc* committee be instituted, with the Warden of KCW as Chair⁶⁶.

Whilst the relations between the College of Nursing and KCW appeared to run smoothly on this issue, there is no doubt that KCW was determined to maintain the upper hand maybe because KCW was only too aware of the ambiguous professional status of nurses. Certainly when the *ad hoc* committee met later, KCW, as the College responsible for the lectures, retained the right to make the ultimate decision on what could or could not be changed⁶⁷. Furthermore, when in 1940 the RCN proposed that it ran its own sister tutor course, Miss Reynard, Warden of KCW, was less than enthusiastic. In her letter to Miss Parsons, Director of the Education Committee for the RCN, she stated:

...the year that the Sister Tutors spend with us has a special value in giving them a complete change of circumstances, surroundings and atmosphere⁶⁸.

In her reply, Miss Parsons agreed that those nurses who undertook the course at the College of Nursing would miss the value offered by KCW, of a university life. However, she continued, 'it is the conviction that the two Colleges can each provide something that the other cannot give'⁶⁹. There appears within these words, the rhetoric of co-operation, not connotations of competition. Certainly,

⁶⁶ KCW (1927-1931) Department of Household and Social Science, Academic Board Minutes. KCL: QA/AB/M3

⁶⁷ KCW (1929-1932) Report from the Special Joint Committee in connection with the Sister Tutors' Course. Department of Household and Social Science, *Council Minute Book No. 5*. KCL: QA/C/M5

⁶⁸ Miss Reynard, letter to Miss Parsons, Director of the Education Department, RCN. 4th May 1940. KCL: QAP/GPF7/25

⁶⁹ Miss Parsons, letter to Miss Reynard. 23rd September 1940. College of Nursing. KCL:QAP/GPF7/25

Mr H maintained that each of the establishments involved in the education of sister tutors, created a different type of teacher. He stated that there was a general belief amongst sister tutors that Battersea Polytechnic produced the best teachers, the College of Nursing, those with the best understanding of nursing, and KCW (by this time Queen Elizabeth College), those with the soundest scientific knowledge⁷⁰. Significantly, his statement also appears to suggest that there was little agreement as to what the nature of sister tutor education should be. Was it advanced nursing practice, scientific basis of nursing, or pedagogical aspects?

In her rebuttal of a sister tutor course run by the College of Nursing, it is unclear whether Miss Reynard was sceptical as to the academic credentials of the College of Nursing's members and the possible course content, or whether her disquiet was grounded in a far more pragmatic rationale; student numbers. For the sessions 1927–28, and 1928–29⁷¹, the percentage of KCW students undertaking the sister tutor course, was 7.5% and 10% respectively. By the sessions 1937–38 and 1938–39⁷², the figures had dropped to 4% and 6% respectively. Certainly neither KCW nor Battersea Polytechnic, which by this point also had a sister tutor course, wished to give up their programmes⁷³. As all the students either privately funded their education, or were awarded scholarships from outside funding bodies, the financial benefits to both Colleges were crucial. Moreover, the Minutes state:

⁷⁰ Mr H. Sister Tutor Diploma Battersea Polytechnic, 1956

⁷¹ KCW (1929) Department of Household and Social Science, *Annual Report for the Session, 1928–29*. KCL: Q/EPH/RPT6

⁷² KCW (1939) Department of Household and Social Science, *Annual Report for the Session, 1938–39*. KCL: Q/EPH/RPT16

⁷³ Royal College of Nursing (1939) Education Committee Minutes: *Course for Nurse-Teachers*, Point 2. 4th April. RCN Archives, Edinburgh

Any idea of co-operation with King's College appeared to take the lines of admitting College of Nursing students to lectures there, rather than sending King's College students to the College of Nursing⁷⁴.

It thus appears that whilst the College of Nursing, was keen to use its Education Department as an academic arm, its role was as a conduit and not a direct provider of curriculum content. Furthermore, as an organisation it failed to fully understand the ramifications of proposals to change its position. For example, at a meeting of the Education Committee on 4th July 1939, over one year after the committee had initially proposed the institution of a 'Nurse-Teacher' course at the College of Nursing, it was reported that there was a great problem associated with the expense of providing residential accommodation for the students⁷⁵. Furthermore, when the idea of a course within the College of Nursing was first mooted, there were concerns that it would have to become a College of the University of London and, to accomplish that, the College of Nursing would have to run an undergraduate course and be entitled to award degrees⁷⁶. The possibility of this becoming a reality appears to have continued for some time. An article in *The Times* in 1947 anticipated the establishment of a school within the University of London, with 'hope'⁷⁷. Significantly, the article commented upon the lack of interest within UK universities for students of nursing in comparison with their

⁷⁴ Royal College of Nursing (1939) Education Committee Minutes: *Course for Nurse-Teachers*, Point 5. 4th April. RCN Archives

⁷⁵ Royal College of Nursing (1939) Education Committee Minutes, 4th July. RCN Archives, Edinburgh

⁷⁶ College of Nursing (1938) Education Committee Minutes, 4th January. RCN Archives, Edinburgh

⁷⁷ Anon (1947) More education for nurses: Hope of university school in London *The Times*, 3rd March. RCN Archives, Edinburgh

American counterparts, this perhaps because of the ambiguous professional status of the nurse. Although the article contended that this may in part be due to the stricter entry requirements of British universities⁷⁸. It is noteworthy that the issue of nursing being given a place within the university sector had found its way into the lay press by 1947. Certainly the prospect appears to have been considered optimistically. There is also by implication a view being expressed that Britain was less progressive than the USA, though with higher academic standards.

Any animosity which did exist between KCW and the College of Nursing, was not expressed openly. Moreover, it is not entirely clear whether tensions were real, or derived from the sheer practical challenges of running courses in partnership. Indeed, it has not proved possible to locate any evidence of organisational arrangements, which spelled out each party's responsibilities. It is most likely that the two organisations gained more than they lost through their association with each other. The RCN gaining a foothold for its members in a respected academic institution, and KCW generating income from the scholarships awarded to nurses attending courses. Perhaps KCW also gained kudos in some circles for promoting courses of national service. Certainly, during World War II, any rivalry was kept at bay, since the RCN had evacuated to Leicester. It appears that an entente cordial was reached, even though for the session 1940 – 1941, the College of Nursing began its own sister tutor course. This one year full time course cost college members 42 guineas and non-members 50 guineas⁷⁹. However, by 1945 animosities were once again apparent, this time

⁷⁸ Anon (1947) More education for nurses: Hope of university school in London

⁷⁹ Royal College of Nursing News (1940) *The Nursing Times*. 17th August . p. 870

shaped by the desire of the RCN to award a Diploma for the sister tutor course. It is to the manoeuvrings to 'upgrade' the sister tutor certificate into a diploma that this chapter will now turn.

The Certificate becomes a Diploma

On 19th March 1945, the Academic Board of KCW recommended 'the discontinuance of the Sister Tutor Course after the completion of the session 1945/46, viz., the date up to which the present Course will receive recognition'⁸⁰. By the May of that year, the Academic Board received a letter from the GNC, who were apparently under the impression that the College had decided not to hold the sister tutor course after 1947. Significantly, the University Extension Registrar for the University of London had written to the Warden of KCW, stating that the courses to be adopted 'was felt by all concerned to be a temporary expedient'⁸¹. What is perhaps conspicuous in this is the perception of the power of the nursing profession on the University of London. If the course were unsatisfactory, why should the GNC and RCN, be able to dictate to the university that the course must be held? Neither the archival data, nor commentaries in the press provide any clues to this question. But, whatever the rationale and despite the objections from KCW, in October of 1945 the Council at KCW recommended that a request be sent to the University. As well as the courses at the RCN and Battersea Polytechnic, the regulations of the College should state that it too would be running the new Diploma from 1946⁸².

⁸⁰ KCW (1945) Department of Household and Social Science, Academic Board Minutes, 19th March. KCL: QA/AB/M8

⁸¹ KCW (1945) Department of Household and Social Science, Academic Board Minutes, 15th May. KCL: QA/AB/M8

⁸² KCW (1945) Department of Household and Social Science, Council Minutes, 19th October. KCL: QA/C/M8

One of the KCW's main objections to the increased academic recognition of the sister tutor course was the lack of a strong scientific basis in the curriculum⁸³. By 1948, KCW recommended that the course would be improved if it were increased to two years. However, the GNC apparently believed that with the shortage of nurses, it was unlikely whether hospitals would agree to their teachers being out of the practice environment for so long⁸⁴. This lack of vision is attested to by Mr H, who stated that the University wanted a three year degree rather than a two year diploma. However:

...the health service couldn't see the purpose of having three years, because they said that would be three years out of the service⁸⁵.

Mr H continued, that for economic reasons the nursing profession would not have welcomed this more extended study-leave. Significantly, Gladys Carter had called for 'higher post-certificate nursing education', and argued for greater contact between teachers of nursing and teachers of other professions⁸⁶. Once again the profession proved their lack of vision and a reluctance to be too radical. This at the expense of the nursing profession itself, but consistent with the convention, which wished to maintain the nursing workforce as 'efficient' as possible.

⁸³ KCW (1950) Department of Household and Social Science, Academic Board Minutes, 31st January. KCL: QA/AB/M10

⁸⁴ KCW (1948) Department of Household and Social Science, Academic Board Minutes, 27th January. KCL: QA/AB/M10

⁸⁵ Mr H. Sister Tutor Diploma 1956

⁸⁶ Carter G B & Pearce E C (1946) Reconsideration of nursing: Its fundamentals, purpose and place in the community. 5. The period of professional maturity. *Nursing Mirror*. 23rd February, p.349

Before the decision to implement a two year sister tutor course from October 1951, there were already moves afoot to institute a degree in nursing with the University of London⁸⁷. Whilst this is not relevant in itself to the work of the sister tutor, it noteworthy with regards the Nurse Teaching Unit at Edinburgh University, the first Department of Nursing in the UK. Certainly there was an impetus to improve the standard of sister tutor training in the UK, perhaps because it was believed that the 'block system'⁸⁸ of training would create a more academic environment in which they would be required to function. Indeed, both The Lancet Report⁸⁹ and the Nursing Reconstruction Committee, under the chairmanship of Lord Horder, recommended the recruitment of a 'higher proportion of candidates of first class ability'⁹⁰. It was certainly hoped that more academic post-registration educational opportunities would aid this recruitment drive. However, it is arguable that the uneasy translation of nursing as a discipline of study from the hospital to the university setting affected such ambitions. Moreover, the RCN Reconstruction Committee acknowledged that although the post-graduate opportunities for 'intelligent girl' were varied and rich in content, they were useless unless an improvement was made for pre-registration recruitment⁹¹. Reinkemeyer has argued⁹², that the RCN Reconstruction

⁸⁷ Royal College of Nursing (1947) *Advisory Board on Nursing Education*, 21st March. RCN Archives, Edinburgh

⁸⁸ The 'block system' of training pre-registration nurses was established in the majority of hospitals by the 1950s. Under the previous system probationers or student nurses would attend ad hoc lectures as their ward duties allowed. The 'block system' instituted blocks of classroom education for a group of students together, during which time they were removed from the hospital roster

⁸⁹ Lancet Commission (1932) *The Lancet Commission's Final Report on Nursing*. The Lancet Ltd., London, p.31

⁹⁰ Royal College of Nursing (1943) *RCN Reconstruction Committee, Section II: Education and Training*, p.14

⁹¹ Royal College of Nursing (1943) *RCN Reconstruction Committee, Section III: Recruitment*, p.59

⁹² Reinkemeyer Sr. M H (1966) *The Limited Impact of Basic University Education Programs in Nursing: A British Case Study* [unpublished PhD thesis] California, Berkeley University, p.117

Committee seemed rather to accept that only post-registration nursing education should be, 'under university auspices'⁹³. Perhaps somewhat bizarrely, Miss MacManus of the sister tutor section at the RCN, offered parsimonious praise to the Committee, which in reality had done so little to improve the education of the members⁹⁴. Significantly, although the RCN Reconstruction Committee had a higher ratio of nurses than both the Lancet Commission⁹⁵ and the Athlone Committee⁹⁶, conservatism prevailed.

It was the award of Diploma to the sister tutors of KCW, the RCN and Battersea Polytechnic which ultimately caused the demise of the other London based course for teachers of nursing. Whereas the three aforementioned institutions had long organised their courses in conjunction with each other, the International Courses at Bedford College had been established in quite different circumstances, therefore they were somewhat peripheral. However, it seems pertinent to offer a brief exploration of the International Courses, as they eventually became connected to the RCN. Furthermore, Bedford College, like KCW was important in terms of women's higher education, thus, association with it could have positive ramifications for professional status of the nurse.

⁹³ Royal College of Nursing (1943) *RCN Reconstruction Committee*, p.11

⁹⁴ The Sister Tutor Section, RCN (1944) Education and the Nurse – the Sister Tutor Section discusses the Horder Committee's Report. *Nursing Times*. 23rd December. pp. 882- 887

⁹⁵ The Lancet Commission (1932) p.7

⁹⁶ Reinkemeyer (1966) *The Limited Impact of Basic University Education Programs in Nursing*, p.101

Bedford College and the International Course for Teachers and

Administrators of Nursing

Bedford College for Women opened in 1849, twenty years prior to Girton College, Cambridge⁹⁷. It was founded as a “Ladies’ College”, by Mrs Reid, a wealthy Unitarian⁹⁸, who had, according to *The Centenary of Bedford College for Women*, been interested for many years in the possibility of founding such an institution. Bedford College became involved with the higher education of nurses after World War I, with the establishment of the International Courses under the auspices of the League of Red Cross Societies (LORCS)⁹⁹. These courses were instituted in response to concerns regarding the peacetime health issues and the health and welfare of children¹⁰⁰. Significantly they were described by Margaret Tuke, Principal of Bedford College, between 1907 and 1929, as falling, ‘outside the purely academic field’¹⁰¹. However, even at their inception it was realised that it was not only public health nurses who were required, but also those to teach students of nursing around the globe. Thus in 1924, the course for Teachers and Administrators of Nursing was established¹⁰² under the auspices of the Florence Nightingale International Foundation (FNIF); the memorial to Florence

⁹⁷ Edkins N (1949) The centenary of Bedford College for Women. *Nature*, [off print] Vol. 163, 21st May, p.791. Bedford College for Women Archives: RF121/1/5a

⁹⁸ Purvis J (1991) *A History of Women's Education in England*. Milton Keynes, Open University Press, p.107. It is significant that like many other reformers, Mrs Reid was a non-conformist perhaps especially, like Florence Nightingale, a Unitarian

⁹⁹ Florence Nightingale International Foundation (1936) The Special Committee appointed by the Committee of Management of the Florence Nightingale International Foundation, *The Report of a Study of the Facilities for Advanced Nursing Education in London, both Professional and Academic and of the Future Educational Policy of the Florence Nightingale International Foundation*, p.12. FNIF Archives, Geneva

¹⁰⁰ Florence Nightingale International Foundation (1936) *Advanced Nursing Education in London*, p.9

¹⁰¹ Tuke M (1939) *A History of Bedford College for Women, 1849 – 1937*. London, Oxford University Press, p.259

¹⁰² Florence Nightingale International Foundation (1937) *To Commemorate Florence Nightingale: Towards the Florence Nightingale International Foundation*, p.3. FNIF Archives, Geneva

Nightingale which had been first suggested by Ethel Gordon Fenwick in 1912¹⁰³. The FNIF took over the organisation of the International Courses from the LORCS in 1935¹⁰⁴, although Bedford College continued to run them¹⁰⁵. The International Courses appeared to have attracted a certain amount of cachet, with strong ties of patronage. In 1926, Princess Arthur of Connaught presented the certificates, the opening remarks were given by Sir Arthur Stanley and Baroness Mannerheim, then Chair of the Nursing Advisory Board for the League of Red Cross Societies, delivered the address¹⁰⁶. However in the early years student numbers were small, there being only three students on the course for teachers and administrators who had completed¹⁰⁷.

With the advent of World War II, the courses were discontinued, although the FNIF continued to function in a more streamlined fashion from its headquarters in Manchester Square, London. In 1946, when the Foundation was able to commence work again, it was realised that some changes in its educational activities were required. A study was undertaken by Dr Muriel Uprichard, a Canadian educationalist, whose report was submitted in 1949. The decision was taken for the FNIF to become the educational arm of the International Council of

¹⁰³ Anon (1934) The Florence Nightingale International Foundation Inaugurated. *The American Journal of Nursing*. Vol. XXXIV, No. 8, August, p.786. FNIF: Geneva Archives. See Chapter 1

¹⁰⁴ Florence Nightingale International Foundation (1934) *Report of the Provisional Committee for the Florence Nightingale International Foundation: Inaugural Meeting*. 5th July. FNIF Archives, Geneva

¹⁰⁵ Florence Nightingale International Foundation (1933) *Provisional Committee for the Organisation of the International Courses, Session 1933 – 1934*. 17th March. FNIF Archives, Geneva

¹⁰⁶ Anon (1926) The International Students. *The Nursing Times*. 19th June, p.543

¹⁰⁷ Anon (1926) The International Students, p.543

Nurses (ICN)¹⁰⁸. The reasons given were due to the similarity of their work and the lack of financial backing for independent work¹⁰⁹. It was also at this point that links with the RCN were placed on a firmer footing. The International Courses ceased and Bedford College simply became another point of access for nurses undertaking post- registration study in London¹¹⁰. Thus, instead of retaining its quite different purpose from the other establishments offering post-registration nursing courses, Bedford College lost its somewhat different constituency. However, after the agreement to grant a Diploma for the sister tutor course in 1944, those courses not offering this Award would not be recognised¹¹¹. The Teachers and Administrators of Nursing course would have become obsolete. Nevertheless, overseas students continued to attend Bedford College in the early post-war period in order to gain qualifications in teaching, and the FNIF continued to award scholarships to overseas students. The award of scholarships for post-registration courses was key to the success of the courses and the students who undertook them. That is, as the paucity of nurses' pay would have precluded many from these educational opportunities without the possibility of outside funding. It is to the issue of scholarships awarded to nurses for the sister tutor courses that this chapter will now turn.

¹⁰⁸ Broe E (1952) Florence Nightingale International Foundation. *The Nursing Times*. 18th October, pp.1026-1027. This article was taken from an address given by Miss Broe, Director, the Educational Division of the ICN

¹⁰⁹ Florence Nightingale International Foundation (c.1958) *Notes on the Florence Nightingale International Foundation and its General Purpose*. FNIF Archives, Geneva

¹¹⁰ Florence Nightingale International Foundation (1953) International Council of Nursing Congress. FNIF archives, Geneva

¹¹¹ Royal College of Nursing (1944) *Advisory Board on Nursing Education: Notes on items on Agenda*. January. RCN Archives, Edinburgh: 7.7/24

The Scholarships

An important concern at the founding of the College of Nursing was accommodation. A property found was in Cavendish Square, London but a wealthy benefactor was still required. Miss Cox Davies, one of the founding members of the College, was acquainted with Lady Cowdray, who not only provided the money to buy the property, but also guaranteed money for seven years in order to pay the salaries of those working for the College¹¹². Furthermore, she endowed the Cowdray Scholarship¹¹³, which was worth £135 in 1941¹¹⁴.

The second important scholarship came from The Nightingale Fund. In 1914, when Miss Lloyd Still, Mr Minet and other members of the Nightingale Fund¹¹⁵ proposed the first university course for nurses, World War I prevented the course from coming to fruition. However, after the war the Nightingale Fund, according to a letter from Mr Minet¹¹⁶, quickly announced that it would offer Scholarships for attendance on the sister tutor course at KCW¹¹⁷. Furthermore, correspondence between Dr Claypon Lane, the Warden of KCW and Mr Bonham Carter attest to these scholarships acting as an added impetus for the establishment of the sister tutor course¹¹⁸. The number of Nightingale Fund Scholarships was further

¹¹² Goodall F (1934) History of the College of Nursing. Notes dictated by Miss Goodall, Secretary to the College of Nursing, 20th July 1934. Bedford College Archives: AL/332/2

¹¹³ College of Nursing (1929) Education Committee Minutes, 10th June. RCN Archives, Edinburgh

¹¹⁴ Royal College of Nursing (1941) Education Committee Minutes, 15th September. RCN Archives, Edinburgh

¹¹⁵ See Chapter 4

¹¹⁶ Letter from Mr Minet, Nightingale Fund, to Dr. Lane Claypon, 15th January 1919. KCL: QAS/GPF1/1

¹¹⁷ Editorial (1914) Nightingale scholarships for nurses. *The Nursing Times*. Vol.X, No.479, pp. 853-854

¹¹⁸ Letter from Dr. Claypon Lane to Mr Bonham Carter, 30th August 1920. KCL: QAS/GPF1/1

increased in 1919–20¹¹⁹. After World War II, a number of other scholarships were made available, including the Halford Scholarship, and the RCN Scholarship, which in 1945, were worth £250 and £60, respectively¹²⁰. These were however, perhaps somewhat overshadowed by the Ministry of Health schemes, which offered 50 scholarships of £150 each. Significantly, the Ministry of Health, offered more generous terms to married male nurses with dependent children under 16, as a recruitment incentive for those who wished to train as tutors¹²¹. There were further scholarships from other companies such as Cow and Gate, for which, in 1948 a Miss M and a Miss Jm each applied¹²². Interestingly, following ten years service with the RAF nursing service, Miss Jm was given a £500 scholarship from the RAF¹²³. With the retreat of the LORCS from the International Courses, the FNIF stated that its ‘first action was to appeal for scholarships’. Five were provided through the National Council of Nurses, three from the Nightingale Fellowship at St. Thomas's Hospital, St. Bartholomew's Hospital Nurses' League, and the London Hospital Nurses' League. Additional scholarships were offered by Guy's Hospital and the British Red Cross, the League of Red Cross Societies provided others for nurses from abroad¹²⁴. It is interesting to note that for the session 1946 – 47, Elsie Stephenson, later the first

¹¹⁹ Marsh (1986) *The History of Queen Elizabeth College*, p. 98

¹²⁰ KCW (1945) Department of Household and Social Science, Council Minutes, 11th July. KCL: QA/C/M8

¹²¹ Royal College of Nursing (1947) *Nursing as a Career*. 11A Min. Pamphlet. p.12

¹²² Royal College of Nursing (1948) Education Committee Minutes, 26th April. RCN Archives, Edinburgh

¹²³ Miss Jm. Interview undertaken by post, letter received, 18th February 2002. Trained at St. Thomas's, 1934 – 1937

¹²⁴ Florence Nightingale International Foundation (1934) *Report of the Provisional Meeting for the FNIF Inaugural Meeting*. 5th July. FNIF Archives, Geneva

Director of the Nursing Studies Unit at the University of Edinburgh, was awarded £550 from the British Red Cross¹²⁵.

In the first instance, it appeared as though the sister tutor courses were less concerned about their candidates' social class, than those recruiting to the diploma courses. However, when the applicants for the scholarships were reviewed, many of them had been trained at voluntary hospitals and a substantial amount were graduates prior to entering nursing. For example, Miss Jm who had come from a notable medical family, had been educated at Wycombe Abbey School, and had graduated from Edinburgh University in History in the 1930s. She had also been a probationer at St. Thomas's Hospital in 1934 to 1937, where Miss Gould, the then sister tutor, had recommended that she enter for the sister tutor course¹²⁶. Miss L, interviewed for this research, had also been an undergraduate at Edinburgh University prior to entering nurse training, and undertook her sister tutor course at Edinburgh University in 1961¹²⁷. Miss R, had graduated from Newnham in 1941, and then entered the tutors' course at the College of Nursing in 1951¹²⁸. Miss O, who trained at Bristol Royal Infirmary, received a scholarship from the College of Nursing¹²⁹. Furthermore, prior to her nursing career, World

¹²⁵ Florence Nightingale International Foundation (1948) *Report of the National Florence Nightingale Memorial Committee of Great Britain. 6th Ordinary General Meeting of the Grand Council, FNIF*. 15th September. FNIF Archives, Geneva. In the two years previous to her attending Bedford College for Women, Elsie Stephenson had been Senior Sister, Civilian Relief, Joint War Organisation, Order of St John and British Red Cross. After completing her studies she accepted the post of Deputy Matron-in-Chief, British Red Cross Society, for the year, 1947-1948.
<http://www.lhsa.lib.ed.ac.uk/catalog/records/lhsas014/gd6s2.html>

¹²⁶ Royal College of Nursing (1948) Education Committee Minutes, 26th April. RCN Archives, Edinburgh

¹²⁷ Miss L. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, 1961. MA University of Edinburgh, 1946

¹²⁸ Miss R. Oral history interview 19th April 2000. Trained at St. Thomas's Hospital. 1941 – 1944. Sister Tutor course RCN, 1952. BA, Newnham College, Cambridge, 1941

¹²⁹ Miss O. Miss O. Oral history interview 23rd March 2002. Trained at Bristol Royal Infirmary. 1941 – 1945. Health Visitor tutor course, RCN 1950

War II had prevented her from accepting a scholarship at Oxford. Of the four successful applicants for the Halford Scholarship in 1945, two had trained at London teaching hospitals, one of whom was also an Oxford BA, and one had trained at Bristol Royal Infirmary¹³⁰.

It is important to note that the possibility of a scholarship was a vital consideration given the poor salaries that nurses commanded¹³¹. Miss L remembers student nurses' salaries as being about £6 per month, thus it would have been difficult to pay for one's own post- registration education, unless one had a private income¹³². The scholarship awarded could also make a difference to the course undertaken. For example, Miss Ho who was awarded £400 by the RCN, was required to undertake her sister tutor course with the RCN¹³³.

In order to be awarded a scholarship, certainly for the College of Nursing and later RCN, the prospective student was required to undertake an examination and be interviewed. In the early days of the course at KCW, the College of Nursing even requested that representatives from both Colleges interview candidates, a request which KCW felt was unworkable¹³⁴. Although these scholarships enabled nurses to attend university, the encouragement that they offered was not enough to stimulate recruitment into sister tutor positions¹³⁵. Furthermore, not all

¹³⁰ KCW (1945) Department of Household and Social Science, Council Minutes 11th July. KCL: QA/C/M8

¹³¹ Brittain V (1928) *Women's Work in Modern England*. London, Noel Douglas p.80

¹³² Significantly, in some of the major teaching hospitals, this may not have been an anomaly. Miss L. recalls how many of the sisters at Edinburgh Royal Infirmary during the war, had private incomes and thus did not draw a salary

¹³³ Miss Ho. Health Visitor Tutor course, RCN 1950

¹³⁴ KCW (1925) Department of Household and Social Science, Academic Board Minutes, 16th February. KCL: QA/AB/M2

¹³⁵ Anon (1921) The Shortage of Sister Tutors. *Nursing Times*. 24th December, p1359

who applied to the sister tutor courses were successful in their application, and academic ability was only one of several issues which would effect the success of a candidate. It is thus to the entry qualifications that this chapter will now turn.

Entry qualifications

There were a number of non-university courses organised by KCW which provided access to social welfare occupations and were seen as a cheap alternative to degree courses¹³⁶, the Diploma in Nursing and the sister tutor courses being but two¹³⁷. Unfortunately for KCW, these courses highlighted, in the eyes of the college's critics, its rather feeble academic content. It is not clear if this criticism applied to the sister tutor courses, or furthermore, if it did, whether the sister tutor students were aware of what could be considered an affront to their status.

These non-university courses, including those for qualified nurses, did not require normal matriculation. In 1925, the College of Nursing raised concerns regarding the lack of a specific standard of general education required of nurses wishing to undertake the sister tutor course¹³⁸. The College felt that all such candidates should all be interviewed along side the scholars¹³⁹, and its offer to assist with

¹³⁶ Blakestad N L (1994) *King's College of Household and Social Science and the Household Science Movement in English Higher Education, 1908-1939*. [unpublished DPhil thesis] Oxford, University of Oxford.p.205

¹³⁷ KCW (1928-1940) Department of Household and Social Science, *Syllabus for resident and non-resident students*. KCL: QEPH/SYL12

¹³⁸ Miss Cowlin, letter to Miss Reynard, 27th November 1925. College of Nursing correspondence, 1925 – 1944. KCL: QAP/GPF7/25

¹³⁹ College of Nursing (1926) Education Committee Minutes, 3rd February. RCN Archives, Edinburgh

these interviews was willingly accepted by KCW¹⁴⁰. By 1930, the problems related to the selection of candidates had once again arisen, both in respect of the entry qualifications of the candidates themselves and the interview process conducted by the College of Nursing and KCW. The College of Nursing was keen to lay down more stringent rules regarding entry, but attempts by the two Colleges to interview together had failed¹⁴¹.

By 1936, the Academic Board resolved to demand a School Certificate Examination for entry, or if the candidate had none, they should take an entrance examination in order for them to 'benefit by the course'¹⁴². However, it was not until 1943 that KCW and the RCN records identify references to actual entry qualifications, when RCN decided that candidates should also have 'at least 3 years post-certificate experience of which one year should have been spent as a Ward Sister in a hospital which is a nurse training school'¹⁴³. It is unclear if the more stringent entry requirements adversely affected recruitment, or if the proliferation of colleges offering the sister tutor course affected the numbers applying to individual courses. In 1952, KCW had only received one application, although after advertisements in the nursing press, several more enquires were made¹⁴⁴.

¹⁴⁰ KCW (1925) Department of Household and Social Science, Academic Board Minutes, 15th December. KCL:QA/AB/M2

¹⁴¹ KCW (1930) Department of Household and Social Science, Academic Board Minutes, 18th February. KCL: QA/AB/M3

¹⁴² KCW (1936) Department of Household and Social Science, Academic Board Minutes, 10th November. KCL: QA/AB/M5

¹⁴³ Royal College of Nursing (1943) Education Committee Minutes, 11th October. RCN Archives, Edinburgh

¹⁴⁴ KCW (1952) Department of Household and Social Science, Academic Board Minutes, 29th January. KCL: QA/AB/M10

The RCN records reveal a number of candidates who were rejected in the years 1949 to 1954, some on an academic basis¹⁴⁵ and others on the grounds of personality¹⁴⁶. Moreover, once the sister tutor course had been awarded Diploma status and thus ostensibly standardised within the university sector, this problem did not disappear¹⁴⁷. According to Miss W the issue over entry qualifications was central to Gladys Carter's work in Edinburgh:

Yes, she looked into that, and what she found, she was rather horror struck, because some, but not all, did not have proper university entrance qualifications¹⁴⁸.

However, as Miss W continued, whilst this in itself caused concern to Carter, the practical implications were that the students, 'found the course tremendously difficult'¹⁴⁹, especially the science. Certainly the difficulties faced would have been affected by the uneasy translation of nursing as a discipline of study from the hospital to the university setting. Significantly it was the lack of science in the curriculum, which was one of the key concerns of KCW. They did not forget this objection and raised the possibility of the diploma being a two year, instead of a one year course. This chapter will now therefore offer an examination of the syllabus, discussing the two key curricular debates, science and methods of teaching.

¹⁴⁵ Royal College of Nursing (1949) Education Committee Minutes, 23rd May. RCN Archives, Edinburgh

¹⁴⁶ Royal College of Nursing (1950) Education Committee Minutes, 22nd May. RCN Archives, Edinburgh

¹⁴⁷ Rafferty (1995) *The Politics of Nursing Knowledge*. p.171

¹⁴⁸ Miss W. Oral history interview 9th August 2001. Trained at Glasgow Royal Infirmary. c.1957 – 1961. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, c.1970

¹⁴⁹ Miss W. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, c.1970

Curriculum and criticism

Miss A, who undertook the diploma at Battersea, stated that the course:

...consisted of Anatomy and Physiology, of which I knew very little before I went on the course, and equally little afterwards. But somehow or other, passed the exam... physics and chemistry... And then there was psychology and theory of education, both of which I enjoyed, and both of which I passed with distinction¹⁵⁰.

This quotation identifies two key issues. Firstly, it shows the paucity of science education for girls in schools. Miss A was educated in Austria, so the problem was obviously not confined to the UK. Secondly, the quotation illustrates the poor science education within nurse training. It is noteworthy however, that Miss Ho argued that junior nurses did not really need the depth of science, 'it seemed pretty 'unnecessary to have the depth of anatomy that I'd had as a medical student'¹⁵¹. However, it is clear that the lack of science education in schools and pre-registration nurse training had a profound effect upon the students on the sister tutor courses, to which the KCW Minutes of 1927 attest¹⁵². Elizabeth Edwards has argued, until the 1930s, even within girls' secondary education, 'science fell casualty to poor teaching'¹⁵³. Moreover, as late as 1956, a government report raised concerns about the limited number of girls wishing to undertake scientific study:

¹⁵⁰ Miss A. Sister Tutor course, Battersea Polytechnic c.1949

¹⁵¹ Miss Ho. had been a medical student in her native Austria before coming to England prior to World War II.

¹⁵² KCW (1927) Department of Household and Social Science, Academic Board Minutes, 25th January. KCL: QA/AB/M2

¹⁵³ Edwards E (2001) *Women in Teacher Training Colleges, 1900-1960: A Culture of Femininity*, Routledge, London, p.8

The problem is how to increase the number of girls asking for science courses, and the weakness here is in the secondary schools, where there is a shortage of teachers of mathematics and science more pronounced than in boys' schools¹⁵⁴.

Given such concerns it is not surprising that the science curriculum of the sister tutor courses was cause for unease. It is to the science content that this chapter will now turn.

Science in the curriculum

The College of Nursing Education Committee Minutes of 1936 raised concerns in particular about the state of science teaching in the smaller and municipal hospitals. In such institutions, they believed science would be taught by general practitioners who had not studied the subjects for many years, or young, newly qualified hospital doctors who did not understand the needs of nurses¹⁵⁵. As late as 1950, the RCN was required to organise 'remedial' science courses in the summer, for those sister tutor students who had not studied chemistry and physics before¹⁵⁶.

Significantly, the sister tutors themselves were concerned about the paucity of their knowledge, something which would fail to make the translation of nursing as a discipline of study from the hospital to the university setting easy. In 1925, past and present students on the sister tutor course, sent a request to the Academic

¹⁵⁴ Minister of Education and the Secretary of State for Scotland (1956) *Technical Education*. London, HMSO (February) [Chairman, R M Weeks], p.21, para. 91

¹⁵⁵ College of Nursing (1936) Education Committee Minutes, 4th April. RCN Archives, Edinburgh

¹⁵⁶ Royal College of Nursing (1948) Education Committee Minutes, 26th April. RCN Archives, Edinburgh

Board of KCW, for anatomy to be included in the syllabus in its own right, even though a certain amount was already included in the biology and physiology lectures¹⁵⁷. This request led to arrangements being made with The London Hospital, Medical School, for the students either to attend lectures there, or for someone to attend KCW in order to provide the relevant teaching¹⁵⁸; a decision confirmed in the Education Committee Minutes of the College of Nursing¹⁵⁹. It appears odd however, that the practical teaching for anatomy was offered to an outside agency, given the supposed scientific basis of KCW, although in reality KCW's scientific portfolio, lay very much within domestic science. Perhaps this decision justifies the criticism by KCW's detractors, that the College was not a truly academic institution.

By 1928, the science examinations for the sister tutors' course were biology and bacteriology, hygiene, and physiology and anatomy¹⁶⁰. But it appears that concerns continued, for in 1929, further requests were made to the Academic Board for an increase in anatomy lectures¹⁶¹. It was suggested that the problem of overloading the course could be circumvented by substituting two practical classes with two theory, an alternative rejected by Dr. Partridge who taught the subject¹⁶². By 1935, the prominence of anatomy in the sister tutor curriculum was

¹⁵⁷ KCW (1925) Department of Household and Social Science, Academic Board Minutes, 27th November. KCL: QA/AB/M2

¹⁵⁸ KCW (1925) Department of Household and Social Science, Academic Board Minutes, 15th December. KCL: QA/AB/M2

¹⁵⁹ College of Nursing (1926) Education Committee Minutes, 3rd February. RCN Archives, Edinburgh

¹⁶⁰ KCW (1928) Department of Household and Social Science, Academic Board Minutes, 19th June. KCL:QA/AB/M3

¹⁶¹ KCW (1929) Department of Household and Social Science, Academic Board Minutes, 29th January. KCL: QA/AB/M3

¹⁶² KCW (1929) Department of Household and Social Science, Academic Board Minutes, 26th February. KCL: QA/AB/M3

increasing and the following year a request was made that a sub-committee be established to inquire into the amount of anatomy teaching given to the sister tutor students.

If the debate about anatomy in the curriculum was central in the 1920s and early 1930s, by the latter years of that decade, the focus of concern had altered to the physics and chemistry curriculum. By June 1934, the sister tutor students were given twenty lectures in physics and twelve practical sessions¹⁶³. The amount of science in the curriculum was therefore increasing, but without any reduction in the teaching of other subjects. It would appear that science content continued to rise in the middle years of the twentieth century. A point attested to by a disgruntled FNIF in 1948, whose Education and Management Committees expressed concerns that science content was disproportionate to the amount of teaching education within the curriculum¹⁶⁴. The question remained as to whether the sister tutor courses were designed to teach the students to teach, or to enable them to ameliorate their scientific knowledge, which as pre-registration nursing students, they had failed to acquire. It certainly appears that the College of Nursing was more keen on teaching instruction than the university colleges. Perhaps the College of Nursing felt that such a functional curriculum, based on learning to teach, would provide for an easier translation of nursing as a discipline of study from the hospital to the university setting. Thus it is to the issue of the theoretical and practical teaching in the curriculum that this chapter will now turn.

¹⁶³ KCW (1934) Department of Household and Social Science, Council Minutes, 5th June. KCL: QA/C/M6

¹⁶⁴ Florence Nightingale International Foundation (1948) Florence Nightingale International Foundation Education Committee, 12th March, and Committee of Management Minutes, 13th March. FNIF Archives, Geneva

Principles of Education and Methods of Teaching

In 1926, Miss Cowlin, Librarian and Education Officer to the College of Nursing, wrote to Miss Reynard requesting that Principles of Education and Methods of Teaching (hereafter, Principles of Education) become an examined subject on the sister tutor course¹⁶⁵. The College of Nursing Education Committee felt that this was necessary in view of the poor quality in the students' standard of teaching. It appears strange that in a course designed to produce teachers of nursing, teaching methods was not automatically considered to be one worth examining and that such a request was necessary. However, certainly in the tradition of higher education, it had not been deemed sufficiently important that lecturers be taught 'teaching'. Rather, a gentleman who had obtained his degree, was by virtue of his education and class entitled to teach in schools and universities¹⁶⁶.

The response of KCW to the request for Principles of Education to become an examined subject, was not positive. The Minutes of the Academic Board state that whilst they felt the students should be encouraged to take the course, it was not feasible for the College to examine the subject, thus perhaps the College of Nursing might wish to offer a certificate to the students who undertook this course¹⁶⁷; this decision is reiterated in a letter to Miss Cowlin on 1st October 1926¹⁶⁸. It is of course possible that the lack of enthusiasm from KCW on this matter was due to the rather practical nature of the Principles of Education. The College of Nursing then suggested that Principles of Education should become an

¹⁶⁵ Miss Cowlin, letter to Miss Reynard, 17th June 1926. KCL: QAP/GPF7/25

¹⁶⁶ Hirsch & McBeth (2004) *Teacher Training at Cambridge*, p.xx

¹⁶⁷ KCW (1926) Department of Household and Social Science, Academic Board Minutes, 29th September. KCL: QA/AB/M2

¹⁶⁸ Miss Reynard, letter to Miss Cowlin, 1st October 1926. KCL: QAP/GPF7/25

examined subject for its scholarship students. An offer was sent to KCW, asking if it should like to examine the papers¹⁶⁹. Once again this suggestion was met with a negative response this time because KCW did not consider it appropriate to examine a subject, which they did not teach¹⁷⁰. Was it the academic naivety of the College of Nursing which allowed it to ask KCW to examine a subject in which no member of its staff was involved? Or was KCW trying to assert its academic superiority by denying this request from College of Nursing? Again, the thoughts of both institutions are not clear; however, the response of KCW suggests that such a practice was not consistent with either its assessment procedures, or the liberal educational ethos of the University of London. Moreover, the dispute highlights KCW's willingness to co-operate in only limited ways with the College of Nursing. Both organisations certainly appeared to realise their interdependency with post-registration nurse education, but such debacles do bring into sharp relief their differing cultures. The following year, KCW Academic Board agreed to insert in the prospectus, 'Sister Tutors were advised to take a course in the Methods of Teaching'¹⁷¹. However, they refused to make institutional administration and business affairs optional, subjects which would have been required for their household science students. Thus, those students who wished to undertake Principles of Education, were required to make their own space in the timetable¹⁷².

¹⁶⁹ College of Nursing (1926) Education Committee Minutes, 18th October. RCN Archives, Edinburgh

¹⁷⁰ KCW (1926) Department of Household and Social Science, Academic Board Minutes, 2nd November. KCL: QA/AB/M2

¹⁷¹ KCW (1928) Department of Household and Social Science, Academic Board Minutes, 28th September. KCL: QA/AB/M3

¹⁷² KCW (1927) Department of Household and Social Science, Academic Board Minutes, 22nd June. KCL: QA/AB/M2

By 1934, the issue arose once more, this time KCW agreed to the compulsory inclusion of Principles of Education¹⁷³, at which point the College of Nursing made a request that some of the teaching be given by a sister tutor¹⁷⁴. For, although KCW had appointed a Dr. Pinard, a part time lecturer in psychology, with a Masters in Education, the College of Nursing felt that a nurse was required to teach the applied teaching skills. Significantly, the approval of the scheme by KCW was moderated by the words:

...provided that it was possible to come to a friendly understanding on this matter with the College of Nursing¹⁷⁵.

By October of the same year, the College of Nursing had put forward Hilda Gration, Sister Tutor at Guy's Hospital, as a possible lecturer for two lectures on applied teaching¹⁷⁶. Unfortunately, nothing more is known about the fate of the course in the 1930s. Perhaps the lack of information as to the subsequent issues related to these lectures is due in some part to the evacuation of the Royal College of Nursing to Leicester for the duration of the war¹⁷⁷, which opened the way for the RCN to institute its own sister tutor course.

¹⁷³ KCW (1934) Department of Household and Social Science, Academic Board Minutes, 11th December. KCL: QA/AB/M4

¹⁷⁴ KCW (1935) Department of Household and Social Science, Council Minutes, 7th May. KCL: QA/C/M6

¹⁷⁵ KCW (1935) Department of Household and Social Science, Council Minutes, 5th March. KCL: QA/C/M6

¹⁷⁶ KCW (1935) Department of Household and Social Science, Academic Board Minutes, 15th October. KCL: QA/AB/M4

¹⁷⁷ KCW (1940) Department of Household and Social Science, Academic Board Minutes, 17th December. KCL: QA/AB/M6

Conclusion

In this chapter a three stage method of using documents, film and oral history has been used in order to illustrate the ambiguous professional status of the sister tutor and her position in-between the service needs of the hospital and the educational needs of her students. In an article in *The Queen*, it was maintained that the work of the sister tutor was:

So important...that King's College of Household and Social Science, in conjunction with the College of Nursing, has organised a one-year course of special training for the qualified nurse who wishes to become a sister tutor¹⁷⁸.

Sadly, a perhaps more realistic version was that development of the sister tutor course was a prime example of compromise on the part of nurses, doctors and the governments of the day. Decisions made by successive governments illustrate extreme caution for the financial implications of placing nursing education in the academy. And, thus exacerbated the uneasy translation of nursing as a discipline of study from the hospital to the university setting. The medical profession appeared to resist relinquishing its control of the curriculum. Paradoxically, although the nursing profession appeared to wish to develop a cadre of educational leaders, the profession remained ambiguous about the value of a liberal education for its members. Furthermore, it is arguable that the monotechnic environment in which nurses learned their profession, and the rules which governed that environment,

¹⁷⁸ Anon (1947) The Education and Careers Editor discusses, prospects for the trained nurse, in a wide variety of interesting, responsible and remunerative posts. *The Queen*. 18th February, p.23

stymied nursing's ability to learn the 'games' of professional life¹⁷⁹. In her research on the numbers of graduates in the nursing profession, Carter argued:

The General Nursing Councils and Central Midwives Boards do not record in the Statutory Registers and rolls against a nurse's name any qualification she possesses other than entitlement to registration or enrolment...the immediate reaction of the orthodox nurse to a graduate is very often an assertion that she is, or will be found to be "unpractical", the word unpractical generally being taken to mean that she is slower in getting routine ward work done¹⁸⁰.

Given this rather narrow view, it is not surprising that the attempts to gain university access for its members were stifled. However, it should be recognised that the institution of university courses in the inter-war period is made more remarkable when the general structure of nursing education was so rigid. Perhaps more especially when, as, late as the 1960s Reinkemeyer argued that:

And to this day women do not expect nor are they expected to go to universities as commonly as are men. Accordingly the "clever" girl still sees going into nurse training or to a teacher training college as an alternative to university education¹⁸¹.

Moreover, even though as early as 1918, the nursing profession's teachers had access to the academy, the students remained outside its normal locale. As Miss

¹⁷⁹ Bourdieu P (2001) *Masculine Domination*. Cambridge, Polity Press, p.75

¹⁸⁰ Carter G B (1957) British nurses with University Degrees or Diplomas. *Nursing Mirror*. 18th January, p.1117

¹⁸¹ Reinkemeyer (1966) *The Limited Impact of Basic University Education Programs in Nursing*, p.27

W suggested with regards to the Edinburgh course, before the students became full members of the University. The course she said:

...was then run by the Royal College of Nursing, but had this sort of relationship with the University, so far that they marked the exams, and did a wee bit of the teaching. They [the students] were located in Heriot Row. They galloped around places, they went up to pathology, they went up to the department of anatomy...¹⁸².

Moreover, to some degree the College of Nursing and universities involved in the education of the nursing profession's educators do not appear to have been equal partners in the process. There is a sense that negotiations operated from a position of superiority from the universities, and that nursing was considered a discipline of more practical and therefore technical orientation. Therefore, whilst appearances were made of enthusiastic collaboration, there simmered under the surface of the discourse rather different feelings. This ambivalence on the part of the education sector appears to have lasted some time, as it was not until 1957 that the first university department of nursing was instituted. Furthermore, this department was at the University of Edinburgh and not associated with the RCN or the University of London. Significantly, the second university department of nursing in the UK was at Manchester, again not associated with the RCN, and founded on the public health agenda. The history of public health nursing is quite different from that of hospital nursing, having arisen out of the public and sanitary health women's organisations in the late nineteenth century. By 1919, these

¹⁸² Miss W. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, c.1970

organisations had developed from voluntary groups of well-meaning ladies to post-registration courses established in the university sector. It is to these courses that this thesis will now turn

Miss Queenie Jackson and class, c. 1940



Miss Queenie Jackson, 108 Victoria Road, Stamford

BATTERSEA POLYTECHNIC
LONDON, E.W.11

BATTERSEA POLYTECHNIC

LONDON, S.W.11

PATRON: HER ROYAL HIGHNESS THE PRINCESS ROYAL

PRINCIPAL: ~~G. E. O'BRIEN, B.Sc. (Eng.), F.R.S., M.A., F.R.I.C.~~

TELEPHONE
MACAULAY 1081

R. W. WEST, D.Sc., A.R.C.S., F.R.I.C., F.I.R.I.

27th October, 1947.

Miss Q. Jackson began a course for Ward Sisters in the session 1945-46, and during the two session studied the following subjects:-

Anatomy,
Physiology,
Chemistry,
Hygiene,
Social Administration,
Prevention of Disease,
Psychology,
Bacteriology,
History of Nursing and
Visits of observation.

Miss Jackson passed examinations in the above subjects but as the course has been discontinued, no further certificate is being issued.

E. M. Brinkley

Head of the Department of
Hygiene and Public Health.

Included for interest

UNIVERSITY OF LONDON

EXAMINATION FOR THE DIPLOMA IN
NURSING (PART B)

NOVEMBER, 1955

(6).—MEDICAL NURSING.—II

Examiners:

H. K. GOADBY, M.A., M.D., F.R.C.P.
Miss W. E. HECTOR, S.R.N., S.C.M.,
Diploma in Nursing (Univ. Lond.)

MONDAY, November 21.—*Afternoon, 2.30 to 5.30*

[Only FIVE of the following eight questions are to be attempted.]

1. What are the causes of pleural effusion? Describe in detail the nurse's duties in connection with any *one* method of aspirating a pleural effusion.
2. Give the signs, symptoms and treatment of essential hypertension. What may be the effects of long-standing hypertension?
3. Describe in detail your method of preparing for and performing catheterisation of the urinary bladder. Give reasons for your technique.
4. What abnormal forms of breathing do you recognise? What is their importance in diagnosis and treatment?
5. Discuss the management of a patient who has asthma.
6. A child of 6 has measles. Give a full account of the way in which he would be nursed, and the complications to be guarded against.
7. What causes of anaemia do you know? What are the principles of treatment employed?
8. What emergencies may arise in patients with these conditions:—
(a) Diabetes Mellitus,
(b) Pulmonary Tuberculosis?
Describe fully the duties of the nurse in each event.

UNIVERSITY OF LONDON

EXAMINATION FOR THE DIPLOMA IN
NURSING (PART B)

NOVEMBER, 1955

(6).—MEDICAL NURSING.—I

Examiners:

H. K. GOADBY, M.A., M.D., F.R.C.P.
Miss W. E. HECTOR, S.R.N., S.C.M.,
Diploma in Nursing (Univ. Lond.)

MONDAY, November 21.—*Morning, 10 to 1*

[Only FIVE of the following eight questions are to be attempted.]

1. Describe a patient suffering from thyrotoxicosis (Graves' disease), and discuss the treatment.
2. Give an account of the treatment of a patient who has a coronary thrombosis. What complications may arise, and how would you recognise them?
3. Discuss the importance of a professional code of ethics, with especial reference to the practical problems of the nurse.
4. Write an account of the diseases that may arise as the result of vitamin deficiency in the diet.
5. Describe the medical and nursing treatment of a patient with a peptic ulcer. What complications can occur?
6. What are the causes of constipation? How can it be treated?
7. Give a detailed account of the method of giving an intramuscular injection of streptomycin. Describe the alternative sites and the complications that can arise.
8. What conditions may give rise to red urine? How can they be differentiated?

Public Health Nursing

The first project for nurses to attend university after graduation, was within the field of public health. Opportunities were made available for both public health nurses and those wishing to train as health visitors. The term public health



Health visitor was assigned to the home of the young child.

Chapter 6: Nursing the nation

Introduction: Aims and objectives

The third prospect for nurses to attend university after certification, was within the realm of public health. Opportunities were made available for both public health nurses and those wishing to train as health visitors. The term public health nurse was mainly used in America, where the training combined the dual roles of district nursing and health visiting. In the UK, the two types of training were quite separate, although as will be discussed later, in the early twentieth century, some nurses in rural communities combined both types of work. The work and training of the district nurse, having existed outside the university sector, will not be discussed in this chapter. Therefore, it is to the work and training of the health visitor that this chapter will focus, using the three strand method of documents, film and oral histories to illustrate the ambiguities of the professional status of the health visitor, and the uneasy translation of nursing as a discipline of study from the hospital to health visiting as a discipline of study in the university setting. It should be noted that although this chapter relates to health visitors, where necessary, allusions will be made to the term public health itself.

The professional organisations for the occupation now understood as health visiting has had a number of different names. Between 1869 and 1915, health visitors came under the auspices of the Women Sanitary Inspectors Association (WSIA) and then from 1915 to 1929, the Women Sanitary Inspectors and Health Visitors' Association (HVA). For the rest of the period covered in this research, health visitors were organised under the banner of the Women Public Health

Officers' Association (WPHOA)¹. The titles used for the purpose of this chapter will reflect the title used in the period under discussion at the time.

Health visiting in the UK had a substantively different history to nursing, having evolved out of sanitary work, rather than hospital or community nursing. It is arguable, that whereas the impetus for both the sister tutor course and the Diplomas in Nursing arose from within the profession itself, the impetus for health visiting came from without. This meant that in some ways the understanding which was held of the health visitor was less ambiguous, being seen as a separate profession. However, once a nursing qualification was compulsory for health visitor training, the translation of nursing as a discipline of study from the hospital to health visiting as a discipline of study within the university setting was made more problematic than that for 'pure' nursing courses.

The interest in sanitary ideals and health issues, combined with a growing political awareness on the part of some middle and upper-class women, identified the need for a body of women to care for the needs of their less fortunate 'sisters'. However, it is not clear whether these reforming plans were really for the benefit of the poor, or the desire for middle and upper-class women to carve out a career role for themselves. Lewis has argued, that this political action by women was less prescribed by a 'separate spheres' agenda, than the practical means they chose to affect social change. That is, there existed *ad hoc* groups of women, who

¹ Kelsey A (1999) *The Evolving and Uncertain Role of Health Visiting in England and Wales in the Twentieth Century* [unpublished PhD thesis] London, London School of Economics, p.55

were keen to effect social change and the increasing importance on the part of government on welfare meant that it was through the family and welfare issues that they felt their 'reforming effort' would be most effective². The political and social agenda of the day, would thus affect the training and functions of these women; from the nineteenth century's obsession with public sanitation, to the twentieth century's obsession with private sanitary issues, perhaps most controversially, racial purity or hygiene.

This chapter tracks these transitions in training and the way in which the profession responded to the wider social forces. As a woman's profession, which by the inter-war period demanded initial training as a nurse, health visiting soon became symbolic of the many problems of the professional status of the nurse. The profession sat uncomfortably sandwiched between nursing and social services, thus necessarily commuted along a continuum between the two services. This mobile identity, whilst allowing for a greater degree of flexibility, nevertheless left health visiting vulnerable to the fortunes of the migrant, existing with no fixed abode. Secondly, whilst health visitors were educated within the academy, they were examined and certified by the Royal Sanitary Institute (RSI), which the Universities of London and Leeds deemed to be an inferior body. Therefore, as with those undertaking the sister tutor courses and Diplomas in Nursing, health visitor students were caught 'in-between'. However, whilst the nurses were caught between the College of Nursing and universities, health visitors were in the middle of a triangle, which included the College of Nursing,

² Lewis J (1994) Gender, the family and women's agency in the building of 'welfare states': The British case. *Social History*. Vol.19, No.1. January, p.41

the universities and the Royal Sanitary Institute. Furthermore, although the Women Sanitary Inspectors in the inter-war period were closely aligned with many of the leading feminists of the day, the College of Nursing, was a more conservative organisation. Finally, health visitors, in line with the social ideology of the day, saw motherhood and marriage as the primary roles for women, and as social activists adopted a position in relation to women and motherhood, from which they could influence and educate. However, they were themselves single, professional women, a status which did not fit neatly with the prevailing social and political ideas of a woman's place being in the home; the health visitor, like the nurse was a 'border case'³. It should be noted, that the absence of bodily 'dirt' within the work of the health visitor, perhaps lessened problems of 'pollution', and therefore raised its professional status.

It is the purpose of this chapter to examine these tensions for the health visitor, through discussions of their training and functions. Health visitor training was offered at a number of universities in the UK, this chapter will focus on those courses at the University of Leeds, partly as it is in this institution that the Standing Conference of Representatives of Health Visitor Training Centres archives are housed. Secondly, King's College for Women, London (KCW) since it pioneered not only the health visitor courses, but also the Diploma in Nursing and the sister tutor course. In addition to the University of Leeds and KCW, the policy and pedagogical debates at the London School of Hygiene and Tropical Medicine (LSHTM) and Bedford College for Women will be discussed. These

³ Poovey M (1989) *Uneven Developments: The Ideological Work of Gender in Mid Victorian England*. London, Virago Press, p.14

latter two establishments offered public health lectures and courses respectively. Bedford College, in conjunction with the League of Red Cross Societies (LORCS) and subsequently the Florence Nightingale International Foundation (FNIF). Before exploring the training and functions of health visitors, and the effect that issues such as hygiene and eugenics had upon them, this chapter will examine the history of health visiting.

A brief history of health visiting, 1862–1919

Prior to the 1875 Public Health Act, district visiting of the poor had been conducted by volunteer 'ladies' and paid respectable women. However, the establishment of Medical Officers for Health, removed this service from the authority of women and placed it into the hands of doctors. Thus, whilst the professionalisation of public health services offered new career opportunities to women, it simultaneously reduced women's authority in this field. The ramifications were far reaching; district visiting was medicalised and professionalised. The role that eventually became the nation's social worker remained autonomous, that which eventually became the health visitor, was not. Significantly, it appears that by the beginning of 1920, five months after the standardised health visitor courses began, many of the applicants who originally wished to train as health visitors changed to social work⁴.

⁴ KCW (1920) Department of Household and Social Science, Council Minutes: *Memorandum on the Training of Health Visitors*, 5th February, p.1. KCL: QA/C/M2

The first district visiting organisation was instituted by the Ladies' Sanitary Reform Association of Manchester and Salford in 1862⁵. However, the Association, a group of, 'well meaning amateurs'⁶, were by no means the instigators of district visiting⁷. The rise of industrialisation dramatically increased the urban living of the poorer classes, whilst at the same time the middle-class moved to the leafy suburbs. As early as 1820, district visiting became an accepted method of maintaining links between the rich and poor⁸. The mission was as much moral and religious as physical⁹. The London Bible and Domestic Female Mission, founded by Ellen Ranyard, an evangelical Christian in 1857 was no exception¹⁰. The use of the term 'Bible-woman' was key to the work of these visiting ladies¹¹. Thus, even though they were paid, they could trace their Christian duty back to the New Testament deaconesses.

The Ladies' Sanitary Reform Association, even though they were originally formed as a volunteer group, were substantively different from all previous district visitors. First, the Manchester and Salford Councils took some

⁵ Porter (1999) *Health, Civilisation and the State: A History of Public Health from Ancient to Modern Times*. London, Routledge, p.179

⁶ O'Connell P E (1957) *Symposium on The Development of Integrated Schemes of Training of Nursing and Health Visiting*. The Royal Society of Health: Paper presented at Sessional Meeting at the Society's Headquarters on Wednesday 17th July.

⁷ Although the term, 'district visiting', implies a district nursing service in present parlance, in the nineteenth and early twentieth centuries, it was often used as a term for health visiting. Its use within this thesis therefore, denotes health visitors and not district nurses, unless otherwise stated

⁸ Denny E (1997) The second missing link: Bible nursing in the 19th Century. *Journal of Advanced Nursing*. Vol. 26, pp.1175-1182

⁹ Nelson S (1997) Pastoral care and moral government: Early nineteenth century nursing and solutions to the Irish Question. *Journal of Advanced Nursing*. Vol.26, pp.6-14

¹⁰ Denny (1997) The second missing link, p.1175

¹¹ Prochaska F K (1987) Body and soul: Nurses and the poor in Victorian London. *Historical Research*. Vol. LX, No. 143, pp.336-348

responsibility for the work¹². Secondly, their primary function was, according to the Standing Conference of Representatives of Health Visitor Training Centres, to ‘popularise sanitary knowledge’, not to deliver the word of God¹³. They were to visit:

...all and sundry in their district, concentrating on cleanliness, good management and good living, helping the sick and advising the mothers on the care of their children¹⁴.

However, not long before 1869, the Association realised that it could not recruit enough lady volunteers to manage the visiting, it therefore began to employ ‘respectable’ working-class women, who under the supervision of ladies would undertake the visits¹⁵. Significantly, the transition from unpaid lady visitors to employed respectable women, created a workforce socially close to those for whom they cared.

In 1882, Florence Nightingale published an article in *Thrift, Journal of Social Progress and Reform*, in which she bemoaned the lack of thrift in the working-class homes in manufacturing towns. She maintained that money in these families was spent on eating, drinking and clothes, but not on their homes:

¹² Ministry of Health, Department of Health for Scotland, Ministry of Education (1956) *An Inquiry into Health Visiting: Report of a Working Party on the Field of Work, Training and Recruitment of Health Visitors*. London, Her Majesty’s Stationery Office, p.1

¹³ The Standing Conference of Representatives of Health Visitor Training Centres(1951) *Views on the Health Visitor’s Function, Recruitment, Training and Examination in England and Wales*. Report submitted to the Ministry of Health, 26th October, p.5

¹⁴ MoH, DoH for Scotland, MoE (1956) *An Inquiry into Health Visiting*, p.1

¹⁵ Hewitt M (1998) The travails of domestic visiting: Manchester, 1830 – 70. *Historical Research*. Vol. LXXI, No. 175, June, p.211

Three or four generations, plus lodgers, may be mixed up in two or three small bedrooms, and brothers and sisters into their teens, may sleep in the same bed. And this even in families professing religion¹⁶,

In 1892, she published a report on *The Training of Rural Health Visitors*¹⁷, in which she raised concerns that not only did the urban poor live in unsanitary surroundings¹⁸, but so did the rural poor. In the same year, in conjunction with her nephew, Frederick Verney, who was chairman for education in North Buckingham, Miss Nightingale organised a technical training for 'lady health visitors'¹⁹. In the Introduction to her *Report*, Verney stated:

It was intended that these ladies should make friends with the country people in their village homes, and make use of their friendship for the purpose of distributing knowledge²⁰.

In the same year, Buckingham County Council appointed three 'lady visitors' to go into the homes of the poor and act as a friend and counsellor to the whole family²¹. They were enjoined to be polite to those they visited, but were in fact too often seen as obstructive, inquisitive and dogmatic. According to Somerset Maugham in *Of Human Bondage*, the district visitor was the most hated of all

¹⁶ Nightingale F (1882) Hints and Suggestions. *Thrift, Journal of Social Progress and Reform*. Vol. 1, Part 1. January, p. 4. BL 74 TAB 1281a.2

¹⁷ Nightingale F (1891 – 1892) *Health at Home: Report of the Training of Rural Health Missioners and of their Village Lecturing & Visiting under the North Bucks Technical Education Committee of the Bucks County Council*. Winslow, Edwin J French

¹⁸ Elizabeth Gaskell's, *North and South* (1995) London, Penguin), depicts a great difference between the clean and sanitary south and the unhealthy dwellings and environs of Milton-North, taken to be Manchester.

¹⁹ Baly M (1995) *Nursing and Social Change*. London, Routledge, p.109

²⁰ Verney F (1891 – 1892) Introduction. In: Nightingale F (1891 – 1892) *Health at Home: Report of the Training of Rural Health Missioners and of their Village Lecturing & Visiting under the North Bucks Technical Education Committee of the Bucks County Council*. Winslow, Edwin J French

²¹ Baly (1995) *Nursing and Social Change*, p.109

those who carried the word of the middle-classes to the poor²². It is noteworthy that the following year, in 1893, Nightingale's language had shifted from the culpability of the family to that of the mother. She called for the instruction of mothers as the 'great mistress of family life'²³. There is little doubt that Nightingale firmly believed that 'Money would be better spent in maintaining health in infancy and childhood than in building hospitals to alleviate or cure disease'²⁴.

By the 1890s Women Sanitary Inspectors were appointed in London and the Women Sanitary Inspectors' Association was formed. The years between 1891 and 1908 were crucial for the development of the new profession of health visitor. In 1890, The Manchester Sanitary Missionary changed its name to Health Visitors²⁵. In 1891, the Factory and Workshops Act led to the appointment of women factory inspectors. In 1902, the Midwives Act gave a female dominated profession the right to self regulation. The Boer War, which illustrated the very poor state of the poor's health, led to the 1907 Education Act which included the provision of the school nurse, whose role was linked to that of the health visitor²⁶. The 1907 Notification of Births Act offered the health visitor a growing personal realm of practice and expertise. By 1908, an examination for health visiting was instituted by the Royal Sanitary Institute, offering health visitors their own

²² Somerset Maugham W (2000) *Of Human Bondage*. London, Vintage, p.645

²³ Nightingale F (c.1893) *Sick Nursing and Health Nursing*, p.3. Draft manuscript for Chicago Exhibition. LMA: H1/ST/NC/7/15

²⁴ Nightingale F (1894) Report of the Proceedings of the Bucks Sanitary Conference, October. Aylesbury, Lewis Poulton, p.ii

²⁵ Dowling W C (1963) *The Ladies' Sanitary Association and the Origins of the Health Visiting Service* [unpublished MA Thesis] London, University of London, p. 220. Wellcome Library: SA/HVA/D.7/14

²⁶ Royal College of Nursing, Public Health Section (1950) Open Conference on Future Training of the Health Visitor. *The Nursing Times*. 28th January, p.97

specific training, whereas prior to that date, most health visitors were sanitary inspectors, having no specific training of their own²⁷. However, the absence of any standardisation with the examination meant it was of limited value²⁸. In 1909 there were still multiple entry points for health visiting, appointments could be offered to some one who held a medical degree, or could show she had been trained in a lying-in hospital and had the requisite certificate to state she had knowledge of:

Sanitation, Physiology and Domestic Hygiene as will enable her to advise those whom she visits on all matters of personal hygiene, and on nurture and rearing of small Children²⁹.

It is noteworthy that in the nineteenth century, medically trained women were often employed by the Medical Officer for Health as district visitors. Although the practice soon became obsolete as the salaries for medical women were higher than those required for non-medically trained health visitors, the practice illustrates the 'in-betweenness' of the health visitor, caught in the interstices between medicine, nursing and social work, as well as the accepted subordination of women doctors to their male colleagues³⁰.

It is worthy of note that as late as the 1950s, women were still being employed in rural areas as health visitors, but without a health visitor certificate. In the 1940s the Ministry of Health released a film about district nurses, though much of the

²⁷ Dowling (1963) *The Ladies' Sanitary Association*, p. 260

²⁸ Dingwall R, Rafferty A M & Webster C (1988) *An Introduction to the Social History of Nursing*. London, Routledge, p.129

²⁹ The Women Sanitary Inspectors' Association (1908 – 1909) *Annual Report*. London, Thomas Bouch. Wellcome Library: SA/HVA/A.1/3, p.13

³⁰ Porter (1999) *Health, Civilisation and the State*, p.1

work undertaken by the nurse was that of the health visitor. That is, not clinical work, but visiting and offering health advice³¹. Miss O, a trained nurse, midwife and district nurse was employed in Cornwall at the end of the 1940s. Although she was not at the time a trained health visitor, many of the duties which she undertook were those of a health visitor, including health education classes³². Significantly, as late as 1948, the Chairman of the Standing Conference of Representatives of Health Visitor Training Centres maintained:

Many people think district nursing and health visiting should be done by one person and in the United States there is a strong feeling that the two should be combined. It may be practical in rural areas but we cannot get away from specialisation in this country where 80% of our people live in urbanised or thickly populated areas³³.

Thus it appears even within official circles, there was a degree of uncertainty as to the differences in roles between the variety of female public health occupations, moreover, it is arguable that the occupations themselves were functioning within rather blurred boundaries.

Whilst the institution of health visitors as separate from sanitary inspectors appeared to offer recognition to health visitors as a profession in itself, the move proved in some ways to have been a double-edged sword. Firstly, the Women's Sanitary Inspectors Association was ambiguous about the professional status of the health visitor, considering it an inferior profession. Certainly, they

³¹ Anon (1942) District Nurse, for the Ministry of Information. British Film Institute

³² Miss O. Oral history interview 24th April 2002. Trained at Bristol Royal Infirmary. 1941 – 1945. Health Visitor Tutor course, RCN 1950

³³ The 10th Standing Conference of Representatives of Health Visitor Training Centres. 29th June 1948. University of Leeds Health Visitor Archive

differentiated between health visitors and themselves, as the former had no legal responsibility. Health visitors certainly received lower financial remuneration than those employed as sanitary inspectors of factories and public buildings³⁴. Secondly, health visitors were still not a self-regulating profession since they were examined by the RSI³⁵, compounding their ambiguous position in the universities. Furthermore, in 1907, of the 63 members of the WSIA listed, only nine were health visitors³⁶. However, an increasing number of reports and commissions called specifically for the work of the health visitor as the prime 'medico-social' worker for infants and children³⁷. Furthermore, the focus on children demanded a prima facie obligation to the women and mothers of the nation. It is to the social context in which the health visitors operated that this chapter will now turn.

Public health and social purity

Barbara Caine has contended that the nineteenth century witnessed a desire to create a 'sisterhood' between middle and working-class women, however, it is arguable that this is somewhat over optimistic. Indeed, many women historians have claimed that middle and upper-class women would rather align themselves with the men of their own class, than the women of the lower classes. Poovey, for example has argued that there was an extent to which benefits for middle-class

³⁴ The Women Sanitary Inspectors' Association (1908 – 1909) *Annual Report*. Wellcome Library: SA/HVA/A.1/3, p.11. The report raises the concern that since health visitors could be employed at much lower salaries, local health authorities were more keen to offer them jobs than women sanitary inspectors

³⁵ Women Sanitary Inspectors' and Health Visitors' Association (1921 – 1922) *Handbook and Annual Report*. London. Wellcome Library: SA/HVA/A.1/15

³⁶ The Women Sanitary Inspectors' Association (1906 - 1907) *Annual Report*. London, St. Vincent's Press. Wellcome Library: SA/HVA/A.1/1

³⁷ Senior Lecturer & Chief Assistant, Deputy Superintendent Health Visitor & Health Visitor Tutor and Superintendent Health Visitor and Health Visitor Tutor (1949 – 1950) *The Duties of the Health Visitors*. Sent to the Standing Conference of Representatives of Health Visitor Training Centres, 1951, for the Working Party to consider, para. 1

women translated into liabilities for working-class women³⁸. That is, in order for middle and upper-class women activists to engage outside the home, they required an army of female domestic servants to care for the home they left behind³⁹. Nevertheless, the nineteenth century did certainly witness a desire by middle and upper-class women to ameliorate the lives of working-class women. Evidence for which can be seen in the creation of groups such as the Ladies Association for the Diffusion of Sanitary Knowledge, or the Ladies Sanitary Association⁴⁰ as it was to become in 1859. This Association, as Hallam has argued, was established by middle-class women:

[W]ho saw it as their moral duty to visit the poor and teach them about the virtues of fresh air, good diet, clean clothes and houses and clean living⁴¹.

However, there is little doubt that philanthropy is rarely, if ever, a purely altruistic venture. Certainly there were reasons other than the considered benefits to women living in poverty for these middle and upper-class women to undertake district visiting, either as a philanthropic or professional activity. One reason was certainly the drive for 'racial' purity, which became a *raison d'être* in the early twentieth century. The involvement with the racial purity movement did certainly create further professional dilemmas for health visitors, how could they be

³⁸ Poovey (1989) *Uneven Developments*, p.22

³⁹ Liddington J & Norris J (2000) *One Hand Tied Behind Us: The Rise of the Women's Suffrage Movement*. London, Rivers Oram Press, p.224

⁴⁰ Bashford (2000) *Purity and Pollution: Gender, Embodiment and Victorian Medicine*. Basingstoke, Macmillan Press Ltd., p.12

⁴¹ Hallam J (2000) *Nursing the Image: Media, Culture and Professional Identity*. London, Routledge, p.16

simultaneously ‘the mother’s friend’ and ‘agents of reform’? It is thus to this issue and its relevance to the health visitor movement that this chapter will now turn.

Public health and racial purity

On the most simplistic level, it has been argued that middle and upper-class women became involved with charitable works because they had little else to do. This however, Simonton has argued, is too one-dimensional charitable work gave women a sense of purpose, but ideals were often suffused with evangelical religion⁴². To quote Vicinus, ‘the Victorian public adored womanly self-sacrifice’⁴³. Notwithstanding the desire to perform good works, either for their own satisfaction, or that of God, the growing influence of eugenic science and racial hygiene, certainly nurtured the role of middle-class women in the homes of the poor. These new scientific developments, most infamously attributed to Francis Galton and Karl Pearson, provided a rational basis for the control of the race by eliminating those who were physically or mentally ‘weak’, and by promoting the progeny of the healthy and desirable⁴⁴. It is however worth noting that, as Roy Porter has maintained, in some respects for racial purists, public health measures, were not only a waste of money, but positively harmful. Such measures they argued, could save the ‘dregs’ of society and enable them to continue reproducing. Nevertheless, Porter continued, both the eugenicists and public health proponents were in accord that healthy mothers produced healthy

⁴² Simonton D (1998) *A History of European Women's Work, 1700 to the Present*. London, Routledge, p.159

⁴³ Vicinus M (1985) *Independent Women: Work and Community for Single Women, 1850 – 1920*. London, Virago Press, p.112

⁴⁴ Dwork D (1987) *War is Good for Babies & Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898 – 1918*. London, Tavistock Publications, pp.8-9

babies⁴⁵. The Inter-Departmental Committee on Physical Deterioration maintained that the poor health of the nation's young was the fault of poor mothering. It is to this Committee and the work which arose from it that this chapter will now turn. The findings of the Committee certainly increased the need for health visitors, but did little to ameliorate the professional ambiguities inherent in their work.

The Boer War and the Inter-Departmental Committee on Physical Deterioration

Recruitment to the Boer War (1899 –1902) prompted fears about the appalling state of health of the British working-classes⁴⁶, when the Imperial (British) Army was almost defeated at the hands of an opposing force of untrained Boer farmers⁴⁷. Approximately one third of all British men were found to be unfit for service, so severe was the problem, that ultimately the authorities were forced to lower the standard of health required to fight, in order to supply the army with sufficient soldiers⁴⁸. In 1901, the first report on poverty in twentieth century Britain was published, based on the research by Seebohm Rowntree⁴⁹. The Report, which linked poor health to the conditions under which people lived, was

⁴⁵ Porter (1999) *The Greatest Benefit to Mankind: A Medical History of Humanity for Antiquity to the Present*. London, Fontana Press, p.640

⁴⁶ Morgan K O (2002) The Boer War and the media (1899 – 1902). *Twentieth Century British History*, Vol.13, No.1, pp.1–16. Significantly, Morgan refers not only to concerns in Britain regarding the health of army recruits and the blame laid on the mothers of the nation, but also to the deaths of children in the concentrations for Boer women and children. He argues that far from attributing the atrocities to the British commanders, the British press blamed the Boer mothers' poor knowledge of nutrition and hygiene.

⁴⁷ Porter (1999) *Health, Civilisation and the State*, p.176

⁴⁸ Davin A (1978) Imperialism and motherhood. *History Workshop Journal*. Vol.5, Spring, p.15

⁴⁹ Roberts E A M (1986) Women's strategies, 1890 – 1940. In: Lewis J (ed.) *Labour and Love: Women's Experience of Home and Family, 1850 – 1940*. Oxford, Basil Blackwell, p.224

unfortunately largely ignored⁵⁰. Then in 1904, the Physical Deterioration Committee was established to consider the problem of the nation's health. Its Report, associated the physical debility of the nation with poor mothering⁵¹ again, the living conditions of the poor were disregarded. Ultimately, it was far easier to blame those women who lived in poverty, than improve the conditions of the working-classes. Kelsey has argued that what was called the 'National Efficiency' debate had very little to do with the individual health of the people of Britain; rather it was about providing men to fight for the Empire⁵². However, even in the early years of the twentieth century, social commentators were voicing disquiet with such self serving ideas. As Anna Martin⁵³ argued in 1911:

The capitalist fears a decrease in his labour supply, the military authorities think of their recruits, the Socialists see an opportunity of organising a millennium on their own pattern, with themselves as directors⁵⁴.

The answer, the Report of the Physical Deterioration Committee suggested, was to improve the domestic education of girls, including infant care⁵⁵.

Education for motherhood

The call for infant care education was not entirely new. In 1898, Helen Bosanquet⁵⁶ argued in *Rich and Poor*, that:

⁵⁰ Davin (1978) *Imperialism and motherhood*, p.16

⁵¹ Jeffries S (1985) *The Spinster and her Enemies: Feminism and Sexuality, 1880 – 1930*. Melbourne, Australia, Spinifex, p.134

⁵² Kelsey A (2002) Health care for all children: The beginnings of school nursing, 1904 – 1908. *International History of Nursing Journal*. Vol.7, No.4, p.5

⁵³ Anna Martin. Unfortunately, there is no information available about her.

⁵⁴ Martin A (1911) *The Married Working Woman: A Study*. London, National Union of Women's Suffrage Societies. July, pp.28-29

⁵⁵ Holdsworth A (1991) *Out of the Dolls House: The Story of Women in the Twentieth Century*. London, BBC Books, p.47

The remedy for all is education; women must be taught to do work that is good and valuable, and in this way their economic position will improve. They must be taught also in a way which gives them greater intelligence in managing their homes and children, for their deficiencies in this respect are partly due to their teachers⁵⁷.

The 1902 Education Act, which for the first time made provisions for secondary education, is central to this thesis in that it also made specific recommendations that girls' elementary education ought to include domestic subjects⁵⁸. Educationalists as diverse as Arthur Smithells, Pro-Vice-Chancellor of the University of Leeds, and Sara Burstall, Headmistress of Manchester School for Girls, agreed that domestic subjects, which prepared girls for their roles as wives and mothers, should be essential elements of a school girls' curriculum. Burstall even argued that for some girls, this should take precedence over mathematics in the curriculum, ironically, since she herself was a mathematician⁵⁹. However, opinion was divided, and throughout the first half of the twentieth century successive governments, welfare professionals and teachers alike argued over the provision of domestic education for girls⁶⁰. As late as 1942, the Women's Public

⁵⁶ Helen Bosanquet (1860-1926), was the daughter of the Reverend John Dendy and obtained first class honours in the Moral Sciences Tripos at Newnham College, Cambridge. Whilst living in London she became very involved in various aspects of social work, becoming the secretary to the Charity Organisation Society. It was through her work with this society that she met Bernard Bosanquet, whom she married in 1895. Helen also lectured as part of the University Extension Scheme and in 1905 became a member of the Royal Commission on Poor Laws, writing the subsequent report. <http://www.archiveshub.ac.uk/news/bosanquet.html>

⁵⁷ Bosanquet H (nee Dendy) (1898) *Rich and Poor*. London, Macmillan, p.117

⁵⁸ Hunt F (1991) *Gender and Policy in English Education: Schooling for Girls, 1902 – 1944*. New York, Harvester Wheatsheaf, p.4

⁵⁹ Burstall S (1933) *Retrospect and Prospect: Sixty Years of Women's Education*. London, Longmans, Green and Co., pp.94-95

⁶⁰ Hunt (1991) *Gender and Policy in English Education*, p. 5 - 6

Health Officers' Association called for 'more teaching of personal hygiene to senior girls in Schools'⁶¹.

The responsibility for teaching Mothercraft to school-girls was given to the health visitors, and proposals were made by the College of Nursing as late as 1937 for a joint training between the Infant Welfare Centre and Health Visitor Courses⁶². In 1928, the Board of Education published a pamphlet of suggestions on health education. It stated:

Thus, the teaching of Mothercraft to schoolgirls is not merely an additional "subject" which must be fitted into a curriculum, but it is the beginning of that education in care and management of little children which has achieved so much in the national campaign for the prevention of infant and maternal mortality⁶³.

Perhaps more insidiously, such education for motherhood did not end after leaving school. It is to the domestic and 'mothercraft' education of adult women that his chapter will now turn.

'Begin with the mother'⁶⁴

In 1906, Bosanquet argued that the best method of education was to go amongst the poor and gain an understanding of the conditions of their lives⁶⁵. Central to the prevalent teachings of the time, was that a good mother did not go out to work,

⁶¹ Women Public Health Officers' Association (1941) *Post-Certificate Courses Sub-Committee*. 13th November. Wellcome Library: SA/HVA/B.8/1

⁶² College of Nursing (1937) Education Committee Minutes, 6th June. RCN Archives, Edinburgh

⁶³ The Board of Education (1928) *Handbook of Suggestions on Health Education, For the Consideration of Teachers and Others Concerned in the Work of Public Elementary Schools*. London, His Majesty's Stationery Office, p.62

⁶⁴ Martin A (1913) *The Mother and Social Reform*. London, The National Union of Women's Suffrage Societies. November, p.8

⁶⁵ Bosanquet (1898) *Rich and Poor*, p.155

but stayed at home to care for her family. Married women's employment was seen as the cause not only of breeding feeble children, but also of street gangs and their husband's drinking⁶⁶. Moreover, Anna Martin exhorted that, although many argued, 'begin with the child', it was far more appropriate to advise 'begin with the mother'⁶⁷.

Establishments were instituted around the country by charitable organisations and government agencies to teach working-class women how to care for their families. One of these centres was the St. Pancras School, instituted in 1907 by Dr Sykes, the Medical Officer for Health of St Pancras. The centre provided a wide range of services from weighing and consultations of babies and mothers, to simple cookery lessons, and lessons for young mothers and wives, including, making clothes for babies, housewifery and domestic skills⁶⁸. According to Pat Thane, there was a general belief that poor women and mothers wanted support and help, provided it was not imposed in a patronising manner⁶⁹. It certainly appears that attendance at the centre did not excite the same bitter hatred as the visiting of homes. However, like other middle-class initiatives, it assumed the inability of working-class women to care properly for their family⁷⁰. Although, health visitors did no doubt sometimes reinforce traditional ideas of middle-class superiority, Thane continues that many of those professionals who were in contact

⁶⁶ Davin (1978) *Imperialism and motherhood*, p.53

⁶⁷ Martin (1913) *The Mother and Social Reform*, p.8

⁶⁸ Davin (1978) *Imperialism and motherhood*, p.39

⁶⁹ Thane P (1991) *Visions of gender in the making of the British welfare state: The case of women in the British Labour Party and social policy, 1906 – 1945*. In: Thane P & Bock G (eds.) *Maternity and Gender Politics: Women and the Rise of the European Welfare States, 1880s – 1950s*. London, Routledge, p.101

⁷⁰ Davin (1978) *Imperialism and motherhood*, p.41

with the poor were well aware of the difficulties that poverty itself brought⁷¹. It is to the preparation of health visitors for their role as socio-medical worker, that this chapter will now turn. Under the Health Visitor Training Regulations, 1919, health visitors were required to be over eighteen, and either undertake a full course of two years after having completed secondary education, or take the shorter course of one year which had been established for nurses and others with a range of experience. This multiple pointed entry gate can have done little to reduce the ambiguities in the position of the health visitor, either within the university setting or in her professional life. However, one aspect was clear, the health visitor courses were required to be under the auspices of a university.

The institution of health visitor training

The earliest form of health visitor training, was instituted in 1907 by Miss Bideleux of Battersea Polytechnic, for school nurses and sanitary inspectors⁷². However, when in 1919 the Board of Education (Health Visitors' Training) Regulations were published, establishing courses, examinations and grants for women who wished to undertake this work, the number of courses increased. This Act provided a watershed for health visitors, as until then there had been a number of women workers vying for authority in the social and health care of the community, furthermore, there had been multiple entry points into the various professions. From 1919, universities and other institutions closely allied to a university were invited to place before the Board details of courses which they

⁷¹ Thane (1991) *Visions of gender in the making of the British welfare state*, p.103

⁷² Arrowsmith H (1966) *Pioneering Education for the Technologies: The Story of Battersea College of Technology, 1891 – 1962*. Surrey, University of Surrey, p.54

wished to institute. Institutions were enabled to organise a two year course for those without experience or a one year course for those with experience⁷³.

King's College for Women (KCW) was involved in the training of health visitors from 1919, that is, from the earliest point in the attempt to rationalise health visitor training. The initial course was held in conjunction with the London School of Economics (LSE). However, according to Blakestad, it was prohibitively expensive, and fell into abeyance a year later, although she continued, this may well have had as much to do with the increasing professionalisation of health visiting, as the financial issues⁷⁴. However, KCW had already developed clear links with the nursing profession, the sister tutor course having been established in 1918. It appears that the College was keen to increase those links, since in 1920 it instituted its own health visitor course⁷⁵.

The Women's Sanitary Inspectors' and Health Visitors' Association arranged for those working as health visitors in and around London to take the examination in December 1923, whilst continuing to hold their present appointments⁷⁶. In 1926, the University of Leeds, on recommendation of the Senate, agreed to institute training for health visitors in co-operation with Leeds City Council, 'on the understanding that no cost in connexion with the scheme would fall upon the

⁷³ The Board of Education, England and Wales (1919) (*Health Visitors' Training*) Regulations, Statutory Rules and Orders, 13th September, p.8. Wellcome Library, SA/HVA.B/7/1

⁷⁴ Blakestad (1994) *King's College of Household and Social Science and the Household Science Movement in English Higher Education* [unpublished DPhil thesis] Oxford, University of Oxford, p.209

⁷⁵ Blakestad (1994) *King's College of Household and Social Science*, p.210

⁷⁶ The Women Sanitary Inspectors' and Health Visitors' Association (SA/HVA) (1921 – 1922) *Hand-Book and Annual Report*. The Association's Training Scheme for Enabling Members to take the Diploma. London, p.13. Wellcome Library: SA/HVA/A.1/15

University'⁷⁷. However, the growing importance played by the health visitor in the supervision of the working-classes demanded training and increasingly the call was for all health visitors to be trained nurses. It is to the call for health visitors to be trained nurses first that his chapter will now turn.

Nurse training for health visiting?

According to Kelsey, the records of the Ministry of Health offer the earliest archive of discussion about the relations between nurse training and that of health visiting. In 1919, Miss Katie Stephenson, who worked with health visitors in Wiltshire, contacted Robert Morant maintaining that nursing was a necessary pre-requisite for health visiting. It appears that she was fortunate in her choice of civil servant, Morant was also keen to establish the connection⁷⁸. Nevertheless, the Board of Education (Health Visitor Training) Regulations, 1919 did not make the connection compulsory and whilst previous nurse training was seen as one possible pre-requisite for health visitor training, it remained only one of multiple access points for several years.

The establishment of two courses for health visitors, one for those with experience and one for those without, was divisive from the start, thus exacerbating the professional ambiguities of the health visitor. Furthermore, according to the Standing Conference of Representatives of Health Visitor Training Centres, their institution probably precluded rationalisation of the profession, for those with experience included not only trained nurses, but also those who had been working

⁷⁷ University of Leeds (1926) Finance Committee Minutes Book 15. 26th November, p.541. University of Leeds Health Visitor Archives.

⁷⁸ Kelsey (1999) *The Evolving and Uncertain Role of Health Visiting*, p.61

as health visitors, and those with a university degree⁷⁹. The 1919 Regulations were also unpopular, because to undertake the shortened course it was not actually necessary to be a nurse⁸⁰. It is not clear whether this is because those trained as nurses were seen as more submissive and therefore not having the necessary or appropriate skills for health visitor work. Significantly, there were those who considered the tendency to 'obedience' of student nurses to have negative ramifications for health visitors⁸¹.

After the Armistice in 1918, government grants provided funds for ex-service people to return to university or college, some of whom attended Battersea for health visitor or sanitary inspectors courses⁸². Furthermore, and perhaps most controversially, the Board of Education made a special concession for ex-Voluntary Aid Detachment 'nurses'⁸³, who had once been considered the 'enemies' of professionally qualified nurses⁸⁴. However, according to O'Connell, by the 1930s most of those who were not trained nurses left health visiting to pursue their full nurse training, as they felt their knowledge base inadequate to the task⁸⁵.

⁷⁹ The Board of Education, England and Wales (1919) (*Health Visitors' Training Regulations*), p.9

⁸⁰ Standing Conference of Representatives of Health Visitor Training Centre (1951) *Report submitted to the Ministry of Health*, 26th October. p.5

⁸¹ MoH, DoH for Scotland, MoE (1956) *An Inquiry into Health Visiting*, p.130

⁸² Blakestad (1994) *King's College of Household and Social Science*, p.42

⁸³ KCW (1920) Department of Household and Social Science, Council Minutes: *Memorandum on the Training of Health Visitors*, 5th February, p.1. KCL: QA/C/M2

⁸⁴ For comments on the criticisms of Voluntary Aid Detachment 'nurses', by professional nurses, see, Rafferty A M (1996) *The Politics of Nursing Knowledge*. London, Routledge, pp.77-78 & 111. Also, Baly (1995) *Nursing and Social Change*, pp.149-150 & 171

⁸⁵ O'Connell (1957) *Symposium on The Development of Integrated Schemes of Training of Nursing and Health Visiting*, p.2

The Medical Officer of Health for Birmingham, was, according to the *Memorandum on the Training of Health Visitors*, convinced that there was 'no demand for training on the part of those who were not trained nurses'⁸⁶. In an article in *The Nursing Times*, in 1936, the point is made that:

...with the increase in the health visitors' clinical duties, the training and experience of the nurse has become more and more desirable. In fact nearly all advertisements for health visitors now stipulate nursing qualifications⁸⁷.

The call for a nursing qualification on the grounds of increased 'clinical duties' is significant, as it begs the question as to the role of the health visitor. What were the clinical duties that they were required to undertake, and from whom were they to adopt them? Community nursing and midwifery services were already in place. The 1956 *Inquiry into Health Visiting* acknowledged that there were objections to health visitors being nurses first. The main objection being that the institutionalised hospital training of the nurse had little in common with the domiciliary 'family friend' work of the health visitor⁸⁸, a role rather inconsistent with clinical duties, but closely aligned with social work. Furthermore, it was agreed that nurse-trained health visitors tended to be 'more didactic' and 'advocate ready-made solutions', in keeping with the hospital training they would have been given as student nurses. These, *The Inquiry* felt, were key responses when apprenticeship 'how to' training was more the method of education, responses which *The Inquiry* did not consider appropriate to the health visitors'

⁸⁶ KCW (1920) *Memorandum on the Training of Health Visitors*, p.2

⁸⁷ Anon (1936) The training of health visitors. *The Nursing Times*, 19th December, pp.1247-1248

⁸⁸ MoH, DoH for Scotland, MoE (1956) *An Inquiry into Health Visiting*, p.130

work⁸⁹. It is significant that in the 1925 film *In the Case of Humanity*, it is stated that, ‘the Nurses must be trained and trained well – for their work and the hospital and outside. They must combine patience and care with knowledge’⁹⁰. However, the anxieties of the health visitor profession regarding their association with nursing were arguably a signal that health visiting was asserting a sense of intellectual superiority to nursing, marked by an early association with higher education.

By the middle years of the twentieth century, the developing role of the health visitor was seen to require a knowledge of ill health, as well as ‘wellness’ and welfare work, thus the ambiguity of her position amplified. As early as 1926 an article in *The Nursing Times* had stipulated the importance of a health visitor firstly being a nurse, describing those who were not as ‘handicapped’⁹¹. Ultimately, the question of the necessity of nurse training was to become ‘academic’, as Blakestad has argued, the pre-requisite of prior nurse-training eventually becoming compulsory⁹². In 1951, the Standing Conference of Representatives of Health Visitor Training Centres stated of the two year course for those without previous nurse training that ‘no recognised Training Centre now trained health visitors in this way’. Furthermore, the final application for approval of a health visitor trained under the two year scheme for non-nurses had been received in 1937⁹³. Whatever the advantages for health visitors to have

⁸⁹ MoH, DoH for Scotland, MoE (1956) *An Inquiry into Health Visiting*, p.23

⁹⁰ Anon (1925) *In The Case of Humanity A Middlesex Hospital Study*. British Film Institute

⁹¹ Anon (1926) The education of the nurse for the public health service. *The Nursing Times*. 14th August, p.720

⁹² Blakestad (1994) *King's College of Household and Social Science*, p. 210

⁹³ The 20th Standing Conference of Representatives of Health Visitor Training Centres. 2nd November 1951, p.4. University of Leeds Health Visitor Archive

previously been trained nurses, the association did little to ameliorate the professional ambiguities that the health visitor profession faced. However, even with the two year course in abeyance, recruitment onto the one year course was somewhat problematic, thus it is to the recruitment of health visitors that this chapter will now turn.

Recruitment: success and failure

By the 1920s health visiting, like other female occupations that arose out of the nineteenth century philanthropic movement, was now paid employment, undertaken by women from a wide variety of social backgrounds. As stated above, following the Board of Education (Health Visitors' Training) Regulations, 1919 certain stipulations were made regarding the entry qualifications for health visiting. However, it became increasingly necessary to require more exacting qualifications in order for the students to be successful in their examinations and work. The fact that, like their colleagues undertaking the Diploma in Nursing and sister tutor courses, health visitor students would also be in universities could, moreover, be used as a recruitment ploy. The university courses also offered reasonable grounds for requiring higher educational standards than the nursing qualification alone, which during the inter-war period was according to Horn, beginning to attract girls from the depressed areas, especially Wales and from Ireland, girls who were less likely to have had the advantage of secondary education⁹⁴.

⁹⁴ Horn P (1995) *Women in the 1920's*. Stroud, Alan Sutton Publishing Ltd., p.132

In an article in the *Nursing Times* in 1926, Mrs Maynard Carter, Director of Studies for the League of Red Cross Societies, argued that the advantages of being in a university outweighed the disadvantages that some may see in a theoretical course⁹⁵:

From the nurse's own point of view there is a value of the University atmosphere, and the opportunity of coming into contact with women with different interests which tends to give a wider outlook, a broader point of view.

Furthermore, it would not place those who undertook health visitor work at such an educational disadvantage with those who chose to take courses leading to work as Women's Public Health Officers. In 1923, when Olive Baggallay⁹⁶ was awarded the Nightingale Study Fellowship in order to research public health nursing in America, she reported that not only were those women wishing to enter public health work required to be trained nurses, but also 'with a required educational standard', that is, school certificates⁹⁷. Notwithstanding these requirements, Rafferty has argued that Miss Crowell, an American public health nurse who was requested to conduct a study of public health nursing in Europe, complained of the organisation of nursing and health visiting, as well as the

⁹⁵ Carter M L (1926) The education of the nurse for the public health service. *Nursing Times*. 14th August, pp.720–721. From a paper during the College of Nursing Post-Graduate week in London.

⁹⁶ Olive Baggallay, born 30th June 1894. Educated at Cheltenham Ladies' College, after which she worked as a teacher at a girls' school in Kingston. Entered Nightingale Training School in 1916, followed by health visitor course at KCW in 1920. Curriculum Vitae of Olive Baggallay, MBE. London Metropolitan Archives (LMA): H1/ST/NTS/Y44/1

⁹⁷ Baggallay O (1923) The American nurse and public health work. p. 2. This article was originally written for publication in the nursing press, however, Miss Rundle, secretary to the College of Nursing discouraged its publication in a letter to Miss Lloyd Still, 15th December 1924. She argued, 'She[Baggallay] has not had time yet to have any settled judgement as she admits in her letter, and I think it would be more helpful if she waited a bit until her views are more stabilised, before expressing opinions which later she may wish to withdraw.' Given Baggallay's admiration of the organisation of nurses in public health work in America over her colleagues in Britain, it is likely that the request to postpone publication was a purely political one. LMA: H1/ST/NTS/Y/44/1

multiple methods of access onto health visitor courses in Britain⁹⁸. In January of 1934, at a meeting of the Sanitary Inspectors and Health Visitors' Association, the decision was proposed by Miss Sayle, of the WPHOA, and seconded by Baggallay, by this time on the committee for the Public Health Section of the College of Nursing, that:

...all students accepted for training as Health Visitors shall, in addition to possessing an educational qualification not lower of that than School Leaving Certificate, be selected by a representative Body, who shall satisfy themselves that approved candidates possess a suitable personality for the work of a Health Visitor⁹⁹.

By June of that year, the Joint Consultative Committee of Institutions Recognised by the Minister of Health for the Training of Health Visitors, and of Organisations of Health Visitors, had agreed that the above statement should apply in the selection of candidates¹⁰⁰. By 1935, the rules were once again tightened, requiring candidates to all have an interview and for some to undertake an entrance test¹⁰¹. Unfortunately, the tightening of rules, whilst attempting to ensure the best possible candidates, appeared to have a detrimental effect on recruitment. In 1946, The Standing Conference of Representatives of Health Visitor Training Centres complained at the paucity of good candidates. It is arguable that this was

⁹⁸ Rafferty A M (1995) Internationalising nursing education during the interwar period. In: Weindling P (ed.) *International Health Organisations and Movements, 1918 – 1939*. Cambridge, CUP, p.271

⁹⁹ Women Sanitary Inspectors' & Health Visitors Association (1943) Committee Meeting, 27th January. Wellcome Library: SA/HVA/B26

¹⁰⁰ Joint Consultative Committee for the Institutions Recognised by the Minister for Health for the Training of Health Visitors, and of Organisations of Health Visitors (1934) *Report of Conference on Practical Work*, 30th June. Wellcome Archives: SA/HVA/B26

¹⁰¹ Joint Consultative Committee for the Institutions Recognised by the Minister for Health for the Training of Health Visitors, and of Organisations of Health Visitors (1935) *Report of Conference on Practical Work*, 29th June. Wellcome Archives: SA/HVA/B26

at least in part due to the ambiguous professional status of the health visitor against the other public health workers. Furthermore, concerns were voiced by members of that committee, that improved educational qualifications did not always appear to ameliorate selection. Dr Hughes said that some candidates were almost illiterate, even though they were qualified nurses. Dr Brodie maintained that some had even progressed as far as examination who should never have been accepted. This is, of course, to ignore the fact that the translation of nursing as a discipline of study from the hospital to health visiting as a discipline of study in the university setting was uneasy. Once again it was recommended that all candidates should be interviewed prior to acceptance¹⁰². Three years earlier a policy paper on nursing and midwifery recruitment maintained that although the actual number of vacancies was relatively small, less than 200, these vacancies do not identify all the actual additional health visitors that were required¹⁰³.

By 1950, it was apparent that the shortfall of health visitors was serious. The Standing Conference of Representatives of Health Visitor Training Centres estimated that to meet the deficiency approximately 1,000 places would have to be filled annually¹⁰⁴. The College of Nursing Education Committee Minutes give details of many potential candidates who applied, but were not accepted. In the early 1950s, Miss B, a local authority candidate, therefore one with funds and backing, was refused a place because her educational test had not satisfied the

¹⁰² The 2nd Standing Conference of Representatives of Health Visitor Training Centres, Training Health Visitors. 24th January 1946. University of Leeds Health Visitor Archive

¹⁰³ Ministry of Labour and National Service, Ministry of Health and the Department of Health for Scotland (1945) *Recruitment of Nurses and Midwives to Training Institutions: National Advisory Council on Nurses and Midwives* (Not for Publication). London, His Majesty's Stationery Service. p.11

¹⁰⁴ The Standing Conference of Representatives of Health Visitor Training Centres (1954) *Report of the Working Party on Recruitment, Training and Function of Health Visitors*, Para. 18. University of Leeds Health Visitor Archive

interviewers¹⁰⁵. Three more candidates are also identified as having been refused places, one having failed to produce satisfactory work on the educational test, one because of her interview and poor references, and one solely on the basis of her interview¹⁰⁶. Furthermore, the paucity of suitable candidates was not confined to the lack of ability of those who applied. Initial recruitment from a suitable pool of women was made problematic as health visitor remuneration was depressingly low. As late as 1954, the WPHOA was seriously concerned that the pay of the health visitor was less than that of a ward sister, thus offering little inducement for the ward nurse to train for a further year in order to qualify as a health visitor¹⁰⁷.

¹⁰⁵ Royal College of Nursing (1951) Education Committee Minutes, 24th September. RCN Archives, Edinburgh

¹⁰⁶ Royal College of Nursing (1952) Education Committee Minutes, 23rd June. RCN Archives, Edinburgh

¹⁰⁷ Women Public Health Officers' Association (1954) *Memorandum of Evidence of the Proper Field of work, Recruitment and Training of Health Visitors in the National Health Service and School Health Service*. London, Women Public Health Officers Association. p.17

Table 8: Health Visitors who successfully passed the Royal Sanitary Institute Examination during 1939 – 1949 inclusive¹⁰⁸.

Year	Candidates admitted to examination	Passed	Proportion of failures
1939	347	262	24%
1940	341	266	22%
1941	318	246	22%
1942	366	279	24%
1943	409	314	21%
1944	409	321	21%
1945	448	335	25%
1946	465	374	19%
1947	576	473	18%
1948	734	638	13%
1949	876	718	18%

The Standing Conference of Representatives of Health Visitor Training Centres argued:

There is increasing competition for labour by other professions, such as teaching, physiotherapy and medico-social work of all kinds. The potential health visitor recruit is aware that there are

¹⁰⁸ The 11th Standing Conference of Representatives of Health Visitor Training Centres, 30th September 1949. University of Leeds Health Visitor Archive

other professions which offer much shorter and less arduous preparation, and with better remuneration when trained¹⁰⁹.

The profession were therefore trapped between concerns regarding candidates who were not able to pass the examinations and fears of repercussions upon recruitment. Nevertheless, for all the concerns related to the ability of the candidates, the failure rate did drop after 1945 (see Table 7). It is unclear whether this was due to an improved recruitment pool, better teaching, or an alteration in the examinations themselves. However, there was a growing disquiet associated with the status and organisation of the examinations. This disquiet was exemplified by the cultural clash between the universities who ran the courses and the Royal Sanitary Institute which acted as examiners. It is to the ambiguities inherent in this relationship that this chapter will now turn.

Academic and professional ambiguities

As early as 1925, overtures were made to the London School of Hygiene and Tropical Medicine (LSHTM), to establish a course of public health nursing. According to Rafferty, the Rockefeller Foundation pledged over £2 million to enable the development of an institute through the International Health Board¹¹⁰. However, whilst it was agreed that money could be used for public health nurses, ultimately the project failed¹¹¹. The Sanitary Institute, which was the examining body, had no university standing and LSHTM felt some disquiet at the prospect of running a course which was examined by a supposedly inferior body. However,

¹⁰⁹ The Standing Conference of Representatives of Health Visitor Training Centres (1954) *Report of the Working Party on Recruitment*, 1954, Para. 22

¹¹⁰ Rafferty (1995) *Internationalising nursing education*, p.272

¹¹¹ Rafferty (1995) *Internationalising nursing education*, p.273

the College of Nursing continued to pursue LSHTM and in 1936, once again solicited a response to instituting a health visitor course. Miss Crowell, by now working for the Rockefeller Foundation was a key member of the joint negotiating body between the College of Nursing and LSHTM¹¹². She was perhaps, a rather odd choice considering her criticism of nurse training in the UK and especially that of training for public health nursing. Thus, it could be supposed that she would have been unlikely to assist the College of Nursing's manoeuvres¹¹³. It is arguable however, that her appointment was in fact a rather clever tactic on the part of the College of Nursing, as perhaps the College were hoping that they could lever funding from the Rockefeller Foundation for the LSHTM course. Furthermore, it is arguable that College of Nursing would have failed without her, as she was to act as a conduit between the Rockefeller Foundation, LSHTM and nursing. The lack of experience of the College of Nursing in dealing with higher education institutions was proving critical. Miss Parsons, the Director of Education at the College of Nursing, sent a brief letter giving no further details than the desire for more health visitor courses and the need for training to be three terms instead of two¹¹⁴. Professor Jameson, head of the Department of Public Health, was not impressed, arguing, that whilst sympathetic:

You have, however, given me no concrete proposal to lay before my School Council and a vague request for co-operation is not likely to meet with its very enthusiastic approval. After all, this School is a post-graduate medical school with very heavy

¹¹² College of Nursing (1939) Education Committee Minutes, 10th January. RCN Archives, Edinburgh

¹¹³ Rafferty (1995) Internationalising nursing education, p.271

¹¹⁴ Miss Parsons, letter to Professor Jameson, 7th February 1936. College of Nursing, Education Committee Minutes. RCN Archives, Edinburgh

responsibilities in relation to certain public medical services both at home and abroad...¹¹⁵.

By March of 1937, attempts to institute a course at LSHTM were made once again by the College of Nursing and were again refused by Professor Jameson, although he did agree to allowing health visitor students to attend LSHTM for various courses of lectures and tutorials¹¹⁶. Miss Ho recalled undertaking some of these lectures, which she referred to as, 'practical research'¹¹⁷. By 1938, the College of Nursing was calling for a joint committee between their Education Department and LSHTM, to take responsibility for running courses¹¹⁸. Once again the response from Professor Jameson was less than welcoming. In a joint meeting between the Public Health Nursing Section of the College of Nursing Education Committee and LSHTM, Professor Jameson stated that whilst he would agree to the joint appointment of a public health nurse, he would not agree to LSHTM awarding certificates to public health nurses as this was not in its province, that was the work of the nursing profession¹¹⁹. This certainly suggests a real sense of ambiguity on the part of academics in higher education to the status of the nursing profession as a whole.

Rafferty's comment about the lack of enthusiasm being based on 'snobbery' appears reasonable, nonetheless, the nursing sorority failed to appreciate the status

¹¹⁵ Professor Jameson, reply to Miss Parson, 10th February 1936. College of Nursing, Education Committee Minutes. RCN Archives, Edinburgh

¹¹⁶ College of Nursing (1937) Education Committee Minutes, 6th March. RCN Archives Edinburgh

¹¹⁷ Miss Ho. Oral History undertaken, 8th August 2001. Trained the London and Watford County Hospital. 1939 – 1942. Health Visitor Tutor course, RCN 1950

¹¹⁸ College of Nursing (1938) Education Committee Minutes, 6th December. RCN Archives Edinburgh

¹¹⁹ College of Nursing (1939) Education Committee Minutes, 10th January. RCN Archives Edinburgh

of LSHTM¹²⁰, which, as a post-graduate medical school, would probably have needed to alter its governing rules to admit nurses in the first place. However, it seems odd that the nursing and health visiting leaders did not seek to address the problem by disassociating themselves from the Royal Sanitary Institute. Why those two organisations continued to place themselves in such a politically ambiguous position can only be guessed at. However, one possible argument may be related to the feminising of professional nursing work. Rebecca Gill argued in her seminar paper '*Ministering Angels? Women's hospital work in the First World War*' that the female humanitarian workers of World War I chose to place themselves as other, in order to remain apart from the corporate identity of the war and War Office. That is, their ambiguity was part of the 'feminising' of humanitarian aid¹²¹. Whether the same can be said of nursing, sitting between the masculine world of the university and the corporate RSI, is open to debate. However, it is arguable that the RSI gave health visitors another point of protection and patronage, which allowed them some political room for manoeuvre, should the need arise.

What does appear to have been unequivocal is that the arrangements for health visitor and public health nurse training and work had evolved in an *ad hoc* manner. The university sector colleges involved, the position of the Royal Sanitary Institute and the position of health visitors governed by this variety of institutions, were complex and arguably ill considered. The Standing Conference of Representatives of Health Visitor Training Centres in 1951 considered the

¹²⁰ Rafferty (1995) Internationalising nursing education, p.272

¹²¹ Gill R *Ministering Angels? Women's hospital work in the First World War*. Seminar given as part of the UK Centre for the History of Nursing, seminar series at the University of Manchester. 4th March 2004

question, 'What bodies are concerned with the future training, work and supply of health visitors?' The list included, the Ministry of Health, the Ministry of Education, the General Nursing Council, the Royal Sanitary Institute, Local Health Authorities and the Standing Conference of Representatives of Health Visitor Training Centres not withstanding the individual universities, which organised the courses¹²². The ability to reach any sort of agreement between these many organisations was likely to have been problematic.

The concern of LSHTM as being 'merely teaching agents' for a course examined by the Sanitary Institute, was not confined to that institution alone. In 1946, the Professor of Public Health at the University of Leeds, whilst condoning the belief that health visitor courses should only be situated in universities, admitted to some disquiet that they were not the examining body, stating, that if more courses were instituted in other types of training schools, the university schools, of which Leeds was one, may disappear:

Leeds University, for example, might quite well, and I think would not be unwilling to transfer responsibility for this course to the Technical College, though I have no hesitation in saying that the course would suffer a reduction, at least in status if not in the quality of the teaching¹²³.

It is arguable that the university sector was anxious that any association with an outside, non-academic body implied subservience which could cast aspersions

¹²² The 16th Standing Conference of Representatives of Health Visitor Training Centres. 2nd February 1951, p.2. University of Leeds Health Visitor Archive

¹²³ Johnstone Jervis J, Professor of Public Health University of Leeds, letter to Dr. Dudley Robinson, of the Royal Sanitary Institute, 19th November 1946. University of Leeds Health Visitor Archive Significantly, the University of Leeds continued to train health visitors until 1989, when Leeds Polytechnic (now Leeds Metropolitan University) took over the course

upon it, in particular its teaching methods and most especially in the event of candidate failure. The University of Leeds appears to have been keen to gain the upper-hand over the Sanitary Institute and preserve its autonomy and prestige, which it guarded jealously. For, in 1949, a rather petty argument arose over the conditions for examination. It appears that in the November of that year the examinations for the Sanitary Institute were conducted as usual in the Church Institute Hall. Unfortunately hymn practice was being conducted in the next room. Dr. Dixon of Leeds University wrote to the secretary of the Sanitary Institute asking if he considered 'these conditions as usual for RSI examinations...?'¹²⁴. It should be noted that there may also have been an economic motive regarding the relationship with the Sanitary Institute and health visitor education, related to the potential loss of examination fees.

The University of Leeds, Department of Preventative Medicine and Public Health also struggled with the question as to whether health visitors were better served by an apprentice training under the auspices of a local authority, or a university education, in which they were taught in 'principle'¹²⁵. A question, which was later raised by the Standing Conference of Representatives of Health Visitor Training Centres itself¹²⁶. Significantly, the University of Leeds Report wondered that it was often the medical profession and public health experts who desired the apprenticeship scheme:

¹²⁴ Dr. Dixon, Department of Preventative Medicine and Public Health, University of Leeds, letter to the Secretary of the RSI, 14th November 1949. University of Leeds Health Visitor Archive

¹²⁵ University of Leeds, Department of Preventative Medicine and Public Health (1947/48) *The Training of the Health Visitor in the Balance*. University of Leeds Health Visitor Archive

¹²⁶ The 16th Standing Conference 2nd February 1951, p.3. University of Leeds Health Visitor Archive

It seems very strange that they are so against the University Diploma for Health Visitors whilst they are still very pleased to put, M.D., D.P.H. after their own names¹²⁷.

Nevertheless, by 1952, discussions were being conducted by the Standing Conference of Representatives of Health Visitor Training Centres as to whether a change from examinations conducted by the Sanitary Institute to a university diploma would be advantageous to the profession¹²⁸. A letter was sent to the Ministry of Health as to whether they would recognise a university diploma. However, throughout the 1950s the Sanitary Institute continued to examine health visitors¹²⁹. It is perhaps important to note that it is easy to be overly critical of the lack of progress made by the health visitor profession. Certainly, the profession faced many difficulties, not least because they were caught between so many organisations, with conflicting ideas and agendas. However, that the profession like nursing, wholly female, was able to carve out a place within the university sector and remain high on the agenda of a variety of national institutions should be understood, at least in part, as a strategic success. It certainly challenges assumptions regarding the general belief of nursing and associated professions as low status.

It was not only within the confines of health visiting that problems of the appropriateness of their professional education arose. The International Courses for Public Health Nurses at Bedford College for Women were not immune to

¹²⁷ University of Leeds, Department of Preventative Medicine and Public Health (1947/48) *The Training of the Health Visitor in the Balance*. University of Leeds Health Visitor Archive

¹²⁸ Mrs H. Issues relating to her health visitor training given via email. Stated that she had undertaken her health visitor training at Southampton University, and had been examined by the RSI in 1954.

¹²⁹ The Standing Conference of Representatives of Health Visitor Training Centres (1952) Letter from Dr. Standring, Hull, 27th June. University of Leeds Health Visitor Archive

criticism, significantly, as stated above, from Miss Crowell of the Rockefeller Foundation. In 1936, Miss E K Russell of Toronto University, was invited by the Florence Nightingale International Foundation (FNIF) to make a study of the facilities in London for advanced nursing education. This study was to take place even though the International Courses at Bedford College were validated for another five years¹³⁰. Moreover, although the content, arrangements and control of the courses were to be part of the study, the Study Committee¹³¹ was given no authority to take any actions on the future of the courses¹³². There may well have been a certain amount of politicking as, like Miss Crowell, Miss Russell's views on public health nurse training in the UK, especially the International Courses, were known to be less than positive¹³³. However, whilst the recommendations of the Committee called for some quite radical changes in the training, especially of public health nurses, the tone is not as critical as it perhaps could have been. The key conclusions and recommendations which perhaps identify concerns of the Committee¹³⁴ relevant to this present study, relate firstly to the College of Nursing becoming more involved with the FNIF courses at Bedford College. Secondly, a recommendation is made suggesting that a school of nursing should be founded, which would accommodate both 'under-graduate' and 'post-graduate'

¹³⁰ Florence Nightingale International Foundation (1937) Minutes of the Committee of Management. 27th February. FNIF Archives, Geneva

¹³¹ Other members of the Committee of Management were, Helen Dey, matron of St. Bartholomew's Hospital, Miss Edgell, emeritus professor of psychology at Bedford College for Women, and Miss Hillyers, assistant matron at St. Thomas's Hospital.

¹³² Florence Nightingale International Foundation Committee of Management (1936) *The Report of a Study of the Facilities for Advanced Nursing Education in London, both Professional and Academic and of The Future Educational Policy of the Florence Nightingale International Foundation*. May, p.7

¹³³ Rafferty (1995) Internationalising nursing education, p.275

¹³⁴ It is unclear whether the British members of the Committee were completely in accord with the views of Kathleen Russell, as by her own admission, the Report was completed after her return to Canada. Florence Nightingale International Foundation Committee of Management (1936) *The Report of a Study of the Facilities for Advanced Nursing Education in London*, p.37

nursing education, thereby allowing for post-graduate courses to, 'follow smoothly on from the under-graduate and be truly post-graduate in character'¹³⁵. Such actions would certainly have helped preclude the uneasy translation of nursing as a discipline of study from the hospital to health visiting as a discipline of study in the university setting. The final conclusion was that:

[T]his student shall study under instructors who will help her to develop critical judgment. One of the great needs of the nursing profession to-day is a further supply of women with this quality¹³⁶.

Whether or not Miss Russell's desired aims for public health nurse education in London would have been realised if World War II had not occurred, is a matter for debate, but the threads of her work were not picked up in the war's aftermath. According to Rafferty, one of Miss Russell's criticisms of the International Courses was that they were organised in a rather 'amateurish way'¹³⁷. However, one of the key people to be associated with the courses and the FNIF was Olive Baggallay, later awarded a LLD for her work in public health. Baggallay was certainly a pioneer, and given her curriculum vitae, it seems reasonable to assume her work was not amateurish. In 1934 she was appointed secretary to the FNIF¹³⁸, and then in 1944 she was appointed to the United Nations Relief and Rehabilitation Administration (UNRRA)¹³⁹. Perhaps more likely, as with

¹³⁵ Florence Nightingale International Foundation Committee of Management (1936) *The Report of a Study of the Facilities for Advanced Nursing Education in London*, p.36

¹³⁶ Florence Nightingale International Foundation Committee of Management (1936) *The Report of a Study of the Facilities for Advanced Nursing Education in London*, p.32

¹³⁷ Rafferty (1995) *Internationalising nursing education*, p.275

¹³⁸ Florence Nightingale International Foundation (1934) *First Meeting of the Committee of Management: Minutes, 6th July*

¹³⁹ Florence Nightingale International Foundation (1944) *Provisional Committee Minutes, 26th May*

activities in her earlier professional life, she was not always enabled to work as she would have liked. Baggallay had undertaken her health visitor training at KCW, which, as with its sister tutor course, was a mainstay for health visitor training. Significantly, her entry to KCW, was not straightforward. It is perhaps arguable that she, like many pioneers in history, was something of a maverick, unconcerned by the processes which usually governed people's lives. Perhaps therefore, although this thesis challenges assumptions that educated young women would never consider nursing as a high status occupation, those educated young women who did endeavour to enter nursing faced a battle in the professional ambitions they had for themselves and the profession as a whole.

Sadly, there are no surviving archives which provide a personal account of Baggallay's education at KCW. However, there is archival evidence which provides an outline of the curriculum, and discussions regarding the roles for which health visitor students were being prepared. Archives of the various training establishments point to a reasonable level of parity. In 1953, a Working Party on Health Visitors was established under the Chairmanship of Sir Wilson Jameson. It is significant that, only fourteen years previously, as Head of the Department of Public Health at LSHTM, he had been less than accommodating regarding the education of health visitors within his Department. Perhaps he was trying to redeem himself in the eyes of the health visitor profession, since, as Chairman of the Working Party, he acknowledged that health visitors had been since the beginning of the twentieth century 'mainly concerned with advising

mothers on their health and the health of their young children'¹⁴⁰. Given that mothers and children were the mainstay of the health visitor's work, the early twentieth century's interest in social hygiene and the focus on the creation of a healthier nation influenced much of the curriculum of that period. Moreover, this social prejudice, exacerbated health visiting's 'inbetweenness'; that is, they were caught firstly, between the conservatism of the nursing profession and the liberalism of the feminist lobby who had an influential voice in the Women Sanitary Inspectors' Association. Secondly, they were caught between the desire to care for the mothers and children and the more draconian eugenic debates related to those deemed less useful to society. It is thus to the curriculum of health visitor education that this chapter will now turn, most especially, on the issue of hygiene. It will be shown that the functions of the health visitor were often contradictory thereby exacerbating the ambiguities inherent in their profession.

Curriculum concerns

The 1919 Board of Education Regulations for Health Visitor Training state that both the one and two years courses should include elementary physiology, methods of artisan cookery and household management, hygiene, infectious and communicable diseases, maternity, infant and child welfare and elementary economics and social problems¹⁴¹. There were, it appears concerns regarding the

¹⁴⁰ Working Party on Health Visitors (1953) *Inquiry into Health Visiting: Ministers appoint Working Party*. 28th September. SA/HVA/C.6. Wellcome Archive

¹⁴¹ The Board of Education (1919) *(Health Visitor Training) Regulations*, p.9. Wellcome Archive

syllabus at this point, as correspondence between the Dr. Meredith Richards of the Ministry of Health and Dr Lane Claypon, warden of KCW, testify.

There is something to be said for Household Science after Hygiene. My main interest, however, is under the question of what is or is not included under hygiene. It seems to me that Health Visitors do not want a good deal of the stuff that is now taught to public health students, especially questions of construction of houses, Sanitary Law, Meteorology and so forth, but do need very detailed information on what one may call the natural history and administrative control of disease¹⁴².

However, by 1922, the shortened course was further reduced to whole or part time courses of less than one year¹⁴³. By 1925, the subjects to be studied had increased to include, sanitary law and government, and the school medical service¹⁴⁴. Furthermore, according to the Academic Board Minutes of KCW, one year later the Ministry of Health had informed the College that its hygiene course did not adequately cover 'the syllabus for the Sanitary Inspectors examination', and that the College would have to provide additional lectures and practical work before approval was given¹⁴⁵.

Whilst the mainstay of the health visitors' work was mothers and children, the improving levels of infant mortality enabled the health visitor to undertake other public health work¹⁴⁶. Thus, health visitors became more involved with care of

¹⁴² Dr. Meredith Richards, Ministry of Health, letter to Lane Claypon. 20th October 1919. KCL: QAP/GPF7/10

¹⁴³ Board of Education and Ministry of Health (1922) *Maternity and Child Welfare: Training of Health Visitors*, para. 2. SA/HVA/B.7/1: Wellcome archive

¹⁴⁴ Kelsey (1999) *The Evolving and Uncertain Role of Health Visiting*, p.64

¹⁴⁵ KCW (1926) Department of Household and Social Science, Academic Board Minutes. 16th November. KCL: QA/AB/M2.

¹⁴⁶ Royal College of Nursing, Public Health Section (1950) *Open Conference on Future Training of the Health Visitor*, pp.97-98

infectious diseases and vaccinations, school nursing, the care of the elderly, therefore creating more areas to be covered whilst attending university¹⁴⁷. During the first half of the twentieth century, calls were made for an increase in the length of the health visitors' training¹⁴⁸. By 1949, the increased syllabus, containing not only hygiene, but also physiology, psychology, infant and maternal welfare¹⁴⁹, soon became too much for the six month course. Whilst KCW had long since ran a nine month course, other institutions did not. This had led to difficulties in KCW's recruitment of students, its course was more expensive and local authorities were loath to excuse their workers for the extra three months. However, steps were being taken to increase the courses all over the country, the Council of KCW decided to reduce their fees, but not change the length of the course for at least a year¹⁵⁰. This decision may well have been taken in the light of a proposal in 1945 by the Joint Consultative Council of Institutions Recognised by the Minister of Health for the Training of Health Visitors, and of the Organisation of Health Visitors to increase health visitor training from six to nine months¹⁵¹. By 1949, only six out of the eleven centres which ran health visitor courses had six month courses; both KCW and Nottingham had ten month

¹⁴⁷ Public Health Department (1954 – 1955) *Health Visiting as a Career*. London, Public Health Department

¹⁴⁸ Joint Consultative Council of Institutions Recognised by the Minister of Health for the Teaching of Health Visitors, and Organisations of Health Visitors (1944 - 45) *Training of Health Visitors – Proposed Extension of Training from Six to Nine Months*. University of Leeds Health Visitor Archive

¹⁴⁹ Significantly, by 1950, The Standing Conference of Representatives of Health Visitor Training Centres, Approved by the Ministry of Health, were recommending that the focus of home visits to young babies and children, should be the child and not advice on house-keeping and home-making. The Standing Conference of Representatives of Health Visitor Training Centres, Training Health Visitors (1949 - 1950) University of Leeds Health Visitor Archive

¹⁵⁰ KCW (1947) Department of Household and Social Science, Council Minutes, 20th May. KCL: QA/C/M9

¹⁵¹ Joint Consultative Council of Institutions Recognised by the Minister of Health for the Training of Health Visitors, and of the Organisation of Health Visitors. (1944-45) *Training of Health Visitors – Proposed Extension of Training from Six to Nine Months*. University of Leeds Health Visitor archive

courses, and Kingston-upon-Hull's course was twelve months¹⁵². Whilst the remit of the health visitors work was widening, within all the courses, the chief focus remained sanitary issues, child and maternal welfare and hygiene. It is perhaps the focus of hygiene which is the most problematic, given the supposed role of the health visitor as the 'mother's friend'. It is thus to the issue of hygiene in the health visitor's curriculum that this chapter will now focus.

Hygiene in the health visitor syllabus

Although eugenics is mentioned by name in the Prospectus for the International Course at Bedford College, for the most part documentary evidence discussed issues of hygiene, along with infant and maternal welfare. There can be no doubt however, that it is to the improvements in moral and physical health of the nation's poor that the documents refer. In 1918, a deputation of the Association of Municipal Corporations to the Ministry of Health raised concerns for infant life and was informed of the work of County Council workers, such as midwives, health visitors and medical officers of health who were daily brought in contact with these problems and dealt with them as part of their work¹⁵³. Ten years later, the Board of Education published a, *Handbook on Health Education*, for, 'teachers and others concerned in the work of public elementary schools'. The opening lines state:

¹⁵² The 12th Standing Conference of Representatives of Health Visitor Training Centres, Training Health Visitors 27th January 1950. University of Leeds Health Visitor Archive

¹⁵³ Association of Municipal Corporations: The Local Government Board, Whitehall, SW1, Wednesday 9th January 1918. The Ministry of Health and Maternity and Infant Welfare. Deputation from The Association of Municipal Corporations, the County Councils association, The Urban District Councils assoc., and The Rural District Councils Assoc., to The President of the Local Government Board (The Rt. Hon. W. Hayes Fisher, MP), and The Minister of Reconstruction (The Rt. Hon. C. Addison, MD, MP). KCL: QAP/GPF7/10

The health and well-being of the child is the primary foundation of its education. Physical health is not of course everything, but it is the first thing needful... It is this fact which brings hygiene into the front ranks of subjects to be taught at school¹⁵⁴.

Later in the same pamphlet, the intentions are spelt out even more clearly:

It is the neglect of hygiene which costs a nation dear, in money and in life [italics in the original]. It is in the inhibitions and ignorance in a right way of living which impose upon Great Britain much of its annual burden of disease, its tens of thousands of premature deaths, its numerous lunatics, "deficient" persons and dullards...¹⁵⁵

Moreover, it was not only in the inter-war period, when the eugenics issues was high on the political and social agenda, that health visitors received training in hygiene and child and maternal welfare. In 1948, correspondence between Dr Dixon, epidemiologist at Leeds University Department of Preventative Medicine and Professor Spaul, Department of Zoology, discussed the inclusion of heredity and genetics in the health visitor's syllabus, stating that the health visitors were keen to have some lectures, although there was some concern from Dr Dixon as to how much of the subject they would be able to absorb¹⁵⁶. Thus, hygiene continued to be a central part of the syllabus. The syllabus for practical work at Battersea Borough Council costs the practical work for students, four of the lectures being, 'Hygiene in Married Life'¹⁵⁷. Furthermore, during the 1940s the curriculum continued to discuss what they termed 'the incomplete family', that is

¹⁵⁴ Board of Education (1928) *Handbook of Suggestions on Health Education*, p.4

¹⁵⁵ Board of Education (1928) *Handbook of Suggestions on Health Education*, p.6

¹⁵⁶ Dr Dixon, letter to Professor Spaul, 26th October 1948

¹⁵⁷ College of Nursing, (1925) *Analysis of Six Months Course of Training for Health Visitors*.
KCL: QAP/GPF7/25

single mothers, as well as the effects of the family when the mother worked. If the tone had changed, the message had not. Unmarried mothers were a problem, as were mothers who continued to work. The lecture notes of one health visitor student in 1954, state that in families where a parent has tuberculosis, 'married couples are encouraged to sleep separately'¹⁵⁸. Since this is during a period of council property building for the poor, one wonders what recommendations were made when poorer people lived in slum conditions, with whole families sharing rooms and beds. However, it should be noted that by the 1950s the curriculum was stressing that the health visitor should be working with the family, rather than educating from a superior position:

Good personal relationships with the parent as the basis of the Health Visitor's influence. The technique of interviewing and visiting – studying and understanding the parent in their total situation – the value of the continuity of the relationship¹⁵⁹.

Thus, although the health visitor education stressed a more understanding approach to the poor in which the health visitor was to act as their friend, often rather more conservative views prevailed. Mrs S, recollecting her work as a health visitor, described the 'fecklessness' of working-class families, that the poor were poor because of their drinking, smoking and gambling, rather than what she referred to as 'primary poverty'¹⁶⁰. Nevertheless, there is evidence that there was a change in the tone of exhortations to hygienic living. It is thus to the changing language that his chapter will now turn.

¹⁵⁸ Anonymous student's lecture notes on tuberculosis cases. University of Leeds Health Visitor archive, 1953 - 54

¹⁵⁹ University of Leeds (1953) *Syllabus for Health Visitors in Training, Appendix 2*

¹⁶⁰ Mrs S. Oral History interview 30th March 2000. Trained at Leeds General Infirmary, 1944 – 1948. Health Visitor course University of Leeds, 1954. Health Visitor Tutor course RCN, 1960

The changing language of hygiene

The 1925 *Analysis of the Six Month Health Visitor Training Course* testifies to twelve hours of lectures in mental hygiene, which were undertaken at the College of Nursing, suggesting an acceptance on matters of eugenic policy by nursing's professional body¹⁶¹. The syllabus in the 1940s suggested the number of hours which should be given to the teaching of all the areas of the health visitors' work, including training in mental deficiency and the laws governing the care of those with mental deficiency¹⁶². In the previous decade, the Ministry of Health produced the Report of the Departmental Committee on Sterilisation, familiarly called, the Brock Report after its chairman, Sir Laurence Brock¹⁶³. The terms of reference for the Committee were:

To examine and report on the information already available regarding the hereditary transmission and other causes of mental disorder and deficiency; to consider the value of sterilisation as a preventative measure, having regard to its physical, psychological, and social effects and to the experience of legislation in other countries permitting it; and to suggest what further enquires might usefully be undertaken in this connection¹⁶⁴.

However, whilst the Government had commissioned the Report, the subject was too delicate, the decision was made not to legalise sterilisation of 'defectives'¹⁶⁵. The Report also acknowledged that in America where voluntary sterilisation was

¹⁶¹ College of Nursing (1925) *Analysis of Six Month Course of Training for Health Visitors*. KCL: QAP/GPF7/25

¹⁶² University of Leeds, Faculty of Medicine (1945 – 46) *Course of Training for Health Visitors Syllabus*. University of Leeds Health Visitor Archive

¹⁶³ Ministry of Health (1934) *Report of the Departmental Committee on Sterilisation*. London, His Majesty's Stationery Office

¹⁶⁴ Ministry of Health (1934) *Report of the Departmental Committee on Sterilisation*, p.5

¹⁶⁵ Jones G (1986) *Social Hygiene in Twentieth Century Britain*. London, Croom Helm, p.91

practiced, little had been done to reduce 'defectiveness'. What was not considered here was that the American welfare system was seriously lacking even in comparison to the British one in the inter-war years. Baggallay herself admitted in correspondence that there was no satisfactory Infant Welfare System¹⁶⁶, thus whilst Britain was required to pay higher amounts of public monies to care for those with intellectual difficulties, there was less impetus to prevent them from 'breeding'.

If the issue of sterilisation of those with learning difficulties was too controversial for the Government to agree to, the issue of eugenics in general continued to attract support. There was enough support for those training health visitors to consider 'hygiene' an important subject for nurses working in public health. Thus when the FNIF instituted its International Course at Bedford College, eugenics was a recommended subject. The prospectus for 1928 and 1934 states:

These lectures deal with the distinction between the effects of environmental and eugenic reform; racial poisons; social effects of venereal disease; of alcoholism; feeble-mindedness and modes of social control. They consider the habitual criminal and his treatment by segregation, lengthy or permanent; the burden of the less fit on the community; the encouragement of the more fit¹⁶⁷.

Significantly, whilst the subject remains on the prospectus for 1939–40, the language is quite different, focussing more on the science of heredity, and the

¹⁶⁶ Olive Baggallay, letter to Dr. Hamilton of Battersea, 27th December 1924. RCN Archives, Edinburgh

¹⁶⁷ Florence Nightingale International Foundation (1928) *Prospectus for 1928-29 and 1934-35. The International Course for Nurse Administrators and Teachers in Schools of Nursing*, p.22 and p 25. Bedford College for Women Archive, Royal Holloway College

special problems of the treatment of the feeble-minded and ‘other special groups in the community’¹⁶⁸. One can only suppose that the change to less derogatory language may have been affected by a growing understanding of the ‘racial cleansing’ of Nazi Germany.

Conclusion

In this chapter the three strand method using documents, film and oral histories have been used to examine the ambiguities inherent in health visiting. It was shown that like nursing there was an uneasy translation of nursing as a discipline of study from the hospital to health visiting as a discipline of study in the university setting. However, it was also argued that, unlike in America, where public health nursing or health visitor work emerged from the nursing profession as a whole, health visitor work in the UK, emerged from the arenas of public health and sanitation, eventually to be firmly located within the Ministry of Health¹⁶⁹. This gave rise to ambiguities in the health visitor’s role which were not even present in that of those nurses educated in university for administrative and teaching roles. In fact, as Olive Baggallay asserted in her article ‘The American Nurse and Public Health Work’:

[the] American “Visiting Nurse” is regarded as the nucleus of Public Health educative and preventative work, whereas in England, she is not even accepted for membership in the Public Section of the College of Nursing¹⁷⁰.

¹⁶⁸ Florence Nightingale International Foundation (1939) *Prospectus for 1939-40. The International Course for Nurse Administrators and Teachers in Schools of Nursing*, p.15. Bedford College for Women Archive, Royal Holloway College

¹⁶⁹ Olive Baggallay, letter to Matron (most likely to be Alicia Lloyd Still), 20th April 1925. LMA: H1/ST/HTS/Y44/1

¹⁷⁰ Baggallay (1923) *The American nurse and public health work*, p. 1. Significantly, Baggallay must have been aware of the possible inflammatory nature of this article (which Miss Rundle

It is arguable that the association with the Lady Sanitary Inspectors and other philanthropic public health workers, gave health visiting a superior status over hospital nursing from its inception. A superiority which was reinforced by its association with universities from the outset. Furthermore, not only were the earliest courses organised within universities where health visitors were trained alongside other women welfare workers, such as sanitary inspectors and social workers, but previous nurse training was in the early years, only one way to gain entry to a course. Within a few years, entrance to a health visitor course required nurse training. Whether or not this improved their work, it certainly made their position more ambiguous. Not a 'complete' nurse, but lacking the autonomy of social workers. The nurse training, which health visitors were required to have, had occurred within the conservative, monotechnic environs of the hospital. It was a system at odds with the liberal and social feminism of the inter-war period's women's movement.

However, whilst compared with nursing itself, health visiting may have continued to have a slightly superior position, especially after it became a post-registration course; that it was only open to nurses was to affect negatively its position in relation to other professions. As the number of Women Sanitary Inspectors declined, health visiting became more and more associated with nursing, as another female dominated occupation under the auspices of medicine. Its position as a university course could not stem the tide of status deterioration, especially as

encouraged to have postponed). This part of the article, whilst still perfectly legible has been gently erased, suggesting Baggallay did not feel that the profession would relish such a criticism

the universities were only too aware, that they were relegated to teaching agents only. The health visitor, like the sister tutor, did not have a university qualification.

Health visitors were controlled by the medical profession in the community, to train and watch over the poor. As Holdsworth has argued, 'health visitors seemed to be the perfect agents for reform'¹⁷¹. However they had no power to assist in the organisation of the poor's most difficult problems, money, multiple pregnancies and desperate conditions. Although perhaps, the health visitor was not alone in finding her position wanting as regards the help she could or would, offer her patients¹⁷². Health visitors became the 'champion' of the middle-class public health ideals, rather than the advocate for women and children. Their education, whilst in a university, was largely functional, and their nurse backgrounds left them, often, with a legacy of obedience. Even when they found themselves in disagreement with the authorities, they had no real power to act on their beliefs, having been given responsibility without authority. As Baly has argued, in the early post-war period, in spite of increased educational opportunities, and demands for more health visitors, she was seen as the 'well baby nurse', but the babies were becoming healthier, thus reducing her role and making it more ambiguous altogether¹⁷³.

¹⁷¹ Holdsworth (1991) *Out of the Dolls House*, p.113

¹⁷² In *Bad Blood*, (Lorna Sage (2000) London, Fourth Estate), describes her first visit to her GP after the birth of her child when she was only 16. "[A]ll that he said was, 'Now that you're married your husband will take care of that'. What he was saying was that he wouldn't aid or abet me in acquiring any control over my own fertility", p. 270

¹⁷³ Baly (1995) *Nursing and Social Change*, p. 239

Conclusion

In this thesis a three strand method has been used to examine two key issues. That is, the ambiguities of the professional status of nursing and the uneasy translation of nursing as a discipline of study from the hospital to the university setting. The three strands were archival and published documents, fictional and documentary film and oral histories. In order to illustrate the two key issues in the study the thesis considered the Diplomas in Nursing at the Universities of Leeds and London, the sister tutor and the health visitor courses. Furthermore, by way of an introduction, the thesis considered the special probationers schemes, as they in part acted as a precursor to the university programmes.

The ambiguous professional status of nursing it has been argued, was first created by the breadth of social class backgrounds of the entrants into nursing. Second, the relations between nurses and doctors precluded the normal social mores based upon class and gender. Third, what was called a 'School of Nursing' was rarely a school in the way normally understood. Fourth, the garb of the nurse was a hybrid of domestic, military and religious dress. Nevertheless, this study has shown that there were a number of nurses who came from the educated middle-classes, and who established for themselves a high status career in which they considered themselves achievers.

The uneasy translation of nursing as a discipline of study from the hospital to the university setting, was compromised by the original pre-registration, monotechnic training that nurses received in hospitals. Second, by the 'add-on' training they received when they entered the academy. That is, the education

offered by the three courses in this study, did not entirely conform to the liberal university ethos. Third, as post- registration students they were set apart from other students in the colleges they attended. Finally, they did not tend to belong to any one particular college, rather they 'visited' a number of establishments for their education. However, this study has shown that despite the problems inherent in this uneasy translation, members of the nursing elite managed to create a space for nursing in the higher education sector at a time when women in general were an anomaly in universities. Notwithstanding this achievement, despite the best efforts of these pioneers, nursing's place in the academy was as 'visitors'. Moreover, sadly eighty years on it appears that this place remains uncertain.

Each of the three strand methods used in this study provided a valuable resource. The archival data offered non-mediated evidence to illustrate the problems that nursing faced in its attempts to locate itself in the higher education. This evidence also showed that there were a number of the professional elite and leadership who desired to raise the professional status of nursing, and who created a space for educated women in the nursing profession. The published material provided insights into the ideas of those involved with the nursing profession, and how they understood the professional status of the nurse and the space for nursing within the university sector. The use of film, both fictional and documentary provided valuable insights into the policy makers' and nursing elite's attempts to legitimise the professional status of nursing, by encouraging it to be considered as a suitable career for the professional classes. Ironically, it has been argued in this thesis, film was also used to 'promote' the self-abnegation inherent in nursing. This further reflects the ambiguities of the professional status of the nurse, as self-

sacrifice is more reflected in vocational callings than professional occupations. The use of oral histories provided this study with first hand experiences of nurses who undertook one or more of the courses discussed in this thesis. These oral histories illustrate how these nurses felt about their own status as professional nurses and their experiences of the migration of nursing as a discipline of study from the hospital to the university setting. Significantly, the respondents considered themselves educated and high achievers, especially in terms of the opportunities which were available to women in the time frame under discussion. This challenges the assumption that nursing was not considered to have professional status. This thesis is thus important because although it has argued that despite the best efforts of the nursing elite, nursing's place in the academy was as 'visitors', the assumption that the profession did not offer educated women with high status positions has been challenged.

The scope of this thesis has been limited by the early attempts to shift nursing from the hospital to the university setting. However it points to the need for a programme of further research which would focus on the early pre- registration university degrees for nursing which were instituted in the 1960s and 1970s. Whereas this thesis has shown that the ambiguous position of nursing as a discipline for study was sometimes challenged by the early pioneers, a study based on the university degree programmes may go some way to explain why those ambiguities remain.

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Appendix 1. Oral histories

Miss A. Oral history interview 7th August 2001. Trained at Epsom Hospital. c.1940 – 1943. Sister Tutor course, Battersea Polytechnic c.1949

Miss C. Oral history interview 26th October 1999. Trained at Bradford Royal Infirmary. 1944 – 1948. Sister Tutor course RCN, 1952

Miss E. Oral history interview 12th June 2002. Trained at St. George's Hospital. 1958 – 1961. English Literature, Nottingham University, 1953

Miss H. Oral history interview 5th April 2000. Trained at St. Bartholomew's Hospital. 1933 – 1937. . Sister Tutor course, King's College for Women c. 1940

Miss Ho. Oral history interview 8th August 2001. Trained at The London and Watford County Hospital. 1939 – 1942. Health Visitor Tutor course, RCN 1950

Mr H. Oral history interview 3rd October 2000. Trained at Oldchurch County Hospital. 1947 – 1950. Sister Tutor Diploma Battersea Polytechnic, 1956

Miss J. Oral history interview 19th July 2000. Trained at Oldchurch County Hospital. 1940 – 1943. Diploma in Nursing (London University) 1955

Miss L. Oral history interview 5th March 2002. Trained at Edinburgh Royal Infirmary. c.1947 – 1951. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, 1961. MA University of Edinburgh, 1946

Miss O. Oral history interview 23rd March 2002. Trained at Bristol Royal Infirmary. 1941 – 1945. Health Visitor Tutor course, RCN 1950

Miss R. Oral history interview 19th April 2000. Trained at St. Thomas's Hospital. 1941 – 1944. Sister Tutor course RCN, 1952. BA, Newnham College, Cambridge, 1941

Mrs S. Oral history interview 30th March 2000. Trained at Leeds General Infirmary. 1944 – 1948. Health Visitor course University of Leeds, 1954. Health Visitor Tutor course RCN, 1960

Miss T. Oral history interview 24th August 2001. Trained at Nottingham County Hospital. 1950 – 1953. Part A Diploma in Nursing, Newark Technical College, c.1965

Miss W. Oral history interview 9th August 2001. Trained at Glasgow Royal Infirmary. c.1957 – 1961. Diploma in Nursing Studies (Advanced Nursing Education for Nurse Teachers) University of Edinburgh, c.1970

Lucy Duff Grant. Oral history interview taken in 1983 by Father Kirkpatrick. Sister Tutor course, King's College for Women 1922. Diploma in Nursing, University of Leeds, 1923

Dame Kathleen Raven. Oral history interview taken on 28th March 1988, by Anne Marie Rafferty

H Mrs (2002). Oral history, email correspondence to Jane Brooks

Appendix 2. The University of Leeds Diploma in Nursing examination results, 1921-1937

Note, after 1937, no record could be found relating to later examinations. The ledger in which the 1937 records exist, also give examination results for other subjects, but not Nursing. The later ledgers appear to be missing.

The University of Leeds Diploma in Nursing Examination, 1921.

	PART I			PART II		
	I Elementary Med & Surg.	II Elementary A & P	III Elementary Obs & Gynae	Principles of Nursing Practice	Result	
PART I						
Miss N	67	80	70		Pass	
Miss E	75	75	71		Pass	
Miss F	58	70	67		Pass	
Miss H	61	60	60		Pass	
Miss R	66	65	62		Pass	
PART II						
Miss N				78	Pass	
Miss E				79	Pass	
Miss F				71	Pass	
Miss H				67	Pass	
Miss R				81	Pass	

Miss E to be awarded a distinction if awarded hereafter

	PART I		PART II		
	I Elementary Med. & Surg.	II Elementary A & P	III Elementary Obs & Gynae	Principles of Nursing Practice	Result
PART I					
Miss B	54	60	63		Pass
Miss M	42	50	55		Fail
Miss Mi	59	55	52		Pass
Miss O	68	65	70		Pass
PART II					
Miss B				56	Pass
Miss M				52	Excused Part II
Miss Mi				68	Pass
Miss O				75	Pass

	PART I		PART II		
	I Elementary Med & Surg.	II Elementary A & P	III Elementary Obs & Gynae	Principles of Nursing Practice	Result
PART I					
Miss C	56	60	73		Pass
Miss Cu	50	52	46		Fail
Miss M (see 1922)	45	50	59		Fail
Miss S	55	70	82		Pass
Miss W	42	45	58		Fail
Miss L	76	80	66		Pass
Miss Sm	58	40	57		Fail

PART II							
Miss C						72	Pass
Miss Cu						63	Pass
Miss S						65	Pass
Miss W						46	Fail
Miss L						79	Pass with distinction
Miss Sm						60	Pass

University of Leeds, Diploma in Nursing Examination Results, 1924 -- 1926 (new regulations)

PART I

Date	Elementary A & P	Elementary Obs & Gynae	Result	Elementary Med. & Surg.	Principles & Practice of Nursing	Result
1924 -- DECEMBER						
Miss S	65	58		58	56	Pass
Miss K	76	79		68	59	Pass
1925 -- JUNE						
Miss E	75	82	Pass			
Alexandra Stopford Smyth	70	75	Pass			
1925 -- DECEMBER						
Miss B	60	75	Pass	42	60	
Bethina Alice Horsman	65	71	Pass	52	71	Pass
Miss L	48	63	Fail	48	55	Fail
Miss E				77	82	Pass with distinction
Alexandra Stopford Smyth				65	78	Pass with distinction

PART II

Miss Be	55		55	46	50					60	Pass
Miss H	50		62	66	63				70	67	
Miss He	With- drawn										Pass
Miss R	70		60	53	70						Pass
Miss Th	75		60	66	80						Pass
Miss W	60		57	81	50						Pass
Miss T (see Sept. '29)	Absent										
Miss A (see Sept. '29)						58		48 (P)		50	
1931 – SEPTEMBER											Fail
Miss Be (see March '30)	48		50	55	75				48	27	Pass
Miss B	55		55	66	60				59	48 (P)	Pass
Miss H	50		60	51	80				68	57	Pass
Miss R (see March '30)						68			68	75	Pass with distinction
Miss Th (see March '30)									70	82	Pass
Miss W (see March '30)						60			60	60	
1931 – MARCH											Fail
Miss D	40		60	59	65				With-drawn		Pass
Miss G	90		65	82	85						Fail
Miss H	40		65	51	64						Fail
Miss J	49		52	37	53						Fail
Miss S	60		55	35	40						
Miss T	50		70	38	32						
1931 – SEPTEMBER											Pass
Miss D (see March '31)	60		62	49 (P)	53				58	65	Pass

Miss H (see March '31)	55	70	59	60									
Miss T (see March '31)	40	55	72	48		With-drawn							
1932 - MARCH													
Miss A	60	40	75	50								Fail	
Miss H	40	75	62	79								Fail	
Miss J	40	50	50	46	47		29	40					
Miss P	65	65	51	61								Pass	
Miss T (see Sept. '31)	54	55	57	50								Pass with distinction	
Miss G					63		65	79				Fail	
Miss H (see Sept. '31)					48		52	44					
1932 - SEPTEMBER													
Miss A (see March '32)	60	62	56	64								Pass	
Miss R	65	70	63	80								Pass	
Miss T	55	75	68	60	71		65	69				Pass	
Miss P (see March '32)					71		65	59					
1933 - MARCH													
Miss Y	50	60	52	59	58		60	49 (P)				Pass with distinction	
Miss R (see Sept. '33)					75		77	80				Pass	
Miss T (see March '32)					58		60	49 (P)					

New Regulations

Name	A & P	Diseases of Infancy & Childhood	Hygiene	Principles & Practice of Nursing	Medicine	Surgery	Obs & Gynae	Result
1933 - SEPTEMBER								
Miss C	50	55	45					Fail
Miss M	60	65	43					Fail
Miss P	50	63	61					Pass
1934 - MARCH								
Miss A	80	56	52					Pass
Miss C (see Sept. '33)	50	67	68					Pass
Miss D	With-drawn							
Miss E	50	48	50					Fail
Miss M	60	67	69					Pass
Miss S	40	79	58					Fail
Miss P				49	49	57	58	Fail
1934 - SEPTEMBER								
Miss D (see March '34)	40	79	48					Fail
Miss E (see March '34)	60	80	68					
Miss S (see March '34)	48 (P)	Excused	55	50	59	50	52	Pass
Miss A (see March '34)				63	55	62	60	Pass
Miss M (see March '34)				49	44	45	50	Fail
Miss P (see March '34)				64	54	55	55	Pass
1935 - MARCH								
Miss B	55	52	61	49	49	49	55	Fail
Miss D (see Sept. '34)	40	Excused	41	Withdrawn				N/A

Miss A (see March '37)	30	excused	excused	excused	55	61	excused	Fail
Miss Ar (see March '37)				61	45	50	51	Fail
Miss C (see March '37)				excused	60	60	excused	Pass
Miss J (see March '37)				56	58	59	53	Pass

Appendix 3. LGI trained nurses between 1916 and 1940 who undertook post-registration university courses

1917	Miss Craven	22	Military Pro	Parents	CMB, 1926 Scholarship at Bedford Coll.	1923 Assistant Sr. Tutor. 2 nd Assist. Matron, 1929 Matron of West London Hosp	
1919	Miss Escoline	20	None / at home	Mother	CMB, Dip Nsg Leeds (with distinction, 1925)	Sr Tutor + Asst Matron LGI. Matron Scarborough Hospital 1934	
1919	Miss Burke	26	Nurse	Sister	Dip Nsg	Public Health work	
1920	Miss Stock	23	Nurse	Father	CMB, Dip Nsg 1924		Left with cert. 1924, Gold Medallist
1920	Miss Fraser Grossart	21	Pro in children's hospital	Guardian	CMB, Dip Nsg ? date		Left with cert. 1924
1920	Miss Milner	23	None / at home	Parents	CMB, Dip Nsg ? date	Sister Tutor Halifax Royal Infirmary	
1920	Miss Wilson	25	None / at home	Parents	CMB, Dip Nsg 1924	Sr in charge VD department	Gold Medallist 1924
1920	Miss Poulson	21	Clerk	Parents	CMB, Dip Nsg 1924		Left with cert. 1924
1920	Miss Luke	26	Clerk	Grandfather	CMB, Dip Nsg ? date	Duties as night Sr., Housekeeper's assistant, Home Sr.	Left 1933
1921	Miss Stopford-Smyth	31	Teaching	Sister	CMB, Dip Nsg (with Distinction)	Sr. Tutor LGI. 1929 Matron Royal Hospital for Devon & Exeter	Gold medallist 1925

1921	Miss Burns	19	Pro Nurse	Parents	CMB, Dip Nsg 1926	Sr. Tutor Queen Mary's Hospital Carshalton (temp). 1927, Sr. Tutor Norfolk and Norwich	
1922	Miss Mawson	20	Clerk	Parents	CMB, PH course Leeds Uni. Dip Nsg Leeds		Silver medallist 1926
1923	Miss Jones	29	None / at home	Aunt	Dip Nsg Leeds		Left 1927
1924	Miss Eden	20	None / at home	Parents	1928, CMB. 1932, Nursing Administration course BCW	1928-30 sister 1930 assist. sister tutor	
1929	Eleanor Elizabeth Parker	19	Secretarial work	Parents	CMB 1933 Diploma Nursing 1934	Sister's duties Ida Hospital. Sister ward 22 (£80)	Elizabeth Fisher Memorial Prize in Practical Nursing
1929	Miss Myers	19	None / at home	Parents	Medicine		Left with cert. Sept. 1933. Started medicine October 1933

Appendix 4: Suggested standing orders for sister tutors¹

The sister tutor...

1. is directly responsible to the matron for the school of nursing within the hospital. It is her responsibility to see that all student nurses in her care receive the necessary theoretical and practical instruction laid down by the General Nursing Council,
2. is responsible for the arrangement of all courses given by the medical staff of the hospital,
3. is responsible for giving lectures on the theory and practice of nursing throughout the nurses' training,
4. should arrange visits of professional interest within and outside the hospital,
5. is responsible for the drawing up of weekly time-table of lectures and classes,
6. is responsible for keeping a record of attendance and examinations passed,
7. should act as secretary to the education committee of the nursing school,
8. should act as librarian of the nurses' library of medical books,
9. should visit the wards frequently in order to keep her knowledge up to date and discuss matters of mutual interest with the ward sisters,
10. is responsible for the cleanliness and good order of her department,
11. should be allowed a weeks' holiday in the spring and a month's holiday in the summer

¹ Anon (1941) Suggested standing orders for sister tutors. *The Nursing Times*. 15th November, p.?.
KCHSS: Q/PC/3

Appendix 5: Semi-structured interview questions

- To begin with please give a brief resume of your professional life

Pre-nursing history

- What work did your father and mother do?
- Did you have any siblings and what career choices did they make?
- What sort of school did you attend, and to what age?
- When did you decide to nurse?
- Were your parents and friends supportive? If not what sort of career did they think you should choose?
- Which nurse training school did you choose and why?

Nurse training

- Did you enjoy your training?
- Did you live in the nurses' home?
- Were you trained in the 'block-system' or was your class-room teaching more random?
- How did the teaching medical staff treat you as student nurses?
- Where your sister tutors qualified as such?
- What sort of women were they? What was the level of the education that they could provide? Were your lessons didactic or was there room for discussion?
- How did you feel about the discipline during your training?
- What was your uniform like and were there any special rituals that you had to follow in its respect?
- For those respondents who were already graduates:
 - How different was nurse training from your previous university life?
 - How did you manage any changes that you needed to make?
 - Did you inform your colleagues or superiors of your graduate status? If you did, how did they react to you?

Post-registration education

- Why did you decide to undertake further study?
- Did anyone encourage you?
- Why did you decide upon the course you chose?
- Which college did you attend?
- Did you receive a scholarship, if not how did you fund your education?
- Did you receive study leave?
- Were your lecturers nurses? If not what were their credentials?
- Did you feel that the nature of this post-registration education was different to your pre-registration education? Please explain further.
- Did you feel part of the educational establishment you attended?
- For those respondents who were already graduates:

- Was your experience in post- registration nursing education similar to your previous university education?
- Do you think that having been a graduate influenced you to seek further nursing education?

Career path

- Did the course which you undertook, prepare you for the career that you were to choose?
- Do you think that having received this post- registration education that your likelihood of promotion was increased?
- How were you greeted when you returned to hospital service? Please explain further
- Were there any great changes that you wanted to make on your return to service? Were you able to?