

**THE DEVELOPMENT OF
RURAL DISTRICT NURSING
IN GLOUCESTERSHIRE
1880-1925**

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**A thesis submitted to
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in accordance with the requirements of the degree of
Doctor of Philosophy in the Faculty of Humanities**

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ABSTRACT

This Thesis examines the development of trained district nursing in rural Gloucestershire from the 1880s, when Elizabeth Maleson, founder of the Rural Nursing Association (RNA), moved to the area, until 1925, when the first State Registration examinations were held and a new era began for the entire nursing profession. The transition from local provision of aid by untrained women to the organised delivery of care by specially trained nurses employed by the RNA is described, and the expansion of this local charity into a national scheme is traced to its affiliation and eventual amalgamation with Queen Victoria's Jubilee Institute for Nurses (QVJI), the organisation from which the current system of district nursing has evolved.

The aims and motivation of the middle- and upper-class ladies who became involved in the administration of the rural district nursing movement are considered, with particular reference to religion, politics and the opportunity to expand their lives beyond the limited role prescribed for them by the cult of domesticity. The official aims of the district nurses themselves, of curative care and preventative education, are traced, and theory and practice are then compared and contrasted. The working lives of the district nurses are described, including their duties, workload, salaries and living conditions, with additional reference to the contemporary ideologies of 'fit work for women', social isolation versus independence, and relationships with administrators and local doctors.

Consideration is also given to the question of whether the service provided by those who believed that they knew what the sick poor needed was, in fact, what the poor themselves actually wanted. To this end, the educative aims of QVJI are examined in comparison with two of the most fundamental and sustaining elements of life amongst the poor, especially in isolated rural communities - neighbourliness and intergenerational support.

AUTHOR'S DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Gloucestershire and is original except where indicated by specific reference in the text. No part of the thesis has been presented to any other education institution in the United Kingdom or overseas.

Any views expressed in the thesis are those of the author and in no way represent those of the University.

Signed..

Date.....17/08/04

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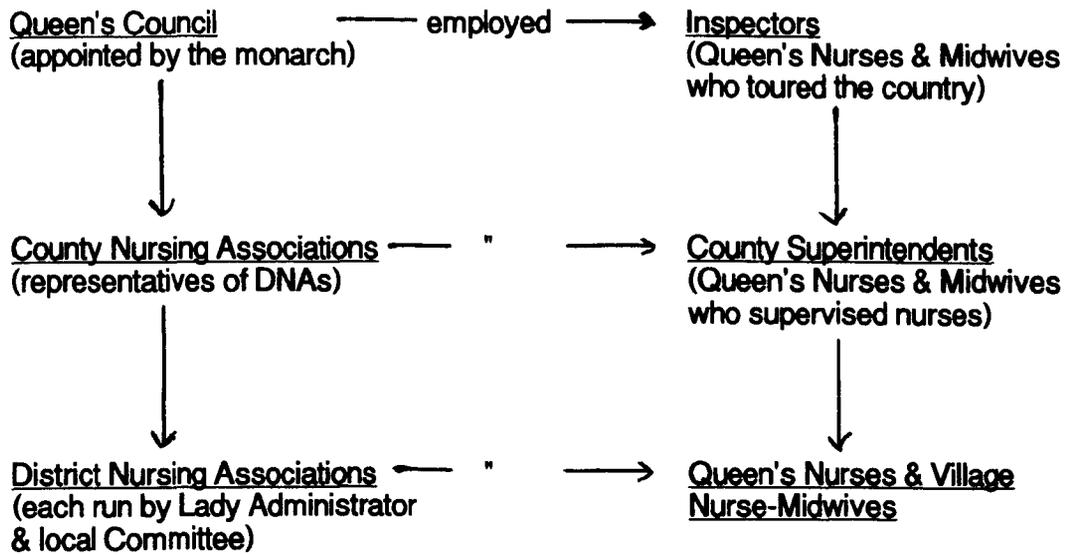
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Chronology of development of rural district nursing

<u>Date</u>	<u>Rural</u>	<u>Urban</u>
1860s		William Rathbone sets up district nursing scheme in Liverpool
1875		William Rathbone and Florence Nightingale form The Metropolitan Nursing Association in London
1884	Elizabeth Malleson founds local Village Nursing Association in Gotherington, Gloucestershire	
1889		Queen Victoria's Jubilee Institute for Nurses established
1890	Elizabeth Malleson founds national Rural Nursing Association	
1891/2	RNA affiliated to QVJI as its Rural District Branch	
1897	Amalgamation between urban and rural branches of QVJI	

Organisational structure of QVJI



Abbreviations

BMA	British Medical Association
CMB	Central Midwives' Board
CNA	County Nursing Association
DNA	District Nursing Association
GMC	General Medical Council
IWC	Infant Welfare Centre
LOS	London Obstetrical Society
MNA	Metropolitan Nursing Association
MOH	Medical Officer of Health
QN	Queen's Nurse
QVJI	Queen Victoria's Jubilee Institute for Nurses
RNA	Rural Nursing Association
VNA	Village Nursing Association
VNM	Village Nurse-Midwife



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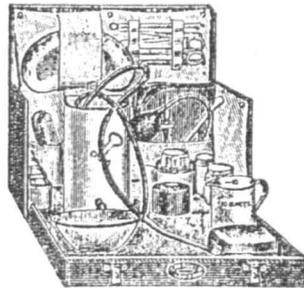
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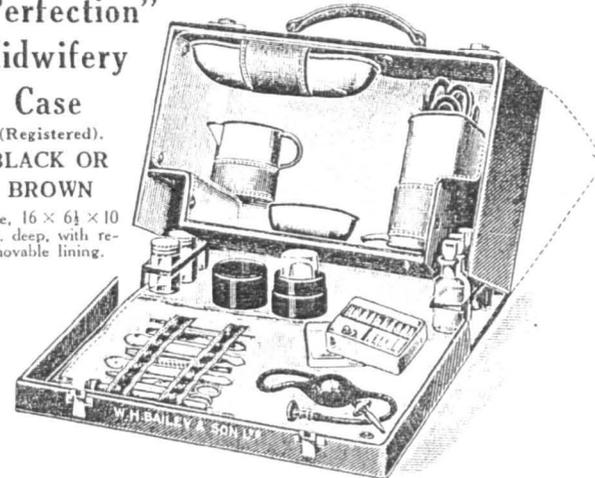
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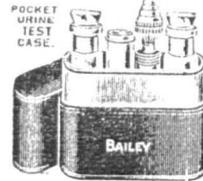
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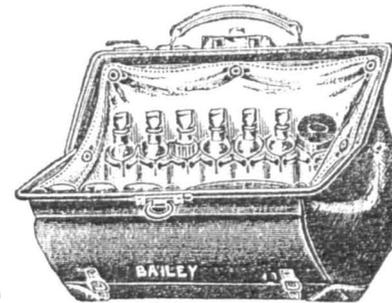


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The Queen's Nurse, 1924

Source: Some Queen's Superintendents, 'Handbook for Queen's Nurses'

INTRODUCTION

This study examines the development of trained district nursing in rural Gloucestershire from the 1880s to 1925. This period begins when Elizabeth Maleson, founder of the Rural Nursing Association (RNA), moved to the area from London, and ends when the first State Registration examinations were held and a new era began for the entire nursing profession. I first became interested in this subject when I completed an MA in Cultural, Literary & Historical Studies, the theme of which was the change from a predominantly rural to an urban society from 1750 to 1950. For my Dissertation, I chose to study improvements in rural health care in the late nineteenth century, which, as a former nurse, reflected my interest in the history of nursing in general.

During my initial MA research, I came across a brief reference to Elizabeth Maleson and the RNA, which I thought at first would prove to be only a small local charity. However, when I visited the Gloucestershire Record Office (GRO), to see if they held any relevant primary source documents, I found that the RNA not only grew into a national charity, but also eventually became an integral and very important part of Queen Victoria's Jubilee Institute for Nurses (QVJI)*, the organisation from which today's system of district nursing has evolved. It was beyond the scope of an MA Dissertation to make full use of all the available primary source material, so I concentrated only on how Elizabeth Maleson first set up her charity, then applied to continue and expand my research as a PhD Thesis.

It quickly became obvious that related secondary sources, whilst including district nursing in their study of philanthropy and nursing, saw it only as a footnote to the broader context of social history, instead of recognising it as central to pre-NHS welfare policies. As nursing historian Maggs states, the predominant historical role of district nursing "lies in its value in aiding our understanding of class and social relationships. ... In particular, we need to know much more about how the patient and

* The title of QVJI was changed in 1928 to the Queen's Institute of District Nursing and later still to the Queen's Nursing Institute. Throughout this study, which covers the years 1880-1925, the original title is used, though some quotes from secondary sources use the later titles.

the relatives reacted to the introduction of 'trained' nursing into the family and household setting." (1) Dingwall et al agree and offer an explanation for the dearth of in-depth studies devoted exclusively to this particular branch of nursing: "District nursing ... has been relatively neglected. ... Its past is not preserved in major official archives but in the scattered records of local voluntary associations which, if they have survived at all, are less readily located and more laborious to collate." (2)

Despite this acknowledgement of district nursing as a neglected area and the call twenty years ago for further research, only Fox has completed a recent study, whilst Helen Sweet is currently undertaking research at Oxford Brookes University. Fox describes her unpublished PhD thesis as "a case-study in voluntarism". She stresses that "the obscure but complex history of ... rural district nursing must be brought into a prominence that may seem unreasonable for twentieth century Britain, a largely urban society", but she acknowledges that her own study, "makes no systematic use of oral history and barely disturbs the locally surviving records of DNAs [District Nursing Associations]. Its main sources are the partial, but centrally held records of the Queen's Institute and those of the Ministry of Health." (3)

Thus, Fox concentrates on central policy-making, as do the two slim volumes by Stocks, *A Hundred Years of District Nursing* (1960), and Baly, *A History of the Queen's Nursing Institute* (1987). These two books remain the main sources on the history of QVJI, the central body which standardised training and unified existing philanthropic schemes through its system of inspection and affiliation. Dingwall et al describe these studies as "useful books" (4), but the scope of both is limited by the fact that they were commissioned to celebrate milestones in the history of district nursing. They are, therefore, designed to be congratulatory and to emphasise positive progress over the years. "From Buckingham Palace through the drawing-rooms of Mayfair and Belgravia and the mansions of the country aristocracy, a line of causation carried the energies of the new organization out to the front line of the war against disorder and disease," Stocks enthuses. (5) Baly adds, "The Queen's nurses, founded as a Victorian charity, ... spearheaded a universal community nursing service of high

quality, ... a testimony to ... the esteem in which the Queen's nurses were held." (6)

Baly uses Stocks as her main secondary source and both books are factual and informative rather than discussive and analytical. They concentrate on the leading figures of the movement, not on the nurses themselves, and on details of politics and organisation, not on the day-to-day duties and problems involved in nursing the sick poor in their own homes.

Maggs considers this approach to be typical of historians and to have led to an "imbalance within the historiography of nursing". (7) It is the approach taken by Abel-Smith, whose book, *A History of the Nursing Profession* (1960), has become a classic text on which subsequent historians still rely heavily after forty years. As Davies says, "It is easy to see it, not as a history, but as *the* history of nursing." (8) Abel-Smith makes it clear from the outset that

this is a study of the 'politics' of general nursing from 1800 onwards. It concentrates on the structure of the profession, on recruitment, on terms and conditions of service. ... No attempt is made to provide a history of nursing techniques or of nursing as an activity or skill. Little is said about what it was like at different times to nurse, or be trained as a nurse, or to receive nursing care.

He concentrates on "general nursing in the hospital setting", not because "other fields of nursing practice, outside as well as inside the hospital, are any less important", but "because this is where nurse training has been conducted". (9)

Maggs designed his own study, *The Origins of General Nursing* (1983), to complement Abel-Smith's work by concentrating "on the experiences of the nurses themselves rather than the leadership or reformers of the profession". (10) He identifies four core features of probationers: the age at which women began nursing, their previous work experience, educational background and social origins, but he, too, concentrates on general, i.e. hospital, nursing. However, although Maggs attempts to address the questions which Abel-Smith leaves unanswered, he, too, by focusing on "the way in which women chose and were chosen to be general nurses" without then progressing to "describe 'ministering angels' at work in the world" (11), presents an incomplete picture.

Both approaches, one concentrating on politics and personalities, the other on

recruitment, result in what Newby describes as not so much a history of nursing but "a history of nurses in old fashioned chronological catalogue form, consisting of dates, acts, institutions, committee personalities, recruitment numbers and duties (the latter, if lucky, in primary source quotation though often bordering on a 'linen list')". (12) If 'history of nursing' is not to be a misnomer, it must be viewed in its social context, not in isolation, for as Mortimer says, "of all occupations, nursing is one which is deeply involved in and dependent on local society and culture to define and provide the work which is to be done". (13) Conversely, an historical knowledge of nursing is needed to provide an understanding of the nurses' contribution to that society at all levels of class and of their achievements within a developing profession. It is the aim of this study to examine the change from traditional benevolence to the provision of professional nursing care in rural Gloucestershire through the lives of and relationships between three tiers of local society: the middle- and upper-class ladies who devoted years of their lives to the administration and management of the rural district nursing system, entirely on a voluntary basis; the specially trained nurses who delivered the care; and the poor patients who benefitted from it.

To achieve this wide-ranging yet integrated picture of three distinct social groups, it proved necessary to rely heavily on previously unused primary source material, particularly the records of the nurses' working lives. Whilst philanthropy has been relatively widely researched, available secondary sources tend to discuss the aims and motivation of altruistic women in very general, traditional terms, whereas district nursing offered new and wider opportunities both to the lady administrators and the nurses themselves. A resume and critique of the views of other historians, who tend to quote extensively from one another on this topic, is useful here to illustrate their approach, before the primary sources are discussed with reference to the specific themes of this Thesis.

McKibbin sees Victorian philanthropic work as an agency for improving social conditions and changing working-class attitudes, based on the belief that "they had been taught foolish habits and, since that was so, they could be untaught them" (14).

Stedman Jones, however, views charity as a means of social control by maintaining class differences between the rich and poor. He describes the traditional social meaning of charity as a "symbol of prestige" and "as a method of social control": to give, denotes superiority; to accept, implies subordination and subservience, for "in order to receive one must behave in an acceptable manner, if only by expressing gratitude and humility". Late nineteenth century campaigns sought to harness overlapping, individual charities and co-ordinate philanthropic activities, whilst establishing the Poor Law "as a penalty for moral and economic failure". Thus, the clever pauper, who took advantage of such indiscriminate aid "by moving swiftly and skilfully from one charity to another", would be forced "to turn back from mendicancy to labour" whilst the honest poor "would be led back to manliness and independence under the firm but benevolent aegis of a new urban squirearchy". (15)

However, there is one vitally important element of Victorian philanthropy which neither Jones nor McKibbin mention: genuine compassion. As Prochaska expresses it, "Cynics might argue that the poor are with us so that the rich may be virtuous ... [but] charity could not pauperize a starving child and the dead are rarely hypocrites." (16) Summers adds that "it is belittling and insulting to suggest that women had only a negative motivation for their actions ... and it is historically unhelpful to suggest that thousands of individuals acted without positive motivation or the exercise of choice". (17)

For many women in the late nineteenth century, be they leisured ladies who offered their services as volunteers for charities, or working women who chose to train for a career in nursing, providing and caring for the poor and sick was not, in Prochaska's words, "simply a Christian duty, though that was a good part of it; it represented basic human urges: to be useful, to be recognised, to be informed". (18) Summers describes such work as "an engagement of the self which involved the sacrifice of leisure and the development of expertise". (19) Prochaska adds that "to be needed, to be counted upon ... by those more obviously in distress was a great reward ... [and] such experiences made up for the rebukes, the heartaches, and the doors

slammed in the face". (20)

Holcombe points out that "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 well". (21) In the case of district nursing in particular, "a special class of nurses" (22) was needed, each of whom, in the words of Dingwall et al, "must rely on her personal qualities and skills" (23), for as Summers says, "not every well-meaning woman was capable of entering the wretched tenement or hovel of a total stranger". (24) Prochaska agrees that

it could be a harrowing experience to enter the homes, often hovels, that so commonly made up a district. ... The poverty was so profound, the disease and hardship so overwhelming, that abstract debates about the value of charity were often out of place. ... When confronted with death and dying, they acted in the only way they knew, with compassion. (25)

Holcombe concludes that, in district nursing, "perhaps more than in any other branch of the profession, educated women found wide opportunities to lead independent, interesting and useful lives". (26) However, whilst historians such as Summers and Prochaska emphasise, in the words of the latter, that women involved in philanthropic work "had every reason to be proud of the countless mercies shown to the victims of accidents and infectious diseases, to the lonely, to the aged, to pregnant women, to starving children" (27), and Holcombe highlights the value and importance of district nursing, they all tend to concentrate on urban areas, particularly London. Studies of rural communities in the late nineteenth century are scarcer, particularly those which emphasise the philanthropic role of women.

Mingay covers Victoria's entire reign, but confines himself to a detailed discussion of the lives and roles of "the politically powerful but often paternal landlord, the old-fashioned gentleman farmer who respected the land which he tilled and the men he employed, and the old-style labourer, ponderously ignorant and conservative, but steeped in his country skills". (28) When discussing landowners, Mingay states that, "polite and kind, as he often was, the squire usually thought it below his dignity to go into the villagers' homes and try to get to know them individually" (29), but he does

concede that "wives visited the sick, dispensed old-fashioned remedies in their kitchens, prepared soup for the poor, and distributed coal and blankets to needy families at Christmas". (30) His only other reference to women's involvement in philanthropic work is in his chapter on 'Professional People' where the two paragraphs that he devotes to doctors include the passing comment that "after mid-century ... the doctors' work was complemented by the services of District Nurses". (31) Mingay concludes that "the extent and complexity of the social problems of the countryside ... [resulted in] a growing distance, a greater hostility between the wealthy and the poor". (32) However, as Gerard points out in her well-expressed and considered article, "in confining their analysis to men's activities, achievements, and accounts, historians overlook the vital contribution of landowners' wives, daughters, and sisters, and consequently seriously underestimate the actual level of interaction between the landowning family and local people". (33)

The study by Horn could be classified as a companion volume to Mingay. In her readable and entertaining style, Horn details every aspect of the lives of ladies in landed society, including four pages on their involvement in district nursing schemes, using Stocks and Baly as her main sources. However, Horn's approach is narrative rather than interpretative. Although she briefly defines the cult of domesticity as "the 'natural' separation of the male and female spheres in life, and the importance of hearth and home as the centre of female existence" (34), she does not analyse the political, religious and social factors which formed the ideological foundations of this cultural philosophy. Nor does she discuss the historical relevance of women's "role as dispensers of charity and other aid" (35) beyond saying that they acted "as a 'golden bridge' between the elite families who wielded power in the Victorian countryside and the cottagers who were their subordinates". (36)

In rural communities, as Gerard points out, "the lady of the manor's duty of personally attending the poor and sick had been established since the Middle Ages". (37) One vital factor in this long-accepted social relationship was "the successive generations of dedicated ladies making the crucial personal contacts with

help, advice, influence and gifts. ... The Lady Bountiful came to know the life history of every person in a small, fairly stable community. Thus she could readily identify the deserving and underserving." (38) Gerard believes that, "though they joined with middle-class women in many philanthropic activities when in London, women of the landed classes were still a distinct group, with different motives and spheres of interest. ... They knew the poor better and often developed a warmer relationship with them than did middle-class lady visitors in the slums." (39) It was their social position that gave such ladies the power, resources and influence to ameliorate the problems caused by that very class gulf and in philanthropy they found "a socially approved outlet for their talents and needs. ... They gained a sense of usefulness and worth." (40)

Only in one paragraph does Gerard mention that "women of the landed classes ... became prominent in forming branches of the District Nursing Association" (41), but she does not consider the significance of this change in philanthropic approach. In any historical period, there were always women of the social and political elite who quietly and unobtrusively used their influence for the benefit of philanthropic causes and good works, yet who, as Williams says, "made no mark at all on national life" (42), whilst, at significant moments, others emerged who "were driven by a campaigning zeal that transformed public opinion in Britain on important and controversial issues". (43) Nursing produced a number of such dominant and outstanding women amongst its leaders and reformers, particularly in the period from 1860 to 1920, characters who Bowman describes as

veritable giants of personality and achievement. Such individuals are never easy to deal with, ... yet it is people of this dominating, overbearing nature who are necessary to the founding of almost any new enterprise - and who have appeared so often just when they were needed. (44)

In the field of rural district nursing, Elizabeth Malleon was one such campaigner. Her biography, a copy of which only came to light after Stocks had written her history of QVJI, is an invaluable primary source, not only of details about the formation of the RNA, but also about the profound and far-reaching effects that one woman's determination could produce. However, as with any historical records, it is

necessary to bear in mind the purpose and audience for which the biography was produced and the possible bias and selection of evidence by the author. It was written in 1926, ten years after Elizabeth Malleson's death, by her youngest daughter who not only obviously remembered her mother with great admiration and deep affection, but had also worked closely with her and, to a great extent, shared her views. It was printed only for private circulation, not published for general retail, so Hope was writing for a specific, select audience of family and friends who, obviously, would already have known of her mother's work and would have expected a positive picture of her. They would also have been aware of her formidable and domineering character, but whilst Hope does not try to disguise these traits, she presents them as strengths. Had recollections of their encounters with E.M. (as Hope always refers to her mother) been recorded by some of the many people with whom she clashed, they would no doubt have presented a very different version of events.

Hope incorporated into the biography extensive quotes from autobiographical notes which Elizabeth's children had urged her to write for them in 1889, so it does give some insights into Elizabeth's own thoughts, and these can be supplemented by the views she expressed in her annual DNA reports, which were amongst papers given to the GRO by her great-granddaughter in the 1960s. The papers of her close co-worker, Lady Lucy Hicks-Beach, Countess St Aldwyn, proved more difficult to locate. The GRO holds many of the family's estate records and the political papers of her husband, Sir Michael, Earl St Aldwyn, but nothing concerning Lady Lucy's long and devoted involvement with district nursing at local, county and national levels. However, a tentative letter of inquiry to the current Lord St Aldwyn of Williamstrip Park near Cirencester was answered with a three-inch thick parcel containing photocopies of all Lady Lucy's private papers that are held in the family archives. These papers, which, as far as I am aware, have not been previously used by any other historian, were an invaluable source both of factual information and of the character of the altruistic, compassionate woman they reveal.

However, these papers and the surviving records of other local DNAs present

a one-sided view, that of the class which administered the system of rural district nursing, not the nurses who actually delivered the care nor the poor patients who received it. Such documents, particularly DNA Annual Reports, were written with a dual purpose: on the one hand, the lady administrator had to present an accurate record for the Queen's Council of QVJI; but, on the other hand, she needed to phrase her official statement of facts in such a way that local subscribers would be inspired to continue their support of the work. Surviving Minutes Books also tend to record decisions made, without detailing the reasons and discussions which led to those decisions. Elizabeth Malleson herself tells us that each record "does not dwell upon the details of the work. It only sums up a few bare facts." (45) Nevertheless, as Hallett says, "even if such works can give us only a few simple facts they may still offer numerous insights". (46)

Within such surviving primary sources, the voices of the nurses themselves are heard even more rarely and faintly than the administrators. Even the significance of Florence Nightingale's involvement in district nursing is not recognised by Vicinus & Nergaard. They state that, in their edited collection, "we have included letters representative of the full range of Nightingale's interests". (47) However, whilst they mention that "funds were used ... to help underwrite ... district nursing" (48), which, by the 1890s, "with its focus upon prevention and sanitation, had become one of Nightingale's prime interests" (49), they fail to quote from any of her voluminous correspondence concerning William Rathbone's district nursing scheme in Liverpool, the formation of the Metropolitan Nursing Association, or QVJI. The only letter to William Rathbone that they include is dated 1864 and relates to his idea of introducing trained nurses into the Liverpool Workhouse Infirmary.

Contemporary nursing journals, in particular the *Nursing Record*, first published in 1888, and the *Queen's Nurses' Magazine*, founded in 1904, are invaluable sources for the political and professional arguments put forward by leading nurses, but where the views and records of individual district nurses are concerned, as McGann says,

It is better to approach archives as though they were an endangered species, under constant threat, and their survival a cause for celebration.

There is probably a 50-50 chance in this country of archives being kept and cared for, and when it comes to nursing records, the odds are probably less. (50)

This was the problem faced by Dixon, who catalogued the QVJI archive which was transferred to the Contemporary Medical Archives Centre (CMAC) at the Wellcome Library between 1991 and 1998. Dixon describes how the archivist who undertook the initial survey of the records at QVJI headquarters "had to hunt high and low through the building, delving into cupboards, filing cabinets and drawers to locate material which had been kept for many years ... under conditions which were far from optimum from the point of view of the long term good of the records". (51) Furthermore, a report on the administration of the Institute in 1946 had recommended that "all obsolete or unnecessary papers, books, etc, be consigned to salvage" and a further report in 1961 announced with satisfaction the "regular spring cleaning of the records and dispos[al] of what is never likely to be of further value". (52) Consequently, little correspondence survives from before 1946, the earliest surviving examination paper for Queen's Nurses is from 1924 and the only lectures are from the 1940s. However, there is a full run of Annual Reports from 1899, apart from a few gaps from 1901-8, and most importantly for the purposes of this study, 56 volumes of the Queen's Roll from 1891 to 1937. These record the personal and career details of each Queen's Nurse, including date of birth, marital status, religious denomination, education, father's occupation, own previous occupation, hospital training and nursing experience, district training, certificates and badges, and reports on posts held. Each nurse's name was entered on the Roll when she qualified as a Queen's Nurse, and to locate entries for specific nurses, it is necessary to check the 14 volume alphabetical index, listing approximately 35,000 names from 1891 to 1969, and held on microfilm. Whilst it is straightforward to check for nurses whose forenames are known, where a surname is the only detail already held, it would be necessary to call up the Roll entries for every woman listed in the index with that same surname in order to locate the particular one who worked in Gloucestershire. Unfortunately, in a list of 52 Queen's Nurses who worked in rural districts in Gloucestershire between 1892 and 1925, whose names it was possible to

collate from surviving local records, 38 have only a surname given, 9 mention initials, but only 5 are referred to by both a surname and forename. Due to problems with my health and with travelling, the laborious task of checking the index and Roll was carried out with great enthusiasm and efficiency by Hazel Parris, who managed to find and copy the records of 27 of the Queen's Nurses who worked in Gloucestershire. Whilst this is a small sample, it is still representative and indicates significant changes in their social backgrounds during the period covered by this study, as discussed in Chapter 4. It would be a valuable exercise if a major study of the entire Queen's Roll was undertaken, collating and detailing these changes nationally over a much wider period, but such further research is beyond the scope of this thesis.

Records of the Village Nurse/Midwives (VNMs) proved even more elusive. When the Gloucestershire County Nursing Association (CNA) recorded in its Minutes of 1922 that the County Superintendent had moved to a new and bigger office in Gloucester, mention was made of the purchase of a filing cabinet specifically for storing the records and inspection reports of the VNMs. However, none of these documents have survived amongst the records stored at the GRO. Between 1905 and 1910, some details of applicants were recorded in the CNA Minutes, together with progress reports during training and appointments on qualification. Reference was also made to applicants who were rejected or who failed to complete their training, and these comments can be equally insightful and informative. Fewer details were noted between 1911 and 1925, but it proved possible, if painstaking, to trace the careers of some of the longest serving VNMs through the listings of the DNAs and their nurses which were included in each of the CNA's Annual Reports, and through the surviving records of individual DNAs.

Whilst the district nurses have left little personal evidence of their experiences, as Davin says, "working class memoirs and autobiographies, too, are comparatively few, and by women are rarer still". (53) Of the few collections that do exist, those most often cited as classic primary sources by historians record the lives of the urban working classes: Lady Florence Bell studied the iron workers' families of

Middlesbrough, North Yorkshire, for her 1907 investigation *At the Works*; Maud Pember Reeves questioned 42 families in Kennington and Lambeth in 1913 for *Round About a Pound a Week*; and Margaret Llewelyn Davies edited *Maternity: Letters from Working Women* in 1915. The perspective of such studies is undoubtedly that of the working-class witnesses, but as Davin points out, "their evidence was defined by the interests of the investigators, and limited too no doubt by class barriers and often the formal context of the enquiry". (54) The questions asked and the way in which they were phrased could, in itself, have influenced the answers, but the very prejudices and assumptions that such an approach reveals can be historically significant. When Roberts interviewed 160 people, both men and women, born in central and north Lancashire between 1880 and 1914, she found that there was "very considerable reticence" on the subject of sexual behaviour and her respondents were "not unusual in discussing sex without once mentioning the word". (55) It is clear from the available sources that this attitude of prudish disgust and distaste for any topic even remotely connected with reproduction, but particularly for the sexual act itself, was widespread amongst the urban working classes throughout the country, and was shared by their rural counterparts.

By the nature of their geographical isolation, there are even fewer collective memoirs of the rural poor and, in the absence of diverse sources, there is a tendency for one person's views and experiences to become established as representative of an entire social class and generation. Williams sees Flora Thompson's *Lark Rise to Candleford* as one such "irreplaceable record" (56), which, as English says, "has come to be used in England as a text in historical courses as well as in literary classes ... as a primary source" from which historians quote "without comment, as if it were of sufficient authority to establish the point being made". (57) However, whilst English concludes that Thompson's childhood memories of Oxfordshire in the 1880s are "blurred, softened by the art of the writer" (58), the beliefs and attitudes of the rural poor that she records are verified by Rose, who was born in a Buckinghamshire village in 1871 and recorded his recollections in *Good Neighbours* (1942); by Chamberlain's

interviews in 1975 with *Fenwomen* born in Cambridgeshire in the 1890s; by Foley's childhood in Gloucestershire from 1914, recalled in *A Child in the Forest* (1974); and by the post-World War 1 experiences in Suffolk as detailed in *Where Beards Wag All* (1970) by Evans, who Williams describes as "one of the best recorders" of country life in the twentieth century. (59)

Several of Davies' urban respondents expressed resentment of the atmosphere of sexual ignorance and disgust in which they were raised, and stated their determination not to allow their own daughters to suffer in the same way. (60)

However, so deeply ingrained and enduring were the most prudish and repressive moral prejudices of the rural poor that they survived into my parents' generation, born in the 1920s, where this study ends. I clearly remember my mother, who was raised in a village in rural Essex, having screaming hysterics when, as a teenager in the 1960s, I dared to buy my first pair of denim jeans. In a doom-laden tone of patronising disapproval, my mother informed me that by "flaunting" myself in a pair of "men's trousers with a *zip* in the *front*", I was "*asking for trouble!*". She insisted that I wore a petticoat under the jeans, wrapped round my legs and tucked up round my crotch, like a cross between a nappy and a chastity belt. Needless to say, I took the petticoat off at the first opportunity after leaving the house. In our family, subjects such as personal hygiene, menstruation, sex and pregnancy could never even be mentioned, let alone discussed, even when I had trained as a nurse, and "locking the bedroom door" was the only acceptable form of birth control for a respectable married woman, as mechanical methods condoned and encouraged behaviour in men that was best kept firmly under control.

This repressed mentality of the rural poor must have affected the atmosphere in which the lady administrators introduced the system of professional care and the district nurses carried out their duties, particularly midwifery and family welfare work. An understanding of these attitudes and beliefs is, therefore, essential if the past is not only to be recreated but also analysed and interpreted in such a way that, as Tosh says, we "find out why people acted as they did, by stepping into their shoes, by seeing

the world through their eyes and as far as possible judging it by their standards". (61) Historians confront challenges that other researchers, who produce and control their own data, do not face: they have to work, as Rafferty says, "within the compass of [only those] evidential resources and primary sources of data" that have been preserved by posterity. (62) Even those records which have survived are not, as Tosh adds, "an open book, offering instant answers. ... There is probably no other field [of research] whose primary sources are so varied, so widely dispersed, and so uneven in quality." (63) However, if we allow "the voice of ordinary people to be heard alongside the careful marshalling of social facts in the written records" (64), we can give history a human face. In particular, as Chamberlain emphasises, "the women's story must be told, but it must be seen in a perspective of its own. ... Women [need] a sense of their own importance and relevance." (65)

To this end, the development of rural district nursing is explored in this Thesis within the broader context of research concerning middle- and upper-class women's role in philanthropy in the period 1880-1925. Firstly, in Chapter 1, the limited range of health care already available to the rural poor in the 1880s is established by examining institutional care in hospitals and workhouses; the use of folk and patent medicines; and the long-established role of Lady Bountiful. The arrival of Elizabeth Malleson in rural Gloucestershire coincided with a growing recognition of the need for trained nurses for the rural poor, but this awareness was restricted to an enlightened minority amongst the traditionalist county gentry. Elizabeth's long, hard campaign to establish a national system of rural district nursing is described and discussed in Chapter 2, which traces the chronology of events from the founding of the RNA to its amalgamation with QVJI. Once Elizabeth, with the help of Lady Lucy Hicks-Beach, had won the support of the landowning classes, the Ladies Bountiful themselves benefitted from the opportunities that such philanthropic work offered them. What motivated such ladies to become involved in the administration of DNAs is considered in Chapter 3, together with what they and the leading figures of QVJI aimed to achieve. Theory is then compared with reality in Chapter 4 by considering the professional status of the district

nurses, compared with other occupations for women. Their social backgrounds are examined, together with their training and their standing within the communities they served. The following two chapters describe in detail the working lives of the nurses, their duties, workload, salaries and accommodation. Finally, whether the service they provided was what the poor actually wanted and needed is then examined from the patients' viewpoint in Chapter 7.

Thus, in this Thesis, I have attempted to present an integrated portrait of three tiers of rural society, mainly from the women's point of view. To a great extent, the Thesis 'wrote itself', in the sense that the primary sources dictated the shape and form of the study, enabling me to trace not only the chronology and details of events, but also the aims and motivation that inspired the lady administrators and nurses. However, whilst the local records contained copious factual details, I had hoped to find some records of what the nurses themselves thought and felt about the working and living conditions in which they were expected to fulfil those shared aims, rather than having to infer their views from records written by inspectors, committees and administrators. Even those 'grass-root' views that were published by the *Queen's Nurses' Magazine* were filtered through Superintendents' speeches at conferences, or selected and edited for publication in the official journal. In addition, I would have liked to visit the CMAC to study the Queen's Roll, which remains a rich but largely untapped source. Local oral history would also have enriched the study from the patients' viewpoint, but a request in a local history newsletter prompted only one response, from an articulate and intelligent 91 year old, Mary Paget, who willingly shared her remarkably clear and detailed memories of Charlton Kings in the inter-war years. Nevertheless, despite these obvious shortcomings, it is hoped that this study, by combining the quantitative data from surviving local and national records with the qualitative interpretation of the human interaction between the lady administrators, the district nurses and their poor patients, will provide a valuable addition to a neglected area of the history of nursing in particular, and social and women's history in general.

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Gotherington in the late 19th century

Source: David Aldred, Gotherington Local History Society

CHAPTER ONE

HEALTH CARE IN THE 1880s

Introduction

Before examining the introduction of district nursing, it will be valuable to establish the limited range of health care that was already available to poor rural communities in the 1880s. To this end, firstly this chapter will consider institutional care in hospitals, cottage hospitals and workhouses. National movements and policies will be related to specific experiences in Gloucestershire by the examination of local institutional records. The role of pharmacists will then be examined, together with the use of folk remedies and patent medicines. Finally, the role of Lady Bountiful will be discussed in the context of the cultural philosophy of domesticity and philanthropy.

Institutional care

In 1873, Florence Nightingale asked the rhetorical question:

To reform the Nursing of all the Hospitals and Workhouse Infirmaries in the world, and to establish District Nursing among the sick poor at home, too ...
- is this not an object most worthy of the co-operation of all civilised people?

She found it gratifying that, "in the last ten years, thank God, numerous Training Schools for Nurses have grown up, resolved to unite in putting a stop to such a thing as drunken, immoral, and inefficient Nursing" and she believed that, "within a few years ... [it] will be a disgrace to any Hospital or even Workhouse to be suspected of bad Nursing or to any district ... not to have a good District Nurse to nurse the sick poor at home". (1) However, though the Nightingale reforms had begun to take effect on hospital nursing by the 1880s, Summers points out that

for much of the nineteenth century neither minor nor major illness was automatically thought to require institutional treatment. The rich, and indeed any patients with pretensions to gentility, were nursed at home; the poor did everything in their power to avoid entering the workhouse infirmary or sick ward. The voluntary hospitals catered for a small section of the sick population ... but, over most of Britain, most sickness was treated at home. (2)

Florence Nightingale envisaged home nursing, as Dingwall et al express it, as "a civilizing occupation, reforming and redirecting the lives of its patients, not just caring for them". As well as providing the sick poor with the same standard of nursing as the

middle- and upper-classes, home nursing was a means of teaching domestic hygiene and basic sanitary principles, "a way to separate the [sick] poor from each other rather than grouping them together in hospitals". (3)

Standards in hospitals still varied in the 1880s, as there was no uniform training nor a national register. Individual hospitals still issued their own certificates, either to working-class girls who trained for two to four years, depending on the hospital, or to 'lady' pupils who paid £1 a week each for a year's tuition, at a time when the average weekly wage for a male agricultural labourer was only 13s.9d. Demographic changes had resulted in an ever-increasing number of such ladies from the middle- and upper-classes who needed to work. The census of 1881 recorded more than 13 million women in England and Wales, compared with 12.5 million men. By 1901, these figures were almost 17 million women and fewer than 16 million men. In the overall population in 1881, there were 1,055 women to every 1,000 men; by 1901, the ratio was 1,068 per 1,000. In the economically productive age group of 20-44, the ratio was 1,083 per 1,000 in 1881, rising to 1,096 per 1,000 in 1901. These 'superfluous' women needed to find work which, in Maggs' words, "would support them not for a few years until marriage but for their entire life". (4) These figures apply to the population as a whole, but Holcombe points out that this disproportion between the sexes was greater among the middle classes than the working classes, due to "the excessive emigration of men of their class, who were responding to the calls of far-flung empire and seeking new lives in new worlds", as a result of which they either postponed or abstained from marriage. (5)

Demographic changes therefore coincided with the reform of nursing, creating a pool of potential labour of precisely the calibre which Florence Nightingale aimed to attract. Holcombe points out that "nursing was always considered to be women's work ... so mid-Victorian feminists did not have to make out a case for the suitability and desirability of women's employment. Rather, ... [they] faced the problem ... of raising [nurses] to the status of true professionals." (6) Bingham adds that "raising the standing of nurses ... would raise the standing of women - an ambition in tune with

the feminist mood of the age. As Mrs Bedford Fenwick, 'commanding officer' in the battle for registration, said, 'The Nurse question is the Woman question, pure and simple.'" (7) Florence Nightingale believed that the recruitment of middle- and upper-class 'lady probationers' would transform nursing into a respectable occupation because, as Baly expresses it, "the notion of paying for a training carried intrinsic merit and kudos. ... It was more than the kudos of the ability to pay, it was the concept that entering the profession was so worthwhile that it was worth [paying]. ... This was publicity in itself," which in turn would then attract more recruits from those classes. (8)

The medical profession was slow to agree, as the *Lancet* declared with chauvinistic conviction in 1879:

We cannot unreservedly subscribe to the popular belief that nursing ... is an occupation which is at all suited to ladies who have been delicately brought up, and we feel sure that the lady who is ready to perform all those disagreeable duties which are necessary (let us say) for the prevention of bedsores must be a rarity. ... Such work is, we feel sure, better entrusted to strong, properly trained women of the lower class who have been accustomed to dirty work from their youth up, and who are never squeamish over their duties. (9)

The following year, the *British Medical Journal* expressed the patronising belief that:

Ladies, as a rule, do not make first-rate nurses. ... Ladies take to nursing, as a rule, from slightly morbid motives; they are 'disappointed', or they want something with which to kill ennui, or they have religious convictions on the subject. (10)

Miss Nightingale herself was acutely aware of the dangers of such a popular image, both from the disparaging point of view of men and from the appeal it might hold for idealistic and naive young women. She did expect a nurse to be "a religious and devoted woman ... [with] a respect for her own calling" (11), but she envisaged efficient, well-trained professionals, not martyrs. "It seems a commonly received idea among men and even among women themselves that it requires nothing but a disappointment in love ... to turn a woman into a good nurse," she wrote (12), but

A woman who takes a sentimental view of Nursing (which she calls 'ministering', as if she were an angel), is of course worse than useless. A woman possessed with the idea that she is making a sacrifice will never do; and a woman who thinks any kind of Nursing work 'beneath a Nurse' will simply be in the way. ... Nurses' work means downright work, in a cheery, happy, hopeful, friendly spirit. An earnest, bright, cheerful woman, without that notion of 'making sacrifices', etc, perpetually occurring to her mind, is the real

Nurse, ... that is the woman we want. (13)

This ideal Nightingale nurse would bring to her work "a strong practical, intellectual interest in the *case*" (14) and an attitude of "*intelligent* obedience to rules and orders". (15) As Stocks says, Florence Nightingale sought to establish nursing not "as a *craft* for the lower orders", but "as a *profession* for educated women". (16)

Again, the *Lancet* was quick to disagree, insisting unequivocally that "the nurse ought to be the servant of the doctor" and railing dismissively at any suggestion that nursing could even be called a 'craft' let alone a 'profession':

Nursing is not a craft; still less can it be regarded as a profession. ... A trained nurse is a half-educated woman, who has acquired just enough knowledge to make her dangerous ... [and] by entrusting the duty [of care] to trained nurses they [doctors] are jeopardising the lives or the health of the patients. (17)

This view was still entrenched in the pre-Nightingale era, when even the taking of temperatures and pulses and the testing of urine was the work of the medical students, and it smacks of professional jealousy as much as of male chauvinism. The *Lancet* might metaphorically stamp its foot and stubbornly refuse to accept the need for trained, educated nurses, but that need was an integral part of medical progress. It both arose from and reflected what White describes as a "shift in the philosophy and goals of medical treatment from alleviation of suffering to cure", (18) which itself derived from contemporary scientific discoveries. Chloroform became the most widely used anaesthetic, in preference to ether, after it was first introduced in medical practice by Sir James Simpson in 1847, and as White points out, "as operations became more extensive, so the post-operative nursing needs of the patient became more complex and demanding". (19) From the 1860s, the application of Lister's antiseptic principles, based on Pasteur's germ theory of disease, not only reduced surgical mortality rates from between 25–40% in 1865 to approximately 4% in 1890, but also further developed nurses' technical skills in aseptic techniques and more and improved dressings. Germ theory and the control of infection developed further in 1876 when Robert Koch identified the function of bacteria in the disease process. As a result of such scientific and medical advances in the latter half of the nineteenth century, White tells us, doctors

had increasingly

to rely on the skilled observation and discretion of the nurses who were in constant attendance on the patients (in contrast to the doctors' intermittent visits). ... As greater specialisation in medicine and surgery developed, so did greater specialisation in nursing grow. (20)

These improvements were reflected in hospital data, both nationally and locally. At Cheltenham Hospital in 1880, a total of 629 'in-door' patients were admitted, "409 of whom were discharged cured, and 161 relieved". The average number of patients in the hospital at any one time was 63.86 and the average time each patient remained on a ward was 38.07 days. The 99 surgical operations performed that year included 19 amputations, from which two patients died of shock. Amongst the medical patients, the most commonly treated conditions were 32 cases of rheumatism, of which 28 were cured and 4 relieved; 18 cases of anaemia, all cured; 13 skin ulcers, 12 cured, 1 unrelieved; 13 cases of pneumonia, 10 cured, 1 relieved, 2 died; 8 cases of bronchitis, all cured; and 8 cases of heart disease, 4 cured, 4 died. Overall, "the deaths in the Hospital have been greater in number this year than usual, amounting in all to 37, 14 of which were the results of accidents". (21) When these 14 fatal accidents are discounted, the death rate amongst patients in 1880 falls from 5.88% to 3.66%, which compares favourably with 3.94% in 1879 and 3.1% in 1878.

Yet, despite such results, Abel-Smith tells us, the more prosperous classes still "entered the hospitals only to visit, inspect or govern"; they remained institutions which cared primarily for the poor, amongst whom the fear persisted that "admission to hospital was the precursor of death". (22)

In many rural areas, there were no hospitals and it was to combat this problem that Cottage Hospitals were established, the first being founded in 1859 by Mr Albert Napper MRCS at Cranleigh in Surrey. As the name suggests, the earliest of these hospitals were set up in converted cottages where a resident nurse provided care for four to ten patients and a general practitioner paid regular visits. Over the years, many such hospitals were extended or moved to new, purpose-built premises, "resulting from the absolute necessity of providing better accommodation for the poor in cases of sickness or accident than that afforded in their own homes". (23)

Bourton-on-the-Water Cottage Hospital was only the third such hospital to be established in England, when Dr John Moore leased Buryfield Cottage in 1861. A new building was erected on a different site in 1879, and was in turn succeeded by a new hospital in 1928. (24)

Miss Rebecca Home, the first Matron of Moreton-in-Marsh Cottage Hospital has left her recollections of its foundation in the 1870s when "Dr Leonard Yelf was attending my friend Miss Challis, in my home, during a long illness and being (I suppose) pleased with my nursing, he said how much he wished he could get a bed in some cottage, which he could use for some poor patient." He approached a local patron, Lord Redesdale, who generously offered a site for a small hospital and £150 towards the building costs. Whilst the hospital was under construction, Miss Home joined a group of nurses at Winchester, who were being trained there by the Nightingale Fund, which illustrates that, although the hospital was envisaged primarily as providing respite care, the nursing was expected to be of a high standard. The new hospital was opened by the Bishop of Gloucester on 24 July 1873 and the first two patients were admitted four days later. Miss Home recalls, "20 others followed before the end of the year and only one of those was 'ulcer of leg' thus disproving the prophecy of a friend (who afterwards became an energetic helper in the Hospital) who said we should never get any patients except old women with bad legs!" (25)

The willingness of a local patron to fund a new purpose-built hospital, instead of merely converting a cottage, reflects the growing awareness of the need to make provision for rural patients who could not afford private nursing at home, but whose condition was not serious enough to warrant removal to an urban hospital. The criteria for admission were clearly set out in the Rules of Fairford Cottage Hospital, founded in 1867, which state that, "The Hospital is designed for the benefit and accommodation of the poor when suffering from Disease or Accident; but no case of Infectious or Contagious Disease, or of Pulmonary Consumption, shall be admissable." All costs and expenses were met by charitable donations and subscriptions, but patients were "required to pay towards their maintenance a weekly sum, the amount of which,

dependent upon circumstances, shall be decided upon by the Committee in conjunction with the Patient's Employers, or with the Poor Law Authorities". In 1880, subscriptions totalled £61.11s.6d., with a further £23.5s.9d. raised through collections in local churches and chapels, whilst payments received from patients, ranging from 2s.6d. upwards, totalled only 12s.0d. Applications for admission to the hospital, accompanied by a Letter of Recommendation from a subscriber (see Fig. 1.1, p.28), were considered by the Committee and Medical Officer at their Monthly Meetings, except for cases of accident or emergency. Subscribers of £1 or more annually were able to recommend one patient to be admitted free of charge per year. A total of 23 patients were admitted during 1880, 20 of whom were eventually discharged cured whilst the other 3 were either relieved or improved, each patient spending an average of 20.2 days in hospital (see Fig. 1.2, p.29). The emphasis appears to have been on a nourishing diet and rest rather than medical treatment, as the total cost of Provisions was £35.6s.7d., with an additional £3.8s.5d. for Beer, Wine & Spirits, but only £7.3s.0d. was spent on Medical & Surgical Appliances. (26)

Similarly, Tetbury Cottage Hospital, established in 1868, treated 39 patients during 1880, with an average duration of stay of 24 days. Total Food & Maintenance costs amounted to £43.15s.10d., plus £1.19s.6d. for Wine & Beer, and only £16.0s.11d. for Medicines & Surgical Appliances. (27) At Bourton-on-the-Water, 44 patients were treated in 1880, with a daily average of 4 beds occupied and an average stay of 36 days. Provisions cost £57.19s.8d., with Wine, Beer &c £7.12s.6d., whilst £11.4s.3d. was spent on Drugs & Instruments. (28)

By 1870, some 70 Cottage Hospitals had been established throughout the country and by 1880 the number was nearer 300. Where they existed, the respite care they provided was no doubt beneficial and welcome, but many poor country dwellers still had to resort to the Infirmary wards of the local Workhouse.

The Poor Law Amendment Act of 1834 had been designed to discourage pauperism, and thus reduce the financial burden on the ratepayers, by making conditions in workhouses so strict, harsh and comfortless that only the desperate

7

COTTAGE HOSPITAL, FAIRFORD.

LETTER OF RECOMMENDATION.

With which all applicants must be provided, except in cases of severe accident or sudden emergencies.

Patients Name and Designation	NAME AND AGE.	OCCUPATION.	ADDRESS.
	STATEMENT OF THE NATURE OF THE CASE.		
From the usual Medical Attendant or other person.	(Date)	(Signed)	
	SUBSCRIBER'S RECOMMENDATION.		
To be signed by a Subscriber.	<i>I hereby recommend the above-named as a fit person to be admitted into the Cottage Hospital, Fairford. The terms of admission (subject to Rule VIII.) to be a contribution of Shillings* per week towards maintenance, for a period not exceeding eight weeks.</i>		
	(Date)	(Signed)	
To be signed by a responsible person, subject to the approval of the Committee.	HOSPITAL GUARANTEE.		
	<i>I hereby ensure the payment of the above-named weekly contribution, so long as continues a Patient of the Hospital. And I further undertake to remove h when required to do so by the Committee, and in the event of death to defray all funeral expenses.</i>		
	(Date)	(Signed)	
N.B.—Applications to be addressed to the "Committee of the Cottage Hospital, Fairford."			
Consumptive, infectious, and incurable diseases are not admissible.			

These Forms will be supplied on application at the Hospital.
Presents of Old Linen, Sheetting, &c., will always be
thankfully received.

Fig. 1.1

Source: GRO D1070/V11/91

List of Patients in the Cottage Hospital, Fairford.

From JANUARY 1st to DECEMBER, 1880.

No.	Sex	Age	Residence.	Nature of Disease.	When Admitted.	When Discharged	Results.
249	F	58	Poulton ...	Bronchial Catarrh, &c. ...	Dec 21, 1879	Jan. 17	Improved
250	M	45	Coln St. Aldwyns ...	Hydrocele ...	Jan. 13	Jan. 20	Cured
251	M	13	Ablington ...	Intestinal Irritation ...	Feb. 16	Mar. 6	Cured
252	M	20	Bibury ...	Rheumatic Fever ...	Feb. 17	Mar. 10	Cured
253	M	20	Bibury ...	Rheumatic Fever ...	Mar. 13	Ap. 10	Cured
254	F	68	Fairford ...	Injury to Hip ...	Ap. 17	June 28	Much Improved
255	M	10	Coln St. Aldwyns ...	Injury to Ankle ...	Ap. 26	May 1	Cured
256	F	27	Coln St. Aldwyns ...	Uterine ...	May 1	May 15	Cured
257	F	58	Marston Meysey ...	Heart Disturbance ...	May 5	May 25	Relieved
258	M	22	Dunfield ...	Orchitis ...	May 10	May 28	Cured
259	M	13	Coln St. Aldwyns ...	Injury to Arm ...	July 2	July 9	Cured
260	M	14	Coln St. Aldwyns ...	Incised Wound of Heel ...	Aug. 6	Aug. 19	Cured
261	M	15	Southrop ...	Injury to Ankle ...	Aug. 18	Sept. 9	Cured
262	M	62	Coln St. Aldwyns ...	Injury to Knee ...	Aug. 19	Sept. 1	Cured
263	F	7	Poulton ...	Debility ...	Sept. 7	Oct. 5	Cured
264	M	9	Southrop ...	Crushed Hand (Amputation of Finger) ...	Sept. 18	Oct. 8	Cured
265	M	3	Bibury ...	Paraphimosis ...	Oct. 2	Oct. 9	Cured
266	F	43	Maisey Hampton ...	Uterine ...	Oct. 11	Nov. 9	Cured
267	M	3	Bibury ...	Bladder Irritation ...	Nov. 20	Dec. 12	Cured
268	F	18	Poulton ...	Ulceration of Knee ...	Nov. 25		Remaining in Hospital
269	F	17	Kempsford ...	Synovitis of Knee ...	Dec. 7		Remaining in Hospital
270	M	14	Fairford ...	Debility ...	Dec. 11	Dec. 24	Cured
271	F	24	Kempsford ...	Chlorosis ...	Dec. 14		Remaining in Hospital

Fig. 1.2

Source: GRO D1070/V11/91

would seek relief within their walls. Thus, able-bodied paupers would be encouraged to find work and support themselves. However, this approach assumed that work was available, if only the poor would look for it, and genuinely destitute families were demoralised and humiliated by seeking the help they needed.

The replacement of the Poor Law Board by the Local Government Board, under the Act of 1871, brought public health into the same administrative department as poor relief. The subsequent series of Acts during the 1870s, which consolidated previous attempts at sanitary reform, also saw the appointment of Medical Officers of Health responsible for effecting national policies at local level. This was a clear indication that the state should accept responsibility for the health of the people, including provision for the sick poor. The Metropolitan Poor Act of 1867, prompted by Florence Nightingale's determined campaign for workhouse reform, had already established that the sick should be separated from the able-bodied paupers, and under the Local Government Board, arrangements were made to allow workhouses to admit and train probationer nurses on their Infirmary wards. Furthermore, the Medical Relief (Disqualification Removal) Act of 1885 was designed to end the stigma of pauperism attached to appeals to the Local Government Board. Nevertheless, admission to the Workhouse was still regarded by the poor with a sense of dread and humiliation, as Flora Thompson poignantly conveys when she describes the removal thence of an elderly neighbour: "As soon as he realized where he was being taken, the old soldier, the independent old bachelor, the kind family friend, collapsed and cried like a child." (29)

Nurses in Workhouses, Abel-Smith tells us, tended to be of "servant class", each nurse attending an average of twenty patients "at a time when one nurse to two or three patients was the standard for the large London teaching hospitals". (30) At Winchcombe Union Workhouse in 1880, a typical weekly report shows that out of a total of 54 inmates, 33 men and 10 women were classified as "old & infirm" (31) and therefore in need of nursing care.

Conditions for able-bodied inmates were still notoriously harsh throughout the

1880s, as entries in the Punishment Books for the Workhouses at Tewkesbury and Chipping Sodbury testify. Offences such as using obscene language, violent behaviour, refusing to obey orders and neglecting work were all punished by being locked up for anything between one and twenty-four hours, with between one and six meals of bread and water. At Chipping Sodbury, no less than 12 entries were made concerning Julia Lawrence, a 25 year old single woman from Yate, the first reading:

Disturbing the inmates of the female ward, continually persisting in using profane language. Ill-using her infant (aged about 9 weeks) by knocking its head against the cot, and throwing it on the ground in the yard. Also threatening to kill her infant. (32)

As a result, she was "locked up 6 hrs" and fed on "bread and water for 3 days over Christmas" in 1881. The following year, she was punished 8 times, all for persistent quarrelling and fighting and abuse of her baby. (33) At Tewkesbury, Mary-Ann Beesley was "confined in Bedroom 8 hours and birched by Matron" for "Disrespect at Divine Service & Disobedience", whilst three boys were "flogged by the Master" for stealing potatoes, Emma Musto was given three meals of bread and water when "found talking to one of the male inmates" and George Pool was "taken before the Magistrate and was committed to Gloucester Prison for 14 days" for "having indecent connection with a female inmate". (34)

Such an atmosphere could hardly have been conducive to the rest, peace and quiet needed by the older and infirm inmates. However, at Stroud Workhouse in 1880, the Chaplain, who visited twice weekly, reported that "the general management of the house under the able supervision and kindly considerations of the Master and Matron is such that must tend towards the general comfort and wellbeing of the inmates". It was "a source of much comfort" to him "to find that the new nurse ... takes much pains to alleviate the sufferings of the sick" and he appealed to the Guardians to assist him "to form a good library especially for the sick". (35) At Winchcombe in December 1880, the Master begged "to call the attention of the Board to the near approach of Christmas and to ask leave to provide the usual Christmas dinner of roast beef and plum pudding for the inmates of the House". (36)

On appearing before the Board to be discharged from the Workhouse, inmates

were often allowed between 1/- and 2/6d., the lower amount sometimes accompanied by one or two loaves, described as "a little relief on leaving the House". Nor was the departure of patients prematurely hastened. At Winchcombe, during the first half of 1880, one man aged 61 was refused permission to leave, whilst a 21 year old man was "advised to remain another week". (37)

Out-relief prescribed by Medical Officers still relied heavily on treatment in kind in 1880, with food taking precedence over medicines. At Tetbury, the most commonly ordered "Necessaries to be given to the Patient" consisted of meat, sometimes as much as two pounds in weight, prescribed for patients as diverse as a ten year old girl with "catarrh & debility", a 20 year old woman with "debility after miscarriage" and an 80 year old man with bronchitis, plus cases of peritonitis, dyspepsia, rheumatism, cardiac disease, carcinoma, epilepsy, paralysis and a fractured leg. One pint of milk per day was prescribed for a 1½ year old child and a 27 year old man, both with bronchitis, and for an 18 year old man with "Hip disease". Brandy was occasionally ordered for bronchitis and carcinoma, and for a 70 year old woman with diarrhoea, whilst one 28 year old woman "in a state of debility following childbirth" was given both meat and wine. (38) Such treatment might appear totally inadequate to deal with the illnesses concerned, but Horn points out that 'atrophy' or 'wasting' disorders, caused by poor diet, still accounted for approximately 20% of all infant deaths in rural areas towards the end of the nineteenth century; therefore, treatment in kind "should not be entirely condemned, for in many families, food was in short supply and these extras could at least help to compensate for general dietary deficiencies". (39)

Patent & Folk Medicines

Among children in rural areas, as in the towns, dysentery, enteritis and diarrhoea were major causes of death. Of the epidemic diseases, compulsory vaccination had reduced the annual mortality rate from smallpox from 2.73 per 1,000 children up to the age of four in 1839 to 0.1 per 1,000 in country districts between 1873-77. However, typhoid, diphtheria, scarlet fever, whooping cough and measles continued to take their toll, with, Horn explains, "the lack of effective means of isolating patients and the overcrowded and unhygienic conditions of many ... homes" encouraging the spread of such illnesses. (40)

For all ages, respiratory diseases, particularly tuberculosis, bronchitis and pneumonia, were common and greatly feared, whilst among older people, rheumatism was rife. In many country areas, Horn tells us, elderly villagers "would take opium in one of its varied forms to relieve their pain, since this was virtually the only analgesic available". (41) Amongst poor country dwellers, there was still a strong reliance on such folk and herbal medicine, based on ingredients which, as Berridge says, "could easily be grown or gathered in a rural setting ... such as poppy heads for infusion for poppy head tea", one of the opiate remedies. (42)

Few families could afford a doctor's fees and not all practitioners were sympathetic towards the poor. Towler & Bramall relate how a young Gloucestershire woman died giving birth to illegitimate twins when the local doctor refused to attend:

The midwife engaged by the girl's father found the case difficult throughout the night and so at 7.30a.m. the girl's father went to fetch the Parish Poor Law Medical Officer who lived about three miles away. The father had no Poor-relief Order and no means of paying privately so Mr Cooke refused to attend. At 5p.m. the father persuaded a Mr Wood of Ledbury, four miles away, to attend his daughter. When he arrived the mother and both babies were dead. (43)

Reporting the case and the subsequent Coroner's enquiry, the *Lancet* dismissed "claptrap charges of inhumanity" and concluded that, "Mr Cooke is a gentleman who has been more than 40 years in practice, and ... he cannot be expected to be at the beck and call of every girl who has the misfortune to have an illegitimate child". (44)

There were, of course, doctors, particularly in rural communities, who were more

charitable towards the poor, but as Chamberlain says, in many areas, "among working-class people the doctor inspired more fear than trust". (45)

One alternative was the local town pharmacists, who practised in direct competition with doctors. As Berridge explains, before the introduction of national health insurance in 1911, pharmacists rarely saw a doctor's prescription, as 90% of all dispensing took place in the doctor's own surgery. Pharmacists "remained a product of the older tradition of folk medicine and self-medication", preparing and prescribing their own remedies, as well as making-up family recipes for their "predominantly working- and lower middle-class clientele". (46) Walwins of Gloucester prepared an average of 150 prescriptions per month during 1880, including two issued on Christmas Day. Unfortunately, the conditions being treated were not recorded, but the ingredients most commonly used in recipes with known effects were morphine (an analgesic), digitalis (a heart stimulant), belladonna (for its antispasmodic properties), arsenic (mixed with iron as a tonic, or on its own as treatment for syphilis), bromide (a hypnotic depressant), and strychnine (a nerve and muscle stimulant, used in tonics). (47) Both Sellors of Tewkesbury and Thompson of Tetbury prepared treatments for farm animals as well as humans, using similar ingredients for both, and many orders were sent by handwritten notes as part of domestic errands:

Mr Thompson will you please to send Soda Water Powders by the butcher Saturday.
Please send to The Vicarage by bearer 1 Box Antipyrine Powders. (48)

In addition to freshly prepared recipes, ready-made patent medicines were becoming increasingly available, not only in chemists but also in grocers' and general stores, and were widely advertised in periodicals. These, too, had their roots in tradition: Beecham, as Berridge tells us, "had been a noted herbalist in his youth, and Jesse Boot, who was expanding his cash chemists business in the Nottingham area in the 1870s, had strong connections with the earlier traditions of folk medicine and medical botany". (49) In Lark Rise, Flora Thompson recalls, "Beecham's and Holloway's Pills were already familiar to all newspaper readers, and a booklet advertising Mother Siegel's Syrup arrived by post at every house once a year. But

only Beecham's Pills were patronized, and those only by a few." (50) Beecham's Pills were also regularly advertised in the *Cheltenham Examiner* (see Fig. 1.3, p.36) as a twenty minute cure for "Bilious and Nervous Disorders", as well as euphemistically "removing any obstruction or irregularity of the system ... for Females of all ages". (51) This was a widely understood code amongst women of all classes, as was its most famous advertising slogan 'Worth a Guinea a Box', the same price as a back-street abortion. Its reputation as an abortifacient was based on a widespread belief that the pills contained lead. This was, in fact, untrue, but as Holdsworth says, "this powerful myth must have done wonders for sales". (52)

As the nineteenth century progressed, cure-all remedies, advertised in both the local and cheap national press, became a booming business and many of them made increasingly unrealistic claims of scientific prowess. Willis of Gloucester claimed that his Condensed Extract of Sarsaparilla and Quinine would "purify the system" and prolong life; and Williams of London advertised its Restorative Balsam as "the only Successful Treatment of Consumption of the Lungs, Bronchitis and Asthma". Beetham & Co of Cheltenham offered its own brand of Hair Fluid "of world-wide celebrity ... as used by many of the Ladies and Gentlemen at the Court of Her Majesty, and thousands of the Nobility and Gentry", whilst its Corn & Bunion Plasters were "acknowledged by upwards of 5,000 persons to be the most wonderful production of the age" (see Fig. 1.4, p.37). (53) Rose also recalls travelling hawkers, one of whom visited the local town in Buckinghamshire on market day to sell cough mixture: "Small clusters of the crowd stood listening and laughing round the London cheapjack whose bold, free speaking and superior self-assurance stood him out in vivid contrast in such country company." (54) As Branca says, "By applying some of the newest discoveries in scientific knowledge and an esoteric terminology, nineteenth century quackery claimed for itself a very attractive aura of modernity and authenticity. ... The many bogus testimonials from doctors confirmed further a scientific credibility." (55)

However, urban outlets were often beyond the reach of the rural poor and commercially produced remedies were more expensive than those made at home or

WORTH A GUINEA A BOX
BEECHAM'S PILLS



ARE admitted by thousands to be worth above a GUINEA A Box for Bilious and Nervous Disorders such as Wind and Pain in the Stomach, Sick Headache, Giddiness, Fullness after Meals, Dizziness and Drowsiness, Cold Chills, Flushings of Heat, Loss of Appetite, Shortness of Breath, Costiveness, Sourvy, Blisters on the Skin, Disturbed Sleep, Frightful Dreams, and all Nervous and Trembling Sensations, &c. &c. The first dose will give relief in twenty minutes.

This is no fiction, for they have done it in thousands of cases. The proprietor of these Pills having obtained (at great expense) a patent for them, he challenges the whole world to produce a medicine equal to them for removing the above-named complaints, and restoring the patient to sound and lasting health.

Every sufferer is earnestly requested to try One Box of these Pills, and they will be acknowledged to be

WORTH A GUINEA A BOX.

For Females of all ages these Pills are invaluable, as a few doses of them carry off all gross humours, open all obstructions, and bring out all that is required. No Female should be without them. There is no remedy to be found to equal BEECHAM'S PILLS, for removing any obstruction or irregularity of the system. If taken according to the directions given with each box they will soon restore Females of all ages to sound and robust health.

For a Weak Stomach, Impaired Digestion, and all Disorders of the Liver, they act like magic, and a few doses will be found to work wonders upon the most important organs in the Human Machine. They strengthen the whole muscular system, restore the long-lost complexion, bring back the keen edge of Appetite, and arouse in action with the Rosebud of Health the whole Physical energy of Man.

These are "FACTS," admitted by thousands embracing all classes of society, and one of the best guaranteed to the nervous and debilitated is, BEECHAM'S PILLS have the largest sale of any Patent Medicine in the World.

Fig. 1.3

Source: Cheltenham Examiner
14 Jan 1880

EVERY ONE SHOULD TRY
WILLIS'S CONDENSED EXTRACT
 OF
SARSAPARILLA AND QUININE.

Sent Free by Return Post, with Full Particulars, for 2/6.

INFALLIBLE Restorer of Broken-down Health, and
 Blood Purifier; Cures Indigestion, Liver Complaints, Gout
 and Skin Diseases; Prevents Consumption; Restores Nerve
 Force, and Prolongs Life.

*A Ounce of Extract dissolved in Three pints of water forms
 an Essence equal to that sold at 4/6 per pint or more.*

The Great Objects of this Medicine are

- A**—To purify the system of all earthy deposits and morbid matter, and impart to the Blood such properties as to make it new, pure, and rich.
- B**—To cleanse the Stomach and Bowels of Acrid Humours, Acidity, and Mucous Matter, which cause so many and fatal diseases.
- C**—To establish a healthy and natural flow of the Secretions of the Kidneys and Bladder.
- D**—To impart tone and strength to the Digestive Organs, and to give great vigour and vitality to all the organs of the body.
- E**—To counteract the ill effects produced by the use of Mercury, and to remove all Scorbatic Eruptions.
- F**—To cause a separation of all Diseased, Impure, and Poisonous Particles from the Flesh, Blood, and Bones, and effect their complete expulsion from the body.
- G**—To cure Rheumatism, Carbuncles, Bad Legs, Glandular Swellings, Scurvy, Debility, Piles, Neuralgia, Sores of all kinds, Ulcers arising from whatever cause.

W. E. WILLIS,
 REGISTERED CHEMIST,
 NORTHGATE, GLOUCESTER.
 SEE LIST OF AGENTS.

WILLIAMS' RESTORATIVE BALSAM,
 FOR CONSUMPTION.

WILLIAMS' RESTORATIVE BALSAM,
 FOR BRONCHITIS.

WILLIAMS' RESTORATIVE BALSAM,
 FOR CURS. ASTHMA.

WILLIAMS' RESTORATIVE BALSAM,
 THE BEST REMEDY FOR COUGHS.

WILLIAMS' RESTORATIVE BALSAM,
 The best for Weakness of the Lungs.

WILLIAMS' RESTORATIVE BALSAM,
 THE BEST REMEDY FOR THROAT AFFECTIONS.

WILLIAMS' RESTORATIVE BALSAM,
 PRICE 1/6 and 2/6 PER BOTTLE.

WILLIAMS' RESTORATIVE BALSAM,
 TO BE OBTAINED AT ALL CHEMISTS.

WILLIAMS' RESTORATIVE BALSAM,
 THE BEST AND BEST REMEDY.

WILLIAMS' RESTORATIVE BALSAM,
 FOR CONSUMPTION, BRONCHITIS & ASTHMA.

WILLIAMS' RESTORATIVE BALSAM,
 CAN NOW OBTAINED OF ALL CHEMISTS.

WILLIAMS' RESTORATIVE BALSAM,
 PRICE 1/6 and 2/6 PER BOTTLE.

A TREATISE the only Successful Treatment of
 Consumption of Lungs, Bronchitis, and Asthma. Post
 free from the Labry, 10, Oxford Terrace, Edgware Road,
 London, W.

BEETHAM AND CO.
 DISPENSING AND FAMILY CHEMIST,
 PROMENADE VILLAS, CHELTENHAM.
BEg to call the attention of Visitors to the following
 select preparations, of world-wide celebrity:—
 PATRONIZED BY THE ROYAL FAMILY
THE HAIR RESTORED,
FALLING OFF AND GREYNESS PREVENTED.
BEETHAM'S HAIR FLUID,

As used by many of the Ladies and Gentlemen at the Court of
 Her Majesty, and thousands of the Nobility and Gentry, excites
 the greatest delight for its extraordinary virtues in preserving
 the Hair falling off or turning prematurely grey. It also gradu-
 ally restores grey hair to its natural colour, without the use of
 dye, strengthens fine or weak, promotes its growth on places
 which have been bald for years, and imparts richness and
 brilliancy to the hair that is truly enchanting, and which no other
 preparation has equalled, although numerous attempts have been
 made during the past 14 years. A single trial will convince the
 most sceptical.

Sold in bottles at 1s. 3d.; double size, 4s. 6d.; 7s. 6d. equal to
 our small; 11s. equal to six small; 15s. to thirteen small. The
 15s. bottle sent free to any part of England for 12s.

The following letter was received by Messrs. Beetham and Co.'s
 Agents, Manchester, and is another convincing proof of its
 efficacy:—

"Burnley, 25, Standish-street, April, 1860.
 "Gentlemen,—I have tried one 4s. 6d. bottle of 'Beetham's
 Hair Fluid,' and I do assure you it has far surpassed the most
 sanguine expectation. I have the greatest confidence in the
 Fluid as a restorer of the Hair, I shall thank you to send me one
 11s. bottle for the enclosed amount, and shall have no opportunity
 in recommending it. Yours respectfully,
 "Thomas Darwin."

"To Messrs. Jewsbury and Brown,
 "Chemists, Manchester."

ELEGANT FEET AND COMFORT IN WALKING
 If you suffer from Corns and Bunions, try
BEETHAM'S CORN AND BUNION PLASTERS

It has been acknowledged by upwards of 5,000 persons to be the
 most wonderful production of the age. It immediately relieves
 pain, and in a short time effectually disperses those troublesome
 sores. It reduces in a remarkable manner the ENLARGED
 JOINTS OF THE GREAT TOE JOINTS, Callouses, and Hard Swellings
 wherever situated.

Bones, 1s.; 2s. 6d. equal to three; 4s. 6d. equal to six sm
 Sent free for 14, 24, and 50 Postage Stamps.

Wherever this Plaster is introduced, it never fails to produce
 the most lively feelings of gratitude and astonishment.
ALL CHEMISTS WILL PROCURE THEM IF REQUESTED.

Fig. 1.4

Source: Cheltenham Examiner
 14 Jan 1880

prepared by the local 'old wife'. Abel-Smith states that "there were many simple women who catered for the needs of the poorer sections of the community. ... The practical nurses were meeting a real need." (56) Chamberlain adds that, as a village handywoman "was invariably part of the local community, she was much better able to recognise genuine hardship". (57) Flora Thompson fondly recalls "old Mrs Quinton" of Lark Rise "who, as she said, saw the beginning and end of everybody. ... She was a decent, intelligent old body, clean in her person and methods and very kind." (58)

Horn states that the folk remedies and herbal medicines preferred by 'old wives', "seemed to be based more on superstition than on effective medication" (59) and certainly some cures were of dubious benefit. In 1890, Mrs Emma Dent of Sudeley Castle in Winchcombe collected and recorded local superstitions, "in order to preserve some of the quaint ideas and sayings which still linger in this corner of the Cotswolds". These included:

- For Whooping Cough - A roasted mouse to be eaten by the sufferer.
- The Ear Ache - A snail is procured, and being pricked the exuded froth is dropped into the ear.
- For rheumatism - To carry a potato, or an onion, in the pocket.
- For consumption - To allow little frogs to jump down the throat.

When recording this final superstition, Mrs Dent "was solemnly assured by a labourer in a hay-field that he had been cured by this remedy. On asking him how he managed to persuade the little frogs to hop down his throat, he simply replied - 'by opening his mouth wide enough'." (60) Rose also recalls a resident of his Buckinghamshire village "who swallowed one live frog each spring, which, he held, maintained his health through the summer," whilst Rose himself ate live garden snails to ward off consumption. (61) In Cambridgeshire, Chamberlain recorded the same cures for whooping cough and rheumatism as were practised in Gloucestershire, but there ear ache was treated by placing the inner clove of an onion in the ear, whilst warts were cured by rubbing a slug on them. (62) In Oxfordshire, Flora Thompson remembers "one old man, then nearly eighty, had for years drunk a tea-cupful of frothing soap-suds every Sunday morning. 'Them cleans the outers,' he would say, 'an' stands to reason they must clean th' innards, too.'" (63)

However, other remedies, as Chamberlain explains, have "subsequently been validated by scientific experiment": raspberry leaf tea, recommended to help relieve labour pains and dysmenorrhoea, contains a uterine relaxant; nettles, described as 'good for the blood', contain Vitamin K; the application of mouldy dung to an open wound or sore may sound counter-productive, but the mould would have contained penicillin. (64)

Even the remedies proven to be beneficial were often accompanied by rituals: the 'old wife' of Gotherington in Gloucestershire believed in "the need of picking and collecting her herbs at particular times of the moon's phases, and considers each plant to be under the dominion of one of the planets". (65) However, Chamberlain believes that to dismiss such practices as mere superstition "ignores the context in which old wives and old wives' tales found currency". (66) Even the practice, as recorded by Emma Dent, that "after a corpse has been laid out, the window is opened to allow the spirit to pass out easily" (67) gave solace and hope to the rural poor as part of "an approach to health care which sought as much comfort in explanation and participation (albeit often in a ritualistic way) as in a solution". (68)

Lady Bountiful

In rural communities, the preparation and distribution of medicines to the sick poor had also been recognised as part of the traditional duties of 'Ladies Bountiful' since the Middle Ages. By the time Queen Victoria began her long reign in 1837, the cultural philosophy of domesticity had inextricably linked such charitable acts with what were seen as women's 'natural', virtuous traits. The fears and economic disruptions caused by the American and French Revolutions, and by the wars with France, combined with the revival of Evangelicalism, all produced an intense desire for order, stability and morality, which found expression in the definition of domesticity as the division of men's and women's worlds into public and private spheres. In this regulated society, whose advanced, superior, nationalistic progress, so contemporary thinkers such as Ruskin believed, had enabled women to be thus separated, 'Home', particularly the English country house, became, as Davidoff & Hall describe it, "as much a social construct and state of mind as a reality of bricks and mortar". (69) Whilst their menfolk - the educated, paternalistic guardians of society - grappled with the harsh realities of business and politics, women - separated from the temptations of the world in an idyllic rural retreat; contained within a family; suppressing their dangerous, libidinous links with Eve in the first Garden - "could wield their moral influence and thus save not only themselves, but men as well, from the Fall which they had brought about". (70)

The love of family and home was only a small step away from the love of humanity and community. From their havens of seclusion and safety, women could venture forth, propagating their pure and tender values amongst the poor. In particular, they sought to recruit poor women as agents of domesticity and thus of social improvement, regarding them, as Summers expresses it, as "the means by which working men might be brought home off the streets, out of the pubs and more into line with their functions as fathers, husbands and sons". (71)

What the poor privately thought about Lady Bountiful's visits and ministrations is difficult to discern. Gerard points out that, "unlike the urban working classes, the

rural poor could neither escape their visitor nor resist her directions ... [but] Lady Bountiful's ... gifts were certainly regarded as less humiliating and degrading than parish relief". (72) Evans identifies "an underlying, smouldering resentment: 'You were under and you dussn't say anything'", but other villagers enjoyed "the cosy warmth of aristocratic contact". (73) Flora Thompson recalls that many poor people

took a pride in their rich and powerful country-house neighbours, especially when titled. The old Earl in the next parish was spoken of as 'our Earl' and when the flag, flown from the tower of his mansion to show he was in residence, could be seen floating above tree-tops they would say: 'I see our family's at home again.' (74)

Evans states that,

In essence the relation was feudal, not of course in the legalistic sense, but in the commonly accepted social usage of this term which had its positive as well as its negative side. Paternalism at this stage meant, as the name implies: 'I'm Father. I'll look after you. But you must do as I tell you. Father knows best!' (75)

On the negative side, paternalism, with its overtones of philanthropic duty, could be used as a form of control in rural communities, as Horn says, "not only by demonstrating the donor's superior status and the recipient's dependence, but because it could be used to reward those who displayed suitable deference and to penalize those who displayed unwelcome signs of independence". (76) This control extended to influencing the political allegiance of a rural community. The Secret Ballot Act of 1872 had been designed to ensure confidentiality at the poll, but the overall result of an election could indicate how a particular village had voted, and the landowner could react accordingly. Consequently, when some of the menfolk of Lark Rise became interested in Liberalism, their wives cautioned, "Why not vote Tory and keep in with the gentry? You never hear of Liberals giving the poor a bit of coal or a blanket at Christmas." (77) Lily Levitt recalls that, when the Coatesworths were the main landowning family in the Cambridgeshire village of Gislea, women were concerned about politics because the men's political choice crucially affected their employment prospects and, consequently, the whole family's life:

Party allegiance differentiated the employed from the unemployed, the deserving from the undeserving poor, the employable from the unemployable. When the Coatesworths ruled the village, to vote Tory was to get and keep a job. The Liberals were the party of the

unemployed and the undeserving. (78)

Lucretia Cromwell, whose husband worked as a labourer for the Coatesworths, remembers how

they used to give coats and blankets to the industrious poor. ... There was nothing else and if you didn't do what they wanted you to, what was the good if you got the sack? ... If you worked for the Coatesworths, you had to vote Conservative the same as them. (79)

Gerard believes that such rural women "may have been more passive and deferential" than their menfolk, as they were "more vulnerable and dependent, with stronger personal ties to the ladies of the land-owning family", and she suggests that "landed women were more coercive and probably even more effective in enforcing deference" than their husbands, "backed up by the vicar's sermons and the teacher's lectures and whippings". (80) Such control was undoubtedly exerted: Evans relates how a young girl who omitted to curtsy to Her Ladyship in Helmingham, Suffolk, "was caned at school next day" (81); whilst Flora Thompson recalls that one of the favourite sermon subjects of the local vicar "was the supreme rightness of the social order as it then existed. God, in His infinite wisdom, had appointed a place for every man, woman, and child on this earth and it was their bounden duty to remain contentedly in their niches." (82) Rose also stresses how the influence of the weekly sermons cannot be over-estimated at a time when they

were almost all the news and education of the village, when newspapers were rare and other counteracting influences almost non-existent. ... 'The rich man in his castle, the poor man at the gate' were accepted as rightly ordained conditions. (83)

Lily Levitt adds that, "Church attendance, along with voting Conservative, used to be compulsory for employees of the Coatesworths, if they were to retain their jobs." (84)

However, not all Ladies Bountiful felt the need to resort to coercion. Some sincerely regarded themselves as the natural guardians of the poor and custodians of their family's responsibility to the local community. Louise Jermy, who was born on the Broadlands estate in Hampshire in 1877, recalls, "The people reigning at Broadlands at that time were Lord and Lady Mount Temple, and ... they were adored by their tenantry." When Louise's mother and one month old brother both died, leaving

her father a widower at only 23, with daughters of 3 and 1½ years old, Lady Mount Temple paid the funeral expenses. (85)

In Winchcombe, at the official opening of the water supply in 1887, Emma Dent said to the assembled crowd:

I hope you all believe what a really sincere pleasure it has always been to me and mine to take a part in anything relating to the good of Winchcombe ... and how it was the great wish of those who are gone to leave an influence for good ... among you. I seem to stand here to-day as their representative, and in their name, and to their memory. (86)

When Mrs Dent died in 1900, the local Reverend, John Taylor, wrote: "To me it seems that the best and strongest influence which the neighbourhood knew has now departed. ... She cared for *individuals*. ... Her benefactions to the poor have flowed for years in a steady stream ... to remind you that you belonged to her big family." (87) As Horn says, "when the role of 'Lady Bountiful' was carried through sympathetically, it created warm bonds between donor and recipient which made acceptable the patriarchal social system it was designed to bolster". (88)

Nevertheless, even the most well-intentioned ministrations could vary in quality and efficacy. Horn relates how Lady Wilbraham visited the cottages on her husband's estate in Cheshire on Saturdays, armed with "a bottle of castor oil which was frequently administered, to the consternation of the recipients". (89) Viscountess Milner recalled how, if cottagers were ill, her mother-in-law, Lady Salisbury, would mix together

all the medicine bottles of her large family - all that were not actually marked 'poison' - would put the contents into bottles with an equal quantity of Lord Salisbury's best port wine, and would distribute these to the old women in the parish, who always declared that "her ladyship's medicine did them more good than the Doctor's". (90)

Such examples may raise a wry smile and conjure up mental images of the cliché Lady Bountiful, ridiculed and caricatured by Dickens and *Punch*, yet at the same time they illustrate that, as Gerard concludes, whilst, clearly, "country-house women were often arrogant and autocratic with the poor ... [and] some ladies were remarkably insensitive to the realities of working-class life, ... within the limits of their class attitudes, most did feel a genuine altruistic concern for the poor". (91)

Towards the end of the nineteenth century, the more enlightened and insightful

Ladies Bountiful, be they the wives and daughters of the aristocracy, the gentry or of clergymen, began to recognise that soup, home-made remedies and a gracious manner were not enough: what the sick poor needed was trained nursing care of the standard that society had come to expect from a reformed, skilled profession. Innovative individuals began to employ a nurse for their estate or surrounding villages, but whilst such initiatives were, doubtless, of great local value in remote rural areas, a focus and impetus were needed to create a national organisation to provide professional nursing care for the sick poor in their own homes. The necessary inspiration came not from a member of the aristocracy or the established rural gentry, but from a free-thinking, intellectual newcomer to country life: Elizabeth Malleson.

Conclusion

The Nightingale reforms had clearly had an effect on hospital nursing by the 1880s, despite the entrenched views and professional jealousy of some doctors. Medical progress had created a need for better trained and educated nurses, which in turn ensured the improved treatment and care of patients. In rural areas, Cottage Hospitals were established, which offered respite care with a trained, resident nurse; whilst the Infirmary wards of Workhouses had been reformed and improved.

However, any form of institutional care was still regarded with fear by the rural poor and most sickness continued to be treated at home. Many families could not afford a doctor's fees, whilst urban based pharmacists were beyond the reach of rural villages, and commercially produced remedies were expensive and often of dubious benefit. Homemade herbal remedies remained popular and could be beneficial, though these were often accompanied by superstitions and rituals.

Care of the sick poor had long been accepted as part of the role of Lady Bountiful, and the importance of such philanthropic duties was heightened by the prevalent cultural philosophy of domesticity. The success of this altruism depended greatly on the character and attitude of each individual Lady Bountiful, and by the 1880s, the more informed amongst them began to realise the need for trained nursing

care in rural areas. How this perceived need was translated into action by the tenacious determination of one woman, Elizabeth Malleson, will be examined in detail in the next chapter.

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Elizabeth Malleson c.1890

Source: GRO D4057/25

CHAPTER TWO

CHRONOLOGY OF DEVELOPMENT OF RURAL DISTRICT NURSING

Introduction

This chapter establishes the chronology of the development of rural district nursing in Gloucestershire, with reference not only to local conditions, but also to national events which raised public awareness of the need for trained district nurses. As Elizabeth Malleson was in her fifties before she became interested in district nursing, it is valuable to consider in some detail her early work as an educationalist and women's rights campaigner, since this period of her life offers an insight into the motivation of a philanthropist of such tenacious determination; illustrates the considerable organisational skills and experience that she brought to district nursing; and emphasises the marked contrast between the circle of energetic and influential intellectuals in which she moved in London and the traditionalist county gentry with whom she clashed in rural Gloucestershire.

The transition from local provision of aid by untrained women to the organised delivery of care by trained nurses employed by the Rural Nursing Association (RNA) is described, and the significance of the charity as the first national, as opposed to local, rural district nursing organisation is investigated. By inviting existing isolated, independent village nursing schemes, set up by local philanthropic individuals, to join the RNA, national standards of district nursing were established and maintained, controlled by a central body. This expansion of Elizabeth Malleson's local charity into a national scheme is traced to its affiliation and eventual amalgamation with Queen Victoria's Jubilee Institute for Nurses (QVJI), the organisation from which the current system of district nursing has evolved.

The Times, as representative of national newspapers, the *Lancet* and *Nursing Record* are all examined to gauge media, public and medical/nursing opinion of the need for and progress of trained nursing care for the sick poor in their own homes.

Elizabeth Malleon's early life and work

Elizabeth Malleon, according to the biography written by her youngest daughter, Hope, "had the qualities of the pioneer and leader ... and the indignant zeal of the reformer" (1) at a time when, as Holcombe says, "'strong-minded' was one of the most abusive terms that could be applied to a woman". (2) Elizabeth was born in Chelsea in 1828, the eldest of the eleven children of Henry Whitehead, a solicitor, and his wife Frances. Mr Whitehead was an ardent Unitarian, whilst Mrs Whitehead was "a woman of vigorous independent mind and alert intelligence. ... She was a voracious reader, ... a keen politician, a staunch Liberal and ... had ideas and views in advance of her time on many subjects." (3) The young Elizabeth "eagerly seized and assimilated what was advanced and progressive in her parents' views". (4)

The care and education of her younger siblings occupied Elizabeth at home until she was twenty-four years old. When she finally sought work, a brief period as companion/secretary to Russian-born Lady Pembroke was followed by a post as governess to the Hon Henry Fitzroy's young daughter, who Elizabeth described as "a spoilt child who often reduced me to despair". (5) It was at this time, in 1853, that Elizabeth heard through a mutual friend, Clementia Taylor, that Barbara Leigh Smith "was seeking a teacher for an elementary school she had determined to establish on the principles and methods she had conceived essential for a 'people's' school". (6) The Taylors, Gleadle tells us, "of old Unitarian stock, were a pivotal radical family in London" (7) and Clementia, who had herself been a governess and went on to become a leading figure in the women's rights movement, encouraged Elizabeth to write to Barbara about her projected school.

Barbara Leigh Smith was one of the five illegitimate children of Benjamin Leigh Smith, a wealthy merchant, and his mistress Anne Longden, a milliner's apprentice, with whom he cohabited for more than ten years. When Anne died in 1834, Benjamin's youngest sister, Julia Smith, helped to raise the children, of whom Barbara, the eldest, was then only seven years old. Another of Benjamin's nine siblings, Fanny, was the mother of Florence Nightingale, but as Herstein expresses it, "Benjamin Smith's

illegitimate family was taboo to the Nightingales, so the two families did not mix socially". (8)

Although they were both granddaughters of the altruistic M.P. for Norwich, William Smith (1756-1835), Florence and her cousin Barbara contrasted sharply. Eccentric and unorthodox, Barbara "dressed unconventionally, silenced any opposition with an indelicate 'bosh!' and drove off visitors, if she found them inconvenient". (9) Barbara had much more in common with Elizabeth Whitehead. They shared a Unitarian background, with its "insistence on a rational search for truth, necessitating freedom of thought and toleration". (10) Though both were later to leave the church, its philosophy remained an influence on their lives. Both disliked pretension, were dismissive of social conventions and shared "insatiable curiosity, opinions on everything, and confidence in their ability to improve the human condition". (11)

When Elizabeth wrote offering her services as a teacher, Barbara arranged for her to train at the Birkbeck School in Peckham for six months. Under the direction of William Shields, Elizabeth developed the skills of teaching through mental training, rather than by traditional Victorian rote learning, using questions and answers reinforced with practical experiments and illustrations.

On 6th November 1854, the Portman Hall School was opened in Lisson Grove, near the Edgware Road, with 80 pupils. Hirsch states that the school "was progressive in the sense that it educated young boys and girls together, which, although common for working-class children, was not generally considered acceptable by the middle classes". (12) In addition, the school was non-denominational and each day began with inspirational readings designed to teach moral lessons, rather than to reinforce a particular sectarian doctrine, as Barbara believed that "children of different denominations being together, they learn toleration, forbearance, and charity". (13)

Elizabeth's younger sisters attended the school, with the children of family friends, including the disabled son of the Italian democratic leader Garibaldi, and the sons and daughters of local tradespeople and artisans. For a fee of 6d per week, the children were taught not only by Elizabeth but also by lady volunteers, including

Barbara's sisters, Isabella and Anne Leigh Smith, who taught English and French, and Octavia Hill, the housing reformer, who taught drawing. There was no uniform and no punishments, punctuality and attendance being rewarded by Saturday visits to museums and art galleries, thus stressing Barbara and Elizabeth's shared principle that great emphasis should be "placed on developing the children's aesthetic sensibility". (14)

After a year, by which time the number of pupils had risen to 113, Elizabeth's health broke down, and Barbara's sister Belle and their aunt Julia Smith took her to Konigstein in Germany to recover. She returned to her work, but gave up teaching when she married in May 1857, although she retained the Inspectorship of the school.

Frank Malleson, three years Elizabeth's junior, was the son of a Unitarian minister. His father performed their marriage ceremony and, by mutual consent, the word 'obey' was omitted from Elizabeth's vows, reflecting the radical Unitarian perception of marriage as "the union of two equal, and, just as important, *loving* partners, ... a triumph of dual responsibility and commitment, rather than the domination of one sex over the other," (15) in complete contrast to the then dominant cultural philosophy of domesticity and paternalism. Elizabeth described her husband as a gentle and considerate companion with "the highest idea of marriage ... [which] brought me the completest individual freedom". (16) Their temperaments complemented each other, Frank's rational and philosophical character balancing Elizabeth's more personal and intense approach to life.

They had three daughters, Mabel, Rachael and Hope, and one son, Rodbard, the youngest by several years. At the family home in Wimbledon, Elizabeth taught the children herself from nine to twelve each morning, and read to them in the evenings when she was at home. She also set aside an evening a week to read aloud to her servants, the novels of Dickens and of Elizabeth's friend George Eliot being generally preferred by her audience.

Frank shared the upbringing of the children to a degree generally unusual at that time, when, as Gleadle expresses it, "many middle-class men seemed

increasingly to foster an emotional and spatial distance from their children", but in keeping with the Unitarian "vision of paternity whereby men shared with women the caring familial role". (17) He was not, as Hope Malleon explains, "one of those [fathers] who is called in to administer condign punishment when mother's and nurse's discipline have failed. ... Our relation to him was one of affectionate intimacy, and he was singularly wise and gentle in his dealings with us." He practised his belief that "girls and boys should be brought up exactly alike", by teaching all four children to ride, row and swim, to handle carpentry tools, to care for animals and to manage a garden. (18)

The Malleons never attended church or chapel, for which reason they were shunned by some of their neighbours, and "on fine Sundays lawn tennis was played all the afternoon to the scandal of the Wimbledonians". (19) Holidays "occurred with a generous frequency", including expeditions on the Thames, weekends at Brighton, fortnights in Paris and an annual six weeks vacation at the seaside. The latter "was a great exodus which generally included servants, a dog, a bathing tent, often a friend or sister of our mother's, and sometimes ponies and a coachman". (20)

Elizabeth and Frank practised a generous and wholehearted hospitality at their home and went frequently into London society, attending monthly parties during the Season. Their large circle of energetic and influential friends included artists, writers, politicians, philanthropists and intellectuals. In particular, Elizabeth knew many of the Victorian women who dared to challenge the limited domestic role that society had assigned to them: the novelist George Eliot and the actress Ellen Terry were both her friends, and she also had contact with Harriet Martineau, Octavia Hill, Dr Elizabeth Garratt Anderson and Frances Power Cobbe.

Another member of the Malleons' social circle was Frederick Denison Maurice (1805-72), leader of the Christian Socialists, who became Professor of Moral Philosophy at Cambridge after being asked to resign from King's College on account of his 'dangerous doctrines'. In 1854, Maurice was involved in the foundation of a Working Men's College in Great Ormond Street, which embodied his ideal that

bread-winning should not absorb the whole time of workers, but that adult life should command the continuance of varied learning; that a college for workers should offer ... many-sided opportunities of growth and development and means of culture. (21)

Inspired by Maurice's philosophy, the Malleasons opened the College for Working Women in Queen Square, Bloomsbury, in October 1864, with Elizabeth as Secretary and Frank acting as Treasurer. In that year, Barbara Leigh Smith, by then Madame Bodichon, closed the Portman Hall School in order to devote her finances and concentrate her time on her feminist campaigns and her projects for higher education for women, which eventually resulted in the establishment of Girton College, Cambridge. Generously, she donated her school's equipment to the College for Working Women. Other supporters included George Eliot, Harriet Martineau and the politician John Stuart Mill, whilst William Morris, Holman Hunt, Henry Moore and D.G. Rossetti loaned decorations and pictures.

As well as offering evening classes in elementary reading, writing and arithmetic, the College also offered lectures in English literature, history, physiology and drawing. Amongst the teachers were Octavia Hill and Elizabeth Garratt Anderson, whilst occasional lecturers included the Rev F.D. Maurice himself, Frances Power Cobbe, R.L. Stevenson, and Henry Irving who gave a reading of *Macbeth*.

Like the Portman Hall School before it, the College was wholly unsectarian, and it attracted, as Elizabeth Malleeson described it,

every class of worker ... teachers of all kinds, sick nurses, dressmakers, domestic servants and representatives of so many handicrafts that until we saw them on our registers we did not know that even London offered so many employments to women. (22)

Elizabeth recruited 'lady superintendents', who "welcomed the students, found out their needs, advised with them as to the classes they had better enter, and soon became centres of sympathy, counsel and help of all kinds". The superintendents and teachers were encouraged "to hold as much social intercourse with their students as the college arrangements would allow", as Elizabeth believed that by supplementing lessons and lectures with "the subtler influences of conversation, discussion [and] association", the "spirit and manners" of the students would be "touched and moulded". By meeting on

common ground, Elizabeth hoped that the students and teachers would learn "to understand the aspirations and the difficulties of lives spent in widely different conditions", and leaving behind their "small narrowing class distinctions", would become "part of a community devoted to the seeking of truth and a better life". (23) Whether the students shared Elizabeth's patronising ideals, or whether they simply wished to improve their education, 157 women entered the College during the first term that it was open. Over the following ten years, this number gradually increased to between two and three hundred.

As the years passed, Elizabeth began to question the necessity for women and men to study separately, when they lived in families and attended places of amusement and worship together. Her mind "became full of desire to see the relations of men and women purified and ennobled by common educational intercourse". With her husband's support, she persuaded the majority of the College council to agree that it should become co-educational. In 1874, the College was renamed the College for Men & Women, with the immediate result that the number of students rose to between four and five hundred. (24)

Elizabeth spent at least one evening a week at the college, but it was not her only project. She had been a member of the Married Women's Property Committee since it was formed by Barbara Leigh Smith in 1858; in 1864, she joined the Ladies London Emancipation Society; and in 1865 she campaigned strenuously for John Stuart Mill's election to Parliament. Elizabeth actively took up the cause for the repeal of the Contagious Diseases Acts at a time when "friends looked askance at one another, workers in the cause were ostracized, and in public places skirts were drawn aside from contamination with people so shameless". (25) When a national association was formed in 1869 for resisting the Acts, Elizabeth and her husband both became members of its general council and of its executive committee, and Elizabeth was the first honorary secretary of the London branch of its local associations. In 1874, Elizabeth and Frank were also involved in forming the Albemarle Club, the first mixed London club for both men and women. Between September 1876 and July

1878, Elizabeth organised a relief programme for the 100,000 Serbian and 200,000 Bosnian refugees rendered homeless by war in the Balkans. In the first few weeks of the appeal, 6½ tons of aid was despatched, including 10,000 garments and 1,500 blankets. Weekly or fortnightly consignments, each of 1,000-2,000 items, followed until the conflict ended. In recognition of her work, the Serbian government sent Elizabeth the Serbian Red Cross, first class, with an accompanying letter of thanks.

Elizabeth Malleson, as her daughter expresses it,

lived in a stirring London world where new ideas and activities were quickly coming into being, and each new movement for social reform, especially where it concerned women, roused in her an immediate and eager response. Her energy and vitality, her unfailing zest for life, [were] ever spurring her on to be up and doing in new fields of work for others. (26)

However, such a hectic schedule eventually took its toll. Elizabeth suffered a serious breakdown in her health, and in 1880 she was prescribed a total rest from her active work. At the same time, Frank Malleson, who had suffered distressing and chronic dyspepsia for some years, decided to retire from his business in London and move to the country.

The Village Nursing Association

In 1882, the Mallesons bought sixteenth-century Dixton Manor House and seventy acres of land in the Cotswolds. "The change in the setting of E.M.'s life could not have been more complete," Hope relates. "Her new home was in the remote depths of the country. There was no village within one and a half miles, and with the exception of a couple of farms, no neighbours within a mile." The nearest post office was five miles away at Winchcombe, whilst shops and the railway station were seven miles away in Cheltenham. (27)

Whilst Frank happily immersed himself in the management of farm animals and breeding horses, Elizabeth's "idea of taking the rest from work which had been prescribed her was merely to change it". (28) In 1885, she published a small book, *Notes on the Early Training of Children*, which ran to a second edition and was placed on a list of recommended reading by the then London School Board. In 1886, she contributed an article to the *Journal of Education*, describing the Portman Hall School. When the Gloucestershire County Council was formed, under the County Councils Act of 1888, Elizabeth was invited to join her local Technical Education committee. She became the first honorary secretary of the Winchcombe division, a post she retained until 1894.

However, it was the living conditions of her poorer neighbours that became the first and main focus of Elizabeth's attention, though her initial involvement with the local cottagers concerned not their health problems but leisure facilities. The road to Cheltenham took the Mallesons through the village of Gotherington, which suffered isolation and neglect from having an absentee landlord and no resident minister, the parish church and rector being two miles away at Bishops Cleeve. Elizabeth and Frank "brought the inquiring eyes of newcomers to old problems, and it did not take them many months to realize some of the difficulties that beset country village life". (29)

Contemporary documents describe Gotherington as including "various-sized agricultural holdings, each with good farm house and ample homestead attached,

several excellent small holdings ... and a number of cottages". Census figures for the village reflect national urban migration patterns, with a fall in population of 14% at a time when the national population rose by 25%:

1881	1891	1901
388	364	334

In the 1881 census, eight men described themselves as "domestic gardeners" (presumably market gardeners) and local maps show that there were 46 orchards which, Aldred explains, "would have provided not only grazing for animals but fruit for the Cheltenham market as well as apples and pears for the local cider mills". In the 1891 census, tenant farmers and farm labourers represented 70% of men aged between 15 and 65; another 9% were village craftsmen - blacksmiths, carpenters and wheelwrights, shoemakers and stonemasons. The small cottages in the village, occupied by the agricultural labourers, were mostly built of stone with thatched roofs; a few were brick-built with slate roofs and stone floors which were still cold and damp in winter. Most of the cottages had a garden and often a pigsty. If the cottages were semi-detached, the outside closet was sometimes shared. Some cottagers had piped water supplied from a private reservoir at one of the farms, for which they paid an annual rate of five shillings, but many depended on wells or pumps. (30)

As Hope recalls, the Malleasons saw that in the cottages

the one tiny kitchen/sitting-room, the only one with a fire in it, was always fully occupied by the younger children, the frequent baby and the toiling mother who, of necessity, carried on all her household tasks in it. It provided the father and sons home from work with little beyond a fruitful cause of discord. (31)

What was needed, Elizabeth and Frank decided,

was a common room ... where the men and elder boys could pass some of their hours of leisure in the long winter afternoons and evenings, and where they could find warmth and light and amusement other than that provided by the public house. (32)

Unfortunately, James Hutchinson, the absentee landlord who lived in Cheltenham, disapproved of a Reading Room in the village. Hutchinson, a traditional Tory, did not believe that the Liberal Malleasons either could or would run the club on non-political lines, and, as Aldred explains, "he also feared that if he supported it and it failed, he would be called upon to pay its debts". (33)

A friend had warned Elizabeth that her unorthodox, non-sectarian views would "prove a serious stumbling block" in her relations with her new rural neighbours, "for the most part staunchly Conservative and, in the early 'eighties', hardly stirred by the spirit of the time". The Mallesons, Hope recalls, were "looked upon as interlopers interfering unwarrantably with the established order of things". Hope acknowledges that her mother "had a dominating personality. ... Some found her formidable, too reserved, too self-controlled, too strong in her convictions", and it is, perhaps, not difficult to appreciate how her attitude and approach might have offended the established country gentry. However, her sympathy and concern for the welfare of the villagers was genuine, and undaunted by Hutchinson's disapproval, she resolved characteristically that "if she 'could not work with'" her new neighbours, "she would 'fight them'". (34)

Within a year, a suitable room was found to rent in one of the larger houses in the village; willing volunteers were organised to decorate it; gifts of furniture and books were sought from friends; and funds were raised by donations, bazaars and jumble sales. For a subscription of one penny a week, the men and boys over fourteen years of age could read books and newspapers, and play bagatelle, draughts, dominoes or cards. The room was also open in the afternoons, when the women and girls were encouraged to read and to attend classes in knitting and cookery. The Reading Room was managed on strictly democratic principles, with both men and women sitting on the committee of elected members with Elizabeth, her husband and their daughters.

The Mallesons also opened their own home to the villagers: "Dances were occasionally given at Dixton to members of the reading-room and their friends, and a yearly entertainment in the Christmas holidays with tea, supper and theatricals became an institution." (35)

It was this close contact with the villagers of Gotherington which brought to Elizabeth's attention the urgent need of skilled nursing in such remote rural areas, especially for women in childbirth. The local women who acted as untrained midwives and nurses in Gotherington and its neighbouring villages, Hope tells us, "were too often rough, ignorant women given to drink, who supplemented their earnings by charring or

hauling coals or working in the fields". (36) The local 'wise woman' was described by Elizabeth as an "aged crone", and whilst she conceded that the old woman "has certainly performed some remarkable cures, and ... enjoys the implicit confidence of her neighbours", Elizabeth dismissed her as "truly a relic of heathen superstition!" (37)

Elizabeth did acknowledge that "there is no lack of kindness and good-nature" amongst country people, but she deplored "the willingness of the neighbours to attend the sick ... with the audacity of ignorance ... where trained skill and sound knowledge are urgently required". In particular, she shuddered to recall "the nasty compounds which are applied as poultices ... some of them too bad to describe to ears polite", (38) a reference, no doubt, to the rural tradition, certainly not unique to Gloucestershire, of applying a mouldy cow-pat to an infected wound (see Chapter 1, p.39). Invalids were confined either to an unventilated bedroom with the window permanently closed and the chimney boarded up; or to the draughty passage between the front and back doors, which often caused bronchitis and other secondary chest infections. In cases of infectious diseases, the villagers' attitude was often one of the greatest obstacles to overcome:

The people appear to be fatalists on this subject, and regard the most ordinary prudence as flying in the face of Providence - their argument being, 'If you are to have it, you will have it,' and they go about the surest way to take, and spread, whatever the infection may be. (39)

Elizabeth also lamented the cottagers' ignorance of nutrition. From just a few weeks of age, babies were fed on "biscuit soaked in water ... cabbage and brown sugar, and fat bacon to suck", whilst at three or four months old, "a little of anything the elders are having is thought in many families good for the baby". (40) Nor had the cottagers any knowledge of hygiene and sanitation: "An open stagnant ditch, or drain, is considered quite a suitable playground for the children, and to throw all refuse just outside the door is still a common practice." (41)

To combat these problems, Elizabeth resolved to raise sufficient funds to train a nurse for the village. To this end, she wrote to the local Liberal newspaper, the *Cheltenham Examiner*, in November 1883, appealing for donations (see Fig. 2.1, p.62). She also produced a Preliminary Prospectus, handwritten copies of which were sent to

AN APPEAL FOR MOTHERS.

To the Editor of the Cheltenham Examiner.

Sir,—Will you kindly give me space in your valuable paper for some words on a matter of important, though local, interest? These words relate to a need strongly felt by those who know anything of the conditions under which the working women in these country districts meet the trial of motherhood. The medical men living in the towns are remote from many of the outlying villages, and their ordinary charges must be prohibitive to agricultural people earning low wages. The women, therefore, are driven either to take parish relief or to employ the only midwives at hand: women who, to say the least, have had no medical training, and have no special qualification for the work they undertake. As a rule they are inadequate to discriminate between cases of ordinary labour and those in which skilled medical help is required. The care which is also needed after the birth of the child to ensure the restoration of the mother's health is almost entirely wanting, as these midwives are without the educated medical judgment necessary to give it.

The poor mothers get up from their beds at the end of a few days to attend to the wants of the household. I have found them thus sitting in draughty rooms, on hard chairs, quite priding themselves on their prudence, poor things, in not attempting the family washing.

It requires but a small amount of knowledge to understand what a train of evils to both mothers and infants may arise out of such conditions, at a time so critical to life and health. Abundant evidence could be given to show this.

Some ladies deeply impressed by this state of things, and acting with the cordial co-operation of the medical men of Winchcombe, Messrs. Cox and Penruddock, have determined to try and remove some of these evils in their own district. They propose to raise a fund to train a suitable woman (an inhabitant of the neighbourhood, if possible) at Queen Charlotte's Hospital, London, or elsewhere. This will cost about £25, and they hope this will be the chief expense, as the services of a qualified woman are likely to be sought in her own village and the adjacent places, and that her livelihood will be secured; but, taking the more hopeless view, they trust it may only be necessary to supplement the earnings of the midwife the first year or so after her training.

In view of this last contingency, they believe the fund should be larger than the exact sum needed for training.

Asking to be entrusted with the small sum necessary to carry out this scheme, we appeal to those in comfortable homes who are aware of the need there is both of intelligence and money to improve the condition of our poorer neighbours.

We appeal the more confidently because other indirect good must accompany the lessening of the chief want. A trained nurse becomes a constant though quiet influence for the teaching of sanitary knowledge, better methods of nursing and cooking for the sick, and in the fulfilment of her ordinary duties, must tend to humanize and improve the home life of the cottagers.

Mrs. Talbot, of Prescott, Winchcombe, and Mr. Wm. Cox, of Winchcombe, will gladly receive subscriptions (of any amount) to the required fund.—I am, sir, yours obediently,
ELIZABETH MALLESON.
Dixton Manor-house, Winchcombe, Nov. 26th.

Fig. 2.1

Source: Cheltenham Examiner
28 Nov 1883

influential local people for their approval and subscriptions. Once she had gathered sufficient local support, a printed version was circulated to a larger, national circle of potential sponsors. In the printed prospectus, dated 1884, Elizabeth stresses the dangers of

the services of untrained midwives who, guided by experience only, are not fitted to discriminate between normal and abnormal cases, and are equally unfit to restore their patients to health, or to take the initiative care of the infants. ... It is hardly necessary to point out the extreme suffering, and the risks to health and life which exist under this state of things.

In cases of illness or accidents, "in village homes there is not even elementary knowledge of what should be done, and a Nurse is urgently needed both to advise, and assist, in the mitigation of suffering and the restoration to health". As well as offering care, "a kindly Nurse living amongst cottagers would also become a valuable influence in the spread and observance of sanitary knowledge". (42)

The appeal raised £21.12s.6d. and enabled Elizabeth to found what she initially called the Village Nursing Association, with herself as honorary secretary. The list of those approving the scheme included London-based doctors, such as Elizabeth Garrett Anderson; matrons, including Eva Luckes of the London Hospital; nurses, such as Florence Dacre Craven and Rosalind Paget; and Louisa Twining, the Poor Law Guardian for Kensington. Two local doctors, Mr William Cox of Winchcombe and Mr D. Devereux, the Surgeon of Tewkesbury Hospital, also approved of the scheme, the former acting as Treasurer of the Association. However, whilst Elizabeth acknowledged that their "cordial support ... is nominally given me freely", she added that "they are hard-worked men who have small enthusiasm for reforms". (43)

Nevertheless, Elizabeth herself was enthused to persevere with her aims. Her original plan was to select a suitable local woman and send her to Queen Charlotte's Hospital in London to train, so she could then return to the village to live and work amongst her friends and neighbours. However, "an entirely suitable person seemed impossible to find within a limited area". It was then decided to appoint a woman from outside the district who was already trained and who "might get employment ... with patients who could pay fees into the Fund, according to a fixed scale, and so help her

own maintenance for poorer women". As Elizabeth continues in her *Trained Midwife & Village Nurse Report* dated March 1886:

After careful searching a suitable woman was found, accustomed to country life, and already trained both as Midwife and sick nurse. She came to Gotherington early in September 1885. ... Some waiting was of course to be expected while the village women got to know her, and to trust her. But Nurse Mary turned this time to good account. ... Neither fatigue, distance, nor bad weather daunted her; she has attended patients in and around Cleeve, Woodmancote, Prescott, Stanway, and has proved herself most kindly, energetic, devoted, and suited to her position. (44)

During November 1885, Nurse Mary "paid ninety-six visits to the invalids on her list", as well as attending midwifery cases. Not "content to visit her patients during the day ... she has taken up her abode in the cottages, and devoted herself to her patients' welfare, looking after the house and tending the children". As a result of her care, mothers had been able to remain in bed until after the ninth or tenth post-natal day and had "recovered and resumed their household labours" in an "excellent state". (45)

Elizabeth pronounced the experiment a "full success" and appealed for further donations to continue the work, for "what the women can afford to pay cannot possibly maintain nursing of this kind". The original fund had only increased to £33.12s.0d., of which £28 had been paid to Nurse Mary in weekly wages of £1. Elizabeth was anxious that the experiment should not "fall to the ground" and she stressed that donating to the fund offered subscribers "a means of service which, quite unostentatiously, helps their poorer neighbours in times of sickness and trial, when skill, care and kindness avert serious dangers to health and life, and ensure much good result". (46)

Unfortunately, the response was disappointing; after nine months, the funds were exhausted and the experiment ended. However, national events were beginning to raise public awareness of the need for district nurses.

Queen Victoria's Jubilee Institute for Nurses

In 1887, as part of the celebrations for Queen Victoria's Golden Jubilee, the women of England were invited to make donations to a Jubilee Fund. Three million women between them subscribed £82,000, and after personal gifts of jewellery had been designed and executed by Carringtons of Regent Street, and a statue of Prince Albert had been commissioned for Windsor Park, the Queen was asked to decide how the remaining £70,000 should be spent. From various plans submitted to her, Queen Victoria chose a scheme produced by Florence Nightingale and William Rathbone to provide trained nurses for the sick poor in their own homes.

William Rathbone, a philanthropic merchant, had already set up a highly organised and successful district nursing scheme in his home town of Liverpool in the 1860s. In this, he had sought the advice and support of Florence Nightingale, and as Stocks expresses it, "in a voluminous correspondence he told her all that he was doing and ... she told him how to do it". In 1868, Mr Rathbone was elected as a Liberal MP and consequently spent part of each year in London. The personal contact which this enabled him to make with Miss Nightingale led to a lifelong friendship and mutual admiration. (47)

When, in 1874, Sir Edward Lechmere of the Order of St John of Jerusalem proposed that a system of district nursing should be set up in London, he approached Mr Rathbone and Miss Nightingale for advice and help. They recommended that a detailed survey should be carried out on the district nursing needs and existing provision in London, and selected Miss Florence Lees to conduct it.

Florence Lees (later Mrs Dacre Craven) was born in 1841 and grew up in comfortable circumstances in St Leonards, Sussex. In 1866, she trained at the Nightingale School at St Thomas' Hospital, then travelled abroad, nursing at Kaiserwerth in Germany, in France, Prussia, the U.S.A. and Canada. During the Franco-Prussian War (1870-1), at the request of the Crown Princess Frederick, the eldest daughter of Queen Victoria, and on the recommendation of Florence Nightingale, Miss Lees organised the nursing in a military hospital in Prussia. Her war service,

Summers tells us, "was testing and sometimes dangerous: she worked with very limited equipment and assistance ... [and] she was the first woman ever to receive the Prussian Order of the Iron Cross". (48) On her return to England, Miss Lees agreed to undertake the nursing survey, which covered 22 organisations. These mainly religious and philanthropic bodies between them provided only 106 district nurses for the whole of London, many of them only partially or hardly trained at all.

Stocks describes Miss Lees' subsequent report, published in 1875, as "among the notable blue-books and social surveys of the Victorian age". (49) As a result of her findings, a new association was formed in 1875, which took what Baly calls "the cumbersome title" (50) of The Metropolitan & National Nursing Association for Providing Trained Nurses for the Sick Poor. The Duke of Westminster accepted the Chairmanship and Miss Lees was appointed Superintendent General, responsible for recruiting and overseeing the 'special probationers' who were to be trained specifically as district nurses at the Nightingale School.

From its inception, the founders of the new association emphasised that, as Florence Nightingale expressed it in a letter to *The Times* in April 1876,

A district nurse ... must be of a yet higher class and of a yet fuller training than a hospital nurse, because she has not the doctor always at hand; because she has no hospital appliances at hand at all; and because she has to take notes of the case for the doctor, who has no one but her to report to him. She is his staff of clinical clerks, dressers, and nurses. (51)

In response, *The Lancet* criticised her ideas as "somewhat rambling and incoherent precepts" expressed in a style which "sadly lacks conciseness and clearness". They expressed the opinion that district nurses would be better employed by "the class who have some education, but who for the most part perform their own domestic work and keep no servants", such as clerks and warehousemen, for whom "the acceptance of help should not involve any loss of self-respect". The poor, on the other hand, "resent the intrusion of strangers" and if "a district nurse spies out the filthiness of a home, and makes a report which brings down inspectors ... [she] is likely to become a most unpopular personage". They questioned the efficacy of encouraging the poor to remain in "unwholesome dwellings" during sickness when they could be removed to a hospital,

and they suggested that the £20,000 which Miss Nightingale hoped to raise for her scheme would be better spent building "a hospital of one hundred beds" or improved housing for the poor than providing "women who, in spite of training and an ability to take temperatures and scientific notes, might not always be a welcome addition to a small household". (52)

However, Stocks believes that the majority of the medical profession in London did not support *The Lancet's* view. In particular,

poor law doctors and private practitioners in working-class areas, paid tribute to the value of expert treatment intelligently carried out, and sick-rooms transformed from pigsties to 'nursing order'. The services of the nurses were in keen demand, and the press in general reflected the approval of the doctors. (53)

When suggestions were invited for the use of the Women's Jubilee Offering, Miss Nightingale and her supporters saw the opportunity not only to place the Metropolitan Nursing Association (MNA) on a solid financial footing, but also to extend its work throughout England. Queen Victoria was known to be sympathetic to nursing and she had followed Miss Nightingale's career with interest. After the Crimean War, Her Majesty had entertained Florence at Balmoral, where Prince Albert had been impressed by her intelligence and modesty. The Queen herself was said to be "enchanted with her" and in 1861 had offered her a 'grace and favour' apartment in Kensington Palace, which had been refused. (54) Vicky, the Crown Princess of Prussia, had maintained a correspondence with Florence Lees after the Franco-Prussian War. Following Miss Lees' marriage to the Reverend Dacre Craven in 1878 and the subsequent birth of their eldest son, Vicky had become the child's godmother. In addition, the Duke of Westminster, as well as being Chairman of the MNA, was also Chairman of the Jubilee Fund. These links were, without doubt, important in influencing the Queen's choice of how the Jubilee Fund should be spent, but Baly believes that the establishment of a national district nursing scheme was also made possible by

the changing social scene, the new awareness of the health needs of the community, together with the greater emancipation and better education of women at the end of the century, [which] brought it within the bounds of possibility. (55)

However, when the Court Circular in *The Times* announced the Queen's

choice, the reaction was not wholly favourable. The announcement itself was brief and vague:

The Queen has decided that the surplus of the Women's Jubilee Offering shall be devoted to the benefit of nurses or nursing establishments, and has requested a committee to advise her on the best mode of giving effect to this intention. (56)

In its 'Leader' that day, *The Times* made two questionable assumptions, firstly that "as the fund was contributed by women, it will be by women that the benefit from it will be felt ... [by the] provision for the nursing of sick women and girls", and secondly that the advisory committee would be "a committee of gentlemen". (57) As Prochaska says, the traditional view of "the running of a philanthropic society could be compared to the running of a family: men were to provide the intelligence and direction". (58)

That the fund should be handed back to the nation at all gave rise to objection, as expressed by 'Two County Collectors':

The collection would hardly have been taken up with so much enthusiasm in all parts of the kingdom had we not all felt it as an act of personal devotion to our beloved Queen, and it would be a cause for regret should the offering be divested of this personal element. (59)

The personal gift of jewellery to the Queen was only commissioned after the Countess of Strafford, President of the Women's Jubilee Offering, suggested that the great majority of subscribers desired "that Her Majesty would allow a small portion of the sum to be devoted to a memento of her jubilee which would be both personal and lasting". (60)

On the other hand, one correspondent believed that "the great multiplication of district nurses and district nursing institutions under the auspices of the Queen's jubilee will prove an untold blessing to thousands upon thousands of the sick and poor throughout the country" (61), whilst 'A Loyal Collector' in a small country parish "frequently heard a hope expressed by the poor that such a thing might be thought of". (62)

On 20th September 1889, a Royal Charter was issued, formally establishing Queen Victoria's Jubilee Institute for Nurses (QVJI). The first Council of 22 members, selected by the Queen herself, included the Duke of Westminster, William Rathbone,

Florence Nightingale's cousin Henry Bonham Carter, and the Rev and Mrs Craven. The degree of royal approval and involvement in district nursing was further reflected by the inclusion on the Council of all three of Her Majesty's own daughters who were still resident in Britain at that time, Their Royal Highnesses the Princesses Christian, Louise and Beatrice.

This Queen's Council accepted the MNA as the model for the new QVJI. Its training and syllabus were adopted, as was its most important and innovatory precept that its nurses should be supervised not by religious bodies or by a philanthropic laity who knew little or nothing of nursing, but by Inspectors who were themselves both educated ladies and highly trained nurses. To this end, the Council's first task was to appoint an Inspector General and for this exacting and important role they selected Miss Rosalind Paget, a niece of William Rathbone.

Miss Paget had trained as a nurse at the London Hospital and as a midwife at the London Lying-in Hospital; she had nursing experience at hospitals in Liverpool, Manchester and London. At the age of 34, she accepted the post of QVJI's first Inspector General at a salary of £100 a year. Cowell & Wainwright believe that she only accepted the salary as "she did not want to be branded an amateur do-gooder" (63) and she gave the wage back to the Institute. For the same reason, she insisted on completing three months training as a district nurse with the MNA before taking up her post. As Stocks says, "she had not much to learn, ... but being a perfectionist she felt that [this] one more qualification was needed" if she was to successfully fulfil her new role. (64) Baly lists Miss Paget's duties as being "responsible for all matters relating to the training of nurses, the setting up of schools of district nursing, the granting of certificates ... and the more delicate and difficult task of decisions about affiliation". (65) Existing urban district nursing associations, which conformed to the general principles of the foundation, were invited to apply for affiliation with QVJI. One of the first was William Rathbone's own scheme in Liverpool, whose pioneering work in the 1860s had now, he said, spread "far beyond anything that even the most sanguine of us could then foresee". (66)

The Rural Nursing Association

As the detailed plans for QVJI progressed, Elizabeth Malleson persisted with her efforts to provide village nurses, this time on a national scale. Locally, her short-lived experience with the Village Nursing Association had certainly not been unique: in the Christchurch area of Cheltenham, the Reverend Fenn had established a system of district nursing as early as 1867 but it had closed in 1872 due to lack of funds (67); and in Charlton Kings a Parish Nurse had been engaged in 1883 but, again, insufficient monies caused the scheme to be abandoned at Easter 1885. (68) Nationally, small, independent rural nursing schemes had been successfully set up by philanthropic individuals, but they were scattered all over England, and as Hope Malleson tells us,

E.M. realised how much more could be accomplished by co-operation, by the existence of a central body which could set and maintain the standard of nursing, and which could ask for funds to help poor districts and to train suitable women. (69)

Elizabeth again used the method of circulating the Village Nursing Association prospectus to potential supporters, then re-printing it "headed by the names of eminent doctors and women well known in the nursing profession who approved of her scheme. Among the latter was the name of Florence Nightingale." (70) Hope's mention of Florence Nightingale in a separate short sentence emphasises the importance she, and Elizabeth Malleson herself, attached to Miss Nightingale's support. However, Hope seems to have chosen to embellish the truth, as Florence Nightingale's name does not, in fact, appear on the prospectus.

In June 1888, Elizabeth did write to Miss Nightingale, asking for her support. Unfortunately, Florence's reply does not appear to have survived, but it is clear from a second letter which Elizabeth sent her, in July 1888, that, in fact, Miss Nightingale refused to lend her name to the scheme. Although Florence Nightingale's letter is missing, it is possible to deduce what were the main points of her reply, by considering other letters which she wrote about district nursing and by examining Elizabeth's two letters to her. When William Rathbone had sought Florence Nightingale's advice and support for his Liverpool scheme, she wrote to him in November 1861:

Your plans ... have deeply interested me from the very first: they appeared to

me so well considered and laid out - they appeared to me so much needed, not only in Liverpool, but in all the earth ... [and] promise extensive and invaluable good ... which will spread to every town and district in the kingdom. (71)

In June 1867, she wrote to her cousin Henry Bonham Carter, who, as noted earlier, became a member of the first Queen's Council of QVJI:

My view you know is that the ultimate destination of all nursing is the nursing of the sick in their own homes. ... I look to the abolition of all hospitals and workhouse infirmaries. But it is no use to talk about the year 2000. (72)

Furthermore, what is probably her most famous book, *Notes on Nursing*, which was first published in 1859, is mainly concerned not with hospital nursing, but with nursing in the home.

It is clear from such sources and, of course, from her involvement with the MNA and the plan on which QVJI was based, that Florence Nightingale thoroughly approved of district nursing. Therefore, the reason for her rejection of Mrs Malleeson's plan must lie in Elizabeth's approach to her. Hope Malleeson describes her mother as

courageously unconventional. ... No one could have been less affected than she by what others said or thought once she was sure of her ground. And always her actions were very direct. Subtlety and finesse had no place in them. (73)

Consequently, she did not approach Florence Nightingale through the medium of a mutual acquaintance, or with a letter of introduction or testimonial, as the accepted rules of etiquette would suggest. She simply wrote to her direct, albeit in reverential tones:

Madam,

I trust you will be good enough to read the accompanying prospectus as it states briefly why I, a stranger, venture to trouble you. The subject of the paper has forced itself upon my attention ever since I came into Gloucestershire 5 or 6 years ago, and touches nearly, interests to which you have devoted your life.

I apply to you in the hope that if you recognise the evils which I have endeavoured to represent, you may allow your honoured name to be placed at the head of the Association I hope to form.

I believe the magic of its influence would do more to help the cause for which I plead than anything else. (74)

Elizabeth enclosed with her letter a slightly reworded, handwritten copy of the 1884 Preliminary Prospectus of the Village Nursing Association. This document does set out very effectively the need for trained nurses in rural areas, but it gives no real indication of how the Association would be organised and run on a national scale. It

merely suggests that the scheme should "be tried in two or three groups of villages in Gloucestershire". (75) Florence Nightingale always stressed the importance of detail and meticulous planning, and all the features that most impressed her in William Rathbone's plans for his Liverpool scheme, are missing from Elizabeth Malleson's prospectus.

In addition, she did not enclose the list of those who already approved of the scheme, even though they included Florence Dacre Craven, Rosalind Paget and Walter Pye, Surgeon to St Mary's Hospital who also lectured to the MNA. Therefore, Florence Nightingale had no indication of how much support Elizabeth Malleson had already raised. Indeed, the nearest she offers to any form of a character reference in her letter is to say, "there may be yet some friend of the late Miss Julia Smith" who could vouch for her. (76) Elizabeth was, no doubt, wise not to mention her close friendship with Florence's illegitimate cousin Barbara Leigh Smith, but claiming the acquaintance of their mutual aunt was hardly the best of recommendations. As a young woman, Woodham-Smith tells us, Julia Smith had "held 'advanced' views and suffered from nerves"; she was so temperamental that Florence, as a child, "had christened her 'the stormy Ju'". Having helped to raise the illegitimate, motherless Barbara and her siblings, "in her old age Aunt Julia found herself homeless and unwanted and was subject to fits of hysterical depression during which she wept for hours on end". It is, therefore, highly doubtful that Miss Nightingale was impressed by Elizabeth's friendship with her youngest maternal aunt. (77)

Nor did Elizabeth give Florence any indication of the many and varied charitable works with which she had been involved during the years when she lived at Wimbledon, and the organisational skills that these had involved. She declares unequivocally: "I do not lightly or foolishly engage in enterprise I cannot be trusted to carry out", but unfortunately she then counters her own claim to infallibility by ending the letter: "If I fail to get the influential, local and other support needed to form the Association, I would acquaint you without loss of time, in order to preserve your name being in any way linked with a failure." (78)

It is clear from Elizabeth's second letter, dated 17th July 1888, that Florence Nightingale did reply to the first letter, in detail, questioning her credentials for setting up and running a national association, whether it could be run from a remote rural area of Gloucestershire, how sufficient funds would be raised, and where and how suitable nurse/midwives would be recruited.

The July letter covers nine pages, and whilst it begins in a tone of reverence and gratitude, it gradually changes to one of argument and criticism:

I cannot thank you adequately for the sympathetic kindness of your letter of July 7th and for the trouble you have taken to send me valuable notes for my encouragement and guidance. ...

Your words as to the necessity of increasing the means of midwifery training before compelling 'registration on impossible conditions' have so much weight coming from you. ...

I may cling perhaps too tenaciously to my mode of solving the difficulty. ... I am willing to concede that, living at this distance from London, I am not the proper person to initiate a 'Central Association', but my hope was that if I could collect a body of influential names to testify to the extreme need of trained midwifery and sick nursing in villages, I should be able so to rouse local opinion around me, as to be able to start a scheme, which if successful, might be followed in other parts of the country. ...

I value so highly all you have kindly put before me that without commenting upon points where your wisdom confirms my own observation, I have answered in order others of your notes. ... (79)

If Elizabeth hoped to further her own cause and to change Miss Nightingale's mind, her subsequent comments defeated her aim. In particular, in reply to Florence's suggestion that she could employ a district nurse already trained by the MNA, Elizabeth questioned her most fundamental belief that nurses should be educated ladies:

In this neighbourhood I am inclined to think the work is more fitted to some of the excellent women I have known as nurses, than to ladies. The inevitable daily walking is a great trial of strength ... and the necessary spending of whole nights in cottages would seem a little more endurable to women less fastidious than the most sensitive. (80)

When it is remembered that Elizabeth's nursing experience at that time consisted of a mere nine months experiment with one nurse, albeit a successful trial, compared with the knowledge and expertise of the lady to whom she was writing, her approach can hardly be described as tactful. There is no evidence of any further correspondence between them, so it is doubtful that Florence Nightingale replied to Elizabeth's second letter.

Why Hope Malleson chose to state so emphatically that Miss Nightingale supported the Rural Nursing Association is a matter of speculation. It is, of course, feasible that, writing almost forty years after the event, Hope remembered that her mother had corresponded with Florence Nightingale and she assumed that the approach must have been successful. However, the early papers relating to the Rural Nursing Association were so carefully and proudly preserved that it seems unlikely that Hope did not have access to them when she wrote her mother's biography. It appears more probable that, in view of the fact that Florence Nightingale's Metropolitan Nursing Association and Elizabeth Malleson's Rural Nursing Association were both later absorbed into QVJI, Hope chose, with more tact than her mother possessed, to omit their initial disagreement and to present them as like-minded women, both working for the good of the sick poor, rather than to admit that the indomitable Elizabeth failed to secure Florence Nightingale's support for her rural scheme.

Nevertheless, Elizabeth Malleson persevered with her plan, even though Florence Nightingale was not her only critic. Both locally and nationally,

she encountered opposition from many quarters - from the medical profession, from country residents whose deeply-rooted conviction was that things were quite right as they were since they had sufficed for countless previous generations, from the villagers themselves who were shy of any change. ... For a long period E.M. seemed to be battling alone against an inert mass of prejudice. (81)

However, as with her encounters with the local landowner, James Hutchinson, and with Florence Nightingale, Elizabeth's own attitude needs to be considered as a contributory factor. Hope admits that "our mother took swift dislikes and personal prejudices, and she had a way of expressing these and her displeasure and indignation in vehement tones ... startling to an offender". (82) In their country life, the Mallesons developed a small, inner circle of friends, but Elizabeth found the social claims of neighbours and acquaintances, including the attendance of garden parties and other local entertainments, "a sore infliction". After the stimulating, intellectual company of her forward-thinking London friends, Elizabeth found the society of country parsons and county gentry a necessity to be endured, rather than enjoyed, for the furtherance of her work:

She paid the absolutely necessary duty calls ... [and] with incurable optimism she held that even with the dullest a subject of mutual interest could be discovered. But with her scorn of small talk and as she would not listen to gossip, conversation had to be at a certain level or languish. Often ... she returned openly lamenting the wasted time and her own fruitless efforts. (83)

She must have been a difficult visitor to entertain and it is possible that comments such as, "Children have been born for generations under these conditions (around us). Why should I, or anyone trouble about it?" may have been, at least in part, a reaction to Elizabeth herself, rather than as she ascribes it to "a callous indifference ... [to] what I have been endeavouring to do for the last 5 or 6 years, with a heart wrung by the needs and abuses I have been forced to see". (84)

Notwithstanding these obstacles, a combination of persuasion, argument and determination eventually resulted in the formation of "a small committee of sympathizers ... on the borders of Gloucestershire and Worcestershire" in 1889. Active support was also offered on a national level by Lady Victoria Lambton of Pembrokeshire, the Countess of Selborne representing Hampshire and the Hon Mrs John Dundas of Yorkshire. (85) In September 1889, the latter wrote a letter to *The Times* in which she reiterated the text of the Preliminary Prospectus and suggested that the problem of raising sufficient funds to cover annual expenses could be solved

if higher class women, possessed of some little means of their own, would take up village nursing as a distinct vocation, working under the auspices and encouragement of ladies of good position, who would visit them on equal terms, and thus obviate the objections of friends who might otherwise fear their losing caste by undertaking such work. (86)

In response, *The Nursing Record*, whilst acknowledging that the scheme was "excellent in theory", was inclined to believe that "to succeed in village Nursing, the Nurse, ... above all, must be drawn from the people amongst whom she is to work", and unless such nurses were "also willing to live amongst the villagers as one of themselves, they will not succeed". (87) Their comments prompted an immediate response from Elizabeth Malleon, who leapt to the defence of Mrs Dundas. In complete contradiction of her emphatic criticism of Florence Nightingale's views the previous year, she now asserted that

I do not agree that a Trained Midwife 'must be drawn from the people amongst whom she is to work'. Besides training, women who are Nurses

should have (as I am sure you will agree) valuable mental and moral qualities, which it is by no means easy to find in one person, and it is certainly not common to find the possessors of these qualities in every village or group of villages where nursing services are needed. (88)

Despite Elizabeth's dominating personality and supreme confidence, Hope Malleson insists that "she was not only free of conceit but ... her potent influence did not lead her into that pitfall of the strong - love of power for its own sake". From her defence of Mrs Dundas, it appears that she was, at least, prepared to revise her views, in the light of her own growing experience and to accommodate the knowledge and opinions of other workers, as her scheme progressed and expanded. (89)

Among the experienced local members of the committee, Elizabeth Malleson was fortunate to have gained the support of Lady Lucy Hicks-Beach, who lived near Cirencester. With her husband, Sir Michael Hicks-Beach, later the Earl of St Aldwyn, Lady Lucy had, for some years, been actively involved in the administration of their local Cottage Hospital at Fairford. Sir Michael had been a Tory cabinet minister since the days of Disraeli's leadership, serving variously as Irish Secretary, Colonial Secretary, President of the Board of Trade and Chancellor of the Exchequer.

On 14th May 1890, a meeting was held at 11 Downing Street, at Lady Lucy's invitation, to consider "the employment of Trained Midwives and Nurses in country districts". (90) Hope Malleson tells us that "country people whose approval would carry weight in many circles" were invited (91), and *The Nursing Record* reported that the start of the meeting was delayed for half an hour by the late arrival of the guest of honour, Princess Mary, Duchess of Teck, who was one of Queen Victoria's favourite cousins and also the mother of Princess May of Teck, the future Queen Mary. The Chair was taken by Sir Henry Longley KCB of the Charity Commission, and after Mrs Malleson had read a short account of how the movement had evolved, speeches were made by Mrs Ethel Bedford Fenwick, Lady Victoria Lambton and Miss Bertha Broadwood who had established a system of Cottage Nursing in Surrey. (92)

Mr G. Martin, who had replaced Mr Cox as Treasurer, summarised the proposed organisation of the scheme on a national level, and Dr Lowe, after describing the difficulties he experienced in attending widely-scattered cases in an agricultural

district around Lincoln, formally proposed

That this meeting is of the opinion that some definite organisation should be established for the purpose of bringing the benefits of good trained nursing at their homes within reach of the sick poor in rural districts. (93)

The resolution was carried unanimously, and on that day, Elizabeth Malleon's vision was finally embodied in a national charity, re-named the Rural Nursing Association (RNA). £800 was immediately raised and the list of Vice-Presidents, which heads the Constitution, included two Countesses, two Viscountesses and five Ladies. (94)

The Nursing Record expressed the opinion that the RNA "evidently requires a few Doctors and Nurses on its organising committee" (95), but Abel-Smith points out that, once established at a national level, "the nursing reform movement ... was relatively swift because the pressure for it came from the top of the social hierarchy, ... the same social circle as the committees that ran [it]". (96) Elizabeth Malleon had struggled for seven years to set up a successful charity; she had the ideas and the determination, but it required Lady Lucy's powerful links to turn her plans into reality. Elizabeth could not have called such an impressive meeting at the official residence of a member of the government, albeit a non-political gathering, and invite the Queen's cousin to attend, but Lady Lucy could. As Baly says, the formation of the RNA is noteworthy "as an example of how interconnected were the reforming, liberal women of the mid-nineteenth century. They had the leisure, they had the will, they wrote copiously and they knew one another." (97)

The combination of Elizabeth Malleon's tenacity and Lady Lucy's contacts and influence ensured that, as Hope Malleon tells us, "once started the Association grew apace", with existing rural schemes, "if in essentials conforming to the principles of the Association ... invited to join". (98) Within a year, County Centres had been formed in Yorkshire, Hampshire, Pembrokeshire, Devon and Lincolnshire. Each county had a President and County Committee; the county was then divided into districts, each with its own Manager and Local Committee. This organisational structure also reflected the importance of the social hierarchy as it then existed: at local level, the Manager of the District Nursing Association (DNA) was, more often than not,

the local 'Lady Bountiful' and the Committee would consist of her daughters and worthy matrons such as the wives of the vicar, doctor and headmaster; at county level, the administrative posts would be filled by the most senior county ladies, thus in Gloucestershire the County President was the Duchess of Beaufort and the Vice-President was Lucy, Countess St Aldwyn.

Whereas the original Nurse Mary had lodged in the cottages of her patients at Gotherington, Elizabeth Malleson now "considered that there was not room enough in the average country cottage to accommodate a nurse, and that her maintainance was too great a tax at such a time". (99) Each district nurse under the RNA was to be a visiting nurse only. She was to be provided with lodgings or a cottage of her own, and, under the terms of the Constitution, with the "means of her conveyance to distant parts of the district". (100)

Overall, the Association was controlled by the Central Committee, with Elizabeth Malleson as Secretary. This Committee, the Constitution states, "manages the business of the Association, receives Subscriptions, and decides upon the distribution of the General Fund, so as to encourage and assist local effort". The local committees were "to collect the local subscriptions, to receive the earnings of the nurse ... and to apply when necessary to the Central Committee for supplementary funds". The services of a trained nurse could "be obtained for from £50 to £60 a year. Part of this sum can be met by a graduated scale of fees charged for the midwife's services, the rest by local subscriptions, and in certain cases by a grant from the General Fund." (101) Hope Malleson adds that, whilst "the nursing was to be gratuitous", except for midwifery, "'thank-offerings' from patients" were acceptable. (102)

In the Constitution, Elizabeth Malleson reiterated her original hope "that the General Fund of the Association will so increase as to enable its Central Committee to send suitable women from the country districts to be trained for the work". However, she also compromised on the alternate view by suggesting

to ladies living in the country, who have taste and leisure to learn nursing, that such knowledge could be turned to excellent account in the houses of

their poorer neighbours, (especially where sufficient funds cannot be raised for the entire support of a nurse,) and would be an invaluable influence for promoting better modes of life among our rural population. (103)

The Association also encouraged "the giving of simple village lessons on the laws of health, and the economy of skilled nursing", and according to the Report of Central Committee 1891, these had proved "efficient and satisfactory" where they had been tried "preparatory to the formation of districts, or as an introduction of the nurse". Between the autumn of 1890 and the summer of 1891, such lectures had been given in Gloucestershire, Wiltshire, Devon, Yorkshire and Wales. (104)

As well as producing the Constitution, Elizabeth Malleson also issued leaflets to arouse public interest and to guide local effort: *Hints for the Formation of County Centres; Hints for the Formation of Districts; Hints for Nurses; and Rules for Nurses*, the latter beginning with the directive that the nurse "must be an example of order, neatness, and helpfulness, must avoid gossip, and be careful never to interfere with the religious opinions of her patients". (105)

In addition to acting as Secretary to the Central Committee, Elizabeth Malleson also continued as Secretary and Manager of her own Gotherington District. In August 1889, Elizabeth and her Local Committee had engaged a new nurse, "Mrs Cotterill, trained as a Midwife at the British Hospital, London". The report for the year August 1889 to July 1890 records 984 visits by the nurse to "the villages of Gotherington, Cleeve, Alstone, Gretton with hamlets", including cases of bronchitis, pneumonia, jaundice, influenza, heart disease, burns and wounds. As well as nursing the medical cases, Mrs Cotterill had also

attended ten confinement cases in the year, which, as a beginning, is a fair number, considering that new plans and new people are met with some amount of prejudice, and that some little time is required for the women of the district to get accustomed to a stranger.

For her services, the nurse was paid a salary of £1 a week and provided with a uniform costing £1.11s.9d. and instruments and dressings costing 15s.0d. (106)

Some residents "expressed surprise that the trained nurse does not undertake all the work of the house of her patients in addition to her own duties", as Nurse Mary had done, but Elizabeth now believed that "this cannot be reasonably expected from a

woman skilled in her own business, nor from one who has other patients to visit". However, she expressed a hope that if "the Nursing Fund were to become rich enough to allow it, I, personally, should be glad to have a woman trained in sick and other cookery ... but I do not see my way to this fresh plan yet awhile". (107) No further reference is made to this additional helper in subsequent reports, so it must be assumed that this was one plan where lack of sufficient finances thwarted even Elizabeth Malleson.

The Report of 1890 stresses the need for further subscriptions, for "the nurse is maintained for the sake of every man, woman, and child in the villages ... for every one sooner or later must be ill, and those not sick can show compassion for those who are". Of the £59.14s.0d. listed as 'Subscriptions, Donations, and Thank-Offerings for Nurse's Services', £22.5s.0d. was contributed by Mr and Mrs Malleson, their daughters and members of the Whitehead family (relatives of Elizabeth). (108)

Despite its financial problems, the work of the Gotherington District was undoubtedly a success and it serves as an example of how, as Hope Malleson expresses it, "the Rural Nursing Association, brought to life with so much difficulty and opposition by one tenacious worker, grew in a few months into a big organisation with ramifications in many counties". (109)

Affiliation and Amalgamation

One of the first acts of the Central Committee of the Rural Nursing Association was to seek links with QVJI. Their first approach was made in June 1890, just a month after the inaugural meeting at 11 Downing Street, when, Hope Malleson tells us, "persons who knew the work of both Institute and Rural Association brought their various members together". (110) Miss Paget and Mrs Craven had both been amongst those who had given their names as approving the RNA; Lady Lucy Hicks-Beach worked closely with Elizabeth Malleson, whilst Sir Michael Hicks-Beach was a friend of Florence Nightingale; the Duke of Westminster worked tirelessly for QVJI, whilst the Duchess of Westminster joined the ever-growing and impressive list of Vice-Presidents of the RNA and served on its Central Committee. Furthermore, the two organisations shared the principles that the nurses must be trained, be supervised by ladies and should not interfere with the patients' religion. QVJI had always intended to extend into rural areas, but had concentrated on establishing itself in urban areas first. The leading figures of the RNA were able to present their charity as a ready-formed national rural scheme.

As an interim measure, the Institute awarded the RNA a provisional grant of £150, and a special sub-committee, consisting of the President, Vice-President and three trustees of QVJI, was set up to consider co-operation between the two schemes. There were fundamental differences which needed to be resolved before, as Baly says, "the joining together of two organisations having different origins and very powerful management committees but similar principles" could be achieved. (111)

In particular, whilst RNA nurses were allowed to supplement local funds by taking richer, fee-paying patients, the Conditions of Affiliation to QVJI stated that "the services of the nurses are to be strictly confined to the poor"; midwifery formed an important part of a RNA nurse's duties, but for QVJI nurses "in towns, attendance as a midwife upon women in childbed shall be excluded", although the nurse could attend a mother and infant after birth if a doctor "requires the services of a skilled nurse", i.e. if the mother and child needed medical attention as opposed to routine post-natal care. (112)

Fortunately, the sub-committee was sympathetic to the aims of the RNA and

realistic in its understanding of the difficulties faced by a nurse working alone in an isolated rural area. The Conditions of Affiliation, which were published in March 1890, i.e. before the RNA meeting at 11 Downing Street, had already made provision for rural areas by stating that "nurses in country districts ... must have at least three months' approved training in midwifery", in addition to training in both general hospital nursing and district nursing. However, they stressed that "the duties of the midwife, as distinguished from a nurse, are not to be undertaken, except in cases of emergency, or by the express permission of the Local Committee". (113) Queen's Nurses were, therefore, expected to be qualified for midwifery cases in rural areas as a precautionary measure, but as Fox says, "the negative phraseology of the terms that admitted midwifery ... attest to the Institute's reluctance to acknowledge it as a proper part of a district nurse's work". (114)

However, the sub-committee of QVJI had sufficient confidence in the principles of the RNA to designate it their Rural District Branch in 1891 and to embody in a Constitution, dated September 1892, its recognition of the need to compromise between what was desirable and what was possible:

The support of a nurse, to a certain extent, may also be met by the fees, and by thank-offerings from patients, although the services of the midwives are intended for those who cannot afford doctors' fees. (115)

Two clauses in Elizabeth Malleson's carefully drawn-up *Rules for Nurses* were duly amended. Under RNA rules, "The Nurse will be allowed to undertake cases of richer patients at ... 7s.6d. or 10s. a week, or more in exceptional cases"; as the Rural District Branch of QVJI, "The duties of the Nurse are to be confined to attending the poor of the district. But this is not intended to exclude cases of emergency, or of such patients as are in the opinion of the Committee able to make some contribution to the nursing fund". Midwifery fees charged by the RNA were "5s. to those dependent on weekly wages, [but] in districts where the labourers' wages average less than 13s. or 14s. a week, the fees should be less in proportion". Under the auspices of QVJI, the fee of 5s. became standard and "as regards midwifery, all cases are excluded except those of the poor". (116) Horn states that in 1892-93, the weekly wage of agricultural labourers

in the Midlands counties, including Gloucestershire, was 12s.6d., compared with the national average of 13s.4d. (117) The introduction of a standard midwifery fee must have placed a strain on family finances, at a time when Flora Thompson recalls that the 'old wife' of Lark Rise charged only half a crown (2s.6d.), for which "she officiated at the birth and came every morning for ten days to bath the baby and make the mother comfortable" (118), but against this must be weighed the advantages of attendance by a trained midwife, compared with the conditions that Elizabeth Malleson had found when she moved to rural Gloucestershire. The Queen Victoria's Jubilee Institute for Nurses Rural District Branch *Rules for Maternity Nursing* state that the nurse "must go at once when summoned to a woman in labour. And she must not leave the case for at least an hour after delivery; and only then when she is assured of the patient's safety." Great emphasis was placed on the "conscientious practice [of] antiseptic midwifery", and there was to be no delay in sending for a doctor if complications arose. Post-natal care consisted of a visit "twice daily, Sundays not excepted", during which the baby would be washed and dressed, with special attention being paid to the cord, eyes and mouth, and the mother's "temperature and pulse are to be very carefully noted". (119)

The RNA application form for candidates was also amended to reflect the professional standards expected of QVJI nurses. Questions still included practicalities such as 'Are you strong and healthy?' and 'Are you a good walker, and accustomed to the country?', but the calibre of candidates was now further measured by the questions: 'What is or was the occupation of your father?' and 'Where were you educated?' Instead of merely enquiring about a nurse's training and experience to date, the form now began with a statement of the requisite qualifications:

- (a) Training in some General Hospital, or Infirmary, for not less than one year.
- (b) Three months approved training in Midwifery.
- (c) Approved training in District Nursing. (120)

As a result of its affiliation with QVJI, Hope Malleson tells us, the Rural District Branch

received a yearly monetary grant, and its nurses benefitted by inspection in their work by one of the Institute's superintendents, but its chief gain was in being placed for all time upon a permanent footing, [whilst] the Branch continued its work as before, unhampered, with its own officers. (121)

It retained its own Central Committee and local structure, and its list of Vice-Presidents now included not only the Archbishops of Canterbury and York, and the Bishops of Salisbury and Peterborough, but also two Duchesses, nine Courtesesses, four Viscountesses and 17 Ladies. (122) The meetings of the Central Committee were now held in London, where an office and secretary were installed at 12 Buckingham Street, and Hope Malleon herself moved to London "to take up the duties of Organizing Honorary Secretary, arranging and speaking at drawing-room meetings in various parts of the country". (123)

By September 1892, RNA nurses were working in 77 districts in 25 counties, all of which are listed in the QVJI Rural District Branch Constitution of that date. Fox states that "the record is not impressive", given the RNA's "prior grounding" and the calibre of its patronage. (124) However, in its Report of 1891, the Central Committee of the Branch explains that

for the moment [it] is compelled to refrain from the active multiplication of districts and County Centres, because the demand for nurses, trained in midwifery, as well as in general sick nursing, has become so stimulated that a supply of suitable women is exceedingly difficult to obtain. They have now, therefore, to direct their especial attention to the training of nurses, a matter which takes many months to complete.

To Elizabeth Malleon and her fellow Committee members, quality was more important than quantity, if they were to help "individual districts to high class nurses, and ... to maintain that standard of thorough work to which the Association aspires". (125)

By 1896, 50 nurse/midwives had been trained and the Branch was working in 30 counties. The following year, the Council of QVJI approved the preliminary *Conditions of Affiliation for County Nursing Associations*, and in the interests of centralisation, complete amalgamation was recommended. As Elizabeth Malleon tells us in her report of 1897,

the rural districts of England and Wales, which had constituted a separate branch of the Queen Victoria's Jubilee Institute, were absorbed into the Institute; the Central Committee was dissolved, various members being placed on the Council of the Institute, and the Rural Branch became part of the magnificent nursing organization originally planned by the Queen, alike for her poor subjects in rural districts as for those in towns. (126)

Conclusion

The 1880s and '90s, during which the formation and establishment of the national system of district nursing took place, was a period of political and social reform: the Education Act of 1870 had created the first generation as a whole of school-taught and literate people; trade unions had been granted the legal right not only to exist but also to 'picket peacefully'; in 1884, the franchise was extended to rural working men, having been granted to urban workers in 1867; the Local Government Act of 1888 established elected county councils as the administrative bodies of rural life; and the Prison Act of 1898 limited corporal punishment and encouraged useful occupation that would offer an alternative to a continued life of crime after release. Much of this wide-ranging legislation was passed in response to the growing awareness that the material conditions of the poor were as essential a part of paternalism as salvation of the soul. This combination of social and religious motives was manifest in the growing numbers and variety of urban visiting societies, whose volunteers could be found in hospitals, workhouses, prisons and asylums.

In this context of national reform, the establishment of QVJI nurses in urban areas can be seen as reflecting the recognised need to improve the lives of the poor. However, in traditionalist rural areas, as Elizabeth Malleon quickly discovered, nothing could be achieved without the help and support of the landowning classes, who were offended by her particular brand of reforming zeal. It was not until she had won the backing of Lady Lucy Hicks-Beach that progress was made in her campaign to establish rural district nursing. Yet once this support had been gained, the Ladies Bountiful themselves benefitted from the opportunities that the RNA and, subsequently, QVJI offered. In the next chapter, I will consider what motivated this change and what both the Ladies Bountiful and the leading figures of QVJI aimed to achieve.

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Queen's Nurse Ann Newdick 1935

Source: Charlton Kings Local History Society

CHAPTER THREE

AIMS AND MOTIVATION

Introduction

This chapter considers the aims and motivation of the middle- and upper-class ladies who became involved in the administration of the rural district nursing movement. Primary sources are examined as evidence of the initiative and effectiveness of philanthropic individuals, with particular reference to religion, politics and the opportunity to expand their lives beyond the limited role prescribed for them by the cult of domesticity.

The official aims of the district nurses themselves are then traced from a letter written to *The Times* by Florence Nightingale in 1876, through three manuals written by distinguished QVJI nurses in 1894, 1905 and 1924. Thus, the progression of approved methods is followed throughout the period covered by this study (1880-1925). Theory and practice are then compared and contrasted using inspection reports, nurses' reminiscences and journal articles, with particular reference to the *Queen's Nurses' Magazine*.

By considering these points as expressed by the original authors, the change in approach from the traditional Lady Bountiful (as discussed in Chapter 1, pp.40-44) to the efficient Lady Administrator, and the progression of the district nurse from officious 'Nanny' to supportive friend, can be followed from the foundation of the scheme.

Lady Administrators

Stocks points out that many ladies became involved in rural district nursing "in the late 'eighties when the Jubilee Offering became 'news'". (1) Gerard adds that "their patronage and presence on committees and boards were as much due to rank, wealth, and sense of duty, as to ability or interest" (2), at a time when, Horn tells us, "titled ladies had a great deal of star appeal". (3) Indeed, Fraser says that "in the 1870s and 1880s

any charitable institution with a pretension to fashion is [sic] under the patronage of the royal Duchess of Teck, ebullient, extravagant mother of Queen Mary". (4) The Duchess' presence as guest of honour at the inaugural meeting of the RNA in 1890 must have raised the profile of the organisation, but the long-term involvement of so many ladies with such philanthropic work cannot be explained merely as royal sycophancy or publicity value. As Elizabeth Malleson stresses, in a paper which she wrote jointly with one of her co-workers, women who did become involved with nursing the poor "as a fashion ... [without] having any special aptitude or taste for the work ... must drop out of the ranks sooner or later, having no foundation for their brief enthusiasm". (5)

Elizabeth does not further define 'foundation', but Vicinus states that, within the cult of domesticity, the foundation of "all women's work was a sense of religious commitment". (6) Prochaska agrees that "all Christian denominations stressed the importance of charitable conduct ... [as] synonymous with Christ-like conduct" and he adds that it "is a comment on the pervasive culture [that] ... there were women in nineteenth century England without religion, but ... they were few". (7)

Elizabeth Malleson was one of those few women. As an adult, she rejected her Unitarian upbringing and "ceased to consider herself a member of any religious body". Hope did "not think she had any impulse towards corporate worship or felt the need of it ... [and] she could conceive of no personal communion by way of prayer". In religion,

as in all else, she rated intellect very highly, and would have found it difficult to believe in the value of goodness not based on intelligence, or faith without reason behind it. ... She would have found it impossible to accept authority or the teaching of any sect in its entirety. ... Creeds, dogma, the attitude of the church-politic, meant nothing, or were felt to be antagonistic.

Instead, "her life was dominated by a high idealism, not a mere pious abstraction but a very real and practical sanction of daily and hourly conduct" (8) and she brought up her own children to believe in "the *inevitableness* of duties and obedience ... of a high standard ... for its own sake". (9) Although Elizabeth had abandoned Unitarianism, her approach to life still reflected its fundamental commitment to intellectual endeavour and social responsibility. By establishing, as Gleadle expresses it, "a theory of action based on inner feelings", Unitarians repudiated institutionalised religion in favour of a wider

cultural perspective in which Christianity was viewed "not as a theological system, but as an integral part of humanity and life itself". (10) Whilst Unitarians denied the existence of the Trinity, believing that Jesus was only human and not the Son of God, they still acknowledged His good works and emphasised that it was "the *duty* of every man to labour as much as he can for the relief of the destitute, the instruction of the ignorant and the redemption of the guilty". (11) As the nineteenth century progressed, Gleadle concludes, "a number of women discovered that an appropriate way to unite their Unitarian heritage of intellectual achievement and public duty, was to engage in philanthropic work". (12) However, whilst Elizabeth Malleson was content to be inspired by such a spirit of reforming endeavour, Hope tells us that "these slender threads of a religion, all that she had to impart, did not prove sufficing to her children and they all took divergent paths." Hope herself became a Roman Catholic, which "was at first a grief and distress" to her mother, "but it left no lasting sadness." (13)

Nevertheless, Elizabeth's own lack of religious motives did not prevent her from working closely with Christian ladies. In view of her agnosticism, the closing appeal in a paper she co-authored with Lady Victoria Lambton, urging ladies to become involved in the administration of rural nursing associations, must be credited to Lady Victoria, who believed that they

may feel that they are obeying the injunction of our Lord, who said, 'The poor ye have always with you, and whenever ye will ye can do them good', and are following, in the way most suited to the present age and the present needs, His example, Who went about doing good, and healing the sick. (14)

The Hon Mrs John Dundas also referred to "the holy work of alleviating pain and suffering" (15), whilst one of Elizabeth's most loyal local supporters was Anne Mercier, wife of the Rector of Kemerton, near Tewkesbury, who, Hope tells us, "backed her efforts through every vicissitude ... [with] so complete an understanding and sympathy and ... so large-hearted a tolerance that it overpassed the deepest divergence in religious opinions". (16)

Whilst women were expected to be religious, they were not expected to be political. Elizabeth Malleson regretted that "in private talks" with county ladies, "political matters ... are taken with very aggravating passivity", whilst she felt them "as personal

troubles". (17) Nevertheless, she, a Liberal, worked in harmony with Lady Lucy Hicks-Beach, wife of a Tory minister, whom she described as "a splendid worker, with such knowledge of how success is to be won in the world, with entire freedom from worldliness or anything but large-heartedness". (18)

Unfortunately, not all ladies were so magnanimous and tolerant. At Stroud, two district nursing schemes were founded in 1894, the first by Florence Brynmor Jones, wife of the Liberal MP for Mid-Gloucestershire, the other by Mrs A.T. Playne, a Tory, working with the local clergy. When her husband lost his seat and the couple moved to London, Mrs Brynmor Jones was surprised to hear from committee member Mrs Winterbotham that the possible amalgamation of the two schemes was being discussed. In a series of letters, penned in bold, flowing handwriting, Mrs Brynmor Jones' growing agitation is clearly conveyed by her liberal use of underlinings and double underlinings, which emphasise her disapproval whilst she purports to be unbiased. In November 1894, she wrote to Mrs Winterbotham:

I hear a rumour that the opposition Scheme is in debt so if we amalgamate we must take care we do not become liable for their debts. I will leave it entirely with you and the Committee to decide about the joining of Schemes; whichever will be the best for the people of Stroud. I personally am not anxious to join as the other Scheme has been and is such a failure. Neither do I wish to resign my Presidentship at present or at all as if I did it would look as if mine Scheme were political (which you know it is not). ... I am very interested in my own Scheme and hope the Committee will see their way to do whichever is best for the prosperity of our own Scheme. (19)

Although she insisted that Mrs Winterbotham and the Committee were free to vote as they wished, it is obvious that Mrs Brynmor Jones expected them to reject the amalgamation, whilst her reference to Mrs Playne and her supporters as 'the opposition' clearly negates her insistence that her aims were not political. Nevertheless, not only was the amalgamation approved, but a local clergyman, the Reverend Ormerod, was appointed President, with Mrs Playne as one of the two Vice-Presidents. In a clear fit of pique, Mrs Brynmor Jones wrote to Mrs Winterbotham in January 1895:

I am glad you think the new Scheme is satisfactory on the whole and I hope it will work well. ... As my Scheme has been all altered ... I propose this year to send a subscription of 2 or 3 guineas. ... As now it is on such a much larger basis the funds I hope will be also on a larger scale as so many local Tories ought to give now Mrs Playne is a Vice President. (20)

Mrs Winterbotham, herself elected as a member of the Executive Committee of the newly-named Stroud District Nursing Association, hastened to placate Mrs Brynmor Jones, pleading that the reduction of her subscription

would place me and other friends of yours here in a very unpleasant position. On Nov 30th you wrote to me ... and said that though no longer a resident here, you did not wish at present or at all to withdraw from the scheme. ... On this insistence, at the Conference your name was linked with Mrs Playne's ... in [approving] the Amalgamation Scheme. ... We justified it in face of your having left the neighbourhood by a reference to your letter to me, to your own subscriptions and to your great and continued interest in the work. The new scheme is in all its essential features our scheme and ... you will see it will be a painful humiliation to me if your subscription is just now reduced. Subscriptions are now due and we need them; and if you will be so good as to continue your £10 sub ... I shall be encouraged and very much obliged. (21)

However, her tactful, carefully chosen words elicited a brief and peevish response:

Although I approve of an amalgamation, still, of course, the Scheme now is quite different to what I originally started. ... I enclose a cheque of £5 and if at the end of 6 months the funds require more help, I will give another £5. I think as it is a local charity that really now it is on such a large scale the other side might help. (22)

Here, the correspondence ends and the name of Florence Brynmor Jones disappears from the records of the Stroud DNA. On the other hand, Mrs Playne, the object of her obvious contempt, remained its Vice-President, and also became President of the Nailsworth DNA when it was formed in 1899. In its report in 1920, it was recorded that of the 21 ladies who had been members of the DNA's first Committee, 8 were still serving on the present Committee, "21 years of faithful service". (23) In addition, Mrs Playne became a member of the General Committee of the Gloucestershire County Nursing Association when it was formed in 1905, a position she retained until her death in 1923. In their report of that year, the County Committee "deplore[d] the loss of an old friend". (24)

The formation of County Nursing Associations (CNAs), a progression of the RNA's County Centres, offered further scope for lady administrators. As Stocks says, "in localities where the county aristocracy was still resident and locally active, ... district nursing provided an activity peculiarly suitable for local initiative. It was a new expression of the time-honoured concern of the great house for the cottage." (25) Baly

agrees that the "ethos of Victorian charitable visiting with its sturdy neighbourhood idiosyncracies and independence is the heritage of rural district nursing". (26) With the formation of the RNA and its amalgamation with QVJI, the seal of royal approval and the financial security of royal patronage were added to rural district nursing, but the new system was grafted on to the old through the fusion of traditional benevolence with trained, professional efficiency. The willingness of county ladies to accept a change in their role, from Ladies Bountiful personally administering to the sick poor, to lady administrators supervising trained nurses, reflects not only their recognition of the needs of the poor, but also illustrates their belief in their own ability to effect that change.

Angela Burdett-Coutts, (1814-1906), herself a wealthy and generous subscriber to many charities, described women's philanthropic work in the 1890s as

the continuation and development, under altered and more effective conditions, of a benevolence that deserves to be called historical. ... The same kindly feelings that work to such noble effect in the English-woman of to-day animated the Englishwoman of yesterday ... [who], moved by a conscious sense of responsibility, ... [dispensed] the kindnesses that are now recognised under the broad word Philanthropy.

Changes in society since the 1830s had, she continued, "enlarged the need of philanthropic activity", but at the same time, had "extended its means and multiplied its channels of operation. Especially have these changes worked in the direction of giving a collective form to efforts which were formerly left to individuals," who had worked "in the quiet, unimposing way which those times permitted, and which satisfied them". (27)

Baroness Burdett-Coutts was careful to include in her classification of philanthropic women not only the "immense middle class, vast in number and extremely well-to-do, [which] has arisen out of the ranks of the artisan and manufacturing class since Watt's tea-kettle filled his head with dreams", but also Queen Victoria who "stands foremost ... as representative philanthropist ... [and had] devoted the thousands which her countrywomen and subjects had offered ... on the completion of her Jubilee ... [to] the foundation of the Institute for Nurses". She concluded that all benevolent women shared a common philanthropic aim, which she describes in a phrase that pre-empted the National Health Service by 50 years: "the unity of feeling and of purpose ... directed to

the amelioration, in the highest sense of the word, of the lives of our fellow-beings ... from the cradle to the grave". (28)

As philanthropy was a long-accepted part of Lady Bountiful's role, it was also an area in which neither the law nor social attitudes needed to be changed to permit women to work. However, as Fraser points out, "it was rare, despite all the committees and societies and unions which ladies had joined so avidly, to find a woman presiding over the whole. The ancillary role of the Victorian lady, the convention of her dependence on her menfolk died hard." (29) The Executive Committee of the MNA, chaired by the Duke of Westminster, was exclusively male. As previously noted, *The Times* automatically assumed that the advisory committee of QVJI would consist of gentlemen. Locally, throughout the period covered by this study, 1880-1925, the Board of Governors of Cheltenham General Hospital was all male, as was the Committee of Tetbury Cottage Hospital, whilst the Committee of Fairford Cottage Hospital remained exclusively male until 1922, when 3 of its 17 members were ladies. However, as Prochaska says, women came to challenge the view that "in the powerful world of organised charity ... their contribution might be superior in degree but it would be inferior in kind". (30) Rural district nursing, as a new area of nationally organised philanthropy, offered county ladies a unique opportunity to establish themselves as administrators without being accused of challenging a recognised male preserve.

When the Gloucestershire CNA was formed in 1905, only the Treasurer was male. The President, Vice-President, Hon Secretary and Assistant Hon Secretary were all female, as were all 12 members of the Executive Committee. Whilst the Duke of Beaufort was Patron of Tetbury Cottage Hospital, it was the Duchess of Beaufort who was President of the Gloucestershire CNA; Sir Michael Hicks-Beach, by then Earl St Aldwyn, was President of Fairford Cottage Hospital, but Lady Lucy, Countess St Aldwyn, was the CNA's Vice-President and Chairman of its Executive Committee.

It is interesting to note that, whilst the Gloucestershire CNA was being planned, the administrative arrangements at Fairford Cottage Hospital changed. Prior to that time, Lady Lucy had organised a rota of Lady Visitors, but in 1903, the visitors formed a

separate Ladies Committee, headed by Lady Hicks-Beach. Their first act was a practical one: to order a new kitchen range to replace one that had been in use for more than 20 years and which, presumably, the all male committee had deemed still adequate. In the Annual Report of 1904, it was noted that

the Ladies Committee have met regularly every week to go over the housekeeping books and superintend domestic affairs generally. This has permanently lightened the labours of the General Committee, who highly appreciate the interest which the Ladies take in the Institution, and the work which they have done and are doing to increase its efficiency and usefulness. (31)

It is surely more than a coincidence that Lady Lucy's increased responsibility at Fairford Cottage Hospital and the formation of the CNA should happen simultaneously. Sir Michael Hicks-Beach and the Duke of Beaufort both made generous donations to the County Fund, but it was their wives who ran the CNA. Lady Lucy eventually resigned as Chairman of the Executive Committee in December 1920, explaining that she was "no longer young and was becoming somewhat deaf and rather blind". Of the 12 ladies who had formed the first Executive Committee 15 years earlier, seven were still serving members and 5 were present at the last meeting that Lady Lucy chaired, when the Duchess of Beaufort recalled that, "though she herself was always deeply interested in district nursing, the CNA had been very specially the child of Lady St Aldwyn, for which she had worked with her whole heart, and that to a very great extent it was due to her that the work had prospered and increased". (32) Although she retired from the Executive Committee, Lady Lucy continued to serve as the CNA's Vice-President, with the Duchess as President, and both were still in office in 1925. In addition, Lady Lucy served as President of her local Coin St Aldwyn, Eastleach, Hatherop, Quenington & Southrop DNA from its formation in 1910 and chaired its regular Committee Meetings until the 1930s. Nationally, she was also a member of the Council of QVJI and served on one of its Working Committees.

It could, of course, be said that such privileged ladies, each with a houseful of servants and an assured income, had ample leisure hours to devote to charities, but as Summers points out, whilst "leisure was a necessary condition" for philanthropic work, it was "not a sufficient one". (33) Dingwall et al add that "it is important not to trivialize"

philanthropic work as "leisure activities. ... The work was undertaken ... as a deliberate alternative to playing music, eating chocolates or reading frivolous novels." (34) Most nineteenth century philanthropic women retained a hierarchical view of society, with its accompanying overtones of *noblesse oblige*, but if a positive sense of duty had been their only motivation, they could have continued in their traditional role of Ladies Bountiful. In running DNAs and CNAs, women of intelligence, energy and initiative saw the possibility and seized the opportunity to provide the sick poor with modern nursing care whilst, at the same time, as Gerard says,

expand[ing] their [own] lives beyond the limited domestic role prescribed for them, gaining opportunities not only for altruism, but for leadership, authority and power. This was real, valued work, requiring time, effort, and skills; it was both demanding and fulfilling. (35)

It may seem surprising that Gloucestershire, where the RNA began, did not have a CNA until 1905, but at "a Meeting of ladies interested in District Nursing" held in Gloucester in 1904 to discuss the formation of a County Association, the Duchess of Beaufort, in the Chair, explained that "the idea of such an Association for Gloucestershire was one which she and Lady Lucy Hicks-Beach had long had in their minds, but had refrained from starting till the calls connected with the South African War and the Queen's Memorial Fund were at an end". (36) Considering the tenacious determination with which Elizabeth Malleson established the rural district nursing scheme, the fact that she was not more closely involved at county level may also seem surprising. However, her daughter Hope tells us that she was not influenced "by personal ambition, and it may be said without exaggeration that she never made a decision from a worldly motive". She was "singularly modest about her own achievements" and was satisfied that "her enthusiasm, her dominating personality, her confidence inspired others to embrace her schemes, working with her or following where she led". (37)

When the RNA had affiliated with QVJI as its Rural District Branch, "it became apparent to E.M. that the work was hampered by having the honorary secretary in the country and its superintendents and secretary in London". In 1893, "as the future of trained nursing in the country was now happily assured, she decided to retire from the

post of honorary secretary". However, Hope continues,

the announcement was received almost with consternation. 'The Rural District Branch is your own child,' members of the committee wrote to her. 'It owes its existence to you, and its growth is entirely due to the great time and thought you have devoted to its affairs. ... The actual daily working must be to you such a source of interest and satisfaction.'

She was begged to continue, to give the work the "benefit of her counsel, and this she did, remaining an active member of the Central Committee", until the amalgamation in 1897, when, as previously noted, the Committee was dissolved. (38)

By this time, Elizabeth Malleson was 69 years old. For health reasons, she and her husband Frank had spent the winter months of 1894/5 and 1896/7 in South Africa, staying with their son Rodbard, who had emigrated there in 1893 to join one of his maternal uncles, Percy Whitehead. In 1899, Elizabeth suffered "a dangerous illness which left such a prostrating weakness that for some time the struggle back to her usual occupations seemed an unbearable effort"; then in 1903, Frank died of influenza and "with her husband's death the light went out of E.M.'s life. There remained a resolute courage and that constraining sense of her obligations to others which imposed upon her an outward serenity ... [but] her life was maimed beyond remedy." (39)

With her advancing years, Elizabeth relied increasingly on her daughters. Rachael, the second daughter, had married in 1881 and lived at Oxford, but Mabel and Hope remained single and worked closely with their mother. From their teens, they had all been expected to share in their parents' strenuous life at Wimbledon. "To teach self-reliance and independence was part of our parents' scheme of education," Hope recalls (40), and Elizabeth "never considered youth and inexperience in themselves a bar to the assumption of responsibility". (41) The sisters were expected to represent their mother at various committee meetings, taking and reading the Minutes, and though

our way often took us through 'slummy' parts of London, ... neither parent would hear of timidity or hesitation. ... When a girl of fourteen was spoken to in a lonely street ... her mother made nothing of her distress and sense of outrage, and would not hear of any alteration being made in her walks. (42)

Hope does not name the daughter involved in this incident, but her vivid recollection, 50 years after the event, of the fear it evoked would suggest that it was probably Hope herself. Although she rarely criticises her mother, she does admit that the children did,

on occasion, encounter the "prejudice [which] would sometimes arise to mar E.M.'s openness of mind and her sympathy, often only for a time" (43) and suggests that "it is perhaps a legitimate criticism of this system" of education for life, with its emphasis on personal responsibility, both for actions and consequences, "that it may weigh too heavily upon a child's conscience, its emotion and susceptibilities, and bring in its train a habit of introspection". (44) It would appear that the independence which Elizabeth encouraged in her daughters was still confined within the boundaries imposed by her own sense of duty and altruistic motives.

Hope's involvement in the district nursing scheme has already been noted in Chapter Two, but Mabel Malleson also played an active part. Although Elizabeth had made the opening speech at the inaugural meeting of the RNA in 1890, it was Mabel who spoke on her behalf at a meeting in Gloucester in February 1893 when the formation of a county centre was first discussed. "Mabel said a few words for me," Elizabeth recorded. "It was impossible for me without pressure, which would have made me ill, to write anything as asked." (45) When the Gloucestershire CNA was formed in 1905, Elizabeth sat on the General Committee as the representative of Gotherington DNA, but Mabel sat on the Executive Committee and was still a member in 1925.

Elizabeth remained Manager of the Gotherington DNA, where

the burden of managing the affairs of the district, receiving the nurse's reports and inspecting her books, raising the money and replacing the nurse when a change was necessary, issuing the yearly report and balance-sheet, fell almost entirely upon E.M.'s shoulders - no light task for one of her age! (46)

To ease her burden, in 1905, an Advisory Committee of ladies, including her daughter Mabel, was formed to assist her, though she continued to write the Annual Report. Their aim, Elizabeth explains, was "not to disturb the present organization of the work, but to give it increased support in advice and practical help". The following year, she

rejoice[d] with some wonder at the enormous progress made ... in late years. When the first Report of this district was issued in 1890, the matter was regarded here, as a rule, with distrust, if not with hostility. At the present time, we live under a whole-linked system, recognising and supporting the efficiency of nursing. ... The Gloucestershire County Nursing Association ... is working steadily month by month with admirable ability and devotion under the guidance of the Duchess of Beaufort and Lady St Aldwyn and a capable, strenuous Executive. (47)

Elizabeth retained her interest and influence in rural nursing until she died in 1916, at the age of 88. On her death, "far and near the loss was felt as a personal grief and calamity, and it was realised that ... [her] place could never be filled". (48)

Stocks concludes that "for close on thirty years" Elizabeth Malleson "had played a lady's part in the history of district nursing and justified the social and economic privilege that enabled her to play it". (49) However, Elizabeth was also very aware of the injustices of social privilege, as her daughter Hope expresses it: her "natural aristocratic instincts ... had always oddly antagonized with her belief in democracy". (50) She believed, with Lady Victoria Lambton, that each rural district nursing scheme "must be a charity ... [because] the poor are utterly unable to pay for skilled attention in serious illness" (51), yet she disapproved of social moves towards rectifying such poverty, particularly where militant methods or government intervention were involved. Hence, she condemned Trade Unions as an "unpatriotic and ignoble force", believed that "Lloyd George seems to have found fresh means of making daily life more anxious and difficult - in his insurance of every possible human creature!" (52) and regarded "with some apprehension" the introduction of the first maternity benefit, writing in her Report of 1913:

Hitherto the months of expectant motherhood have afforded a time for thrift and management, costing happy care and thought, as good for the mother as for the expected child, and the tax paid to her by the rest of the population, appears a slur on parental care and foresight, which we trust will not have the bad effect that might be feared upon this and the coming generation. (53)

She suggested that the "many ladies who bury themselves in out-of-the-world villages by choice, or who find themselves naturally so buried ... would find a hitherto unknown happiness" in administering rural district nursing schemes (54), and Gerard believes that "they found this work personally fulfilling and rewarding ... [because] they felt they were effective not only in ... ameliorating the lives of the poor ... [but also in] preserving the traditional social relationships of authority and deference". (55) Speaking in 1905, the Dean of Gloucester described the Duchess of Beaufort and Lady Lucy Hicks-Beach as "altruists ... [who] were trying to help their poorer brothers and sisters" (56) and it was their social position that gave such ladies the power, resources and influence to ameliorate the problems caused by that very class gulf.

The titled ladies who became the Vice-Presidents of the RNA and the Rural District Branch of QVJI were not mere figureheads. Hope Malleson tells us that they "helped to further the objects of the Branch" by writing letters and articles in the press, publishing pamphlets and speaking at meetings and conferences throughout the country. (57) Gerard adds that this "competence in counselling, teaching, planning, organizing, and public speaking gave them greater self-confidence and self-esteem, enabling them to seek wider public roles in organized philanthropy". (58) In the words of the Dean of Gloucester, "they were all - Roman Catholic and Protestant, Whig and Tory - they were all agreed that the poor had been helped and would be helped in the most efficient manner by District Nursing Associations". (59)

To the lady administrators of DNAs and CNAs, philanthropy was what Prochaska calls "a religion of action" (60), a collective aim which overcame both doctrinal differences and political affiliations, allowing them to practice their compassion for the poor whilst, as Stocks says, enabling them "to share the satisfaction enjoyed by their brothers, husbands, and fathers, of expressing their personalities in constructive organization". (61)

The Nurses

McKibbin suggests, somewhat cynically, that "the function of the first generation of district nurses ... was never really to bring the wonders of modern medicine into the slums of Britain but to stop people behaving (as they believed) stupidly". (62) Florence Nightingale expressed it rather differently:

Now, what is a district nurse to do? A nurse is, first, to nurse. Secondly, to nurse the room as well as the patient - to put the room into nursing order; that is, to make the room such as a patient can recover in; to bring care and cleanliness into it, and to teach the inmates to keep up that care and cleanliness. Thirdly, to bring such sanitary defects as produce sickness and death ... to the notice of the public officer whom it concerns. (63)

She differentiated between nursing the sick ("to help the patient suffering from disease to live") and what she called 'health-nursing' ("to keep or put the constitution of the healthy child or human being in such a state as to have no disease"). (64) By acting as "missioners of health-at-home" (65), district nurses had the opportunity to address at first hand the social evils of "dirt, drink, diet, damp, draughts, [and] drains". (66) To achieve this dual aim of curative care and preventative education, Miss Nightingale believed,

the nurse must have method, self-sacrifice, watchful activity, love of the work, devotion to duty, ... courage, ... the tenderness of the mother, the absence of the prig ... and never, never let the nurse forget that she must look for the fault of the nursing, as much as for the fault of the disease, in the symptoms of the patient. (67)

The district nurse must look for the means of mitigating suffering, even in incurable cases, and teach by example,

to sweep and dust away, to empty and wash out all the appalling dirt and foulness; to air and disinfect; rub the windows, sweep the fireplace, carry out and shake the bits of old sacking and carpet, and lay them down again; fetch fresh water and fill the kettle; wash the patient and the children, and make the bed. ... And it requires a far higher stamp of woman ... thus to combine the servant with the teacher, and with the gentlewoman, ... [and] command the patient's confidence ... than almost any other work. (68)

This emphasis on the seemingly innate ability of educated ladies to influence the behaviour of the lower classes through the power of social example is found repeatedly. As previously stated, Elizabeth Malleson applied this belief by recruiting 'lady superintendents' at her College for Working Women (see Chapter 2, p.55), and

she further expounded the idea in relation to district nursing. Even when she initially preferred the idea of training a local woman as a district nurse, Elizabeth believed that, "in the fulfilment of her ordinary duties, [the nurse] must tend to humanize and improve the home life of the cottagers". (69) In the Preliminary Prospectus of the VNA (1884), the patronising term 'humanize' has been omitted and it is suggested that "a kindly Nurse living amongst cottagers would also become a valuable influence in the spread and observance of sanitary knowledge". (70) The Constitution of QVJI's Rural District Branch (1892) adds that "ladies living in the country ... would be an invaluable influence for promoting better modes of life among our rural population". (71) By the following year, 1893, Elizabeth Malleson believed that "if by our philanthropy we wish to raise and improve the condition of the poor, to teach them by example to live healthy and more refined and orderly lives ... no nurse is too good, too refined, and too high-minded for the work". (72)

From its instigation, the Committee of QVJI recommended that its nurses "should all be duly approved women of excellent personal character, and of good education". (73) In its comment on this announcement, *The Times* assumed that "bearing in mind what are the highest attributes of feminine character," QVJI would "provide a congenial vocation for numbers of refined and good women, and enable them to indulge their tenderest instincts unclogged by pecuniary considerations. ... And some of the atmosphere of refinement which may be expected to surround a Queen's nurse will stay in the house when the nurse's mission is ended and she is gone." (74) A doctor who identified himself only as a 'F.R.C.S.' (Fellow of the Royal College of Surgeons) stressed that it was "manifestly essential" that such representatives of "Her Majesty's benevolent desires" should be "in all respects worthy, ... in good health, of good character, of assured sobriety" (75), whilst the Treasurer of the North London Nursing Association added that "this class of superior nurses" should be so "worthy and self-sacrificing" that the idea of "making broad her phylactery" would be "generally distasteful" to them. (76)

Despite the general agreement that the aim of district nurses should be to

improve the lives of the poor as well as caring for them, there was a clear difference of opinion concerning motivation. On the one hand, the media and public were calling for a pseudo-religious order which reflected the belief that, as Vicinus expresses it, "devotion to others' welfare was the highest expression of and validation for the idea of women's self-sacrificing nature". (77) On the other hand, Florence Nightingale envisaged paid professionals who were, nevertheless, inspired by a sense of calling. She believed that as "man cannot live by bread alone ... [so] woman does not live by wages alone". She recognised the danger that district nursing could be seen by young women as the means "to have a life of freedom, with an interesting employment, for a few years - to do as little as you can and amuse yourself as much as you can". Echoing Elizabeth Malleon's views of Lady Administrators who became involved in rural work as a fashion (see p.91), Miss Nightingale warned of the danger of district nurses responding to "fashion ... [with] its consequent want of earnestness ... [and] the enthusiasm which every one ... must have in order to follow her calling properly". (78)

Florence Nightingale's views were formally embodied in *A Guide to District Nurses and Home Nursing*, a manual which Mrs Dacre Craven (formerly Florence Lees) was asked to write for the use of QVJI nurses in 1889, and which Miss Nightingale proof-read. Mrs Craven stresses that a district nurse must be motivated by

a real love for the poor, and a real desire to lessen the misery she may see among them. ... Her aim must be not only to aid in curing disease and alleviating pain, but also through the illness of one member of a family to gain an influence for good so as to raise the whole family. (79)

She believed that "wherever a district nurse enters, order and cleanliness should enter with her ... [and] every poor person should be as well and as tenderly nursed as if he were the highest in the land". (80)

Both Stocks and Baly praise Mrs Craven as a paragon of district nursing, the former describing how, "when she entered a sickroom kindness and competence shone in it like a burst of sunlight through mist ... [and] her nurse trainees felt at once the guidance and encouragement of a master hand". (81) However, her approach appears to have been of the brisk and efficient, 'Nanny knows best' variety; for

example, she suggests that if a patient insists that he has already washed that day, "the nurse should say pleasantly, 'Well, we needn't do your face again, then; but we mustn't let you get bed-sores, you know, so I will just ... put you in nursing order.'" (82)

She believed that

the very essence of district nursing is, that a nurse should have such tact as well as skill that she will do what is best for the patients, even against their will, knowing how to manage the weakest and most irritable, and doing all that is necessary for them ... as she often has to teach her patients and their friends the simplest sanitary rules. (83)

Her definition of 'tact' was questionable: Baly points out that, whilst working as Superintendent General of the MNA, Mrs Craven (at that time Miss Lees) "did not work in harmony with her committee ... who tended to be chauvinistic men. ... One gets the impression that Miss Lees did not always press her point tactfully ... and time and again Miss Nightingale and Mr Bonham Carter had to intervene." (84) Stocks adds that "those who fell below her standards or pursued a course other than as directed, emerged from the experience as crushed worms". (85)

Nevertheless, Mrs Craven's manual reveals her to have been a highly skilled nurse in practical terms, conscious of nursing ethics and adept at improvising equipment. Although her approach could hardly be described as subtle, she was clearly motivated by genuine, noble intentions. She saw district nursing as "too high and holy" (86) a calling to warrant any aim other than the highest possible standards. All QVJI trainees were requested to read Mrs Craven's manual and her influence on the earliest Queen's Nurses is without doubt.

In contrast with Mrs Craven's patronising, nannyish methods, a manual written by Margaret Loane in 1905 urges a more realistic approach:

The practical nurse will, of course, understand that there are few cottages in which it will be possible for her to carry out every detail of nursing with the perfection to which she has been trained. ... The most successful district nurse is the woman ... who knows what *ought* to be done, but can cheerfully reconcile herself to what is practicable in any given case. (87)

McKibbin describes Miss Loane (18??-1922) as one of "the most accomplished Edwardian practitioners of a cultural sociology" (88), whose

observations were "neither sentimental nor condescending". (89) The date of Miss Loane's birth is unknown, but her father was a captain in the Royal Navy and she spent her early life in Portsmouth. She trained as a nurse at the Charing Cross Hospital and worked as a Sister both there and at the Salop Infirmary before training as a district nurse. She then worked both in rural and urban areas before returning to Portsmouth as Superintendent of District Nurses.

Miss Loane recognised that "even the most skilled hospital nurse is likely to feel herself at a loss when beginning to work in a district" and the aim of her book was "to aid the nurse in adapting herself to these altered conditions, to teach her to utilise such things as may be found in almost every house, and to do it without loss of time or sacrifice of efficiency". (90)

On her first visit to a new case, the district nurse should impress herself upon the patient, family and friends "as a kindly and capable woman, trustworthy, anxious to help, ready to acknowledge the value of all that has already been done, not likely to 'make more work 'n she saves', and neither gullible nor unreasonably suspicious". Miss Loane stresses the importance of showing respect for the patient and her home, for it was possible for the nurses "to be both well-bred and tender-hearted and yet not be acquainted with the precise forms that will be most acceptable to a poor person when they visit her house ... in their professional capacity". On arrival, the nurse should tap politely on the door, remembering that "in knockerless, bell-less regions ... a never-to-be-departed from etiquette demands that only the hand should be used". She must take care to use the patient's name, for "among the poorer classes it is clung to with extraordinary persistency. To call a person 'out of her name' is unpardonable, not to call her by it early and often is scarcely less wounding to her feelings." The nurse's voice should be "carefully lowered" for "not only an authoritative loudness is disliked" by the poor in their social superiors, "but that particular shade of tone and manner which ... is 'kindly condescension'. The manner to be cultivated is simple and unaffected, but qualified by extreme gentleness." (91)

Treatment and care should be "gentle, skilful, and carried out in a calmly

assured manner". (92) Miss Loane emphasises the importance of a fixed routine and uniformity of method, but warns that

many district nurses offend their patients and strew their own path with thorns by a too rigid insistence on matters desirable but not of the first importance. In things *essential* the nurse should strive her utmost to keep up to the best hospital standard, but there are many comparative trifles ... [where] constant concessions may be made. (93)

For example, on a hospital ward all beds would be made uniformly,

but that is not the smallest reason why Mrs Jenks of 4 Picks Court, enthroned in her own bedroom in her own house, should have the counterpane an inch straighter than she wishes, nor why, as she graphically expresses it, she should be "laid out afore she's dead". (94)

In conclusion, Miss Loane reminds the district nurse that she

is merely an advisor and cannot immediately expect to be a trusted one. ... Confidence grows slowly and can never be forced. Perhaps it may be the fifth, perhaps the tenth visit, and the nurse is not yet permitted to do all that instinct, training and experience tell her to be desirable; but surely slow and real progress is preferable to forcing her will upon the friends at the first visit, being plainly shown at the second that she is unwelcome, and at the third being plainly told so? The poor will always be grateful for a courtesy that constantly keeps in remembrance the facts that they are in their own house, [and] that they have a 'right' to do almost exactly as they choose. (95)

The nurse must, therefore, approach each case "with cheerful and indomitable patience", always remembering that "she works by influence, not authority, and that real and lasting influence can only be in proportion to the respect and liking that her patients have for her". (96)

By 1924, the aims of the district nurse were still seen as "not only the treatment of disease, but the education of her patient and his friends in the essentials of hygiene so as not only to prevent all avoidable infection but to raise the standard of health in each household she visits". (97) In a handbook compiled by 'Some Queen's Superintendents', the ideal district nurse is described as possessing

the qualities of tact, patience, discretion, adaptability, and common sense, with sound health and a real love of humanity. ... She must bring keenness and enthusiasm to her duties and must be equal to speaking, as occasion arises, with clearness and wisdom on the principles of right living and a better standard of life. Her manner should be gracious and her judgment sound; she must be tactful in dealing with all those with whom she comes in contact, and be very discreet both in speech and behaviour. (98)

When visiting a new case, the district nurse "should make friends with the

patient and find out how much it is necessary and wise to do at a first visit". (99) Her foremost thought

must be for her patient ... and should he not see the need of all she knows to be necessary for his comfort and recovery, she must go to work very tactfully, carrying out her duties with kindness and common sense. She should give every consideration to his wishes, yet so manage that nothing essential or helpful to him is left undone: indeed the patient's approval of her procedure should be won. (100)

For the first time, the Handbook emphasises that "the mental attitude of the patient must always be taken into consideration", particularly chronic patients, many of whom "improve very much when their minds are occupied in some way, so she can suggest and often teach some occupation, such as knitting or crochet." (101) In conclusion and above all, the nurse must remember that

she has to rely on her powers of persuasion to win the confidence of her patient. By her way of living, her personal neatness, her friendly and discreet conversation, her courtesy and consideration, she will be judged, and on these qualities will depend the influence she is able to exercise in a community. (102)

Where the second official aim, of 'health nursing' was concerned, Mrs Craven emphasised that

a very necessary part of the duty of a district nurse is to make herself acquainted with the sanitary, as well as charitable, agencies of the district or districts where her work lies. Wherever she finds the water supply defective, drains untrapped or badly trapped, cesspools and dustbins unemptied, etc., she should write to the medical officer of health, and if the defects complained of are not remedied she should then write to the sanitary committee of the district (if there is one), who will take legal steps, if necessary, to compel the landlord to put the premises into a proper sanitary condition. (103)

Miss Loane's only references to other agencies involve informing the Medical Officer of Health of infectious cases such as smallpox or typhus, and following the death of a patient from typhoid, scarlet fever or phthisis, "the nurse should persuade the friends to apply to the sanitary authorities to have the room disinfected. In country districts the nurse can disinfect a room herself." (104) With regard to seeking charitable support, "let her always think of the aged first, and remember that the one comfort they yearn for is a fire". (105) The Superintendents advise that the nurse "should be conversant with the work of the statutory Authorities dealing with the health of the nation ... and the many Voluntary Societies in existence ... and she should co-operate in a friendly way

with their officials". (106)

Thus, whilst the aims of the ideal district nurse remained unchanged, in the 35 years from 1889, when Mrs Craven's manual was published, to 1924, when the Superintendents compiled their handbook, the approved method of achieving those aims progressed from telling the sick poor what to do and complaining to the authorities, via offering professional advice and employing persuasive communication, to friendly co-operation with all concerned.

However, whether the majority of district nurses achieved the official aims and maintained such high standards is debatable. Baly believes that "for all their educational aims it appears that theory and practice were often divorced". (107)

Mrs Craven recalled

with some dismay the look of satisfaction on a nurse's face as she took me to a new case of chronic bronchitis, where she had arranged the room by herself. Every bit of carpet, all bed-hangings, curtains, and what the nurse termed unnecessary furniture, had been removed into the family sitting-room, which resembled chaos, and where the father and children had hardly room to move. The bedroom had been wiped over with a very damp cloth, and still looked damp. (108)

The nurse was most surprised when the patient announced that she preferred her young daughter to look after her and no longer required the nurse's services.

Miss Loane had "a smarting recollection" of a first visit paid by one district nurse who

knocked loudly and peremptorily on the door with the handle of her umbrella. It was immediately opened by a tidy but worn looking woman of about forty. Without a word of courtesy, of explanation, of preface of any kind, the nurse said in abrupt, impatient tones, "Nurse wanted here?"

Having gained entry, the nurse proceeded to treat both the woman and the patient, her bed-ridden mother, with "profound disparagement" and would have refused to accept the case had not Miss Loane personally intervened. (109) On another occasion, she supervised "a visit paid by a nurse who had had seven years' experience in one of our largest London hospitals", yet showed total disregard for even the most basic rules of hygiene, tossing towards the fire both dirty dressings and cotton wool used to clean the wound, "some reaching it, some not". (110)

Writing in the first issue of the *Queen's Nurses' Magazine* in 1904, Amy

Hughes, General Superintendent of QVJI from 1905 to 1917, felt the need to remind district nurses that "by joining the Queen's Institute, ... each nurse becomes a steward to faithfully carry out a trust" (111), passed down to them in Florence Nightingale's vision of health missionaries. Miss Hughes asks:

Has each of us realised her personal responsibility in these matters? Does every one of us feel conscious that the technical nursing and practical care of patients are not the end of our work, but only an introduction to a wider field of duty in every home we enter? Unless every Queen's Nurse does grasp this fact she has missed the reason of her special training. (112)

Margaret Loane warned that "an ignoble jealousy and a desire to magnify our own importance sometimes stand in our way as teachers" (113) and that sense of elitism was further threatened by the introduction of a second grade of district nurse. Under the Conditions of Affiliation for County Nursing Associations, first issued in 1897 and revised in 1901, the Council of QVJI sanctioned

the employment of Village Nurses in rural districts where it is impossible to support a Queen's Nurse and the population of the district does not as a rule exceed 3,000 ... or in a rural district in which a Queen's Nurse is already employed and where there is a demand for the services of a Village Nurse to work under her directions. (114)

These Village Nurse-Midwives (VNMs), as they soon became known, were to have no less than six months' and preferably nine months' training, and in addition hold the Certificate of the London Obstetrical Society or other approved midwives' certificate. To differentiate them from Queen's Nurses, they were to wear a different uniform, of a style to be selected by the CNA. In Gloucestershire, in 1905, it was decided that this would be a grey print dress with a grey cloak and bonnet. By 1923, the cloak and bonnet had been replaced by a serge coat and, in addition, a mackintosh, and in 1925 it was decided that "two coats, one thick and one thin, should be given instead of coat and mackintosh as at present". (115) The VNMs were to work under the supervision of the County Superintendent, who was herself under the inspection of the Queen's Institute Inspector. The County Superintendent was to be a Queen's Nurse with the midwifery training already required for a rural post (see Chapter 2, p.82) and her appointment by the CNA required the approval of the Council of QVJI.

Margaret Loane stressed the importance of such teamwork:

Egoism forbids co-operation, and without co-operation no great achievement is possible. The doctor cannot do everything, neither can the nurse nor the relatives, there is even something left for the patients themselves to do; but if every one will accept their due share of work and responsibility, then, and only then, will the invalids be thoroughly well cared for. (116)

However, there was clearly a widespread feeling of resentment, as an unattributed article in the *Queen's Nurses' Magazine* of 1910 states:

The work of County Nursing Associations is not very cordially accepted by many Queen's Nurses. There is a prevalent uneasy idea that the Queen's Institute in recognising these Associations and their 'Village Nurses' has departed from its original standard, and approves that much-scorned individual, the 'half-trained nurse'. (117)

The article reminds its readers that the supervision of VNMs by the County Superintendent "has helped in a marked degree to raise the general standard of work" and reassures them that in rural areas

where it is not possible to provide work and funds to justify the employment of a Queen's Nurse, the village nurse is a valuable factor, filling a real need, and under wise supervision taking her share in building up the health of the community. (118)

Despite the official support for VNMs, professional jealousy persisted amongst the district nurses. When Queen's Nurse Powell became an Assistant Superintendent to Gloucestershire CNA, it was noted that she was "not always tactful in dealing with Village Nurses". (119) Similarly, it was recorded of Assistant Superintendent Griffiths: "influence rather doubtful" due to her "somewhat irritating and self-opinionated manner". (120) At a Conference of Queen's Superintendents in 1913, "a lack of sisterly kindness on the part of some Queen's Nurses to their less trained sisters" was noted, and amongst the questions discussed was

Can we remove the spirit of opposition that exists in our midst against the employment of inferior trained nurses by County Associations?

Unfortunately, neither the points raised in the discussion nor the conclusion reached are recorded, but the fact that the matter was discussed at "one of the largest gatherings in the history of the association" (121), attended by Rosalind Paget and Amy Hughes, illustrates both the extent of the problem and the seriousness with which it was regarded by the most senior members of QVJI.

A further cause of resentment was the introduction of Public Health Work after 1908, which involved Health Visiting, Maternity & Infant Welfare Clinics, School Nursing and Tuberculosis care. One Queen's Nurse noted that "each development on the social side has met with a certain amount of opposition at its first introduction, but each succeeding year has shown how indispensable the new departure has proved to the health of the community". She acknowledged that a district nurse "will not get the same kudos" for preventative work as she would "for one patient snatched from the Gates of Death", but she urged:

Let her realise that it is in the power of the district nurse to prevent suffering to a degree that is hardly to be estimated, and surely she will feel that the 'health' work she may be called upon to do as school nurse, as midwife, as tuberculosis nurse, as health visitor or inspector under recent legislation, is to the full as important as that which is generally regarded as 'more interesting'. (122)

One Inspector attempted to quell ill-feeling and motivate the nurses by appealing to them in verse, albeit very bad poetry:

We are the Nation's Missioners,
So it behoves that we
Should always try and do our best
And bright examples be.

Don't let us grumble if we're asked
Some other work to add,
Tuberculosis and the schools,
It really makes us sad

To think that legislators
Were compelled to make new laws
To keep our people clean and well,
It shows there were some flaws.

I think you will agree with me
If we all pull together,
The sooner we shall reach the shore,
In spite of stormy weather. (123)

In their Handbook, the Superintendents reminded district nurses of the importance Florence Nightingale had attached to preventative work and they suggested that "in rural districts ... the combination of duties gives variety and interest to a post". (124) The *Queen's Nurses' Magazine* also reminded its readers of Florence Nightingale's original aims for district nursing. In 1923, the magazine reprinted extracts from Miss Nightingale's letter to *The Times* of April 1876, and stressed that, after

nearly fifty years, the ideals she expressed should still be the motivating force behind the Institute's work, for "conditions change with the times, but it is in details and not essentials that the work has developed". (125)

One Queen's Nurse who did approach her work with the loyalty and fortitude that Florence Nightingale envisaged was Agnes Hunt. She was born in 1867, one of eleven children, ten of whom survived childhood. Her parents owned estates in Shropshire, Leicestershire and Northamptonshire, and the family lived at Boreatton Park, Baschurch, Shropshire, which Agnes described as "one of England's stately mansions, surrounded by broad fertile acres of land, the home of our race for many generations. We had indoor and outdoor servants to minister to our needs, hunters, carriage horses and ponies for our use." (126) She reminds her readers that, at that time, "daughters of the upper middle class were not supposed to go out into the world to earn their own living". However, her mother, a stern, formidable, sixteen-stone martinet, "was a law unto herself, and I well remember the stinging lecture ... [which] ended with these words ... 'I refuse to have any daughter of mine sitting round with her mouth open, waiting to be married.'" (127)

Agnes completed her training as a Lady Pupil at the Salop Infirmary in 1891, and after working as a Staff Nurse there for eight months, she trained as a Queen's Nurse at Hammersmith, then obtained the midwifery certificate of the London Obstetric Society. At Hammersmith, she met Emily 'Goody' Goodford, daughter of the Provost of Eton. They became close friends and worked together as Queen's Nurses in both rural and urban areas until 1900.

Agnes recalls that "my work on the district had made me realise the bitter difference between the life of a crippled child brought up in a slum, and my own sheltered girlhood". She increasingly felt a "call to help" disabled people which "rang clear and strong, until it became a positive obsession". (128) In 1900, she opened the Baschurch Home, with the encouragement and support of eminent surgeon Sir Robert Jones and with Goody as her key-worker. Over the next twenty years, this developed into the renowned Robert Jones & Agnes Hunt Orthopaedic Hospital at Oswestry, to

which both women devoted the rest of their lives.

Agnes describes Goody as

a very great and most lovable woman. I think, perhaps, her love of justice and fair play was her most outstanding characteristic. She was, moreover, the humblest person I have ever come across. Her motto in life was:-

'Do the work that's nearest,
Though it's dull at whiles,
Helping when you meet them
Lame dogs over stiles.' (129)

Of their work as district nurses, Agnes wrote:

The work was hard but intensely interesting. Here I realised for the first time the tremendous scope and power of a nurse's life. One went into those homes, not as "my lady bountiful", but as a fellow human being, a friend to give personal help, to teach and to serve. (130)

The few district nurses who have left a record of their thoughts and experiences tend to be either those who rose to high office within QVJI, such as Florence Craven and Margaret Loane, or who enjoyed distinguished careers, such as Agnes Hunt, who was made a Dame of the British Empire for her work with disabled people. As such, they could be said to be as unrepresentative and atypical a minority as were the negative examples. The silent majority of district nurses were, no doubt, unassuming and industrious, like Queen's Nurse Ann Newdick who took up her post in Charlton Kings, Gloucestershire, in September 1909 and remained until she retired 24 years later in August 1933.

Ann was born in 1868, the daughter of a farmer and corn merchant. After being educated at Shrubland House, Soham, Cambridgeshire, Ann worked as a Children's Nurse until the age of 36. From 1904-7, she trained as a general nurse at Mill Road Infirmary, Liverpool, then in 1908 she trained as a district nurse and midwife with the MNA in London. During her district training, Ann was noted to be "a quiet, steady worker, capable and conscientious nurse, liked by her patients". In September 1908, Queen's Nurse Newdick took up a post in Cheltenham, where her work was "thoroughly and well done", though it was noted that she was "very slow", then in September 1909, she transferred to Charlton Kings DNA. Her inspection report for 1910 reads, "Much improved in every way. Working up the district well," and

subsequent reports describe her as "kindly and attentive", "a good, steady and capable nurse, with a pleasant, sympathetic manner". However, whilst she was recognised as being "most conscientious" and having "a high standard", Nurse Newdick was also regularly criticised for being "slow" and, after almost twenty years in her post, she was regarded by the Inspectors as "old-fashioned" and reluctant to "grasp new ideas". Nevertheless, she was "very popular", "well appreciated" and "much respected" by her patients, amongst whom she exercised a "good influence". (131)

This view of her is confirmed by Mary Paget, who was delivered by Nurse Newdick on a Sunday morning in 1912:

I remember Nurse Newdick very clearly. She was heavily built and gave the impression of being slow, but she was absolutely wonderful and much respected in the village. She never forgot any of the numerous babies she had helped into the world. She thought of us as 'her' babies, and if ever my mother and I saw her in the street, she always stopped and talked to us. (132)

After Nurse Newdick retired in 1933, at the age of 65, she continued to live in the village and died there in 1955, at the age of 87, having devoted almost her entire career as a district nurse to the people of Charlton Kings. It was of such nurses Sydney Holland said, at a presentation of badges and certificates by Princess Louise at Kensington Palace in 1899, that they

were not angels, and that they resented very much the sort of exaggerated language often used about them and their profession. They were loyal, noble, and devoted women, working ... to lessen misery and suffering. (133)

Conclusion

The involvement of so many middle- and upper-class ladies in the administration of rural district nursing cannot be explained merely as an expression of the domestic virtues and philanthropic responsibilities that were generally accepted as 'women's role' and 'women's work' in the late nineteenth and early twentieth centuries. Such women did share an essentially conservative view of philanthropy, in that they were not, on the whole, seeking to change the existing social order. However, they recognised the need for trained nursing care for the poor, as opposed to the traditional,

personal administrations of Lady Bountiful. This change offered them a unique opportunity to redefine their role and expand their lives beyond the limited role prescribed for them by the cult of domesticity. Religious differences and political affiliations were overcome by a shared, genuine desire to help the poor, whilst the stability and durability of office-holding amongst the Lady Administrators reflects both their continued social influence and the personal satisfaction they derived from this work.

The role of the district nurses themselves was defined by Florence Nightingale as fulfilling the dual aims of curative care and preventative education. This ideal remained the motivating force behind QVJI's work, but with the changing times, the approved method of achieving those aims gradually changed from officiousness to friendliness. However, the translation of theory into practice was affected by the realities and practicalities of working with the poor in their own homes. The disillusionment and resentment felt by some QN's are clear from the reports and articles published in the *Queen's Nurses' Magazine*. Much of this professional jealousy was directed at the VNMs, who they regarded as inferior, and the introduction of Public Health Work, which was regarded as less interesting and less important than nursing care. Nevertheless, the majority of district nurses did their utmost to fulfil their duties to the best of their abilities. It is this professional and social status which will be considered in the next chapter.

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Gloucestershire District Nurses at Cheltenham Town Hall

Source: The Cheltenham Chronicle & Gloucestershire
Graphic, 21 Nov 1925

CHAPTER FOUR

PROFESSIONAL AND SOCIAL STATUS

Introduction

In this chapter, the professional status of the district nurses will be considered, compared with other occupations within the home, considered suitable for ladies, such as a governess, lady's maid or private nurse. The opposition they often encountered from doctors will be described and discussed, with particular reference to local case studies. Relationships with the DNA Committees will also be examined, with the possible problems caused by personality, regional differences and the question of patient confidentiality.

The social background of QNs will be examined, using their individual records from the Queen's Roll, and changing trends will be followed from the earliest nurses who served in Gloucestershire in the 1890s to those who worked in the county in the 1920s. The length and content of their training will be detailed, and the unique importance of QVJI's centrally held records will be considered.

The invaluable work of the VNMs will be discussed in the context of recruitment difficulties, increases in the length and content of their training, and their place within the nursing hierarchy after the Registration Act of 1919.

Relationships with Doctors and Committees

As early as 1879, *The Lancet* predicted that the belief "that a governess should be looked down upon, while a lady-nurse is regarded as a heroine, is an anomaly due to a fashion which, like other fashions, will have its day". (1) The clear assumption in that statement is that a governess and a nurse were *both* decidedly inferior as they contravened the fundamental doctrine of domesticity, that a lady should not work. A post as a governess had long been accepted as a suitable occupation for an educated lady in financial need because, although it was paid employment, she remained within

her 'proper' sphere, the home. However, her position within her employer's family was one of incongruity, as defined by one contemporary social observer: "She is not a relation, not a guest, not a mistress, not a servant - but something made up of all. No one knows exactly how to treat her." (2) 'Lady helps' and ladies' maids also found themselves in an ill-defined position where, as Horn expresses it, "their efforts to preserve the gentility appropriate to their station frequently caused them to be regarded as snobs by the other servants". (3) Of the governess it was said that "the servants invariably detest her, for she is a dependent like themselves, and yet, for all that, as much their superior in other respects as the family they both serve" (4), but a gardener from Winchcombe recalls that "the most hated servant of all was the lady's maid. This was so in most big houses. *Nothing* escaped her eyes and her tongue wagged unceasingly." (5) In such a hostile atmosphere, with fewer places available as they grew older, and the prospect of old age without a pension or a home, the situation of such ladies was notoriously bleak.

Private nurses, whilst they could boast of professional training and status, also had, as Vicinus says, "to tread a fine line in a world that insisted upon a working-class workload and ladylike manners. A professional nurse was not a devoted spinster aunt or daughter, but neither was she a domestic servant." (6)

By comparison, the district nurse did not live with her employers or patients. Her sphere of work was still within the home, but she was a visitor, practising the sympathies and skills supposedly inherent in women's nature and, as Peterson expresses it, "doing something she might have done as a wife under better circumstances". (7) However, she was not Lady Bountiful; she was a specially trained nurse and her introduction into a district could, as Dingwall et al say, rouse "the hostility of local medical practitioners, who felt threatened by these 'new professionals'". (8)

Berridge points out that "medical men did not generally come from the upper ranks of society. They were the sons of men of the secondary professional classes, of tradesmen, or of intelligent artisans." (9) Many of the new trained and educated nurses were, therefore, from at least an equivalent if not a higher social background than

doctors, as White says, "in a society where the man still expected to dominate. The struggle was therefore complicated by issues of sex and power." (10) Furthermore, doctors had only been recognised as members of a registered profession since the passing of the 1858 Medical Act which established a General Register for practitioners holding qualifications from degree and diploma granting bodies recognised by the newly-formed regulatory body, the General Medical Council (GMC). The subsequent increase of 53% in the number of doctors in the thirty years after 1861, from 17,300 to 26,500, may have raised their social prestige and sense of self-importance, but it also created competition for patients and fees.

In addition, many doctors believed that the limits of medical and surgical advances were about to be reached, as one surgeon wrote in 1873, "That there must be a final limit to development ... of our profession there can be no doubt. ... That we have nearly, if not quite, reached these final limits, there can be little question." (11) This, of course, was at a time when the uterus was regarded as the cause of all female illnesses, though the functions of the ovaries and fallopian tubes were not even vaguely known and there was incomplete understanding of the menstrual cycle, with the middle of the month believed to be a woman's 'safe period' when, in fact, it was her most fertile time.

Nevertheless, doctors felt defensive, both of their knowledge and professional position. The improvements in the training and status of hospital nurses (as discussed in Chapter 1, pp.21-5) had already roused medical opposition; the district nurses posed a new threat. In 1896, one doctor wrote to *The British Medical Journal* condemning "that craze which is at present affecting a certain section of fashionable society for putting women in positions of authority ... which practically place them on a level with, or superior to, the medical staff". He scathingly describes "the modern nurse, with her grand get-up, her waistbelt with a surgical instrument maker's shop dangling to it, and her array of temperature charts and thermometers", and concludes that "the whole nursing sisterhood is being far too much pampered and petted. ... It is a most unfortunate movement ... [and] it is our duty to make a distinct stand against this sort of thing." (12)

Stocks points out that, in its early stages, the progress of nursing as a profession had "possessed a negative advantage not shared by any other women's cause, educational, professional or political: it did not stimulate female competition in any male preserve" (13), but with the introduction of district nurses, Abel-Smith tells us, "particularly in rural districts, where general practitioners did not enjoy the same status nor the same incomes as the London consultants, ... the doctors feared that the nurses might become serious rivals and undercut the fees they charged for professional services". (14) One doctor complained that, since the introduction of a district nurse in his parish, "my midwifery practice is virtually nil". He dismissively referred to "the Jubilee midwifery nurses (I am not sure of the name they bear)" and condemned their work: "The professional nurse with her thermometer and her tongue is bad enough, but the certificated midwife is an outrage on the medical practitioner." (15) Another GP, Dr Robert Rentoul, contemptuously declared that he was "sick of all this cant about poverty; if the working-class smoked and drank less, they could easily pay the doctor". (16)

It was Dr Rentoul who also led what Cowell & Wainwright describe as a "petty and despicable" campaign by a faction of the GMC to have the diploma of the London Obstetrical Society (LOS) outlawed in 1894, on the grounds that it was a 'colourable imitation' of a medical diploma. He succeeded in having the wording of the award amended and the diploma printed in a smaller format, but "the examinations continued, and the diplomas were still awarded". However, those holding this midwifery qualification

were warned not to use the letters 'L.O.S.' after their names since some innocents - or less innocent and more determined doctors - were claiming that these letters represented not the 'London Obstetrical Society' but 'Licentiate of the Obstetrical Society', and that this must imply that the midwives were claiming to have a 'licence to practice' in rivalry to the medical profession. (17)

Lady Victoria Lambton of Pembrokeshire, speaking at a conference in Liverpool in 1891, expressed her unpleasant surprise and regret that doctors opposed the appointment of district nurses, instead of recognising their value and appreciating their help. She acknowledged that

the midwives do take some of the doctor's fees, and as a country

doctor's practice is not always very remunerative, they have perhaps a little reason to complain; but on the other hand the nurse saves the doctor many a long drive or ride to attend patients who would probably never pay him. (18)

However, some doctors did recognise the benefits of trained district nurses and welcomed their help, for the very reasons that Lady Victoria suggested. In the Gotherington district, Hope Malleson tells us, the "medical practitioners [were] often poorly qualified and always overworked, their time taken up by driving long distances to their patients at all hours of the day and night through dark and steep lanes" (19), and in 1891 Elizabeth Malleson "gratefully acknowledge[d] the increased support of the trained nursing given by the medical men attending patients in the District". (20)

In its first report of 1905, the Gloucestershire CNA emphasised that, when starting a DNA, the Committee should "hold one or more small meetings to discuss the matter with those interested, especially the medical men of the district" and that a VNM, with her shorter training, should only be employed "with the sanction of the medical men of their district". (21) The CNA's Constitution included a clause stating that "certain medical men of the County to whom appeal may be made on technical matters when necessary" should be invited to become members of its General Committee, and regular reference is made in the Annual Reports to the Committee's "appreciation of the never-failing courtesy and most valuable advice and interest in every detail of the work given by the County Medical Officer of Health - Dr Middleton Martin". (22) Furthermore, the rules for DNA's affiliated to QVJI stated that "application for the services of the nurse may be made direct to her or otherwise. The nurse may attend a patient on application or in emergency, but must not continue to visit without informing a medical man and receiving his instructions, if any." (23) The officially recommended working relationship was, therefore, clearly one of co-operation and communication between the doctors and nurses.

In reality, however, clashes occurred: at Painswick, in 1900, it was recorded that "some difficulty having arisen owing to the Nurse having been kept waiting at the Doctors Surgery for orders, the Committee agreed it would be better that the Doctor should in future leave written orders for the Nurse with the patients". Unfortunately, Dr

Ferguson refused to agree, "owing to the greater trouble it would entail on him".

Unperturbed, "the Committee informed him that ... if he would not give Nurse orders she must work under orders from the Committee". Faced with such an unequivocal ultimatum, the doctor appears to have acquiesced, as it was then agreed "to provide slates to be left at the house of each patient upon which the doctor could leave his instructions and on which Nurse could make notes of temperature, etc". (24)

In midwifery cases, QVJI rules stated that the district nurse "shall not accept an engagement without first asking the patient to state and herself registering the name of the doctor to be called in should any emergency arise". (25) When the Committee of Upton St Leonards DNA wrote to four local doctors in 1904, requesting their co-operation in this scheme, all agreed "to attend in maternity cases at a fee of £2.2s.0d. to include attendance for 10 days", but one, Dr J.R. Bibby, insisted that "of course, the message would be sent during the day" and only Dr W. Jones displayed compassion for the poor by adding that "I shall be only too pleased to attend a *really* deserving case at any time at a reduced fee". (26)

Despite such outward co-operation, professional rivalry and jealousy continued to simmer throughout the county until, in 1910, Dr Douglas E. Finlay, Hon Secretary of the Gloucestershire Branch of the British Medical Association (BMA), wrote to the Gloucestershire CNA:

Re rule that Nurse may not attend a patient more than once without the sanction of a Doctor: I am asked to inform the County Association that three cases have come under my notice quite recently, and in one, the Nurse wrote to the Doctor asking him to give a prescription for a patient, who had been ill for more than a week, diagnosing the case for the Doctor. (27)

Dr Middleton Martin, the County MOH, attempted to act as a diplomatic, supportive intermediary, writing to Amy Hughes, Superintendent General of QVJI, in March 1910:

I am not quite certain in my own mind that the British Medical Association are well advised in the attitude that they have taken in this matter, for there are probably many cases in the practice of a District Nurse in which she can be of considerable service to her patients and in which the attendance of a doctor is quite unnecessary and attendance on which the Local Practitioner would in many cases consider it not his duty. (28)

The Gloucestershire CNA attempted to compromise by adding a rider to the rule, stating that "this rule is not intended to preclude the nurse from giving friendly help in cases of trifling ailments and accidents, such as would be attended to by a good children's nurse in any large household". (29) However, in December 1910, Dr Middleton Martin wrote to inform the Committee that

I am sorry to tell you that the Gloucestershire Branch of the BMA declined to accept the rider of the County Nursing Association to the Rules of the QVJI by 18 votes to 2. If all the statements made last night are strictly correct, I am afraid the nurses in the county have many sins of commission and omission to their account: I am, however, inclined to consider there is another side to the story which was not brought out. (30)

When the opinion of Miss Hughes was again sought, she wrote to Mrs McCormack, the County Superintendent, in January 1911:

I have not heard any expressions of opinion from the County Superintendents about the nurses attending small dressings for minor cases without a doctor. I do not see that there will be the difficulty you anticipate: the rule of the institute has always been that nurses must work under the medical practitioners. Unfortunately, in some cases this has not been observed, and there has been a decided increase in the number of supposed minor cases in which the nurses - village more than Queen's - have prescribed when really it was the beginning of a serious case. ... There is practically no difficulty in a nurse having attended a cut or broken chilblain and telling the mother what to do, mentioning the fact to the doctor when she next sees him or, if writing to him about anything else, telling him what she has done. There was an instance not long ago of a bad scratch causing tetanus: this may be an extreme case, but one never knows what poison may be contracted by a simple wound. ... There is really no reason to be alarmed, only to be specially careful to impress upon the nurses they must not undertake cases and prescribe and treat for patients without the knowledge of the doctor. (31)

Clearly satisfied with the legality of their stance, a resolution was passed at a Committee Meeting of the Gloucestershire CNA on 15th February 1911: "In view of the refusal of the BMA to agree to the suggested liberal interpretation of Rule V this meeting of representatives of local nursing associations recommends the County Association to inform the BMA that they cannot conform to this Rule in its present form." (32) Although the Secretary of the Gloucestershire BMA acknowledged receipt of the CNA's letter, by April 1911 no formal, detailed reply had been received. An unnamed doctor (though, in view of his sympathetic opinions, it was most likely the MOH) unofficially informed the CNA that the BMA had

decided to do nothing about it but to wait for 'any case' of a nurse attending a patient without a doctor being notified, to arise, and then a fuss would be made. The sense of those present was that the 'case' should be other than something trivial. (33)

The CNA responded to this warning by sending a circular letter to all local DNAs, urging them "to take every care that your nurse gives the doctors no cause for dissatisfaction, but carries out the spirit of the rule and the rider which was proposed by our Committee". (34) It would appear that the nurses complied, as no further correspondence on this matter survives, and at Painswick in December 1911, the Chairwoman "reported that there had been no complaints from the doctors of Nurse attending cases for which they should have been called in". (35)

By 1918, Rosalind Paget felt able to write in the *Queen's Nurses' Magazine* that initially

the medical profession looked askance at the question [of nurse/midwives] because ... they were dreadfully afraid of giving any status to [them] ... for fear that the latter should enter into competition with them. All this is now changed. ... The importance to the community of the self-respecting, competent and intelligent nurse/midwife is self-evident. (36)

Baly believes that this "progress was made ... thanks to ... the squirearchy and the nobility who ran the local associations and the tact of the inspectors". (37) At both Winchcombe and Painswick, the inclusion of the local doctor's wife on the DNA Committee was doubtless of value in encouraging co-operation, but negative pressure could also be brought to bear. One doctor described how, when asked if he was willing to be called to births in cases of emergency, he "declined emphatically to the secretary, who is a lady of good social position and the wife of a retired Q.C. ... and since then I have been boycotted both socially and professionally". (38)

Such intervention by the Committee could also be a mixed blessing for the nurse, particularly if, as was more often than not the case, the Manager of the DNA was also the local Lady Bountiful who expected to be privy to every aspect of the villagers' lives. The Gloucestershire CNA's *Rules for Local Associations* include the directive that "the Nurse ... shall consider as strictly confidential all matters which shall come to her knowledge concerning her patients" (39), whilst the Superintendents

pointed out that

the Committee are working with the same object in view as the nurse ... and the one could not exist without the other. Their relations should be frank and cordial, and while the Committee assist the nurse, as far as a lay Committee may, she on her part should endeavour to see the work from their point of view and to co-operate in a loyal way. (40)

The district nurse could easily find her loyalty to her patients compromised by having to report confidential matters to the DNA Committee which, as well as Lady Bountiful and her daughters, often included the local vicar's wife and doctor's wife.

Individual clashes of personality, regional traits and local customs could also affect a nurse's relationship with a Committee. Nurse Douglas was "inexperienced in dealing with country people" when she took up her first post as a QN in 1911, and whilst working at Gotherington from 1914-15, her reports read "manner brusque, temperament lethargic" and "not very enthusiastic or sympathetic". However, when she returned to her native Scotland, she was reported to be "careful, interested and much-liked". (41) During twenty years as a QN in urban posts, Nurse Phillips was regarded as "a clever, capable nurse", "a very careful maternity nurse and a pleasant woman", "kind, willing to please". Yet, when she briefly worked for Nailsworth DNA in 1923, she was described by the Hon Secretary as "untidy and unprincipled" and by the County Superintendent as "unreliable and of a difficult temperament". (42) Nurse Paling (Lydney 1921-37) was "inclined to talk too much" (43), whilst Nurse Price (Stone 1920-38) was "somewhat secretive in manner". (44) As Horn says, "the district nurse's position ... could be one of some delicacy. On the one hand she was expected to maintain her professional integrity at all times; on the other she had to submit to the close supervision of a local patron." (45)

Social Background and Training of Queen's Nurses

Depending on the attitude of the Committee members, the nurse could also find herself in the incongruous social position experienced by other working ladies. Horn states that, "in their desire to preserve their status and self-respect, the lady helps often ate their meals in odd corners rather than with the other domestics". (46) Similarly, in 1896, Lady Priestley complained that a private nurse she had employed "was too educated and high-class to fit into the household and that she would not eat with the servants". (47) The fact that Lady Priestley clearly *expected* the nurse to eat with the servants is as significant as the nurse's refusal. Her ladyship's attitude was certainly not unique, as Stroud DNA considered it necessary to include in their *Terms and Rules* the directive that, if a district nurse attended a paying patient, she "should take her meals out of the Patient's room, and apart from the Servants". (48) Agnes Hunt describes herself as upper middle-class, but when she arrived for an interview at Rushden in Northamptonshire in 1892, wearing her Queen's Nurse's uniform, the supercilious butler at the Treasurer's "imposing mansion" ordered a "gorgeously-liveried" footman to escort her to the servants' hall, where she was kept waiting for an hour. When finally she was taken, not to the drawing-room, but to the dining-room, "the door was flung open and the Hon Treasurer swept into the room". At the end of the interview she "gave me a solemn warning not to become too friendly with Mrs and Miss Sartoris, who, as she told me, were the big landowners of the district, and naturally much above the position of a district nurse". (49)

In Gloucestershire, attempts were clearly made to accommodate the nurses socially after the *Queen's Nurses' Magazine* had highlighted the problem that, in rural districts, "there is often but little opportunity of any social intercourse with congenial spirits. This is a real deprivation to many nurses who have been accustomed to some such relaxation in their leisure time." (50) From 1911, a Garden Party was held each summer, to which all the district nurses in the county were invited, though in 1913 it was noted that "all were most enthusiastic in their appreciation of this enjoyable gathering, the only regret being that more nurses were not able to be present owing to the demands of

their work and the difficulty of railway communications in the country districts". (51) In that year, Mrs Cadogan of Hatherop loaned her motor car to enable the two nurses of CEHQS DNA to attend. (52) This annual event was cancelled in 1915, owing to the war, and appears not to have been revived after 1918, though individual ladies continued to invite the nurses in their neighbouring districts to tea, including Lady Lucy, the Countess St Aldwyn, and Mrs Dent-Brocklehurst of Sudeley Castle. However, whilst such entertainment was clearly provided with the best possible intentions, it was, nevertheless, a separate social provision, not inclusion. Similarly, Flora Thompson recalls the day of the annual Manor House treat in Lark Rise, when the schoolchildren were feasted in the servants' hall whilst other guests were served tea in the drawing-room. When the new schoolmistress attempted to join the latter group, "she had the satisfaction of ringing the front-door bell and drinking tea in the drawing-room; but ... in a very few minutes she was out in the servants' hall", saying that the lady of the house "gave me my tea first". (53)

As previously noted (see Chapter 2, p.75), the Hon Mrs John Dundas suggested that, if district nurses were supervised by ladies of their own class, "who would visit them on equal terms", they need not fear "losing caste by undertaking such work". (54) However, Peterson believes that any lady who worked, either from choice or necessity, "could expect to lose touch with the friends of her leisured days, because she no longer had either the money or the time for them. Her relations with men and women alike were strained by her position." (55) As Vicinus says, "women who were accustomed to the pleasures of church meetings, tea parties, and concerts found nursing antithetical to the development of any cultural life". (56)

Stocks queries whether even the early Queen's Nurses had all been 'ladies'. Florence Craven boasted that some of the earliest applicants had been presented at Court as debutantes, but surviving records of paternal occupations amongst the 539 nurses listed on the Queen's Roll in 1896 include several clergymen, an Oxford Professor, a solicitor, a bank manager, two army officers and a farmer, suggesting a predominantly middle-class background which, whilst not wholly leisured, would still

have provided the time and income for a social life. (57)

Of the earliest Queen's nurses who worked in Gloucestershire, Alpha Fenton (Charlton Kings 1893-1909) was the daughter of an auctioneer and listed her own previous occupation as "housekeeper to brothers". (58) The records of Leah Garratt (Gotherington 1892-3) do not include her father's occupation, but Leah remained "at home" until she began her hospital training at Worcester at the age of twenty-one, which, again, suggests a comfortable background. (59) (See Appendix 3, pp.260-86)

This trend continued in the early years of the twentieth century (see Table 4.1, p.134). Of 12 nurses who qualified as QNs between 1902 and 1908, only 2 (17%) record a previous occupation: Alexina Cowee (Minchinhampton 1909-13; Badminton 1913-17) and Ann Newdick (Charlton Kings 1909-33), both of whom had been children's nurses and were the daughters of farmers. The other ten (83%) either give no previous occupation or are listed as "at home". Where father's occupation is recorded, these include a printer, a merchant and two clergymen. The father of Olive Goddard (Upton St Leonards 1907-11) was "In Her Late Majesty's consular service in China", whilst Margaret Powell (Gotherington 1904-8), the daughter of an army officer, was recorded as being "refined and nice in her ideas though not a lady by birth". With the exception of Nurse Newdick, the average age of commencing hospital training was 22.8 years and the average age of qualifying as a QN was 29.6 years. (60)

By 1913, one of the items for discussion at a Conference of Superintendents was:

It seems that the type of woman now taking up district work is not what it used to be, judging from those applying. ... Can anything be done to make this work more attractive to the woman wishing to devote herself to work amongst the sick poor? (61)

Any points raised or conclusions reached were not recorded, but amongst the Gloucestershire QNs who qualified between 1910 and 1917, 43% had worked prior to hospital training, their occupations including a cashier and a flosser. Paternal occupations included an engineer, two bootmakers, a florist and a grocer, which suggests a more upper working-class than lower middle-class background. The average age of commencing hospital training had risen slightly to 23.7 years, but the

Table 4.1 Social background of QNs working in Gloucestershire 1902-25

Nurse's surname	Father's occupation	Own previous occupation	Age in years	
			Commenced hospital training	Qualified as QN
<u>1902-08</u>				
Mellor	Printer	At home	26	30
Hastings		At home	22	25
Moore		-	23	26
Phillips		-	23	26
Cowee	Farmer	Children's nurse	24	28
Coaling		At home	22	37
Goddard	Consular service	-	22	26
Powell	Army officer	-	24	35
Evans	Minister	-	20	25
Newdick	Farmer	Children's nurse	[36	40]
Sproat	Merchant	-	27	34
Taylor	Minister	-	18	34
			<u>251</u>	<u>326</u>
		÷ 11	22.8	29.6
=====				
<u>1910-17</u>				
Lee	Engineer	Business	22	30
Milford	Bootmaker	At home	23	29
Douglas	Florist	-	23	28
Tatton	Scripture reader	Cashier	23	27
Griffiths	Accountant	-	[39	43]
Paling	Bootmaker	Flosser	28	32
Price	Grocer	-	23	28
			<u>142</u>	<u>174</u>
		÷ 6	23.7	29
=====				
<u>1919-25</u>				
Boston	Postman	-	22	30
Bayliss	Artisan	Serving maid	26	39
Jenkins	Engineer	-	[17	40]
Webb, F.M.	Engineer	Shop assistant	21	26
Webb, L.F.	"	"	25	30
Avery	Master joiner	Clerk	27	36
			<u>121</u>	<u>161</u>
		÷ 5	24.2	32.2
=====				

Source: CMAC SA/QNI/J.3

average age of qualifying as a QN remained little changed at 29 years. (62)

When the question of the nurses' social background was discussed again in 1922, it was

thought that nurses did not apply as they formerly did because there were now many more professions open to women, district work was hard, the nurses objected to further training after the three years in hospital, ... the thought of another examination and the binding of a year's agreement were deterrents, as also was the knowledge that there was no pension after the term of service. (63)

Amongst QNs working in Gloucestershire from 1919-25, the average age of commencing hospital training had risen to 24.2 years and, with the standard three years training now required of all nurses by the Registration Act of 1919, the average age of subsequently qualifying as a QN had risen to 32.2 years. Paternal occupations now included two engineers, a postman and a master joiner, and 67% of the nurses had previously worked, their occupations including shop assistants and a clerk. (64) It is particularly interesting to note that, in 1907, one of the candidates selected for training as a VNM in Gloucestershire was Alice O'Brian, a servant (65), whilst fifteen years later, Susie Bayliss, a former serving maid, was considered suitable as a QN. (66)

Social background alone is, of course, no definite indicator of intelligence and practical nursing ability: Nurse Bayliss was described as "a most capable, practical nurse" and she rose to become Assistant Superintendent in Portsmouth. (67) All candidates for training as QNs had to have the ability to already have qualified as hospital nurses though, before the Registration Act, the length and quality of their training varied. Leah Garratt trained at the General Infirmary, Worcester, for 16 months from January 1886 to May 1887, whilst Alpha Fenton spent six months at St Barts in 1890 and six months at Bristol General Hospital in 1891. (68) When Agnes Hunt took the examination at the end of her training as a Lady Pupil at the Salop Infirmary in 1891, she recalls, "I was not in the least afraid of not being able to pass the examination because at that time everyone passed, unless they were mentally deficient". (69) From her memoirs, it is clear that Agnes was an intelligent though self-effacing woman, but Baly agrees that hospital syllabuses in the late nineteenth century were limited in

their scope because their purpose "was to treat and if possible cure, only the diseases amenable to medicine or surgery at that time". (70) From its formation, QVJI emphasised that

the subjects *not* taught to nurses in hospital ... should figure in a district nurse's training. They were sanitary reform, teaching health matters, ventilation, drainage, water supply, diets for the healthy and the sick, the feeding of infants, infectious diseases, monthly nursing of the lying-in woman [and] the care of newborn infants. (71)

All these subjects had to be covered in the six months' training course, as well as practical work, and the earliest surviving examination paper, dated 1924, illustrates both the breadth and depth of knowledge expected from Queen's Nurses (see Appendix 1, p.257). The paper carried 60 marks, and although the minimum pass mark and pass rate are not known, it is clear from recorded examination results that high standards were demanded. Comments were recorded on any mark below 75%, with educational difficulties being particularly cited for working class candidates (see Table 4.2 below). Beatrice Price (Stone 1920-38), a grocer's daughter from Nailsworth, was noted throughout her career to be "not a good record keeper" whose "ante-natal records suggest paperwork is rather difficult". (72)

Table 4.2. Results of the Examination for the Roll of Queen's Nurses

<u>Year</u>	<u>Nurse's surname</u>	<u>Mark out of 60</u>	<u>%</u>	<u>Comments</u>
1908	Newdick	42	70	Many parts good considering apparent educational difficulty.
1908	Sproat	46	76.7	
1910	Lee	47	78	Some parts very good.
1910	Milford	54	90	Very good.
1911	Douglas	39½	65.8	Question 3 surprisingly poorly answered by this candidate.
1911	Tatton	41½	69	Some parts fairly good, limited abilities.
1911	Griffiths	44½	74	
1912	Paling	35	58	Handicapped by limited abilities and education.
1917	Price	38	63	Scanty, too sketchy.
1919	Boston	49	81.7	
1923	Jenkins	51	85	
1924	Webb, F.M.	34½	57.5	Is not very well educated.
1924	Webb, L.F.	33½	55.8	Lacking in education.
1924	Avery	45½	75.8	

Source: CMAC SA/QNI/J.3

The midwifery training necessary for a rural post was equally demanding. In 1872, Florence Nightingale wrote in her *Notes on Lying-in Institutions and a Scheme for Training Midwives* that, if a midwife was to "undertake *all cases* of parturition, normal and abnormal," then she needed a "scientific and practical ... training [which] could not be given in less than two years". (73) However, it was not until 1937 that a training period of twenty-four months was set for midwives, and even then it was only for untrained women, whilst trained nurses could complete the course in twelve months. Under the Midwives Act of 1902, the examination of the LOS ceased and was replaced by a similar examination conducted by the newly-formed Central Midwives Board (CMB) and held four times a year. The training period for all midwives was set at only three months and the examination was partly written and partly oral. The written examination, like the paper for QNs, consisted of six questions to be completed in three hours, whilst the oral examination was of fifteen minutes' duration. Appendix 2 (pp.258-9), citing extracts from the CMBs *First Rule Book*, 1903, indicates the degree of technical and theoretical knowledge demanded by the training.

Although the certificate of the LOS was still recognised and its possession automatically admitted a nurse to the new Roll of Midwives, opened by the CMB in October 1903, some of the earliest QNs to work in rural Gloucestershire also took the new examination. Nurse Fenton (Charlton Kings 1893-1909), who had passed the LOS Certificate in 1892, also gained the CMB Certificate in 1904. (74) Similarly, Nurse Mellor (Gotherington 1903-04), who passed the LOS Certificate in February 1903, only eight months before the Midwives Roll opened, took the CMB Certificate a year later (75), whilst Nurse Moore (Upton St Leonards 1903-07) passed the LOS Certificate in July 1903 and took the CMB Certificate just six months later. (76) The fact that an additional certificate was not compulsory for these nurses, who were already practising QNs, suggests that they were anxious to be seen as up-to-date professionals.

Lewis states that the initial training period was set so short "for fear of creating a shortage" and it was the midwives themselves who pressed for a longer period of

training, believing that it would "increase their professional standing ... [and] popularise the work among 'a superior class of women'". (77) It was not until 1916 that the training period for untrained women was doubled to six months, but it remained at three months for trained nurses. This coincided with World War 1 and, consequently, a shortage of male doctors on the Home Front, many of them having volunteered for duty in the Medical Corps. The subsequent increase in births attended by midwives continued after 1918, particularly in rural districts and, as Lewis says, "the record of the QVJI nurses showed that the work of midwives could be excellent". (78) Reports on maternal mortality, produced by Dame Janet Campbell of the Ministry of Health in 1923 and 1927, "emphasised the particularly fine record of the QVJI midwives, who served all of England and Wales with the exception of Wiltshire, Essex and Northumberland, attending 80,147 cases (10%) in 1924. Where they worked ... the maternal mortality rate was half the national rate." (79) This statistic does not differentiate between home deliveries by a midwife alone and difficult cases where a doctor was called in to assist. However, the thorough and demanding training of QVJI nurses ensured that they recognised such difficult cases and knew when to send for medical assistance, which fact alone could be instrumental in saving both mother and child.

In 1924, the training period for midwives was again doubled to twelve months for untrained women and six months for trained nurses. Meanwhile, QVJI's district training course for QNs remained at its original six months, with the prior qualification of not less than one year's experience in a general hospital or infirmary in 1890, increasing in 1906 to "not less than three years' training in approved hospitals or infirmaries". (80) Thus, QVJI specified a uniform length of training and standard of qualifications for all its nurses from 1890, twelve years before the Midwives Act and almost thirty years before the introduction of the Registration Act. In fact, the Queen's Roll was established at the very time that Florence Nightingale was battling with the British Nurses' Association over the latter's attempt to provide a register of qualified nurses. Woodham-Smith stresses that Miss Nightingale

was not necessarily against registration, but she was passionately opposed to the kind of registration proposed. The qualifying of a nurse by examination

only took no account of the character training which she held to be as important as the acquisition of technical skill. ... Nor in her opinion would the register as proposed protect the public. The fact that a nurse's name was on it would only mean that at a certain date she had satisfied the examiners in certain tests; it would tell nothing of her subsequent record. If a register were to be useful it should be kept up to date, and include a description of each nurse's character. (81)

Such a scheme was never achieved for general nurses, but from its inception, QVJI, with its national system of supervision and regular inspections, did ensure that, once qualified, its nurses continued to maintain standards, and its centrally held records provided exactly the type of comments that Florence Nightingale deemed essential, covering character and conduct as well as work.

Comments could be blunt and unequivocal: Caroline Lee (Assistant County Superintendent 1912-14) was "hot-tempered, ... self-opinionated and impatient of control" (82) and Nurse Jenkins (Nailsworth 1923-4) was "very difficult and over-bearing in manner". (83) Improvements were acknowledged as a nurse's career progressed and she became more experienced and competent: Nurse Powell (Gotherington 1904-8) was "not up to Queen's standard" in 1906, but by the time she resigned from QVJI during World War 1, to take up a post as Lady Superintendent in a munitions factory, she was reported to be "an excellent School Nurse and a willing worker". (84) However, there was no hesitation in detailing the problems of those who failed to improve or who let standards slip: Nurse Boston (Staverton 1920-36) was noted in 1924 to be "needing supervision" and eventually she resigned from QVJI when she was "cited to appear before CMB", her final inspection having found her to be "apt to neglect details. Very impulsive and has a difficult manner." (85) The Webb sisters (Cinderford 1924-6) were recognised as being kind and hardworking, and were liked by their patients, but Florence was considered "unsuitable for Public Health Work" and Lilian was "an unsatisfactory worker who needs strict supervision. Entirely unsuited for district midwifery and Child Welfare work." (86) At the other extreme, an outstanding few progressed to senior positions within QVJI: Bessie Taylor (Gotherington 1910-11) was recognised during her district training to be "suitable for responsible post" and by 1920 she was County Superintendent of the West Riding, where she proved "equal to

the work expected of her". (87) Lena Milford enjoyed an exemplary career in Gloucestershire as Nurse at Coln St Aldwyn, Assistant County Superintendent and "a wise, progressive, hard-working and highly esteemed" County Superintendent. (88) With her forceful personality, Caroline Lee progressed to being County Superintendent in Kent, Derbyshire and Northants and she ended her career as a recruitment officer, presenting "Queen's Institute Propoganda in Hospitals", where she was considered to be "an excellent speaker". (89)

The Queen's Roll offers a fascinating insight into the social background and training of QNs, their characters and careers. Lewis believes that midwifery "like nursing [became] a middle-class preserve" as the twentieth century progressed. (90) However, the evidence provided by the Queen's Roll suggests that district nursing, which combined both midwifery and nursing, particularly in rural areas, increasingly attracted more young women from the upper working-classes. Furthermore, the statistic that Lewis quotes, of 10% home deliveries in 1924, refers to all QVJI nurses; it does not differentiate between QNs and VNMs who were purposely selected from amongst local working-class women.

Training of VNMs

Rosalind Paget pointed out that, in 1916, of the 1,375 Queen's Nurses in England, only 182 were practising midwifery. As the need to hold a midwifery certificate, particularly for employment in rural districts, had been recognised by QVJI since its formation, then this statistic suggests that "very considerable value is placed on the *possession of the certificate* of the Central Midwives Board as an extra qualification to the nurse's certificate, enabling superior posts to be obtained". Miss Paget felt that the Institute "ought to be able to depend on every Queen's Nurse who holds the CMB certificate" to realise that "they have some measure of obligation in regard to this branch of their profession", otherwise by using the certificate only as a means to obtain promotion, "they have taken the privileges without the responsibilities". (91) It was those very responsibilities that were cited as the reason that "trained nurses, as a rule, objected to doing midwifery", when the problem was further discussed at the Annual Conference of Superintendents in 1922. It was again stated as an accepted fact that "the object of the nurses in taking the CMB examination was to enable them to obtain promotion", as each nurse "dreaded the responsibility which she must necessarily take when acting as a midwife". It was pointed out that "the nurses liked the work when once they had overcome the nervousness they naturally felt at first" and it was suggested that, as an incentive, "there should be a greater difference in the salaries offered to Queen's Nurses who were also practising midwifery". At that date, an additional £5 per annum was paid, "but if £20 were offered it would be more fair, considering all that midwifery entailed". However, one speaker reminded the Conference that in many districts "the Committees had not sufficient funds at their disposal" even to engage a Queen's Nurse, let alone pay her an additional £20 per annum; the problem was not, therefore, how to persuade Queen's Nurses to practise midwifery, "the question was how to raise the status of the village nurse". It was suggested that

when interviewing applicants it was only fair to try and urge those who were young and otherwise suitable to enter hospital for their general training. This was always a difficulty, as a good many wanted to start work at once, as they could not afford to do without the salary they

would earn; and of course, if such advice were followed out, good material was lost to the training homes. There were again others, older perhaps, who either were widows with young children, or with other home ties, or who were from other reasons unsuitable for hospital training. (92)

In Gloucestershire, the first report of the CNA, dated 1905, specified that the qualifications for VNMs should be: "Twelve months' - or in no case under six months' - training at some approved training place, with Midwifery instruction and certificate." The following year, it was stressed that the training of VNMs "forms one of the most important duties of the Association" but this work had been "a good deal handicapped by lack of funds and the difficulty of finding suitable women to train as Village Nurses". (93) In fact, in April 1906, when the sub-committee responsible for selecting trainees "met at the Superintendent's house to interview candidates for training as Village Nurses, only one kept her appointment and she was not considered suitable". Only two VNMs had completed their training that year and had been appointed to DNAs within the county, Mathilda Brown who "had started work at Sapperton & Coates and was much liked" and Jennie Chambers who was reported to be "doing well at Whitminster". One trainee, Rose Gardiner, had broken down in health after three months at Kingswood and had been sent home, and Miss Kendall of Nailsworth, who had been interviewed and approved, regretted that "owing to private reasons" she could not accept the offer of training. A further two women were in the course of training (Mrs Shaw at Plaistow in London, which was the main training home for VNMs, and Letitia Burden at Kingswood in Bristol), whilst two candidates, Mrs Roberts and Mrs Till, had both twice failed to pass the CMB examination. (94)

In 1906, QVJI increased the minimum training period for VNMs from six to nine months and the cost of training each VNM was cited in 1907 as "£37.10s.0d. for a nine months' course" in general nursing and midwifery. In 1909, the QVJI Inspector was obliged to remind the CNA in her annual report of "the desirability of a twelve months' training for the County Nurses, as is now generally the rule" and as was laid down in the county's own Scheme. Implementation of this rule increased the cost of training to £60 for each nurse, which expense had to be met from County funds, raised from

grants, donations, subscriptions and DNA affiliation fees, supplemented by parish collections, Plant & Garden Sales, Flag Days and bazaars. (95)

From 1905-20, the majority of Gloucestershire VNMs received their training at Plaistow in London, with the occasional placement of one or two trainees at the Victoria Home, Cheltenham, at Kingswood in Bristol or at Tipton in the West Midlands. During that period, an average of six VNMs were trained each year, "not only to supply them for newly-founded Districts, but also to replace those who continually resign their posts for various incontrovertible reasons" (see Chapter 5, pp.174-77). In 1919, an agreement was made with Kingswood District Nurses' Home to train six VNMs a year for the county, though one or two trainees continued to be placed in Cheltenham. This arrangement "proved very satisfactory - the Home is very comfortable, and the pupils are thoroughly well trained and cared for in every way". (96)

However, the Gloucestershire CNA reports regularly express regret and concern at the great scarcity of suitable candidates for training. In 1907, the ideal VNM was described as a "young married woman who would be able to undertake the work in her own and neighbouring parishes". (97) This, of course, was exactly the type of woman that Elizabeth Malleson had originally suggested when she founded the VNA (see Chapter 2, p.63), though such a candidate had proved just as difficult to find in the 1880s. Unfortunately, few personal details are recorded of the VNM applicants (see Table 4.3, p.144), but from the available data it can be seen that the average age of candidates accepted for training was 31.3 years. When a year is added for training, then the average age of qualifying as a VNM becomes 32.3 years. Of the 7 applicants for whom marital status was recorded, 1 was single, 1 was separated, 2 were married and 3 were widows. A further 21 applicants (not all of whom were accepted) are referred to in the CNA Minutes as 'Mrs' but whether they were married or widowed is not recorded.

Amongst the earliest applicants to be rejected was Mrs Lucas of Oldbury-on-Severn, who "was 60 with no education and it was decided that it was impossible to help her", whilst Mrs Edith Mills, aged 44, of Painswick, was considered "too old" and

Table 4.3 Applicants accepted for training as VNMs

<u>Year</u>	<u>Nurse's name</u>	<u>Background</u>	<u>Age</u>
1905	Mrs Till	Wife of a coachman	
1905	Jennie Chambers		38
1906	Letitia Burden	Separated, 1 child	26
1907	Alice O'Brian	Servant	
1908	Florence Bishop	Widow, no children	30
1908	Mrs Dawe	Widow, 3 children	39
1908	Bessie Mourton	Single	35
1908	Mrs Williams	Married, 2 children	35
1912	Chapman		26
1912	Florence Mann		27
1913	Taylor		24
1913	Vallender		33
1916	Mrs Fitzgerald	Widow, 2 children (1 delicate)	

Source: GRO D2410 Minutes of Glos CNA 1904-28

Mrs Phillips of Whitminster "was quite of the cottage class". Alice Brown was rejected in 1909 "as her medical certificate stated that her heart was not quite normal"; the following year, it was decided not to train Miss A. Hathaway "as the doctor did not consider she was strong enough for district work"; and in 1911 Lizzie Hardwick was rejected "as her medical certificate was not satisfactory". Several women were classified as "unsatisfactory" or "not suitable" without any specific reason being given: Mrs Baxter, a widow from Cheltenham with six years experience as an unqualified midwife; Mrs Key of Tewkesbury; Mrs Cook of Hardwicke; Mrs Green of Blakeney Hill; and Mrs Trigg, who had been approved in 1910, but "as further information had been received ... it had been decided not to train [her]". (98)

Amongst those who were approved for training, Minnie Bishop "wrote to say she did not wish to be trained as she could not bind herself to work in the County for three years", Bessie Mourton of Upton St Leonards and Mathilda Wardle both fell ill and could not take up their training places, whilst Mrs Loveday of Fairford and Mrs Laver of Lighthill near Stroud both decided not to be trained. Nurse Thompson did complete her training in 1907 but her work at St Briavels "was reported not to be very satisfactory". It was decided that Miss Olphert, the County Superintendent, "should talk to her and that she should be given another chance". She was transferred to the new district at

Frampton in January 1908, but after just two months in her new post, the Secretary "wrote saying she had given Nurse Thompson notice as her work was not satisfactory. It was decided not to give her further employment." Fanny Wickenden was sent for training in August 1909, but she "did not appear equal to the demands made on her during the training and was recalled" in December. In that same year, another of Gloucestershire's trainee VNMs, Mrs Dawe, failed the CMB examination. The CNA Committee had clearly made a great effort to help Mrs Dawe, a 39 year old widow, as sufficient money had been subscribed to keep her three children for four months and "it was decided that if she was doing well in her training, steps would be taken for the other five months". However, the Matron at the training Home "did not give a good account of her capabilities ... [and] came to the conclusion she would have much to learn before she could pass an examination. The Committee decided not to continue Mrs Dawe's training as they did not think she had the necessary qualities to make a good Village Nurse." (99)

The fact that the VNMs were expected to pass the CMB examination, i.e. the same midwifery qualification as QNs, who were already trained nurses, presupposed a certain level of literacy. This clearly caused a national problem, as in 1909, at a meeting of CNA representatives at QVJI's London offices, one of the subjects discussed was the need to simplify "the technical terms employed in the CMB examination". (100) In 1906, Margaret Loane wrote a textbook, *Simple Introductory Lessons in Midwifery*, explaining medical terms; in the same year, the CNA Committee agreed that Mrs Shaw, in training at Plaistow, would have "6d per week sent to her for books, etc.", and in 1907 the County Superintendent was authorised "to spend a sum of between 20/- and 30/- on books to be lent to pupils in training". (101) Despite such help, candidates continued to struggle and there are frequent references in the CNA Minutes to nurses having to repeat the CMB examination. Nurse Conry managed to pass the written paper in June 1910, but failed the oral examination, which she then passed at her second attempt a month later. Nurse Higgs and Nurse Harris both failed the CMB examination in August 1910, but passed in October. Similarly, Nurse Aston

passed at her second attempt in January 1913, whilst Nurse Sims only passed at her third attempt in February 1913. In 1912, "Nurse Burchill training at Plaistow was reported by the Superintendent to read and write so badly that it was feared she would not be able to pass the CMB examination. It was decided she should attend a night school while at Plaistow." Other candidates failed even to complete their training. Halfway through her course in 1910, Nurse Powis decided that "owing to family matters [she] did not wish to complete her training and re-paid the fees". In the same year, Nurse Corkhill left Tipton after just one day "owing to her husband's illness. As she had stated that she was a single woman the Committee decided not to allow her to return." In 1911, Pearl Loveridge "returned home from Plaistow in bad health after 7 months training", whilst Mrs Sinclair, having "left Plaistow during her training without permission, was interviewed by the Committee and promised to repay the sum spent on her". (102)

However, those who did complete their training were reported to have "all done well" (103) and in 1910 the value of VNMs was stressed in the *Queen's Nurses Magazine*:

What they know, they know well - they are of the country, understand the people, and are happy amongst them. ... Queen's Nurses are needed in increasing numbers, ... but under the pressure of the Midwives Act, ... the village nurses are also needed for the posts they alone can fill. (104)

The necessity of balancing the technical content of the training with the calibre of candidates remained a problem, particularly as the scope of their duties increased with the inspection of schoolchildren and Public Health Work. In 1915, it was recorded that "owing to the shortage of nurses it was decided to train 8 instead of 6 this year only if applicants are the widows of soldiers or sailors for whom a grant might be obtained from the Soldiers & Sailors Families Association". However, no applications were forthcoming from this source and the following year it was again noted that it was "very difficult to obtain candidates for training". In 1917, a letter written by the Duchess of Beaufort "calling attention to the need for women to train as District Nurses" was sent "to all the newspapers in the County". (105) (See Fig. 4.1, p.147) By endorsing a

DISTRICT NURSING AND MIDWIFERY.

APPEAL BY THE DUCHESS OF BEAUFORT.

We have been asked to publish the following letter from the Duchess of Beaufort:—

Sir,—The enclosed letter (published lately in "The Times") needs no words of mine, except to say how thoroughly I can testify that every syllable in it is true and most urgently applicable to the county of Gloucester. I should be deeply obliged if you would let it appear in your paper with this, my strongest recommendation, to the notice of your readers; and I would like to add that, here in Gloucestershire, free training is given to any woman wishing to take up district nursing and midwifery and who is willing to work for three years in the county. All particulars re training, etc., can be obtained from Miss Milford, County Superintendent, Shire Hall, Gloucester.

Yours faithfully, L. E. BEAUFORT,

President of the County of Gloucester
Nursing Association.

Badminton, March 27th, 1917.

[COPY.]

18 Chesham-place, London, S.W. 1.

March 14th, 1917.

Sir,—The call to women to serve the country by war work has had the tendency of obscuring a profession which is second to none in its national importance. At this moment women, with a splendid desire to work, are eagerly undertaking temporary employment where little training is necessary. We would urge those to whom nursing appeals to come forward and be trained as district nurse-midwives. There are already a very large number of district nurse-midwives doing valuable work throughout Great Britain, but the number of new districts is steadily increasing, and we are unable to obtain sufficient candidates, owing to the attraction of work more obviously connected with the war. So great is the need of this service that Lord Rhondda, in a letter published in your columns on March 14th, announced that the Local Government Board is increasing the grant for maternity and infant welfare by £20,000. District nurse-midwives have now become an integral part of our health organisation; they attend the mother in her confinement, care for the child throughout its school life, and attend the sick in their districts, and generally give the women good advice on sanitary matters. We ask women who realise its importance to write to the secretary, 18 Chesham-place, S.W. 1, or to the secretaries of their county nursing associations.

Those who take up this work may feel assured that they are fitting themselves to do permanent service for their country.

Yours faithfully,

MAUDE SELBORNE,

President of the Hants C. N. Association.

Fig. 4.1

Source: Gloucestershire Echo

9 April 1917

similar national appeal by the President of the Hampshire CNA, the Duchess acknowledged the "splendid desire ... [of] women to serve the country by war work", but she strongly recommended that, instead of "eagerly undertaking temporary employment where little training is necessary", women should consider training as VNMs and thus "fitting themselves to do permanent service for their country ... [as] an integral part of our health organisation". (106) The response to the original national appeal is not known, but in Gloucestershire 12 applications were received, though "some of these would not accept the conditions of training and some were not suitable but it is hoped 2 at least will be trained". Later that same year, "a letter was sent by the Secretary to all local associations asking if they could recommend candidates for training", but only 2 women applied. (107)

At that time, Gloucestershire VNMs were given "careful instruction" in Health Work by the County Superintendent as part of her supervisory duties, but at a Conference of Superintendents attended by Miss Milford in London in 1919, it was considered desirable that such instruction should become an integral part of their training (108), and at the Conference of Superintendents in 1922, a resolution was passed "to the effect that the period of training for Village Nurses should be extended to one and a half years, and that three months of that time should, if possible, be devoted to school work and health visiting". (109) In Gloucestershire, an extra three months instruction in Health Work was added to the one year's training in 1922/3, and in 1925/6 it was reported that VNMs "will now receive eighteen months training, one year in Midwifery and six months in general and Health work" (110) and "to bind for a period of two years instead of three". (111)

In 1924/5, the Gloucestershire CNA reported that, although the number of applicants had increased, "very few of these are suitable for the work" (112) and at the end of the period covered by this study, a breakdown in health was still the most frequently cited reason for candidates failing to complete their training: Nurse Prince at Kingswood in 1920; Nurse Markham after only a fortnight's training in 1921; Nurse Wilkins who had been at Kingswood for three months in 1923; Nurse Hepburn who

spent 16 weeks in training at the Victoria Home, Cheltenham, also in 1923; and Nurse Smallbones who broke her contract at the end of three months training in 1924, "being too nervous for the work". (113) In 1925 it was recorded that "it has not been possible to keep the vacancies at Kingswood filled during the whole year" and the CNA expressed "regret and surprise that many more women do not feel a vocation to a life so full of human interest and personal devotion". (114) However, in a paper delivered at the Conference of Superintendents in 1922, Miss Johnson, the County Superintendent for the Isle of Wight, pointed out that with the implementation of the Registration Act, "the most eminently suitable women would consider the county training not worth while" because, on the completion of her training, each candidate "will *not* be a fully qualified nurse ... [and] she will be unable to come into any scheme for the benefit of fully trained nurses". (115) In Gloucestershire, attempts were made to recognise the quality and professionalism of the VNMs by the introduction, in 1919, of a certificate "for nurses leaving the County after fulfilling their contract and having worked satisfactorily", and in 1920 the wearing of a County badge, which had "rather fallen into disuse" since 1905, was revived, with VNMs wearing a white enamelled badge during their first two years of service, then "if satisfactory", a red badge. (116)

Despite such ongoing problems and concerns, VNMs remained invaluable. In England and Wales as a whole, they represented 25.44% of QVJI nurses in 1905; by 1925, this figure had risen to 62.38%, a percentage increase of 36.94. (117) In Gloucestershire, a predominantly rural county, VNMs as a proportion of QVJI nurses rose from 57.14% in 1907 to 82.44% in 1925. (118) In a report dated 1926, but using data from 1925, the County Medical Officer of Health described how

much useful work has been done by the District Nurses in the County and the value of their services as health agencies in the homes becomes more obvious as time goes on. It is scarcely stating too much to say that there is no other service which has such full opportunity for promoting the general health of the country, for the home is the unit of health work, and the District Nurse enters it more intimately than can any other health official. (119)

In addition to their routine district work, the county nurses were also involved with:

1. Nursing work in connection with the Public Elementary Schools.
2. Visiting cases of Tuberculosis.

3. Health Visiting in connection with the scheme for Maternity & Child Welfare, including visits to homes of infants with measles, etc.
4. Care of mentally defective and boarded-out children. (120)

Throughout the report, the need for discretion, tact and confidentiality are emphasised, and the scope of the scheme illustrates how the VNMs were expected to carry the same weight of responsibility as Queen's Nurses, "thus making them", in the words of Miss Johnson, "more useful and valuable members of the profession which barely owns them". (121)

Whilst professional resentment persisted nationally, in Gloucestershire the dual system of Queen's Nurses and VNMs, both combining district nursing with health work, was clearly a success and in their report of 1925/6, the Gloucestershire CNA recorded with pride that "the combination of State and Voluntary Work as carried out in this County is held up as a model all over the Country". (122) Furthermore, Maggs believes that the "close contact between the professional and her clientele ... could satisfy the need of many contemporary nurses for social recognition and status". (123) Vicinus reminds us that, in late nineteenth and early twentieth century hospitals, "all patients were referred to by number, and nurses frequently changed from side to side in a ward, lest they get to know anyone too well". (124) Moore adds that "it was traditional ... to call nurses by the names of their wards (for example, Sister Clinical) rather than by their own proper names". (125)

In contrast to such an impersonal atmosphere, rural district nursing offered the opportunity to befriend entire families and to occupy a position of trust and respect within the community. Queen's Nurse Fenton worked at Charlton Kings for 17 years and her successor, Nurse Newdick, for 24 years; Nurse Paling worked at Lydney for 16 years, Nurse Price at Stone for 18 years and Nurse Avery at Nailsworth for 24 years. (126) Amongst the VNMs, Nurse Shaw started work at Avening in 1907; Florence Cooper at Tidenham in 1909; Mabel Judd transferred to Painswick in 1913 after 4 years at North Nibley; Nurse Kite was appointed to Blakeney & Awre in 1911; Alice Hunt to Stanton in 1911; Nurse Self to Horton in 1912; and Nurse Fitzgerald transferred to Wickwar in 1919, after 3 years at Hawkesbury Upton: all were still in the

same posts in 1925. (127) Four of these long-serving VNMs, (Shaw, Kite, Self and Fitzgerald) were already either married or widowed when they began their training, whilst two of the longest serving QNs remained in their posts after marriage, Nurse Price becoming Mrs Pullir in 1927 and Nurse Avery becoming Mrs Abbotts in 1936. VNM Nurse Bridges, who worked for the CEHQS DNA from 1917-27, was allowed to continue in her post when she became Mrs Day in 1922, when she informed the Committee that "she would like to settle down in Southrop". (128) Similarly, VNMs Nurse Hill, appointed to Kings Stanley in 1919, and Nurse Cooper, appointed to Wotton-under-Edge in the same year, both remained in the same posts when they married in 1925, becoming Mrs Miles and Mrs Witchell respectively. This, of course, was in marked contrast to hospital nurses, who were expected to resign on marriage, and must have been an inducement to those who wished to combine a family life with service to the community of which they had become an integral part.

At Upton St Leonards in 1908, the County Superintendent reported that Nurse Goddard "is loved by her patients ... [and] it was a pleasure to go round the district with her" (129), whilst at Gotherington in 1911, Elizabeth Malleson noted that "Nurse Griffiths has already won her place amongst us by her habitual manner of regarding patients not only as 'cases' in nursing parlance, but as neighbours and friends requiring her skilled help". (130) When the Painswick Charities Trustees formed a new sub-committee in 1917 "for the benefit of the sick in this district", they elected Nurse Judd as a member to advise and assist in the allotment of funds, thus acknowledging their recognition of her judgment and knowledge of the poor in their community. (131) At Nailsworth in 1920, it was recorded that "the Nurse is welcomed everywhere" (132), and by 1924, the Gloucestershire CNA was "particularly glad to be able to report that ... the desire to have a Nurse in practically every parish comes from the people themselves, and is a gratifying proof that the quiet devoted work of the Nurses in the homes for the past twenty years and more is bearing fruit". (133)

The appreciation felt by the poor was often displayed by simple but touching gestures. One of QVJI's most stringent rules was that "the nurse shall not accept any

presents from patients or their friends" (134), but at Upton St Leonards in 1907, the DNA Committee found it necessary to modify this rule by the addition of the clause "other than flowers or fruit". (135) At Gotherington in 1913, Elizabeth Malleson recorded that

one suffering woman on her death-bed begged that the Nurse might be asked to accept the gift of one of her possessions as a token of her care and help; such a gift was against official rules, but in my mind such a wish left no obligation but obedience to it. (136)

The DNA Committee at Nailsworth was also willing to interpret the rule flexibly, as after Nurse Avery had moved into her cottage in 1925, it was noted that

she frequently tells the Committee members that on her return home from work she finds on her doorstep gifts of a few plants, flowers, a few eggs, a pot of jam, and similar marks of gratitude from an appreciative public. (137)

The work of rural district nurses demanded skill, tact and stamina. They suffered initial opposition from the medical profession, and financial and social deprivation, but they were rewarded with the hard-won respect, affection and gratitude of their poor patients.

Conclusion

When the district nurses first began to work in rural areas, they were seen by local doctors as rivals who threatened both their professional status and their income. The nurse was expected to co-operate with the medical profession, whilst working under the supervision of the DNA's Lady Administrator and, at the same time, she had to respect the confidentiality of her patients. It was an unenviable position which could be exacerbated by individual personalities or a failure to understand local customs.

Although the QNs were expected to be 'ladies', the Queen's Roll suggests that, initially, district work appealed more to young women from a middle-class background, and by the inter-war period was attracting candidates from the upper working-classes. Whilst, as a consequence, educational difficulties were frequently cited as a cause for concern, QVJI's demanding training and unique system of inspections and centrally

held records ensured that standards were maintained.

Poor literary skills were also a major problem in the recruitment and training of VNMs, with many candidates having to repeat the CMB examination before they passed at the second or even third attempt. Poor health prevented some candidates from even completing their training and those who did qualify found themselves excluded by the Registration Act of 1919.

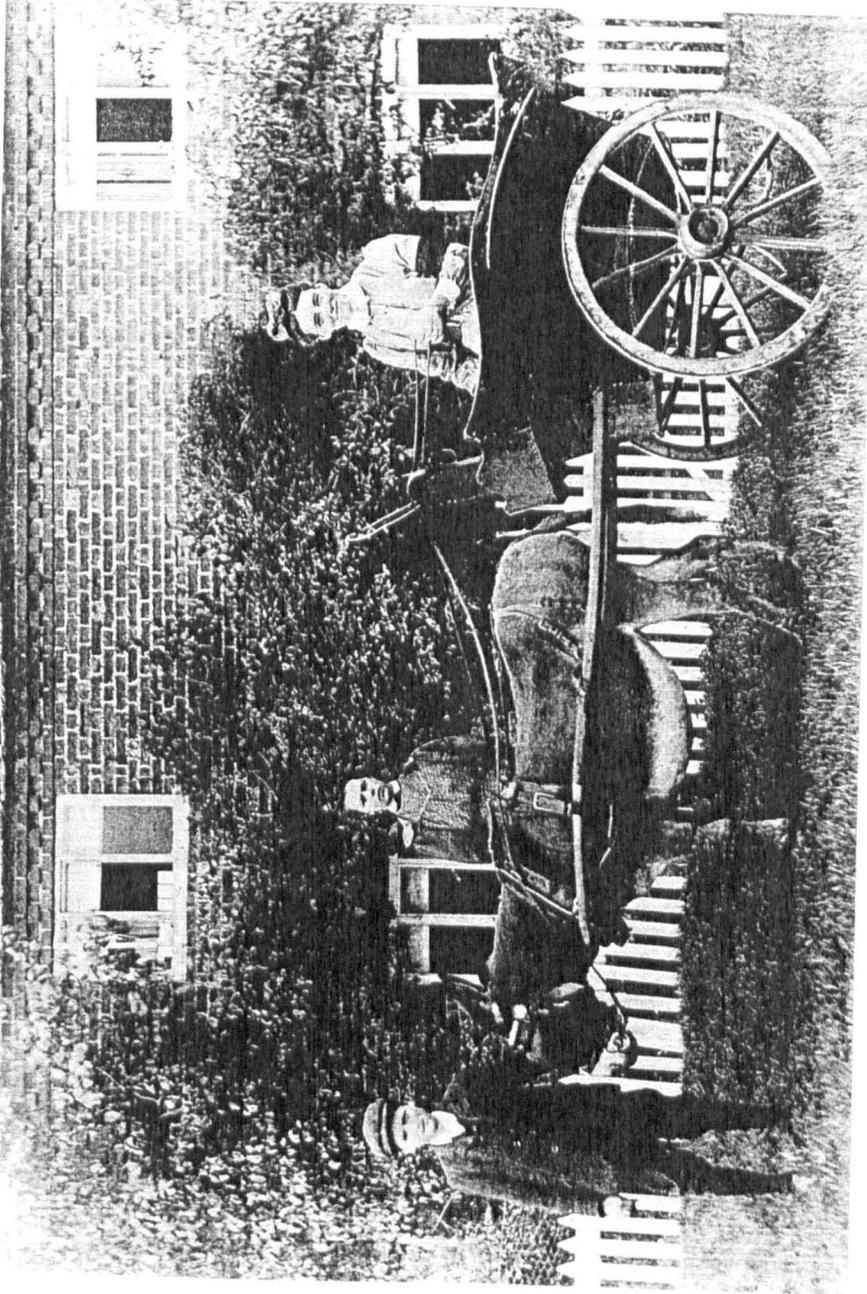
However, those nurses who did prove suitable for rural district work derived a great sense of satisfaction from their combined duties of nursing, midwifery and Public Health Work. Whether single, married or widowed, they could live as part of a community in which they were valued, trusted and respected, not only as a skilled professional but also as a friend and neighbour. It is to the details of the nurses' day-to-day work with their poor patients that we will now turn.

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Queen's Nurse Jenny Wolfe at Gotherington c.1895

Source: GRO D4057/26

CHAPTER FIVE

THE WORKING LIVES OF THE DISTRICT NURSES

Introduction

In this chapter, the duties and workload of the district nurses will be described and discussed. By examining local DNA and CNA records, comparisons are made between the theoretical eight hours a day the nurses were expected to work and the harsh realities of caring for the rural poor in their own homes. The problem of transport, exacerbated by weather and unmade roads, is discussed. The type of cases nursed, their treatment and records, are detailed, with comparisons being made between districts of different acreage and population. The effects of the introduction of Public Health Work are also considered, together with the impact of World War 1. The frequent changes of county personnel, which reflected these harsh conditions, are then examined, and the reasons most often cited for resignation are discussed.

In a national fund-raising and publicity pamphlet, published in 1894, Lady Victoria Lambton invites her readers to "follow one of the Queen's Nurses on part of her daily round" in the country. Our "typical Nurse", we are told, "is a fair, fresh-complexioned woman, with a pleasing voice and manner, [who] drives about her district in a little varnished two-wheeled cart with a grey pony". She sets off promptly at half-past eight in the morning and "her first patient to-day is a carter, aged about thirty-five, with a nice wife, who is busy getting her three children off to school. He is suffering from pneumonia", and having tended to him, Nurse writes out "a little timetable" to ensure that his wife "clearly understands the doctor's directions for the giving of nourishment and medicine throughout the day". Her next patients are "a mother and baby, whose home is more than a mile away, in a lonely cottage set down in the middle of fields. The woman is not a very deserving character, nor is her husband. Rolling stones! dirty and thriftless!" However, after this first visit from the Nurse, they are

reformed characters; she has "won the woman's heart ... and in gratitude she promises amendment when she is about again". The Nurse "now trots her pony to another cottage, where a little boy has fallen out of a tree and has broken his leg. Poor little man! He was very sad and frightened," but when Nurse arrives, "his eyes brightened and his tears dried up". Our next visit is to "a little servant-maid, aged fifteen, sent home from her first place in the nearest town with rheumatic fever, due to sleeping in a damp bed. It is to a poor, overcrowded cottage that poor Agnes is sent home", but we find her "lying between blankets, in a room to herself, with a small fire burning, and the atmosphere sweet and wholesome", for our Nurse has "persuaded them to let Agnes have a bed to herself! and ... to open the window every morning for twenty minutes". After a homily on the benefits of fresh air, we catch Nurse up "at the almshouses, where daily she attends upon an old widow with cancer in the breast, and alleviates her pain and discomfort. No cure is possible here, only alleviation, but", Lady Victoria asks us, "is not that worth much?" After a further homily on the needs of chronic patients, we return home with the Nurse for two hours, where she can "rest herself and her pony before starting on her afternoon round". (1)

In her sentimental, almost twee style, Lady Victoria presents a sanitised, idealistic picture that is far removed from the harsh reality of rural poverty, unmade roads and changeable weather that the district nurses actually encountered. In practice, the Gloucestershire CNA admitted in its Annual Report of 1921/22, "the life of a District Nurse is an arduous and often lonely one. ... It is not easy to find fully trained Nurses who are willing to live and work in quiet out of the way country districts." (2) In fact, when Nailsworth DNA advertised for a replacement Queen's Nurse in 1920, no replies were received. (3)

This was a problem which had been keenly felt at Elizabeth Malleson's Gotherington DNA since its formation. The Constitution of QVJI's Rural District Branch, dated 1892, states that "experience has shown that one nurse can efficiently nurse such a district within a radius of from three to four miles of her home, where a donkey cart is provided. ... Where a vehicle is provided ... one nurse is found sufficient

for every 2,500 to 3,000 of the population." (4) Whilst the population served by the Gotherington DNA never exceeded 2,500 up to 1925, it was what Hope Malleson described as "a particularly extended district, comprising nine villages and hamlets, so that a ... cart barely sufficed for the nurse's visits to her patients". (5) The district covered approximately 12,500 acres, compared with Badminton DNA which covered approximately 3,000 acres with a population of less than 1,000, and Nailsworth DNA which covered approximately 5,000 acres with a population of 4,000.

Mrs Malleson's Annual Reports from 1891 to 1906 show a steady workload for the district nurse:

Table 5.1 Workload of Gotherington DNA, 1891-1906

<u>Year</u>	<u>Number of visits</u>	<u>Maternity cases</u>	<u>Nights on duty</u>
1891	1,196	14	Not given
1892	1,734	23	"-"
1893	2,241	21	"-"
1894	Report missing		
1895		"-"	
1896	1,428	29	"-"
1897	1,098	40	"-"
1898	1,118	30	"-"
1899	Report missing		
1900	1,733	22	31
1901	1,699	31	29
1902	2,324	32	31
1903	2,474	37	18
1904	2,404	39	22
1905	3,929	47	30
1906	5,002	52	64

Source GRO D4057/15

Elizabeth explains that, in the years when the number of visits decrease, "the number of maternity cases dealt with by the Queen's Nurse have increased. ... This kind of nursing occupies from its nature, so much time that the number of actual visits in the year are smaller." Overall, Mrs Malleson points out in 1891, the increase in workload "must invariably appear slight when compared with the number of visits paid by district nurses in towns. But it must always be remembered in rural nursing that the time spent in going from one part of a scattered district to another ... often equals in amount the time which is actually devoted to nursing." In 1892, she adds, "At times of

pressure, the number of visits actually required of the nurse throughout the District ... have sometimes amounted to eight or more a day." During the seven months from June to December 1897, the nurse travelled a total of 1,294 miles in her donkey cart, an average of 185 miles per month. To meet the needs of increased travelling between the different parts of the district as the nurse's workload grew, a second donkey was provided in 1892 and by 1900 a bicycle was also available. However, in 1901 Mrs Malleson admitted that "neither the bicycle in adverse weather, nor the donkey cart, suffices to carry her [the nurse] with satisfactory speed when patients live at distances apart, and require her help at the same time". She hoped that "if a rough quiet pony could be substituted for one of the donkeys it would be very desirable, although this would mean some increase of expense". This was not achieved until 1910, when Mrs Malleson herself provided the necessary additional funds. In the meantime, in 1906 Mrs Malleson reminded patients that "it is *always* expected that some vehicle should be sent for the nurse to a confinement. Summonses of this nature often come when the donkey is too tired to go further, after work, and bicycling may be impossible." It is somewhat ironic to note that, whilst concern was expressed for the donkey, the nurse was expected to respond to the summons regardless of *her* tiredness and the number of hours she had already worked. (6)

The Gloucestershire CNA Annual Report of 1906 states that "the Nurse's work shall not as a rule average more than eight hours daily, and on Sunday she will only attend urgent cases". (7) By 1924, the Superintendents explain,

the hours of work do not, as a rule, average more than forty-four a week, one afternoon being free and serious cases only being visited on Sunday. ... Night nursing is not usually undertaken by Queen's Nurses, but on occasion in the country it may be necessary for the nurse to stay for a night or two with a patient dangerously ill or in an emergency. (8)

The *Rules for Nurses* of QVJI's Rural District Branch also state that "Sunday & Night Duty - Are not expected from Nurses except in critical and confinement cases" (9), but in the report of the Gotherington District for 1893, Mrs Malleson writes that "scarcely one Sunday in the twelve months has been free from visits to urgent cases, and in estimating the devotion of the nurse to her work, there must be taken into account the

constant strain of anxiety it involves". (10) At Rushden in Northamptonshire in 1892, during a typhoid epidemic, Agnes Hunt "started at 6a.m. and worked until 8.30a.m., when I had my breakfast, then went out again at 9a.m. until 3p.m., which was my dinner hour. At 4p.m. I began the evening round, and usually got in by 11p.m." (11) This was, of course, an emergency situation, but even on routine days the nominal eight hours were expected to be highly flexible. At Staverton in 1902, it was announced that the newly arrived district nurse "will start upon her rounds every day at 9a.m. Anyone who wishes to see her about small dressings, small accidents, etc., should call by 8.30 in the morning, or 8 in the evening, when the nurse will generally be in. Of course, messages may be sent to Nurse, to go anywhere, at any time." (12) In 1905, the building of the local railway near Gotherington brought many navvies and their families to the neighbourhood, and for one month alone during that year the nurse "recorded work over 8 hours a day for 30 consecutive days, and 4 nights on duty". In Mrs Malleon's opinion, this was "too great a strain to continue wisely" and a VNM, Miss Jessie Trueman, "an exceptionally suitable candidate for nursing employment", was appointed to help until the completion of the railway and the consequent departure of the workers. (13)

From 1907, the Gloucestershire CNA included in its Annual Reports statistics detailing the number and nature of cases in each district. From 1905, the year in which the Gloucestershire CNA was founded, to 1925, when this study ends, the number of DNAs in the county rose steadily from 28 to 115. By taking three of the earliest DNAs to be formed (Nailsworth, Painswick and Upton St Leonards), together with Gotherington, the comparative data these provide presents a clear indication of the heavy workload of the rural district nurses (see Tables 5.2-5.5, pp.163-4).

Respiratory diseases (particularly bronchitis, pneumonia and phthisis), influenza and rheumatic fever appear regularly on surviving lists of 'the more serious cases nursed', as do abscesses and ulcers, burns and scalds, sprains and fractures, and 'convulsions and derangements from improper feeding'. The spring of 1891 saw an outbreak of scarlet fever in the Gotherington district, in which two children died; an

Table 5.2 Workload of Gotherington DNA, 1907-25**Population approx 2,500****Area approx 12,500 acres**

<u>Year</u>	<u>Number of visits</u>	<u>Maternity</u>	<u>Cases Medical</u>	<u>Surgical</u>	<u>Nights on duty</u>
1907	3,907	30	168	108	28
1908	3,174	38	100	70	36
1909	2,846	36	83	86	34
1910	2,589	35	Medical & Surgical 173		17
1911	2,258	37	80	78	19
1912	2,520	29	120	76	14
1913	2,500	34	112	78	27
1914	2,087	25	92	59	16
1915	2,099	30	46	26	17
1916	2,559	30	99	52	16
1917	2,169	19	55	39	8
1918	4,135	22	107	21	21
1919	3,470	27	45	26	4
1920/21	2,885	32	30	35	19
1921/22	2,898	31	45	36	7
1922/23	3,479	31	74	48	23
1923/24	4,404	33	76	89	21
1924/25	4,047	37	75	80	21
1925/26	4,336	34	80	109	25

Sources GRO 4057/1 & GRO 4057/15**Table 5.3 Workload for Nailsworth DNA, 1907-25****Population approx 4,000****Area approx 5,000 acres**

<u>Year</u>	<u>Number of visits</u>	<u>Maternity</u>	<u>Cases Medical</u>	<u>Surgical</u>	<u>Nights on duty</u>
1907	1,881	18	79	50	2
1908	2,597	53	69	43	14
1909	1,838	49	80	38	7
1910	CNA Report missing				
1911	2,738	44	30	20	2
1912	2,251	38	21	15	3
1913	2,086	35	9	18	4
1914	1,709	32	22	6	9
1915	2,977	54	76	8	7
1916	2,768	55	47	26	26
1917	2,007	29	23	32	18
1918	2,437	50	45	23	41
1919	2,820	55	53	27	35
1920/21	2,933	60	62	24	36
1921/22	3,114	61	64	28	38
1922/23	2,781	51	64	31	28
1923/24	2,980	44	89	14	15
1924/25	3,887	36	71	10	31
1925/26	3,932	39	39	11	22

Source GRO 4057/1

Table 5.4 **Workload of Painswick DNA, 1907-25****Population approx 2,600****Area approx 6,000 acres**

<u>Year</u>	<u>Number of visits</u>	<u>Maternity</u>	<u>Cases Medical</u>	<u>Surgical</u>	<u>Nights on duty</u>
1907	1,739	5	77	35	29
1908	1,575	10	59	42	19
1909	3,132	11	61	61	2
1910	CNA Report missing				
1911	3,366	13	44	68	4
1912	2,720	10	33	40	1
1913	1,772	4	57	35	12
1914	2,356	21	49	43	10
1915	1,289	30	76	50	21
1916	3,126	30	101	61	7
1917	2,717	22	96	73	8
1918	2,764	16	150	97	17
1919	2,158	31	74	81	13
1920/21	2,120	35	68	64	6
1921/22	1,912	34	71	79	5
1922/23	1,895	30	53	46	3
1923/24	2,198	32	79	55	3
1924/25	1,883	31	53	41	3
1925/26	1,932	27	58	64	2

Source GRO 4057/1**Table 5.5** **Workload of Upton St Leonards DNA, 1907-25****Population approx 1,000****Area approx 3,000 acres**

<u>Year</u>	<u>Number of visits</u>	<u>Maternity</u>	<u>Cases Medical</u>	<u>Surgical</u>	<u>Nights on duty</u>
1907	1,894	22	67	29	11
1908	3,625	16	82	88	15
1909	3,510	18	72	72	11
1910	CNA Report missing				
1911	3,074	17	101	53	15
1912	3,442	23	80	68	14
1913	3,138	17	90	67	5
1914	3,392	19	109	65	15
1915	2,735	13	90	36	14
1916	2,902	24	101	59	16
1917	2,249	19	66	42	8
1918	2,579	11	126	51	6
1919	2,468	22	84	47	14
1920/21	2,354	26	71	39	11
1921/22	2,228	24	100	13	16
1922/23	2,188	28	82	25	25
1923/24	1,853	23	87	19	11
1924/25	2,364	30	124	13	19
1925/26	1,768	19	87	11	15

Source GRO 4057/1

epidemic of measles broke out in the autumn of 1892; and in 1896 and 1897 there were cases of diphtheria. (14) There was also a major outbreak of diphtheria in Nailsworth in October 1900, when 46 cases were nursed in their own homes and 24 cases at a Temporary Isolation Hospital set up in the Infant Schoolroom. (15)

One death occurred in the number of maternity cases at Gotherington in 1891, "but in the universal sorrow caused by this sad loss, it is a satisfaction to know that the two doctors in attendance on the patient, expressed their approval of the Nurse's devotion and skill, although all efforts to save life were unavailing". In 1892, "a young mother, ... having been ill before her confinement, developed serious illness after the birth of her child. ... After six weeks devoted nursing ... most happily she has been saved ... and a great deal of ...sympathy for the nursing work has been elicited in consequence of this case." In 1896, "one rare and dangerous maternity case ... was removed to the Victoria Home, Cheltenham, for operation ... [which] saved the lives of both mother and child". (16)

In 1903, Mrs Malleson expressed concern that "cases of acute illness often admit of no delay", to the detriment of "those suffering from the discomforts of age or incurable sickness". With the appointment of an assistant VNM in 1905, the nurse looked "forward to being well able to give the extra needed attention to *chronic* patients whom she is very conscious have not received sufficient visits while more pressing cases have claimed so much of her time". (17)

It must also be remembered that in the days before antibiotic, sulphonamide and analgesic drugs, the preparations and treatments available for the nurses to use were limited. Agnes Hunt recalls her first appointment as a Queen's Nurse on the Isle of Wight in 1892, when the doctor

asked me to help him in his dispensary. I knew nothing about dispensing, but he promised to teach me. Certainly, it did not prove to be difficult, as one prescription consisted of rhubarb and soda, and the other of quinine, iron and brown sugar. He told me to make up three gallons of each, and when the patients came I was to ask for their bottles and fill them up. He added that I could tell which they had been having because there was always a bit of sediment left in the rhubarb bottle, but if they thought the medicine was not doing them any good, I could give them some of the other. If, however, it was a new patient, it would be best to start them on the rhubarb and soda. (18)

Margaret Loane, writing in 1905, lists 12 requisite oils, ointments and powders that the nurse should carry in her bag, four of which she classified as "indispensable":

1. Methylated spirit.
2. Permanganate of potash.
3. Boracic ointment.
4. Dusting powder. (19)

Loane urges the nurse to make her own lotions and potions instead of buying them "ready mixed from the chemist. This is extremely expensive ... to the Association ... and it is a totally unnecessary outlay, as it is perfectly simple for any nurse to buy the materials cheaply and prepare lotions of any required strength." (20) She includes in her manual recipes for a variety of preparations, including "Poppy-head fomentation", which begins: "Get three poppy-heads from the chemist, break into small pieces and boil quickly in a quart of water for fifteen minutes." (21) The ancient use of leeches is still recommended in a detailed and graphic section, which includes the useful directive: "The weight of the leech's body should be supported. Otherwise it may drop off from fatigue before it is satiated." (22)

By 1924, an advertisement in the *Superintendents' Handbook* promotes Germolene as the ultimate, modern aseptic dressing: "As the result of unique processes in mixing and grinding of the ingredients unrivalled homogeneity has been secured." (23)

Even when modern equipment, suitable for hospital or urban use, was available, it could prove impractical in a rural district. At the Coln St Aldwyn, Eastleach, Hatherop, Quenington & Southrop (CEHQS) DNA in 1917, it was decided to sell the sterilizer "as it is for use over gas, and a fish-kettle has been always used instead". (24)

Full and careful details of all nursing treatment and care had to be recorded in four books:

- (1) Register of cases, in which was entered the personal details of the patients, their medical conditions and treatment.
- (2) Daily Visiting Book, for recording the visits paid each day to each patient.
- (3) Time Book, for recording the nurse's working hours.
- (4) Lending Book, in which a record was kept of articles lent, to whom and when returned.

(For an example of a typical page in the Nailsworth DNA Register of Cases, 1907, see Fig. 5.1, p.168) These books were regularly inspected by the Committee of the DNA, and the Superintendents stressed that "records are of great importance. ... To be of use, however, they must be complete, definite, accurate and thoroughly well kept. ... The time spent on them should not be grudged." (25)

In addition, in a leaflet issued to DNAs in 1909, QVJI, with no intention of irony, suggested that

In the country, ... the nurse, when not busy, should be encouraged to visit any chronic cases or old people and read to or otherwise interest them, or to take charge of a young child to relieve a busy mother for an hour or two. ... As the nurse is responsible to the Committee for the good order of the various garments lent to patients, she may also, when not busy, keep them in repair. (26)

The nurses' workload was further increased by the introduction of Public Health Work. In Gotherington, Nailsworth and Painswick the nurses began assisting in the medical inspection of schoolchildren in 1909. Nurse Lane at Nailsworth attended seven schools during that year and more than 300 children were inspected, a total of 47 hours work in addition to her routine district nursing. (27) At Badminton DNA, Nurse Cowee added School Nursing to her duties in 1914, Health Visiting in 1916 and TB Nursing in 1917. (28) By 1916, the Gloucestershire CNA reported that, "of the 72 District Nursing Associations affiliated to the County Nursing Association 64 are co-operating in this scheme for Public Health Work". (29)

By 1917, there were also 16 Infant Welfare Centres in the county, attended by the district nurses. (30) At the CEHQS DNA, a weekly Baby Clinic was set up in 1915 at the Coln Reading Room for the mothers of Coln, Hatherop and Quenington, where their babies were

to be inspected and weighed etc by Nurse Jenkins. ... She will advise them as to feeding, clothing and other matters and Dr Bloxsome has kindly promised to attend at the Room one day each month. ... Several members of the Committee kindly promised either to be present and take down notes and otherwise help Nurse or to give tea to the mothers present.

The following year, a weekly Baby Clinic was also set up to cover the other two villages in the DNA, held alternately in Eastleach and Southrop, where Nurse Lawrence was also Health Visitor and Tuberculosis Visitor. (31)

No.	Date of first visit.	Name and Address.	Age.	Occupation.	Disease.	Doctor.	Nursing Treatment.	Result.	Date of last visit.	No. of visits.
6	May 25 th 1907	Baby Pearce Market Street Nailsworth	11 ^{mo.}	None.	Burns	Bletchly	Dressing Wounds.	Cured		
7	June 1 st 1907	Mrs W. Harris Waldge.	52.	Widow Housewife Parish	Barkus Arm Cut Head.	Bletchly	Dress Wound General Nursing.			
8	June 9 th 1907	M ^{rs} Bishop & Baby Foundans St- Nailsworth.	32.	Housewife	Confinement	D. Wilson	General attention, also washing & dressing of the Baby.	Satisfactory.	21/6/07.	21.
9	June 14 th 1907	Mrs Fletcher Forest Green.	66.	Weaver.	Wound after operation	D. Wilson	Dress wound on head daily. Dressing prev: from Mrs: Gladi.	Died.	July 29 th	68
10	June 14 th 1907	M ^{rs} Latham The Barracks. Nailsworth.	80.	Housewife. Parish.	Diarrhoea. Sickness.	D. Wilson	Gruel soup & water Enema.	Convalescent.	29/6/07.	9.

Fig. 5.1

Source: GRO D3548 5/2

At Painswick in 1917, the question of Health Work was discussed by the DNA Committee, "as Nurse Judd had hinted that it was becoming too great a burden and that if it increased she would have to discontinue it". Fortunately, local doctor's wife and Committee member Mrs Robertson volunteered to help with running the Infant Welfare Centre and "filling out the forms", which arrangement proved satisfactory. (32)

In her Annual Report for the CEHQS DNA in 1919, Lucy St Aldwyn stressed that

With the Maternity & Baby Welfare work, as well as the other branches of health visiting, and the compiling of many statistics, card-filling, etc., as required by the Local Government Board, in addition to all the daily labours of a District Nurse, there is quite enough work in the five villages to keep two Nurses fully occupied, and they rarely get a free afternoon for themselves. (33)

In fact, the Minutes Book reveals that the CEHQS nurses had no free afternoon in any week between July 1917 and February 1918 (34), whilst at Nailsworth in 1920, Nurse Stephens attended the local Infant Welfare Centre "each Tuesday afternoon for 1½ hours". (35) By 1922, the number of Centres had increased to 25 (36), but Charlton Kings did not open its Infant Welfare Centre until 1923. Mary Paget, whose mother Mrs Hill was one of the founder members, recalls, "Everything was run on half a shoestring - not even a whole one!" (37) Fortnightly sessions were held in the Village Hall which, Mrs Paget remembers

was not ideal - it had no loo, it involved stairs up which children and equipment had to be carried, and it was just one large area which had to be divided into a Doctor's corner, a Nurses' corner and a Weighing corner with one weighing machine for babies and another for toddlers. These areas had to be separated off with screens. Mothers had to undress babies in the main area and had only a few chairs on which to park their belongings. (38)

The first session of the Charlton Kings Infant Welfare Centre, held early in 1923, was attended by only 8 mothers with 8 infants. By December of that same year, there were 68 mothers and 76 infants on the books, and the Gloucestershire CNA acknowledged that "few people realize the difficulties of running rural centres. ... Nurses need encouragement and help to enable them to continue this important work." (39)

In the build-up to World War 1, the Red Cross Society requested that members of the Painswick Voluntary Aid Detachment should be allowed to accompany the District Nurse on her rounds "in order to gain instruction". Nurse Judd was willing to undertake this additional work and the Committee agreed that one lady VAD at a time

would be given four weeks' training, on condition that "every lady will be completely under the orders of the Nurse ... and she undertakes to obey the Nurse in every way and not to talk about the patients or treatment to anyone. If this rule is in any way broken ... the Member will be dismissed from her Detachment." (40) At the CEHQS DNA in 1914, "both nurses gave very useful help to the members of the Red Cross Society, who met very frequently for practice in bandaging, bed making, &c., during the summer months". (41) At Badminton DNA in 1915, it was also noted that Nurse Cowee "helps with Red Cross". (42) During the war, arrangements were made between the Gloucestershire CNA and the Gloucestershire War Pensions Committee "for the provision in suitable cases of nursing by the Association's nurses of soldiers and sailors discharged as unfit for further service who are recommended ... as being in want of special treatment". (43) In 1918, during the influenza epidemic, Nurse Bridges arrived "to take over all the nursing of Eastleach and Southrop, with the outlying farm cottages. Her arrival was heartily welcomed" (44), and throughout the county as a whole, many of the nurses "worked incessantly, day and night, and but for their devotion there would have been many more deaths". (45)

In addition to this heavy workload, the Superintendents urged the nurse to "keep herself abreast of new knowledge and developments. ... Time given to reading [and] lectures ... is time well spent." (46) To this end, in 1917 the Gloucestershire CNA introduced "Meetings for Nurses ... of an instructive nature", which it was hoped would "be found helpful and enable the Nurses in rather isolated districts to keep in touch with new branches of work". In 1917, six such meetings were held in different parts of the county; by the following year, the number had increased to eight, with instruction being given on 'Diseases of School Children', 'Tuberculosis Nursing & Visiting', 'General Work' and 'Venereal Diseases'. In June 1919, a Course of Six Lectures to Midwives was arranged and in 1920 the theme was Health Work. (47) In April 1922, a Nursing & Midwifery Conference was held at Shire Hall, Gloucester, organised by a Committee representing local Hospitals, Nursing Homes and the CNA. Speakers included Lady Barrett, MD, who discussed 'Danger Signals of Pregnancy', and Miss Skinner,

Superintendent of the Berkshire CNA, whose address was entitled 'The Vocation of Nursing: the difficulties and opportunities of the District Nurse'. (48) By 1923, the Conference had moved to the Guildhall, Gloucester, and took place over three days, with an average attendance of about one hundred at each of the two daily lectures. What percentage of those attending were District Nurses is not known, but the Gloucestershire CNA hoped "that local Committees will realize what a great help it is to their Nurses to have the opportunity of hearing good lectures, and that they will do all in their power to enable them to attend as far as their work will allow". (49)

That final, qualifying statement illustrates the CNA's recognition that the pressure of such a workload obviously placed the nurses under strain, and this was reflected by frequent changes of county personnel. A Queen's Nurse, on completion of her training, would be sent for one year to a post arranged by QVJI. The Superintendents warn that "it is not always possible to place her exactly where she would like to work, because there may be no vacancy in that particular part of the country" and they add that "a nurse is not expected to leave her post on the completion of her agreement, but she is then free to apply for a vacancy elsewhere". (50) The Gloucestershire CNA, in its first report of 1905, stated that for a VNM "no training will be given unless the Candidate shall have signed an agreement to serve a Gloucestershire Association for a term of not less than 3 years after her training is completed". (51)

Such provisions were obviously designed to ensure some degree of stability and continuity, but in Gotherington by 1891 Mrs Cotterill had been replaced by Nurse Stanford and by 1892, Nurse Garratt had taken charge of the work. Exactly a year later, in 1893, Elizabeth Malleson reported, "Nurse Garratt felt herself obliged to leave ... but we were fortunate enough to get the temporary help of Nurse Clutterbuck until Mrs Wolfe could take charge of the work". Nurse Wolfe devoted herself to her duties, but in 1898 Mrs Malleson sadly recorded:

In July, Nurse Wolfe, who had been the faithful and beloved nurse of the District for over five years, was stricken with illness in the midst of her work, and died two months later, mourned by all who knew her moral rectitude and her unselfish devotion to those who needed her skill and

sympathy.

Two temporary nurses divided the work between them "in the most satisfactory manner" until Nurse Priestley was engaged and took up her duties with "thoroughness and cheerfulness". However, Nurse Priestley left in 1901 and there were further changes of nurse in 1902, 1903, 1904, 1908, 1909, 1910, 1911, 1914, 1915 and 1916. (52) In view of what has already been established concerning Elizabeth Malleson's character and approach, it seems possible that her personality, combined with the heavy workload, did not help to make Gotherington DNA an attractive place for a District Nurse to work. It is significant to note that, after Elizabeth died in 1916 and Mrs Ratcliff of Southam assumed responsibility for the District, Nurse Scott remained in her post from 1917 until 1922, after which two VNMs, Nurse Morehen and Nurse Slade, shared the work between them, both still being in their posts in 1925. (53)

By comparison, the Badminton DNA, run by the Duchess of Beaufort, employed only four nurses between 1905 and 1925. Nurse Margaret Williams, who was already in post in 1905, was replaced in 1909 by Nurse Corns, who remained until 1912. Nurse Cowee, who had worked at Minchinhampton from 1909-13, transferred to Badminton from 1913 to 1917, and her replacement, Nurse Hedley, was still employed in 1925. (54) Five nurses worked for the Painswick DNA between 1899 and 1925: Nurse Freeman 1899-1901, Nurse Gibbs 1902-1903, Nurse Dunn 1903-1908, Nurse Hawkins 1908-1912 and Nurse Judd who took up her post in 1913 and was still employed in 1925. (55) Upton St Leonards DNA employed seven nurses between 1902 and 1925, with Nurse Moore remaining from 1903 to 1906, Nurse Olive Goddard from 1907 to 1911, and temporary nurses until the arrival in 1916 of Nurse Weston, who was still in her post in 1925. (56) Nailsworth DNA fared less well with 12 nurses from 1899 to 1925, though Nurse Dover remained from 1904 to 1908, Nurse Sproat from 1910 to 1914 and Nurse Stephens from 1919 to 1922. However, it was not until 1924 that a satisfactory long-term arrangement was achieved, with the appointment of Nurse Avery, who remained in her post until 1948. (57)

In the county as a whole, the constant turnover of staff can be seen in Table

5.6, which uses data recorded by the CNA from 1917:

Table 5.6 District Nurses employed in Gloucestershire, 1917-25

<u>Year</u>	<u>Total number of nurses employed</u>	<u>Number appointed</u>	<u>Number resigned</u>	<u>Transferred to other Glos DNAs</u>
1917	95	12	10	5
1918	112	17	8	2
1919	115	16	12	11
1920/21	135	22	14	4
1921/22	143	24	14	3
1922/23	146	10	13	2
1923/24	156	17	10	5
1924/25	143	23	16	6
1925/26	145	17	15	6

Source GRO D4057/1

Senior nurses also felt the strain of their work and responsibility. The County Superintendent, Miss Olphert, resigned in 1906 as the work "was found to be too much for one Superintendent to perform without undue pressure". She was persuaded to remain, with the help of an Assistant Superintendent, Miss Janet Mundy, but both resigned in 1907. Miss Olphert's replacement, Mrs McCormack remained in her post from 1908 to 1917, during which time six different Assistant Superintendents were employed. When Mrs McCormack resigned, the then Assistant Superintendent, Miss Lena Milford, was promoted to replace her. Queen's Nurse Milford had been the first district nurse to serve the CEHQS DNA, arriving there in October 1910. Although the total population of the five villages of Coln St Aldwyn, Eastleach, Hatherop, Quenington and Southrop was only 1,400, the district covered more than 19,000 acres, with "several miles of very bad roads". During her first year in office, Nurse Milford paid 3,243 visits to 127 medical cases and 86 surgical cases, with 27 nights on duty. In addition, she attended 27 maternity cases, 9 of which proved abnormal and required the help of a doctor. Nurse Milford, "who had proved herself such a kind and excellent nurse, ... had worked most willingly and untiringly, ... but it had become evident that the five parishes constitute too large a district for one Nurse to carry on". (58) Nurse Milford resigned in August 1912, to be replaced by two VNMs, and she became Matron of Fairford Cottage Hospital until her appointment as Assistant Superintendent in July

1916. After only seven months, she was promoted to County Superintendent and remained in office until 1946. Each year, the Gloucestershire CNA acknowledged its appreciation of Miss Milford's devotion and stabilising influence, a typical comment from the Annual Report of 1921/22 being:

The Committee feel that they cannot speak too highly of the work of their Superintendent, Miss Milford; her zeal and enthusiasm seem to increase with the work, which becomes more arduous as time goes on and as the number of Associations increases. Her sound judgment and impartial justice are always to be depended on, by both Secretaries and Nurses, who one and all pay many tributes to her tactful and sympathetic help in all their difficulties. (59)

Where reasons are recorded in surviving records, the most frequent cause of resignation was ill health: Nurse Mellor at Gotherington in 1904 (60); at Nailsworth, Nurse Overshott (1902), Nurse Dover (1908) and Nurse Sproat (1914) (61); at Upton St Leonards, Nurse Moore in 1907 and Nurse Goddard in 1911. (62) At the CEHQS DNA, Nurse Milford's replacement for Eastleach and Southrop, Nurse Poulton, suffered a complete breakdown in health after less than three months in her post in 1912 and in January 1913 she was reported to have "been many weeks in hospital, with little hope of ever resuming her vocation as nurse". Nurse Coventry, who took up her post at Coin St Aldwyn, Hatherop and Quenington in May 1913, had "a bad attack of rheumatism in July, which entailed giving her leave for a month. ... Unluckily, as winter approached, she was again troubled with rheumatism, and in consequence gave up her place on December 20th." In 1916, the CEHQS Committee were obliged to release Nurse Lawrence from her contract after a year in her post at Eastleach and Southrop as "unfortunately the bicycling during the autumn gales overtaxed her strength, and she was forbidden by her doctor to do any work after the 19th October till February". (63) In both 1918 and 1919, one nurse in the county had to be released from her contract, "her health having broken down", and another in 1918 "was obliged to take three months' rest during training". (64) In 1921, Miss Milford reported to the CNA Committee that "Nurse Fitzgerald, nurse at Wickwar, had broken down in health. The doctor ordered three months rest", and in February 1924 it was reported that "5 nurses had been off duty ill for periods from 6 to 10 weeks, but have returned to duty.

5 nurses still off duty ill." (65)

As a deterrent to VNMs failing to complete their three years post-training agreement, the Gloucestershire CNA Committee decided in 1912 "to raise the penalty for nurses breaking their contracts with the Association from £10 in the first year to £20, in the second year £15 and in the third £10". (66) In view of the salaries paid to VNMs (see Chapter Six), these penalties were severe, but several nurses still broke their contracts. In 1916, Nurse Amer resigned during her first year at Hucclecote (67) and in 1918 it was reported that Nurse Bailey "had disappeared at the end of 1 years training after refusing to carry out her contract". (68) When Nurse Smith resigned to be married during her third year at Dumbleton in 1921, it was recorded that

She was by her agreement with the County liable to pay £10 but would find it difficult to do so. She had been reminded, before she married, of this liability and also had not told her husband. After some discussion, it was ... agreed that she should pay £5 instead of £10 and that she might if more convenient pay it by £1 instalments in five months. (69)

Such resignations were clearly a national problem, as in April 1922, QVJI sent a letter to CNAs "asking for particulars of nurses who had broken their contracts during the last 3 years". (70) It was felt that the terms of the contract should be strictly enforced, so when Nurse Hussell broke her agreement during her second year at Chedworth in the same month that QVJI issued its circular, the CNA "decided that she must pay the full penalty. ... She had not been very satisfactory and had fully understood the conditions when she trained." When Nurse Hussell "made no attempt to pay the penalty", it was decided "to send her a lawyer's letter", to which no reply was received, and the CNA was then advised that "it was a case which could be pursued". However, "after some discussion, it was decided that in view of possible hardship to the children, the case should not be taken up and that Mrs Hussell should be told that the Committee had only come to this decision on account of her children". (71)

No such sympathy was shown to Nurse Blake when she broke her contract in 1925 and failed to reply to two letters asking her to pay the penalty of £20. It was decided to pursue the matter as a test case and solicitors were instructed to prosecute the former nurse. A date was set for the trial, but the case was settled out of court, "the

husband undertaking to pay £2 a month". (72)

A dislike of rural work drove other district nurses to resign: at Hardwicke in 1896/7, it was recorded that "Nurse Phillips ... having so much anxious work ... is leaving us in the Spring ... to take up work in her own home of Newport". (73) Janet Mundy, the first county Assistant Superintendent, resigned after only three months in her post in 1907, "as Gloucestershire did not suit her". (74) At Gotherington, Nurse Hastings left in 1909 "to take up duty as one of a group of nurses in a large borough"; in 1911 Nurse Taylor was offered "a position near London ... which she much preferred to country work"; and in 1914 Nurse Griffiths was "invited by the County Medical Officer of Health to take up a branch of special work in Gloucester". (75) At Nailsworth, Nurse Fulton "accepted another post in Cardiff" in 1900; Nurse Warren left in 1904 "to take up a post in London"; Nurse Tatton left in 1915 "to accept a very good appointment in Cheltenham"; and "Miss Mildred Stephens, who had been doing district work for 3¼ years, left Nailsworth on Dec 31st 1922 to take up work elsewhere". (76)

Other nurses preferred different branches of their profession: Nurse Garratt's year at Gotherington was her only experience as a district nurse and she returned to hospital work in 1893. (76) Nurse Fenton resigned from Charlton Kings in 1909 "for private nursing" (78); the same reason given by Nurse Farrar in 1921, much to the regret of the CNA who recorded that "she was a very satisfactory nurse for emergency work and much liked everywhere" (79); and the Webb sisters, who left their only post at Cinderford after two years in 1926. (80)

Several nurses, both QNs and VNMs, are recorded as having left to be married: Nurse Carter at Gotherington in 1902 (81); Nurse Evans in 1909, after two years at Blaisdon (82); Nurse Hawkins (Painswick, 1912) (83); Nurse Roberts (Bibury, 1923) and Nurse Allen (Kemble, 1925). (84)

Others resigned due to illness or death in the family: Nurse Gibbs at Painswick in 1903, "on account of the death of her sister" (85); Miss Palk, the first County Superintendent, who left within a year of her appointment in 1905, "owing to the illness of her mother" (86); and at Gotherington "Nurse Nixon, who was with us for over a

year, had to leave owing to the serious illness of her mother, in June, 1916". (87) At the CEHQS DNA, "Nurse Conry, who took up work in October, 1912, was called away suddenly on January 17th [1913], to the help of a sister dangerously ill, and did not return" (88), whilst in December 1921, Nurse Bridges was granted leave of absence "to look after her mother in Fairford who was very ill", and returned to duty in September 1922. (89) Nurse Jenning left Stone in 1921 "for home duties", and in 1922, Nurse Harris, who had just completed her training as a VNM, was allowed to break her contract as she "had lost her mother and in consequence considered it her duty to live with her father". (90) These latter cases, though relatively few in number, still illustrate how unmarried women were expected to be at the beck and call of their relatives and to place family loyalty and duty before personal ambition and career prospects.

World War 1 also made demands on the nurses' sense of duty. In 1914, the then Assistant Superintendent, Miss Lee, resigned her post after two years "to take up work in a Military Hospital"; the Report of 1916 states that "the County Association makes every effort to fill the places of nurses leaving their districts, but fear they must beg for indulgence when delay is unavoidable owing to ... the larger number who are doing war work in various capacities"; and in 1918 the CNA expressed the hope that "future work may be made easier through the cessation of war and consequent demobilization of nurses". (91)

Over the years, there were also cases of nurses being dismissed. At Painswick in November 1901, the Committee acknowledged that Nurse Freeman "has always proved herself an efficient nurse and has been much liked by her patients" but they felt that "having been here two years [she] has become too intimate and inclined to gossip with some of her patients and therefore would do better elsewhere". The nurse was given one month's notice, to the obvious consternation of her patients, as at the following Committee Meeting in January 1902,

the Chairwoman read a petition, which had been sent to her, signed by many of the Painswick inhabitants, requesting the Committee to reverse their decision and retain the service of Nurse Freeman. It was unanimously agreed that it was impossible to comply with their request and that the Committee's reasons for dismissing Nurse Freeman should not be given. (92)

At Upton St Leonards in February 1903, "the nurse's tactlessness was discussed at length and it was resolved to give her notice to leave in May". (93) At the CEHQS DNA in April 1915, "Canon Wright made a formal complaint of Nurse Coast having fomented quarrels between two Belgian families living in Eastleach, and the President undertook to write a reprimand to Nurse Coast". Four months later, in August 1915, "the Secretary brought complaints of Nurse Coast's conduct before the Meeting and stated that Dr Bloxsome intended ... to bring forward a complaint he had against her also". Matters came to a head in October 1915 when "a letter was read from Dr Bloxsome giving his opinion that it was desirable that Nurse Coast should be dismissed. The Secretary reported that she had been given a month's notice, but had run away a few days later." (94) In 1918, Nurse Dando of the Shurdington DNA "was dismissed by CNA as unsatisfactory", as was one unnamed nurse in 1923/24 and another in 1925/26. (95)

One particularly tragic case concerned the resignation of Nurse Powell at Gotherington in 1908, which Elizabeth Malleson describes:

In the early part of the year Nurse Powell, called in to a patient living in a very lonely cottage on the hills, found her so unfit to be far from help and even neighbours, that she, with great kindness, made arrangements to bring the poor woman to her own home in Gotherington, to await her approaching confinement. The patient seemed to respond to these better conditions, but when her baby was born in March, she suddenly collapsed in heart failure and died even before the doctor could arrive.

Nurse Powell was so shocked and distressed by this death and "found her midwifery work cost her such strain of nerve" that she immediately resigned. Fortunately, such a caring nurse was not lost to the county as she was offered "a post under Dr Middleton Martin [the County Medical Officer of Health] in his Medical Inspectorship of Schools". (96)

However, by far the most poignant cases must be the nurses who, like Gotherington's Jenny Wolfe, died in the course of their duties. During the influenza epidemic of 1918, two nurses died: "Nurse S. Wright, who was at Mickleton for some years, and was loved and respected by all; Nurse Enos, after only 3 months on her district - she was young, bright, and devoted to her work". (97) Nurse Godfrey died in

1919 after two years at Barnwood, "greatly respected and loved by all "(98); in September 1921, Nurse Culley, who had just completed her training as a VNM, "met with a terrible bicycle accident" and died in hospital the following day; and in August 1925, Nurse Sutcliffe, who had been at Moreton-in-Marsh for five years, died after a long illness. (99)

As Elizabeth Malleson wrote in 1910, in view of

the life of exposure to weather and fatigue, and the constant calls upon the energy, courage and endurance demanded by the work of nurse and midwife, it is scarcely surprising that only women of exceptional temperament and character should seek employment under such severe conditions. (100)

Conclusion

The district nurses of 1925 still faced many of the practical problems encountered by the earliest recruits in the 1890s. They served extended districts that necessitated arduous travelling in all weathers, often on unmade roads, with no transport other than a pony and cart or, later, a bicycle. Where roads were impassable for vehicles, their only option was to walk. Over the years, their workload increased to include all aspects of Public Health Work, which duties they were expected to fulfil in addition to their routine nursing and midwifery cases. During their off-duty hours, they were regularly occupied with record keeping and were encouraged to update their knowledge and skills through reading and attending lectures.

The strain and responsibility of such a heavy workload were keenly felt by all levels of county staff, from the Superintendent to the VNMs, resulting in a constant turnover of personnel. In the circumstances, it is hardly surprising that the most frequently recorded reason for resignation was ill health, whilst a dislike of rural work drove other nurses to take up different branches of their profession or even to break their contracts.

To what extent the living standards of the district nurses also contributed to their discomfort and discontent will now be considered in the next chapter.

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County Superintendent Lena Milford c.1940

Source: GRO D4057/27
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CHAPTER SIX

THE LIVING STANDARDS OF THE DISTRICT NURSES

Introduction

Having established the heavy weight of responsibility carried by the nurses in their workload, this chapter will now consider to what extent their salaries and accommodation reflected the important nature of their duties. Salaries are compared not only with other branches of the nursing profession, but also with other women workers, from the 1890s to the first State Registration examinations in 1925. The difficulties experienced by DNAs in raising the necessary funds to employ either a QN or VNM are detailed, with particular reference to increases in the cost of living, which affected not only the nurses themselves, but those from whom subscriptions and donations were collected.

The problems of providing adequate housing for the rural nurses are then discussed, and compared with both urban district nurses' homes and hospital accommodation. The disadvantages of working in an isolated rural district are considered, weighed against the advantages of the independence that such a post offered.

Salaries

Baly states that if QVJI "were to attract the right calibre nurses, they had to pay them at least as well as ward sisters in a good hospital and to see that they were housed and cared for properly". (1) Vicinus tells us that, in the 1890s, "a sister's salary started at about £30 and rose to a maximum of £55, with uniforms, laundry, room, and board worth about another £20". (2) In addition, Stocks points out, even a newly trained nurse could earn two guineas a week with keep as a private nurse. (3) By comparison, Maggs quotes the average annual salary of a female certificated teacher in an elementary school in 1890 as £76 (4), whilst Bulley & Whitley state that 50% of

assistant mistresses in High Schools in 1894 earned an average of £118 a year for an average week's work of 35 hours, plus 13 weeks holiday. (5)

In contrast, QVJI had no standard rate of pay in rural areas because of the diversity of local circumstances and arrangements, with each DNA responsible for raising its own funds. Stocks tells us that, in urban areas, "a typical salary for a Queen's Nurse receiving board, lodging and laundry in a nurses' home would be £30 per annum - a sum which could be achieved by a really high-class domestic servant". (6) This comment is confirmed by a Board of Trade survey in the 1890s which shows that a cook-housekeeper earned an average wage of £35 per annum in the provinces and £41 in London. (7) The application form for RNA nurses states that "the usual salary offered is £52 a year, with uniform" (8); when it became QVJI's Rural District Branch, the Constitution of 1892 stated that

the services of a Trained Nurse and Midwife can be obtained at the cost of between £55 and £65 a year. This sum would include a salary of from £25 to £30 to the Nurse; uniform, costing on an average £3 a year; and board, lodging, and washing, the cost of which varies naturally in different places. The cost of a donkey and cart, after the initial expense of purchase, is from 1s. to 1s.6d. a week for the keep of the donkey, and a trifling expense for shoeing and repairs. (9)

In Mrs Malleson's Gotherington District, the nurse was paid £1 a week from 1891-98, but only 'Part of Rent' was paid at an average of £3 per year, uniform costs averaged £1.15s.0d., whilst 'Feed of Donkey, &c.' averaged £3.12s.0d. Presumably, the nurse paid the balance of the rent herself, plus food, fuel and laundry costs, which would have left little from her £1 a week. This situation changed in 1900, when Mrs Malleson refers to "the difficulty of getting suitable and hygienic accommodation for the Nurse" and she "rejoiced that so restful a home has been procured". Expenses for that year show 'Rent, Board, Fuel, &c. - £47.16s.10d.' but the 'Salary of Nurse' was reduced to £30. (10)

Similarly, at Stonehouse DNA, Nurse Taite's salary and uniform for 1896-97 cost £34, with board and lodging costs of £39.2s.2d. (11) At Hardwicke, the nurse's salary and uniform cost £33.2s.8d., with board and lodging at £29.6s.0d. in 1893, rising to £34 and £37.2s.5d. respectively in 1896. (12) By comparison, the Mistress of

Hardwicke Parochial School was paid £44 in 1892, with £5 towards lodgings at a local farm in 1889 (13), whilst the upper-housemaid at Hardwicke Court was paid £25, all found, in 1892. (14). At Upton St Leonards, the nurse fared even worse, with a salary, including uniform, of only £20 in 1901, with a further £50 per annum being allocated by the DNA Committee to cover Board & Lodging at £40, Washing at £5 and Bicycle & Sundries at £5. (15) The Balance Sheets for Nailsworth DNA from 1900-02 show £75 per annum total expenditure for the nurse's services, though no breakdown is given. (16) At Painswick in 1902, "the Committee decided to engage Nurse Gibbs permanently: the salary to be £30 a year with 1/- a week for washing, besides Board & Lodging. ... Nurse then asked what extra uniform would be given: this was deferred to the next Meeting." In fact, it was not until the following year, when Nurse Gibbs resigned, that the question of uniform costs was resolved, her replacement being offered "£30 salary with Board + £5.5s.0d. for Laundry & Uniform". (17)

In rural areas throughout the country, many entire working-class families subsisted on a similar or even lower income: in 1898, the weekly wage of agricultural labourers in the Midlands counties, including Gloucestershire, was only 13s.10d., or £36 per year, compared with the national average of 14s.5d. weekly, £37.10s.0d. annually. (18) However, the salaries offered by DNAs neither reflected the class and education nor the superior training that Florence Nightingale envisaged for Queen's Nurses. Horn points out that the minimum annual income needed to keep even a resident 'maid-of-all-work' at the end of the nineteenth century was £150; as Seeborn Rowntree took "the keeping or not keeping of domestic servants' as the dividing line between 'the working classes and those of a higher social scale'" in 1899 (19), this places the district nurses far below the middle- and upper-classes from which they were expected to come. As Vicinus says, "a middle-class woman who earned less than a pound a week could not maintain her social status, according to her peers". (20)

Hope Malleson attributes the low wages in the Gotherington district to the fact that "it included so few houses of the better-to-do that the collection of funds was always a problem". (21) In every Annual Report, Elizabeth Malleson stresses the need

for funds. In 1892, she expressed the opinion that, "in an area where from 2,000 to 3,000 persons live in villages and scattered hamlets, it should not be difficult to collect 1,000 shillings [£50], and these shillings would go a very large way towards defraying the expenses of the nursing work". However, the total fees, thank-offerings and donations from the villages never exceeded £30 per year between 1891 and 1900, whilst donations from Mr and Mrs Malleson, their family and friends usually ranged in total from £53 to £73. In 1893, Mrs Malleson expressed the fear that, "any year these friends may decide that nearer claims will prevent their sending help to our district", and the years 1896 and 1897 both showed a deficit, "chiefly occasioned by the cessation of one large outside subscription, through the death of the generous donor", namely 'Percy Whitehead, Esq', one of Elizabeth's brothers, who had made an annual donation of £10. A bazaar held in July 1898 raised more than £40, which "not only gave for the nurse the much-needed new donkey cart and harness", but also paid off more than half the deficit; the remainder was covered by extra donations from Mr and Mrs Malleson. (22)

Other lady administrators were equally generous. When Nurse Mackay was appointed as the first district nurse in Winchcombe in 1904, Mrs Dent-Brocklehurst of Sudeley Castle was so anxious that the experiment should be a success that she personally paid the nurse's first six months' salary of £22 and her board at Almsbury Farm of £13. (23)

So widespread was the general problem concerning finances that in its first Annual Report of 1905 the Gloucestershire CNA included a section entitled 'How to Raise Funds for a Local Association'. In addition to subscriptions, donations, midwifery fees and church collections, the CNA suggested "special efforts such as Entertainments, Fetes, Jumble Sales, &c., to rouse general interest, or to meet special or extra expenditure". (24) At Gotherington, an annual Sale of Flowers was held, which raised an average of £4 per year from 1892-1916. (25) The Needlework Guild supported the Cheltenham DNA, making donations of £84 in 1898 and £95 in 1901 (26), whilst at Stroud the local Football Club played a Benefit Match each year from 1896, raising an

average of £20. (27) A Needlework Guild was also started in Nailsworth in 1903, its first year's donation to the DNA totalling £6.0s.11d., whilst entertainments raised additional proceeds of up to £25 a year, including dances, concerts and, in 1905, a Pastoral Play. (28) At Minchinhampton, 'Proceeds of Theatricals' amounted to £13.19s.5d. in 1904. (29)

Despite such sterling efforts, Gotherington DNA reported a deficit every year from 1900 to 1902, 1904 to 1907 and 1912 to 1915. (30) Whilst Nailsworth DNA remained in credit, the Balance Sheet of 1905 shows a reduction in subscriptions and donations of £14.14s.0d. and the Annual Report of that year states that, "although the Committee are most grateful to those who have organized entertainments on behalf of the Association, they feel that a steady income derived from subscriptions is a far better basis for satisfactory results". (31)

In addition to raising sufficient funds to cover the nurses' salaries and living costs, medicines and dressings also had to be purchased, with Gotherington DNA spending an average of £4.7s.6d. per year between 1900 and 1909 (32), whilst Nailsworth DNA spent an average of £5.9s.0d. annually between 1900 and 1907. (33) Wear and tear caused by unmade country roads necessitated regular expenditure on the nurses' bicycles. At Stonehouse DNA, £2.6s.6d. was recorded as 'Repairs to bicycle' in 1896-7 (34); at Gotherington an average of £2 per year was spent on repairs or replacements between 1902 and 1916 (35); and Nailsworth DNA bought a new bicycle in 1909 at a cost of £8.1s.3d. (36) From 1905, an Affiliation Fee of 10s.0d. per year had to be paid to the CNA, together with fees for temporary and holiday nurses. When Nurse Dover was taken ill at Nailsworth in 1906, the cost of supply nurses amounted to £11.15s.5d. (37), whilst Gotherington DNA spent an average of £4.6s.0d. per year on 'Holiday Nurse' and 'Extra Nurse' between 1909 and 1915. (38) Day to day administrative costs, including stationery and postage, amounted to an average of £2.16s.0d. per year both at Gotherington and Nailsworth (39), and from 1907 DNAs were encouraged to "insure their Nurses through the agency of the Queen's Institute against sickness" at a rate of 3d. per

week, 13s.0d. per year, for each nurse. (40)

By 1909, according to a booklet issued by QVJI, the annual estimated cost of employing a Queen's Nurse had risen to £85-100, whilst a County-trained VNM could be maintained for a maximum of £50 a year. The former average salary of £30 a year was now the required minimum for a Queen's Nurse, "independent of local conditions", rising to £32 and £35 in the second and third years of service, with an additional £2 a year for practising midwifery and an annual allowance of £4 for uniform; board and lodging, and laundry, or equivalent allowances, also had to be provided. Nationally, VNMs were paid "from 14s. a week, rising to 16s., 18s., or £1 a week", i.e. £25-50 a year, which covered salary, board, lodging and laundry, with uniform provided. (41) In Gloucestershire, it was decided in 1906 to pay VNMs "a salary of £35 to £40 inclusive during the three years they work for the Association" plus uniform. By 1908, the VNMs were clearly beginning to realise their value in remote rural districts, as it was noted by the CNA that, "owing to the increased demand for Village Nurses they now ask larger salaries" and it was decided to increase their pay to £50-52 per year inclusive. (42) However, despite this rise, when increases in the cost of living are taken into account, the nurses' standard of living must have been lower in 1909 than the original Nurse Mary at Gotherington, who was paid £1 a week in 1885.

Unfortunately, the Gotherington Annual Reports show the combined total for 'Salary, Rent & Board of Nurse' from 1909 to 1916, instead of separate figures, so a detailed breakdown cannot be compared with earlier years. However, the average total cost amounted to £88.15s.0d. per year during that period, compared with £78 in 1900. (43) At Upton St Leonards, Queen's Nurse Goddard was appointed in 1907 at the minimum salary of £30, plus uniform allowance of £4, with requisite and sundry costs of £50 unchanged from 1901. (44) When Nurse Hawkins was interviewed at Painswick DNA in 1908, with three years' experience as a district nurse, she stated "that she would prefer sums for Board, Laundry etc. should be included in her salary and paid direct to her; and agreed to the salary of £75 inclusive". (45) Nailsworth DNA paid Queen's Nurse Sproat an all inclusive salary of £90 in 1911, rising to £95 in 1912;

it remained at this figure until 1914, after which the accounts were not included in its Annual Reports, "owing to scarcity of paper". (46) At Charlton Kings DNA, Nurse Newdick was paid a salary of £36 in 1911, with Board & Lodging costing £43.11s.0d., Laundry £5.4s.0d. plus a Uniform Allowance of £5, a total expenditure of £89.15s.0d. The Balance Sheet for that year showed a deficit of £25 and most of the Committee members resigned, complaining that "the subscriptions were inadequate for the support of the Nurse". Fortunately, the deficit was paid off, "largely by the result of a Whist Drive organised by Mrs Fry", wife of the village headmaster, "and a cheque for £11 from an anonymous donor". (47)

Similarly, the Coln St Aldwyn, Eastleach, Hatherop, Quenington & Southrop (CEHQS) DNA recorded a deficit of £6.4s.0d. in 1911, when Nurse Milford was paid £35 plus a Uniform Allowance of £4, with Board & Laundry at 12s. per week and Attendance at 2s.6d. per week, a total of £76.16s.6d. before the addition of sundry administrative costs. The deficit was made good by a special donation from Sir Thomas Bazley of Hatherop, in addition to his annual subscription of three guineas, and Sales of Work in the villages of Eastleach, Hatherop and Southrop gave the DNA a welcome credit balance of £14.8s.4d. in 1912. In her Annual Report, Lucy St Aldwyn stressed that such expenditure was not excessive, as

a Queen's Nurse is a person of education and some position in life, who has had an expensive training, mainly at her own cost, and yet her salary is not as much as many village girls can obtain if they rise to be cooks or housekeepers in large houses, where board, lodging, washing, fire, and light are provided for them, they have two or three maids under them to do their rough work, and, unlike a District Nurse, they have no call to be out daily in all weathers and at any hour of the day or night. (48)

In 1916, the Gloucestershire CNA warned local DNAs that "the increased cost of living is causing a steady rise in the scale of salaries required". (49) By June 1915, food prices had risen by almost 32% compared with pre-war costs, and by September 1916 they had increased by 68% in towns and 62% in rural areas. By the Spring of 1917, the price of bread had more than doubled since 1914, and by 1918 rationing was introduced throughout the country of meat, tea and butter. (50) Women's war work had led to a general increase in their wages: the starting wage for a bus conductress was

£2.5s.0d. per week, compared with the pre-war national average woman's wage of 11s.7d. a week; factory workers in the processing industries were granted a minimum standard weekly wage of £1; whilst women in the shell factories could earn up to £2.2s.4d. a week; and the wages of shorthand typists almost doubled in a year from their pre-war figure of £1 a week. (51) Whilst working in a munitions factory was undeniably unpleasant and dangerous, particularly for those women who worked with TNT, a post as a bus conductress or shorthand typist could hardly be described as physically demanding or socially responsible, yet their wages were at least equal to, and in many cases, higher than the district nurses in Gloucestershire. In 1916, the Charlton Kings DNA paid Queen's Nurse Newdick an inclusive salary of £100, whilst Staverton and Shurdington DNAs paid their VNMs £76 and £79 respectively. (52) The CEHQS DNA, which then employed two VNMs instead of one Queen's Nurse, raised their salaries from £52 to £60 inclusive (53), and at Painswick, VNM Nurse Judd's salary was raised from £70 to £75 in 1915 and was then increased by a further £2.10s.0d. in 1916. (54)

From the Spring of 1916, a Local Government Board grant of £220 per annum was paid to the CNA, to be distributed amongst those DNAs which were co-operating in the scheme of Public Health Work, at a rate of "£3.10s.0d. to each district maintaining one nurse and £7 to each district employing two or more nurses, £10 being retained by the County Association for administrative expenses". (55) From the following year, a further grant of "£14 per annum for each nurse carrying out such duties efficiently" was also paid by the County Council. (56) Such monetary aid was doubtless welcomed by the DNAs, but it barely helped them to keep pace with ever increasing expenditure: in the same year that the first County Council grant was issued, the CNA decided that the minimum salary for VNMs in Gloucestershire "will now be £60 + uniform". (57) In that month, May 1917, Nurse McKeown took up her post with the CEHQS DNA at a salary of £75 with cottage and uniform (58) and total expenditure for the financial year ending 31st March 1918 amounted to £139. (59)

Despite these increases, when the QVJI Inspector paid her annual visit to the

county's nurses in 1918, she reported that "in some of the districts their salaries appeared rather low" (60) and the CNA responded by setting the "salary of Village Nurses who have concluded their 3 years agreement at £75 a year". (61) However, when a Report from the Queen's Institute on the salaries for Queen's Nurses and Village Nurses was read at the CNA Committee Meeting in March 1919, "it showed that the salaries of Village Nurses in Gloucestershire were [still] lower than those in most of the other counties". QVJI's suggested scale of salaries for VNMs was:

With population under 1000 - £89 rising to £99 by annual increments of £2.10s.0d.

For population between 1000 to 2000 - £94 rising in the same way to £109.

For population between 2000 to 3000 - £106.16s.0d. rising to £121.16s.0d. (62)

At the CEHQS DNA, Nurse McKeown's salary for the parishes of Coln St Aldwyn, Hatherop and Quenington, with a joint population of 1028, had been raised in 1918 from £75 to £85 a year which, even with a War Bonus of £10, was less than the £96.10s.0d. suggested after one year's service, whilst Nurse Bridges, who covered Eastleach and Southrop, with a population of 748, was appointed in 1918 at "a salary of £72: this to include her board & lodging at Southrop 17/6 per week and laundry 2/6 per week". This arrangement was calculated "to leave a clear £20 a year for the Nurse herself, the Association paying for uniform and bicycle", but it was £17 (19%) below QVJI's starting figure. (63) Even these wages increased the DNA's annual expenditure to £169, leaving a balance of only £14.10s.0d. in hand. (64) At Painswick, which had a population of 2828, Nurse Judd's salary had been increased in January 1919 to £82.12s.0d. per annum (65), £39.4s.0d. (32%) less than the £121.16s.0d. suggested by QVJI after six years of service.

By 1919, the nurses' living standards had become such "a source of acute anxiety to the Public Authorities [that] a special Sub-Committee, consisting of members of the Health & Housing Committee and representatives of the Gloucestershire County Nursing Association was appointed to consider the matter and to report thereon to the County Council". (66) As a result of their findings, it was decided to recommend an all inclusive salary of £140 per annum for Queen's Nurses whilst the suggested scale of salaries for VNMs was:

1st year after training - a minimum salary of £26 plus £65 for board & lodging.
 2nd year - a minimum salary of £32 plus £65 for board & lodging.
 3rd year - a minimum salary of £40 plus £65 for board & lodging.
 4th & subsequent years £120 inclusive. (67)

This offered a range of £91-120 inclusive, based on experience, compared with the £89-121.16s.0d., based on the population of the district, as suggested by QVJI.

The following financial year, 1920/21, it was reported by the CNA that salaries "have been substantially raised in almost every district", but to achieve this "Associations are in most cases charging higher fees, and asking a regular subscription for General Nursing of not less than one penny a week", with a minimum Midwifery Fee of 15s.0d. (68) Unfortunately, few DNA records survive for the years 1920-25, but handwritten notes on the official copy of the CNA's Annual Report of 1919 show a figure of £120 beside the names of 43 VNMs. 15 others are noted with figures ranging from £80 for Nurse Clifford who had worked at Minsterworth since 1914, with a population of only 330 in an area of 1825 acres, to £149 for Nurse Cooper who was appointed at Wotton-under-Edge in 1919, with a population of 3246 in 6916 acres. Of the five QNs employed in rural districts in the county that year, two (Nurse Hedley at Badminton and Nurse Stephens at Nailsworth) are noted at £140, less than the highest paid VNM, whilst Nurse Newdick at Charlton Kings is listed at £150, Nurse Wardle at Quedgeley at £156 and Nurse Williams was appointed for the Lydney district, to be started in February 1920, at £180. (69)

Lucy St Aldwyn stressed that "with the higher cost of living and universal advances in rates of pay, District Nurses are entitled to higher salaries" (70), but the system of raising funds and the sources available remained unchanged, i.e. subscriptions, donations and special efforts. An increase in the grants from the Ministry of Health (formerly received from the Local Government Board) in 1919, from £3.10s.0d. per nurse to £5, and from the County Council in 1920/21 from £14 to £20 for each nurse undertaking Public Health Work, whilst welcome were, alone, insufficient to meet increased expenditure and DNAs that had struggled for years to meet living costs of up to £100 suddenly found themselves expected to raise up to £140 a year, or more.

At a Committee Meeting of the Painswick DNA in March 1920, the Secretary read a letter from Nurse Judd, one of the county's lowest paid VNMs,

asking for a rise of Salary on account of the continued rise in expenses. Lady Hyett then read a circular from the County Nursing Association urging the importance of salaries being raised. ... It was carried unanimously that Nurse Judd's Salary should be raised to £100 a year.

To meet even this increase, it was considered necessary to raise annual subscriptions from 2/- to 3/-, whilst non-subscribers would be charged 6d. a visit and "bandages and other dressings should be paid for by the patients". (71)

In December 1920, the Secretary of the Shurdington DNA wrote to the CNA

stating that unless they could receive special assistance their Committee had decided that the Association must close down and that they must give their Nurse notice in January. They have a very excellent nurse and very much wished to keep her but have absolutely no funds after Christmas [having] ... this year raised the nurse's salary at the request of the CNA.

After careful consideration of the case and a Public Meeting in the village attended by Miss Milford, the CNA awarded a grant of £25 providing a subscription system of 1d. a week was introduced and the DNA made "a very special effort". (72)

Tibberton DNA was not so fortunate when its Secretary wrote to the CNA in 1923, requesting a grant of £20 to cover its overdraft of £14.17s.5d. In response to the CNA's recommendation, the Tibberton committee had raised the salary of Nurse Wright, who had been their VNM since 1915, to £120 inclusive in 1920, with further increases to £132 in 1921 and £140 in 1922. The minimum subscription had been raised from 4/- per annum to 4/4d. whilst midwifery fees increased from a minimum for subscribers of 5/- and non-subscribers of 12/6d. to 15/- and £1 respectively. These measures proved inadequate, especially as a new bicycle needed to be bought at a cost of £10.2s.6d. in September 1922, and having reported "very satisfactory" credit balances of £29.2s.6d. in 1918, £24.15s.0d. in 1919 and £19.2s.0d. in 1920, the surplus fell to only £1.12s.6d. in 1921, £1.15s.0d. in 1922 and finally into debit in 1923. At the Annual Public Meeting held in May of that year, the Treasurer, Mr Giles, "stated that it would be impossible to carry on, unless something was done to improve the financial position of the Association," but unfortunately the Committee assumed that a grant from the CNA would be automatic. There was great consternation when Miss Milford

replied to their letter by explaining that, whilst all such requests were given equal consideration, the CNA "could not guarantee to make good all deficits". After much discussion, it was decided with great regret that Nurse Wright's salary would have to be reduced from £140 to "£130 per annum, with Cottage and use of bicycle. If at the end of the financial year, a balance of over £5 accrued, it would be at the Committee's discretion to give a bonus." In the meantime, a Fund-raising Sub-committee was formed and as a result of a Whist Drive being held in each of the parishes covered by the DNA (Tibberton, Rudford, Highleadon and Taynton), an entertainment given by Taynton Sunday School children and a gift of £1 made by each member of the Committee, the deficit was cleared. By 1924, Tibberton DNA was again in credit, with a balance in hand of £10.5s.2d., increasing to £13.5s.0d. in 1925, with Nurse Wright receiving a bonus of £3 in both years. (73)

At the CEHQS DNA, the minimum subscription had also been raised, from 2/- to 3/- from 1st January 1920, with midwifery fees of 15/- and £1, to meet an increase in Nurse McKeown's salary from £85 to £95 in September 1919 and to £100 at the end of that year, whilst Nurse Bridges' salary was raised from £72 to £91.16s.0d. in March 1920. Although these figures represent increases of £15 (17.6%) for Nurse McKeown and £19.16s.0d. (27.5%) for Nurse Bridges, they were still below the £105 and £97 wages suggested by the CNA for nurses with three and two years of service respectively. A further increase in Nurse McKeown's salary in September 1920 brought her to the recommended figure of £120, whilst Nurse Bridges was paid £108 in 1921, rising to the required figure of £120 after four years service in 1922. (74) In that year, subscriptions from the five villages served by the DNA totalled £110, compared with £73.15s.0d. in 1911, a rise of 49%, and total receipts had risen from £95 to £250, an increase of 163%. However, in the same period, total expenditure had risen from £101 to £277, an increase of 174%. By 1923, despite CNA grants totalling £30, the accounts showed a deficit of £7.13s.5d., followed by deficits of 13s.5d. in 1924 and £10.6s.0d. in 1925, when Lucy St Aldwyn stressed that "it is very hard to make both ends meet", for even though the lowest subscription asked was "less than three

farthings a week", lower than the 1d. per week asked by many DNAs in the county,

a half, or even a quarter, subscription must often be called for several times before it is forthcoming ... [and] there are people who do not subscribe to the Association's funds, and yet, when attended by the Nurse, make no attempt to pay the very small fees asked from non-subscribers. (75)

Whether this was due to a reluctance to subscribe or an inability to pay is discussed elsewhere (see Chapter 7), but the fact remained that the people most in need of the district nurses' care in poor rural areas were those who could least afford to contribute towards DNA funds. This was acknowledged in the Nailsworth DNA report for 1925, when it was recorded that, "the financial position of the Association is worse than at the end of last year. People sometimes say that the fees charged should be higher but that does not commend itself to the Committee." (76) DNAs were struggling with the same financial problems in 1925 as they had at the end of the nineteenth century, exacerbated by the inter-war economic depression, and this was reflected in the salaries they were able to pay the district nurses.

This was clearly a national problem, as on her Annual Visit in October 1920, after the general increases in Gloucestershire wages, the QVJI Inspector found that "the scale of salaries and allowances compares favourably with that of other Counties". (77) In addition, it was reported in 1922 that "the minimum salary for village nurses immediately after their training is, as a general rule, £30 with uniform provided" (78), and the Superintendents stated in 1924 that the required minimum salary for a newly trained Queen's Nurse was "£63 a year, rising £3 annually to £75, with all found or allowances for board, lodging, laundry, and uniform" plus an additional £5 per year for practising midwifery (79), which both further verify the comparability of the Gloucestershire scale of salaries as set out on p.192.

Nurse Judd's £100 all inclusive as a VNM in 1920 was double Nurse Mary's £1 a week in 1885 and the required minimum for a Queen's Nurse of £63 in 1924 was more than double that of 1909. However, a female school teacher could earn £120 a year in 1918 (80), rising to an average of £200 per annum in 1920 under the post-war national Burnham scale (81), whilst the recommended wage for a cook-housekeeper in 1919 was £65 a year, with food. (82) Furthermore, by the early twentieth century, the

minimum annual income needed to keep that symbol of middle-class respectability, a resident general servant, had risen to £300. (83)

Holcombe insists that Queen's Nurses "had good opportunities of promotion to more responsible and lucrative positions". (84) However, posts as Superintendents of District Nursing Homes were restricted to larger towns, whilst the number of posts available as Assistant or County Superintendents and Inspectors was limited by the nature of the jobs. In 1915, there were 23 county associations affiliated to QVJI and competition for supervisory posts was proportionally keen. (85) Nurse Coaling (Minchinhampton, 1904-9) was amongst the interviewees for the post of County Assistant Superintendent in 1906, but failed to be selected. (86) She was appointed as Assistant Superintendent at the Victoria Home in Cheltenham in 1909 (87) and the following year she was "chosen out of fifty candidates to be Superintendent of the District Nurses' Home at Southampton". (88)

In 1909, QVJI stated that "the minimum salary of the County Superintendent is £110 a year, rising £5 annually to £120; this covers salary, board, lodging, uniform and laundry". (89) This remained unchanged in 1915, when Superintendents of town homes also received in the region of £110 per annum inclusive, rising to £120, and Inspectors earned £180 with travelling expenses. (90) By comparison, the Headmistress of an elementary school could earn £155 per annum in 1918. (91) Within the nursing profession itself, where Queen's Nurses were considered the equivalent of ward sisters, so the County Superintendents were comparable to Matrons. Indeed, at a Conference of Superintendents in 1922, it was suggested that "it would be better to be known officially as Matron and not Superintendent". Some agreed, whilst others "did not appear to mind what they were called" and one Superintendent pointed out the distinctiveness of the title, saying that "she had always thought 'Superintendent' the hall mark of the 'Queen's'". (92) Estimates of the salaries of Matrons vary depending on the size and location of the hospital. Vicinus states that, in the 1890s, "Matrons earned from £100 to £300 per year with room, board and laundry". (93) Bulley & Whitley, writing in 1894, state that "the matron of a hospital may

receive anything from £50 to £100 per annum. In the large London hospitals the latter sum is often exceeded, with the addition of house [and] servant." (94) However, few Matrons could have achieved the maximum salary of £300 cited by Vicinus, as in 1915 it was stated that, "It is only in one or two of the largest hospitals that the salary begins at £200 or rises to £300; a few begin at £130 to £150 and rise to £200, but the great majority of matronships in this country average about £100 a year." (95) In Gloucestershire, the first County Superintendent, Miss Palk, was paid £100 per annum in 1905. (96) This was raised to £120 on the appointment of Mrs McCormack in 1908 and to £130 a year in 1910. It remained at this figure on Miss Milford's appointment in December 1916, "rising by £5 annually to £150 with a War Bonus of £5 annually", and was increased to £160 per annum in November 1918. However, with the general county increases in district nurses' wages in 1919/20, with recommended inclusive salaries of £140 per annum for QNs and up to £120 for VNMs, Miss Milford's salary clearly did not reflect her seniority and responsibility. From information received from 18 County Associations affiliated to QVJI, the CNA ascertained that Gloucestershire was paying the lowest Superintendent's salary and it was agreed that "Miss Milford's salary should be raised to £250 per annum rising to £300 in three years - a rise of £15 the first two years, £20 the third year". (97) This represented an increase of 200% since 1905 and gave the Superintendent a salary equivalent to that of the highest paid hospital Matrons.

The succession of Assistant Superintendents, 8 between 1906 and 1916 (see Chapter 5, p.173), were paid £96 inclusive from 1906 to 1911, when Miss Weale's salary was raised to £102. There was a further increase to £108 per annum in 1913, when Miss Lee had been in the post for 18 months. With the introduction of Public Health Work, from 1916 six full-time nurses were employed by the County Council to act as Assistants to the Superintendent, each responsible for a specific area of the county in which they co-ordinated the scheme. (98) These included Olive Goddard, who had been the much-liked Queen's Nurse at Upton St Leonards from 1907-11 (99), Margaret Powell (Gotherington, 1904-8) (100) and Mildred Griffiths (Gotherington,

1911-14). (101) As Assistant Superintendents, they were paid £110 per annum in 1916, which was increased in 1919 to £120, rising to £150. (102) This maximum salary was only £10 per year higher than the recommended wage for a QN and half that of the Superintendent, for a responsible, supervisory post, which perhaps helps explain such a constant turnover in personnel.

After salaries, the second problem discussed by the 1919 Sub-Committee was "the absence of any provision of superannuation". (103) In 1907, it had been "suggested that the attention of Nursing Associations should be called to the importance of assisting the Nurses employed by them to provide for themselves old age pensions". (104) How the nurses were expected to do this, when their wages were so low, was not discussed.

Some provision had been made for cases of serious illness in the form of the 1907 insurance scheme and the Tate Fund, founded by Sir Henry and Lady Amy Tate, from which "grants are given to Nurses who break down in health during the performance of their duties to enable them to take the necessary rest and change". (105) Nurse Mellor (Gotherington, 1903-4) received £5 from the Tate Fund in January 1904 (106), as did Nurse Cowee (Minchinhampton, 1909-13; Badminton, 1913-17) in 1914 (107), whilst Nurse Sproat (Nailsworth, 1910-14) was paid £3 in October 1914. (108) When Nurse Moore resigned from Upton St Leonards DNA in 1907, it was recorded that she "would receive £5 from the Tate Fund owing to her illness", and it was decided that her successor, Nurse Goddard, would "be insured ... under the Jubilee Scheme", which would provide her with £1 a week in case of sickness. (109) At the CEHQS DNA in 1922, a temporary nurse covering for Nurse Bridges, who had been given leave of absence to look after her mother, met with a bicycle accident and was paid a compensation wage of 35/- a week for two weeks under the insurance scheme. (110) In the same year, Nurse Newdick (Charlton Kings, 1909-33) received £10 in sickness insurance payments. (111) However, other nurses, particularly VNMs, had to rely on the kindness and generosity of their local Committee: when Nurse Judd suffered a serious breakdown in health in 1919, the Painswick DNA

Committee "agreed that she should at the least have a month's holiday ... and that she should have 5/- a week extra and be given a bonus from the proceeds of the Rummage Sale". (112) There was also a Home of Rest for Queen's Nurses at Bangor, North Wales, where, the Superintendents tell us, "a nurse may stay for convalescence or a holiday at reduced terms" (113), i.e. this, too, had to be paid for from an already limited income.

In 1913, a Queen's Nurses' Benevolent Fund was set up "for the purpose of granting annuities to those of their number who through permanent disablement are no longer able to carry on their work". (114) The minimum subscription was 4s.4d. a year, i.e. 1d. per week, in 1916, by which time nearly £1,250 had been raised. (115) However, "to be eligible for benefit a nurse must have been a subscriber ... for five years and be still subscribing at the date of application". (116) The many nurses whose health broke down within five years would not, therefore, have benefitted and, presumably, VNMs were not included in the scheme.

At a Conference of Superintendents in 1922, it was stated that QVJI "had reached a stage when a bigger attempt than the Benevolent Fund would have to be made. Nothing so far had been attempted to help the many pioneer nurses who were now getting to the evening of their life." It was suggested that local DNA Committees, as well as the nurses, should contribute to a national scheme "and the pension given should not be less than £40". It was noted that the Liverpool Committee already had their own scheme "whereby the nurses receive a pension of £20 per annum ... without any contributions from the nurses themselves". However, to qualify, a nurse had to complete fifteen years of service, so the number of nurses benefitting from the scheme must have been minimal. (117)

Despite widespread concern and regular discussions on the matter, by 1924 the Superintendents stated that it had still "not yet been found possible to provide pensions for Queen's Nurses". (118)

In Gloucestershire, additional provision was made in 1925 when it was reported that "a scheme, which for a long time has been in the mind of Miss Milford, and one

very near to her heart, has now been inaugurated, that of a Benevolent Fund for Nurses, the object being to render assistance to District Nurses in case of long illness". As the title of this scheme suggests that it aimed to benefit all district nurses in the county, as opposed to the national Benevolent Fund which covered only Queen's Nurses, then presumably VNMs were also eligible for membership. Nurses were to contribute 2s.6d. annually and the Committee appointed to administer the scheme included "four Nurses elected by the District Nurses of the Affiliated Associations". Their inclusion reflected the CNA's recognition of the value of their practical experience of the harsh realities of rural district nursing and, consequently, their ability to empathise, as well as sympathise, with cases applying to the fund. The Gloucestershire CNA committed themselves to "do all in their power to help it" and "hoped that many friends will give to this excellent scheme". (119)

The salary structure of QVJI was based on the assumption that its nurses would all be middle- and upper-class young ladies who, as Lewis expresses it, "considered that a tiny wage rendered the work respectable and genteel by making it more akin to voluntary work". (120) Agnes Hunt had a private annual income from the estate of her late father, as did her friend 'Goody' Goodford, but for an increasing number of such women, work was an economic necessity, not merely a philanthropic choice. Queen's Nurses and working-class VNMs all faced the prospect of struggling to make provision for possible early unemployment on health grounds or for an uncertain old age, when, in either case, they would lose not only their income but also the home that such work provided.

Accommodation

As early as 1876, when she wrote to *The Times* detailing her plans for the MNA, Florence Nightingale stressed the importance of

providing a real home within reach of their work for the nurses to live in - a home which gives what real family homes are supposed to give:- materially, a bedroom for each, dining and sitting rooms in common, all meals prepared and eaten in the home; morally, direction, support, sympathy in a common work, further training and instruction in it, proper rest and recreation, and a head of the home, who is also and pre-eminently trained and skilled head of the nursing; in short, a home where any good mother, of whatever class, would be willing to let her daughter, however attractive or highly educated, live. (121)

She reiterated her views in a paper of 1893, in which she added that "district nurses ... deteriorate if they have no *esprit de corps*, no common home under wise and loving supervision". (122)

At Stroud, three nurses took up residence at 'The Home' in 1895, under the superintendence of Miss Blackwell, the District Nurse originally employed by Mrs Brynmor Jones' society before its amalgamation with Mrs Playne's scheme. By 1898, their number had increased to six and patients were attended not only in Stroud itself but also in nine surrounding villages, including Amberley, Woodchester and Slad. (123) Similarly, between 15 and 20 nurses shared the Victoria Home in Cheltenham from 1905-25. (124) In 1922, it was reported that "in England and Wales there were 17 Homes with staffs above 10 nurses, 123 with staffs of from 4 to 10, 49 with staffs of 3, [and] 152 Districts with 2 nurses". (125) However, such communal arrangements were only possible in urban areas, and in rural areas the majority of district nurses both lived and worked alone.

In the 1890s, the minimum acceptable accommodation for a rural district nurse comprised of board and lodging in two furnished rooms, with attendance, fuel and light. This was the arrangement made at Upton St Leonards when its first district nurse was appointed in 1902 and a note was made of "2 rooms found at 16/- per week, to include coals in winter". (126) However, such lodgings did not always prove satisfactory or permanent and at Painswick in 1906, "Nurse Dunn asked whether the Committee would approve of her taking a small cottage for herself as she would be obliged to

leave her lodgings before long". This was sanctioned by the DNA Committee, but such rented property still did not offer long-term security of tenure, as it was recorded in 1910 that the Chairwoman "asked the Committee if they would be willing to make a grant to Nurse towards the expense of house-moving which she had unexpectedly had to meet, having been inconsiderately turned out of her former house at short notice". It was unanimously agreed that Nurse Hawkins should be allowed "expenses up to £8.0s.0d." (127) Minchinhampton DNA had already provided a house for its nurse in 1904, at a cost of 'Rent & Attendance' at £12.4s.8d., with a further £18.2s.10d. being spent on 'Furniture, etc.' (128) The Upton St Leonards DNA had also progressed to providing a rented house by 1907, when it was noted on Nurse Goddard's appointment that "it was agreed to furnish the Nurse's home ... and it was understood that the cost of the furniture [would be] about £40". (129)

Whilst the nurses clearly preferred the privacy and independence offered by a furnished house, QVJI, in its booklet dated 1909, insisted that "the nurse should not be allowed to live alone. ... She should be placed where someone is responsible for cooking her meals; otherwise too often no proper food is prepared and the nurse's health suffers." They suggest that "sometimes a mother or other relation can live with her", adding darkly that this could be "a solution of many difficulties". (130) At Upton St Leonards in 1904, after Nurse Moore had been in her post for a year, "it was reported that the Nurse would like to live with her sister who would take a cottage". It was agreed that the previous board and lodging allowance of 16/- per week would continue to be paid by the DNA Committee, with Nurse Moore receiving an additional 10/- whilst her sister would be given 6/-. (131) At the CEHQS DNA in 1913, Nurse Coventry lived at first at Hatherop "in a large cottage with the F. Smiths' as part-occupiers. The experiment of allowing them the cottage rent free in consideration of their services to the Nurse did not, however, prove satisfactory ... [and] she settled in two rooms in Coln St Aldwyn", whilst Nurse Jenkins lived in a cottage with "her sister to keep house for her". (132)

The problem of finding suitable accommodation in rural areas was so

widespread that QVJI issued a circular, undated but filed with Gloucestershire CNA correspondence of 1910-11, in which it was stated that "some of the cottages at present in use are neither suitable nor adequate for the requirements of the Nursing Associations. These should be replaced as soon as circumstances allow, and in the meantime such improvements as are possible should be carried out." Accommodation should be provided for "one permanent nurse, and a relief nurse, for whom a second bedroom is necessary. In addition there should be a sitting-room, kitchen with scullery, and a room either set apart or added, as a district room." Re-decoration was to be "undertaken at regular intervals" and "replacement of crockery, linen and equipment" was also "the responsibility of the Committee", as were "structural repairs". All this, of course, added to the already strained finances of many DNAs, who were urged to "set aside annually" sufficient funds "to meet the outlay on these". (133) At Gotherington, the Balance Sheet for 1902 includes 'Whitewashing & Papering Rooms for Nurse - £2.3s.6d.' and 'Furniture, House Linen, & Crockery - £4.1s.8d.' In 1904, 'Repairs to House & Furniture' cost £1.15s.9d., whilst from 1905-16, 'House Expenses' averaged £1.10s.6d. per year. (134) At the CEHQS DNA, Lucy St Aldwyn and two other members of the Committee personally paid "the cost of cottage furniture for the District Nurse" in 1911, but when Queen's Nurse Milford was replaced by two VNMs in 1912 and a second cottage was required, expenditure of 'Furniture - £15.1s.10d.' was recorded together with warm thanks to "all the members of the Committee and some other friends ... for articles of furniture supplied for Nurse's cottage". (135) Local help was equally generous at Staverton DNA where, having experienced "some difficulty ... in finding suitable lodgings for the Nurse in this district", in the summer of 1914, "Mrs Welch most generously placed the Lodge at Arle House at the disposal of the Association, after having it papered and painted and put into good order". The nurse paid "a small rent" for the cottage, but this was returned to the DNA fund "as a donation from Mrs Welch", and the Committee expressed its appreciation of this and "the friends who give such practical help". (136) However, at Shurdington DNA in Autumn 1913, when it was decided to furnish a cottage for the nurse, "it was a great disappointment to

the Committee that no help of any kind was forthcoming from the district, the whole expense falling on friends in Cheltenham", who covered the costs of 'Furniture for Cottage - £9.15s.0d.' (137)

QVJI produced a detailed inventory of the minimum requisites for a nurse's cottage (see Appendix 4, p.287), which suggests a comfortable, if basic, home. Surviving inventories for Gloucestershire DNAs illustrate how, in reality, local committees struggled to meet even this standard. In particular, QVJI stated that "where electric power is available, full advantage should be taken of the facilities offered" (138), but Horn points out that only 18% of households in the country as a whole had electric services in 1926. In rural areas, the figure must have been much lower, both for electricity and piped water, partly "because of the heavy capital outlay involved in installing a national network of pipes and cables, and partly because of the sparse population in some districts, which made provision uneconomic". (139)

Winifred Foley, born in the Forest of Dean in 1914, recalls:

The wonders of gas and electricity we only knew of secondhand from girls on holiday from service. Candles and paraffin lamps lit us up. ... All our water, apart from the rainwater, caught from the roofs in tubs, came from a well a quarter of a mile away. ... The village had no drains. ... The privy buckets were emptied into holes dug in the garden. (140)

These conditions existed throughout Foley's childhood and were representative of much of rural Gloucestershire at that time. In fact, it was not until 1932 that electricity was installed in the nurse's cottage at the CEHQS DNA. (141) QVJI also stated that "in cases where the provision of inside sanitation is impossible an Elsan lavatory should be installed" (142), but the nurse's house at Campden had neither a bathroom nor an indoor lavatory, each of the two bedrooms including a washstand and "chamber", whilst a footbath was stored in the pantry. Each bedroom included a chest of drawers, but only one had a dressing-table and neither contained a wardrobe. Both bedsteads were iron, with straw palliasses and wool mattresses and neither had a bedside table. "2 bedroom candlesticks" suggests that there was no electricity and no mention is made of any means of heating the bedrooms, but the sitting-room and kitchen each contained a fender and fire-tools. The sitting-room was particularly

sparse, with only one "easy chair", three upright chairs, a table, cupboard and lamp. Pieces of coconut matting were provided for the sitting-room, kitchen and landing, whilst one bedroom contained "2 pieces of carpet" and the other "1 piece oilcloth" and a rug, though the latter was noted to be "worn out". (143) It is significant to note that an advice book for mistresses some 20 years earlier had recommended that carpets should not be installed "in any room where servants live and move and have their being'. ... As a compromise coconut matting or a couple of ... rugs might be put on the floor of the servants' hall." (144)

Coconut mats were also considered adequate for the kitchen and hall of the nurse's home at Upton St Leonards, but a carpet was installed in the sitting-room and one bedroom, the other having a rug. The cottage did possess a bathroom, with a "bath and cover", but no indoor lavatory, each bedroom including "1 china commode" and a washing stand. The bedrooms and sitting-room were more fully and comfortably furnished than at Campden. Both beds had a spring mattress, both rooms contained a chest of drawers and "dressing table with glass", but neither contained a wardrobe, chair or bedside table. Both bedrooms had a fender and therefore could be heated, but the provision of "2 oil lamps" again suggests that there was no electricity. The sitting-room was equipped with "1 easy chair" and a sofa, "3 straight back chairs", 2 small tables and a bookcase. The sitting-room contained a fender and fire-tools, whilst the kitchen was equipped with an oil stove. (145)

Both cottages were adequately supplied with linen, though not as fully as set out in the *Minimum Requisites*, the Campden cottage being particularly short of towels, with only "4 bedroom towels" instead of the 8 hand towels and 5 bath towels specified by QVJI. (146) China and hardware were amply provided, but appear to have consisted of oddments rather than matching sets, part of the inventory at Upton St Leonards reading, "6 teaplates (odd ones), 5 teacups (odd), 6 saucers (odd)". (147) Throughout both inventories, notes such as 'faded', 'worn out', 'odd', 'broken' and 'of no use' are made in every room. As Upton St Leonards DNA only provided a cottage from 1907, the surviving annual inventory of 1908 must have been the first, and the

condition of the furniture and fittings could not have been the result of a year's wear and tear. It would, therefore, appear that well-intentioned donations of secondhand and superfluous equipment had been used to furnish the nurse's home, which, like their salaries, hardly reflects the standards of the middle- and upper-class homes from which Queen's Nurses were expected to come.

Whilst the VNMs were selected from amongst local working-class women and were therefore more accustomed to rural living conditions, the accommodation provided was still often of a questionable and, in some cases, even potentially unhealthy standard. When Nurse McKeown took over at the CEHQS DNA, following Nurse Lawrence's resignation due to ill health, expenditure of 4/- was recorded in May 1917 for "coal to dry out the cottage, which had been empty for several months". An oil cooking-stove was bought in July 1917, at a cost of £1.9s.6d., which suggests that the cottage at Hatherop had previously been fitted with a range, but the new equipment proved "very difficult to manage" and was sold in September 1918. In the same year, it was recorded that "linoleum or cork lino" was to be bought for the "front room" of the nurse's cottage, but it is significant to note that it was to be chosen by a member of the DNA Committee, not by Nurse McKeown herself. QVJI's concern for the health of nurses living alone was recognised, as it was hoped that Nurse McKeown's salary rise in 1918 "would enable her to pay a woman to cook for her when out on duty at night, or extra long hours", but when, in September 1920, the nurse requested "new washing-up cloths", the Committee decided that, as she had just been given a further rise in salary, "she must find these herself". However, at the next Committee meeting in December 1920, "a letter from Nurse McKeown was read asking what was to be done about the wear and tear of articles supplied for her use in the furnished cottage rented by the Association: pointing out that the things were not new when she took them over (more than 3½ years ago) and that she had herself replaced various sorts of brushes". The Committee then decided to pay for what was required, "but the Nurse to make out a list of what she considered necessary, first: the list to be examined by one or two members of the Committee before the purchases are sanctioned". (148)

In 1919, the special Sub-Committee set up to consider the nurses' living standards found that one of the chief causes of the shortage of district nurses in Gloucestershire was still "the difficulty often experienced by Nurses in securing comfortable lodgings or homes" and it urged Committees "to provide houses for the Nurses". (149) However, they could only use what was available which, within a poor rural community, was often only a cottage that the DNA itself had to rent, thereby necessitating the involvement of a third party, the owners, whenever permission was needed to carry out repairs and improvements. At the Tibberton DNA, founded in 1912, the nurse lived in a cottage owned by the Tibberton Court Estate to whom a request had to be made in 1918 when a fire grate was required. In 1921, the Title Deeds of the cottage were gifted to the DNA, prior to which "it was decided to ask for the bread oven to be removed also the walnut tree to be cut down before the cottage was handed over by the Trustees". Thereafter, although the Committee no longer had to pay a rent of £10, they became liable for the costs of upkeep. In 1925, concern was expressed about "the flooding round Nurse's cottage" and it was wondered "if something could be done to prevent it. If the ditch in Mr Terry's [neighbouring] ground was cleared out that would help." The painting of the cottage was also discussed and the Chairman "brought forward a small list of repairs which required attention". A total of £17.10s.0d. was spent on repairs and decoration that year, £7.7s.6d. of which was raised from a concert at Tibberton Court. (150)

It was not until 1925 that Nailsworth DNA recorded that "owing to continual difficulties arising in obtaining suitable rooms for the Nurse the Committee, at the request of the Nurse, has agreed to the Nurse having a cottage of her own". However, this clearly placed a strain on the DNA's already limited resources, as it was noted that, whilst "a suitable one in a central position has been secured, ... [it] now has to be furnished". Gifts had already been promised of a carpet, chest of drawers, a pair of blankets, a bath, dressing table and two chairs, a feather pillow and a towel rail, but "a cottage needs numerous things to furnish it [and] the Committee would be very grateful to those who would be kind and help in the work". (151)

Florence Nightingale believed that the morale, health and reputation of the district nurses would suffer if they did not enjoy the same safe respectability and warm, supportive companionship that her vision of the ideal hospital nurses' home would provide. However, in many hospitals, as Vicinus expresses it,

descriptions of life in the nurses' home sound like a combination of boot camp and boarding school ... with stringent and often unnecessary regulations enforced by ancient and unrelenting battle-axes. ... Meals were remembered as dreary and hasty affairs, without relaxation of discipline. ... The elaborate system of times off and on made it difficult to keep the dining room clean and the food fresh. ... Little variety and much starch depressed everyone. (152)

In 1887, the probationers at St Thomas' Hospital complained to Florence Nightingale that "the milk has been found to contain 25p.c. of water ... [and] they are very tired of the cold mutton; they would like cold ham ... and (more) eggs for breakfast". (153)

Donnison adds that, at Queen Charlotte's Hospital in London, "it was not until 1895 that nurses were allowed pudding every day". (154) Agnes Hunt recalls her first attempt to train as a Lady Probationer at the West London Hospital in Hammersmith in 1888:

The nurses were housed in big dormitories, which they had to scrub out once a week. Their dining-room was in the basement, the food was not appetising and very ill served. ... Breakfast consisted of tea and milk and sugar, all mixed together in a big urn, thick slices of bread and butter, and an egg that had been kept too long. The meal never varied, except, perhaps, in the date of birth of the egg. ... No care at all was taken of our health, and it was no uncommon thing for one or two of us to be warded and seriously ill. (155)

After just three months, Agnes suffered a complete breakdown in health and was forced to abandon her training for a year. Her experience was not unique; in fact, Vicinus points out that the drop-out rate amongst trainees was "seldom less than 30% from the very earliest days through World War One" and she concludes that any sense of the *esprit de corps* that Florence Nightingale strove to develop was only an intensive but "temporary corporate loyalty" based on "homesickness and shared miseries" that left many of the nurses who did complete their training "angry at the waste of some of the keenest women". (156)

By comparison, it is, perhaps, not difficult to imagine that an urban district nurses' home, located within the community that the nurses served, with fewer staff, would have created a more homelike, intimate and supportive atmosphere than the

accommodation offered within a hospital. The Annual Reports of the Stroud DNA regularly acknowledge gifts of flowers, fruit and vegetables that had been "gratefully received at the Nurses' Home" (157), which suggests a cheerful ambience and healthier diet. At the Victoria Home in Cheltenham, thanks were regularly expressed "to Mr Beadnell, who tunes the piano without charge", to "Messrs Webb Bros [who] have very generously supplied the Home with firewood, free of cost" and to "Messrs Jack & Co [who] attend to the hall clock free of charge". (158) The house was supplied with a hot water system for which "the pipes were passed through a large cupboard, and this gives a place for drying the nurses' cloaks in wet weather", whilst "a well-built weather-proof house in the garden" was installed "which could accommodate sixteen bicycles". (159) QVJI Inspectors concluded that "the Home was comfortable, the food was excellent and abundant ... and, though hard work is done, the Staff and the pupils are happy". (160) When Caroline Coaling (Minchinhampton, 1904-9) became Superintendent of the nurses' home in Southampton, she was reported to be "an excellent housekeeper [who] makes her nurses happy and comfortable". (161)

However, many of the rural district nurses who both lived and worked alone found that they had exchanged a restrictive hospital life for one of isolation. In 1906, Elizabeth Malleson expressed concern for "the well-known disadvantage of *loneliness* in rural nursing" (162) and by 1922 the *Queen's Nurses' Magazine* was still noting that "the loneliness of a single district was very trying" (163), but against this must be weighed the advantages of independence and a sense of achievement. Already, in 1915, Morley was writing of a new force at work: "the revolt of the modern woman against parasitism and dependence in all their forms", from the 'parasitism' engendered amongst the middle- and upper-classes by the cult of domesticity to the dependence forced on working-class women "by the loss of their hold upon land and by the decay of home industries". Even before World War 1, the modern woman was beginning to fight for "freedom to work and to choose her sphere of work, as well as for the right to dispose of what she gains". (164) The post-war economic position of women combined opportunity with anomalies, coloured by prejudice and bitter irony. The loss

of so many young men on the battlefields left a generation of women who needed to support themselves. The nation had lost approximately 9% of all men under the age of 55; a further 1.6 million had been left wounded or mutilated. The census of 1911 had shown a ratio of 155 males per 1,000 of the population, between the ages of 20 and 40; in 1921, the ratio had fallen to 141 per 1,000. Consequently, the balance of females over the age of 14 rose from 595 per 1,000 in 1911 to 638 per 1,000 in 1921. In addition, the proportion of widows per thousand of the population rose from 38 to 43. (165) Not only were many more women now unlikely to marry, but also, with inflation, higher taxes and, in some cases, particularly the clerical sector, salary cuts, many professional families were unable to afford "to maintain idle daughters at home in the way they might once have expected to do," as Horn expresses it. (166) In fact, many of the young women who had worked during the war and had realised their own potential, were, in any case, reluctant to resume the role of 'dutiful daughter' at home. However, many women were expected to give up their war-time jobs in favour of returning ex-servicemen, despite the passage of the 1919 Sex Disqualification (Removal) Act. The Civil Service in particular, despite actually expanding, saw a dramatic fall in the number of women employees from 56% in November 1918 to 42% in July 1919 and 25% by July 1923, at around which level it remained throughout the 1920s. (167) Nevertheless, growing numbers of women, particularly from amongst the middle classes, took up or continued paid employment and "the income which working women earned gave them a sense of self-worth which those dependent on a parental allowance could never attain". (168)

Among the post-war legislation concerning women's emancipation and employment, nursing was finally made a registered profession in December 1919. The newly-formed General Nursing Council (GNC), which consisted of 16 nursing members and 9 lay members, specified three different categories of nurses who should be admitted to the register: existing nurses, who had been practising in a recognised capacity before the Registration Act; nurses who were already in training when the Act was introduced; and those who came into the profession through the new

entrance system and who were to achieve qualification through professional examinations. Nurses felt that they had won a great victory in gaining their longed-for register, to which the criteria for admission debarred those who they firmly classed as 'amateurs'. These included VNMs and the Red Cross volunteer VAD nurses who had served both at home and abroad during World War 1, representing almost 40% of the nursing contingent of the British Expeditionary Force to France by August 1918. Nevertheless, despite this general sense of triumph, by the time the first State Registration examinations were held in 1925, there was already a shortage of recruits. The census of 1921 showed that there were 94,000 nurses in England and Wales, an increase of 22% over the pre-war figure of 77,000. However, the number of hospital beds available had increased by more than 140% between 1861 and 1921. The supply of recruits failed to meet the increasing demand, and nurses remained underpaid, overworked and exploited, with probationers working a 59 hour week for which they received an average wage of £20 with board and lodging in their first year, £25 in the second and £30 in the third - less than a cook had been paid all found before the war. (169)

Within the nursing profession, the rural district nurses, both QNs and VNMs, were clearly poorly paid and often inadequately housed, particularly considering the responsible and important nature of their work. However, within their local community, they enjoyed a position of trust and sense of belonging: after Nurse Avery had moved into her cottage at Nailsworth in 1925, the DNA Committee recorded that "it is pleasing to see how thoroughly happy she is and the pride she takes in her home and pocket-handkerchief garden". (170) As Vicinus says, "for the first time in history a small group of ... women could afford to live, however poorly, on their own earnings outside heterosexual domesticity". (171)

Conclusion

The anomaly of rural district nursing lay in the fact that, in the areas where the nurses were most needed, the poor patients could least afford to subscribe towards the DNA funds. The local government grants, that became available from the early twentieth century with the introduction of Public Health Work, barely helped to meet increasing expenditure, exacerbated by price rises during World War 1 and the inter-war depression. Many DNAs experienced continuing financial difficulties, despite the personal generosity and sterling fund-raising efforts of the Lady Administrators and their committees. District nurses remained poorly paid, particularly compared with women teachers, with minimal provision for cases of illness and, by 1925, still no pension.

Similarly, the cottages that were made available for the nurses reflected the poor standard of housing in rural areas, often with no gas, electricity, running water or drains. Furniture and fittings tended to consist of secondhand donations. The very nature of a rural post dictated that the district nurse should live within the community she served, but to do this, she had to accept accommodation that was far below the standards of the class from which a QN was expected to come and that even a local working-class VNM might consider to be of questionable quality.

The potential danger of loneliness was recognised as the greatest disadvantage of a rural post, compared with a shared urban home, but, conversely, it could also offer the district nurse independence and the opportunity to play an important and central role in the local community. However, the extent to which their official dual aims of curative care and preventative education actually met the needs of their poor patients is a separate question, which will now be considered in the final chapter.

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- (143) GRO D6043 1/18 Campden DNA List of furniture & effects in Nurse's House 1903
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- (145) GRO P347 MI 3/5 Upton St Leonards DNA Inventory of Nurse's Home 1908
- (146) GRO D6043 1/18
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- (157) GRO D2774 3/1
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Apple pickers in rural Gloucestershire c.1912

Source: David Aldred, Gotherington Local History Society

CHAPTER SEVEN

THE PATIENTS' VIEWPOINT

Introduction

The Lady Administrators and the nurses were clearly motivated by a belief that they knew what the poor needed. However, it is valuable to consider whether the service they provided was, in fact, what the poor actually wanted. Whilst district nurses in urban areas did not act as midwives, other than in emergencies, midwifery played a large part in rural work, as the very creation of the second grade of nurses under the title of Village Nurse-Midwives (VNMs) indicates. In this final chapter, rural attitudes towards sex and childbirth are discussed, and compared with urban views and experiences. Social policies concerning child and maternal welfare are also considered. The nurses' influence on their poor patients is then examined, with reference to their official dual aims of curative care and preventative education, compared with two of the most fundamental and sustaining elements of life amongst the rural poor - neighbourliness and inter-generational support. Finally, the changing attitudes towards the nurses, once the system had become established, are discussed and illustrated with case studies from local records.

Curative care and preventative education were the official dual aims of the district nurses' work amongst the poor, but Fox believes that "it is unlikely that such people had a teacher in mind when they asked for the nurse". (1) Amy Hughes warned that the district nurse's influence might only be transient, lasting as long as she was needed to nurse a particular patient, in which case, "District Nursing becomes merely a means to get people well more quickly than would otherwise be the case, and to keep, if not the house, at least the sick-room a little cleaner and tidier during the nurse's visits". (2)

Elizabeth Malleon admitted that "trained nurses cannot at once dispel the

mists of ignorance, or the ingrained bad habits and the prejudice of long custom" (3) and Amy Hughes blamed "the ignorances and prejudices of generations" on "the tyranny of custom exercised by the *grandmother* of the family". She urged the nurses to "speak to the *mother* in simple language as to the feeding and clothing of her children, thus aiding in the national work of raising healthy men and women". Furthermore, the mother could be persuaded to join the Mothers' Union, whilst the father could be encouraged to make provision for sickness and old age by joining a savings club. Sons could be induced to join the Boys' Brigade and daughters helped into service or other suitable work. (4) The Superintendents added that "the nurse should seize every opportunity of making her visit educational, especially where it is the first baby and the mother has everything to learn. Her scope in this direction is almost unlimited." (5)

Echoing Elizabeth Malleson's views of the earliest maternity benefits (see Chapter 3, p.101), Loane also emphasised the influence the nurse could exert on first-time mothers, who should be encouraged to take pride in their preparation for the baby: "No nurse should keep or lend maternity bags, nor in any way countenance such an institution. Incalculable harm is done by permitting and encouraging the poor to look on motherhood in the light of an unexpected misfortune." She suggests that the district nurse should firmly decline to accept any maternity case unless:

1. The fee is paid in advance;
2. The mother can prove that she has all necessary bedding and clothing for herself and the infant; and
3. Unless she has engaged a woman to come in regularly to do the housework, wash and dress the other children, cook for the husband, and attend to the mother between the nurse's visits. (6)

However, for the majority of mothers in poor rural communities, the birth of a first or subsequent baby generally was unplanned and placed a strain on an already limited income. The taboo nature of any subject remotely connected with reproduction ensured that girls and young women remained ignorant of the most basic facts of life. Winifred Foley, born in the Forest of Dean in 1914, recalls

Up to the age of eleven to twelve, waist to knees was unmentionable; later than that, it was neck to knees. ... And despite all the evidence Nature provides for the country child, it never occurred to me, or other children

that I knew, to connect the two sexes with having babies. (7)

Maggy Fryett, born in 1890 in an isolated village in the Cambridgeshire Fens, also remembers

Didn't know how babies come! I were frightened to death when I had my first period. Didn't know nothing. Didn't know they were connected. ... Our mothers were wrong in not telling us. ... We never knew nothing. And our friends, they were all ignorant too. You couldn't talk to them. (8)

Only one of Davies' urban respondents mentions menstruation: "I was not even told what to expect when I was leaving girlhood - I mean the monthly courses," (9) and it is clear from the interviews conducted by Roberts that whilst, from a practical point of view, it was impossible to completely ignore the subject, in a crowded home with shared bedrooms and no bathroom, most urban mothers confined any discussion to the occasion of a daughter's first period. Even then, no medical explanation was considered necessary and advice was limited to how to use old towelling or sheeting as protection, not to bath or wash their hair whilst menstruating, to keep all such things secret from fathers and brothers, and to keep away from boys. Often even this limited information would be given only to the eldest daughter, who was then expected to tell her younger sisters as each reached puberty. The use and re-use of old cloths, which were then soaked in cold water, could only have added to the physical discomfort, odour and embarrassment experienced by such young girls. Disposable sanitary towels had been patented as early as 1892 and availability increased after World War 1 when factories making bandages and dressings changed production. However, the cost of such protection would have been prohibitive to any working-class family with several female members and, in addition, in rural areas, the distance from a chemist's shop would have made their regular purchase difficult. Consequently, as Roberts concludes, "Mothers undoubtedly gave their daughters a feeling of repugnance about this natural function, as something which was shameful and to be hidden. This developed into a sense of somehow being unclean, and a belief that they were at risk in some unspecified way whenever they were 'unwell'." (10)

This widespread attitude of shame and secrecy also denied young women basic knowledge concerning sex, pregnancy and childbirth. Maggy Fryett married in

1907, at the age of seventeen, and when she went into labour with her first baby, she did not understand what was happening. When she told her mother that she was in pain, the stoical reply was

'That ain't half as bad as you're going to have. ... You're going to have your baby. You know that, don't you?' 'I don't know,' I say. I were that innocent, I were. I say, 'Where the baby come from then? Does it come out from the navel? Have I got to be cut down here?' I thought they were going to have to split me. She say, 'No, it comes from where it went in.' (11)

Three of Roberts' interviewees also believed, as ignorant young women, that a baby was born through the mother's naval (12), and a total lack of knowledge of childbirth by first-time mothers is repeatedly mentioned by Davies' respondents, one of whom wrote, "When I had to have my first baby, I knew absolutely nothing, not even how they were born. ... I had been in my labour for 36 hours, and did not know what was the matter with me." (13)

The shock and confusion of such an experience can only be imagined, and many young wives, like Maggy Fryett, were left feeling resentful towards their husbands: "They got us like that, and angry we were when they keep coming. You got three and then another one on the way, and another. I had nine. No way of stopping them. If there had been, I would have done." (14) Such a lack of knowledge of family limitation was exacerbated by the fact that any discussion of sex, even between partners, was considered dirty and shameful, and many rural labouring men, like their urban working class counterparts, considered birth control to be unnatural and an infringement of their manhood. When listing the benefits a man derived from married life, Reeves included, "satisfying his natural craving for sex," (15) and Roberts found that sex "was never discussed in the evidence as something which could give mutual happiness. No hint was ever made that women might have enjoyed sex." (16) Typical comments written to Davies included, "I submitted as a duty," and "being in a weak condition, I became an easy prey to sexual intercourse". (17) Rural wives shared these views, regarding sex and babies as the price they had to pay for marriage, whilst marriage and babies was the price men paid for sex. Intercourse itself was considered a distasteful act to which women submitted as a duty and endured as

part of their husbands' 'rights'.

Even in an urban setting, the use of contraceptive devices was limited by ignorance, prudishness and poverty: if couples were aware of such means, lack of privacy and no running water would have made the use and sterilisation of the cervical cap impractical and difficult; whilst the cost of condoms, at 2/- to 3/- a dozen when a labourer's average wage was no more than £1 a week, was beyond a working class budget and their links with vice, as protection against venereal disease, made them "less than respectable". (18) Roberts found it remarkable that in all her urban respondents' evidence, there was a "virtual absence of any reference to mechanical means of contraception". (19) Similarly, few of Davies' respondents mention birth control and those who do all phrase their comments in such vague terms that it is not possible to be certain what methods they used. One mother, who had seven children in ten years, then decided that "artificial means must be employed, which were successful", whilst a mother of four children wrote, "I had to fight with my conscience before using a preventative". Whatever the methods used, the general attitude of urban working-class mothers is apparent from one woman's comment that, "I have disgusted some of our Guild members by advocating restrictions." (20)

In isolated rural areas, access to suppliers further made the use of contraceptive devices rare, unless they were improvised. Foley remembers a couple who had only one child: "I once heard a bitterly envious woman saying, 'I 'eard as 'er do tie a rag on a string and shove it up just before 'er do let 'er old mon get near 'er.'" (21) Where any form of birth control was practised by the rural poor, the two most common methods appear to have been coitus interruptus and abstinence, the latter not always with the husband's agreement: Aida Hayhoe, born in 1892 and married to a village blacksmith, recalls

I'd sit up at night, after my husband had gone to bed, mending the clothes.
... See, I had three children. And I didn't want no more. My mother had fourteen children and I didn't want that. So if I stayed up mending, my husband would be asleep when I come to bed. (22)

Coitus interruptus suggests at least an element of co-operation between husband and wife, but was still regarded as selfish, as Flora Thompson recalls:

One obvious method of birth control, culled from the Old Testament, was known in the hamlet and practised by one couple, which had managed to keep their family down to four. The wife told their secret to another woman, thinking to help her; but it only brought scorn down on her own head. ... But, although they protested so volubly ... they must have sometimes rebelled in secret, for there was great bitterness in the tone in which in another mood they would say: 'The wife ought to have the first child and the husband the second, then there wouldn't ever be any more.' (23)

To such women, the views and attitudes of philanthropists like Elizabeth Malleon and nurses such as Margaret Loane must have seemed patronising and tactless by emphasising happy thriftfulness, pride and forethought as the essential elements of expectant motherhood. As Flora Thompson's mother said to her in later life, poor rural women would have preferred

'if they made it a bit easier for people, dividing it out a bit, so to speak, by taking over some of the money worry. It's never seemed fair to my mind that the one who's got to go through all a confinement means should have to scrape and pinch beforehand to save a bit as well. Then there's the other child or children. What mother wants to rob those she's already got by bringing in another to share what there's too little of already?' (24)

Foley, whose elder brother and sister both died in infancy, vividly remembers the

one constant nagging irritation: hunger. We knew that the wages our dads brought home from the pit were not enough to keep us out of debt, leave alone fill our bellies properly. We tried not to make matters worse by worrying our mothers for food. (25)

Lizze Layton, herself a highly skilled and experienced *bona fide* midwife, sadly recalls how her second son "was delicate from birth and was ill for some months before he died. I was insufficiently nourished during pregnancy and nearly lost my life through want of nourishment." (26) Mrs Layton was one of a deputation from the Women's Co-operative Guild invited to London to lobby the government to include a Maternity Benefit in the Insurance Act of 1911:

We were received by Sir Rufus Isaacs, in the place of Lloyd George. I explained the way in which women paid for their confinements. If a woman had a good husband, he gave her all he could from his wages, and the woman had to do the rest, going short herself, as the man had to be kept going for the work's sake, and it would break her heart to starve her children. Sir Rufus Isaacs asked me how much I thought a fair sum would be on which the woman could get through her confinement. I told him that nothing less than £5 would see her through comfortably. He said such an amount was impossible, and suggested 30/-. (27)

However, even after the provision of this first maternity benefit, to which Elizabeth

Malleon so strongly objected, successive governments resisted calls for further direct economic assistance, such as family allowances. Concern over the poor physical condition of army recruits during the Boer War had generated the national campaign to improve the health and welfare of the young, but such government intervention was limited by the accepted belief that family responsibilities provided the best and greatest incentives for men to work. The scope of child and maternal welfare was, therefore, confined within the bounds of self-help and education, through policies designed to inculcate a sense of moral responsibility, without increasing the financial burdens of the country's economy by directly relieving the problems of poverty and poor living conditions. As Lewis says,

From the women's point of view help during pregnancy and at parturition was of little use if pregnancies were too frequent, or the mother overtired and undermourished, and advice on rearing children was ineffectual if the mother did not have the means to put it into practise. (28)

In their midwifery work, rural district nurses could offer mothers the comfort and support of professional care, but they could not provide advice on birth control or ensure that sufficient food was available for an expectant woman and any other children; neither could they offer pain relief at birth during the period covered by this study. Inadequate nutrition throughout childhood often led to women developing a small pelvis and narrow birth canal; thus poor mothers were likely to suffer severe pain and protracted labour during childbirth, particularly with the first baby. Until the 1930s, only those women who could afford a doctor's fees had access to the two methods of pain relief available, chloroform and 'Twilight Sleep', a combination of scopolamine and morphine, that was more popular in the USA than Britain. It was not until 1928, with the formation of the National Birthday Trust Fund and the appointment of Lucy Baldwin as its first vice-chairman, that a national campaign for the provision of anaesthesia for all women in childbirth was launched. Mrs Baldwin (1869-1945), wife of Sir Stanley Baldwin the Conservative party leader and Prime Minister, and described by Williams as a "rather formidable, ... no-nonsense sort of woman" (29), was herself the mother of six children and was determined to develop a method of pain relief that was suitable for home births and could be administered by midwives without the attendance of a doctor.

As a result, more than 1,000 Minnitt gas-and-air machines, which administered concentrations of nitrous oxide and air, were distributed all over the country, but many were not used as the Central Midwives' Board (CMB) stipulated that two trained midwives must be in attendance. As most DNAs were struggling to support even one nurse/midwife, let alone two, "Mrs Baldwin's dream of bringing pain relief to *all* women, regardless of income, was still a distant dream by the end of the Second World War". In 1946, of the 46% of all mothers in England who gave birth at home, only 20% were given any sort of pain relief, and amongst those mothers who were attended by a midwife only, the figure was a mere 8%. Only 20% of practising midwives were qualified to administer gas and air, which was used in a mere 5% of home births. Chloroform remained the most commonly used analgesic, administered in 14% of domestic confinements. (30) Although slow and inadequate progress, it was still an improvement: twenty years earlier, all that the QNs and VNMs could offer to poor women in rural areas, Maggy Fryett recalls, was "a towel to pull on, they used to tie it to the bottom of the bed". (31)

Whilst policy-makers, social investigators and philanthropists paid increasing attention to the problems of poor families and subjected them to increasingly closer supervision during the late nineteenth and early twentieth centuries, extolling the concept of motherhood, they failed to provide solutions to the practical difficulties that poor women faced in day-to-day life. Rural wives and mothers, like their working-class urban counterparts, continued to endure multiple pregnancies, and births without pain relief, whilst poorly nourished themselves and struggling to adequately feed their families. Doctors withheld contraceptive information on the grounds that it would lead to promiscuity and over-indulgence amongst the poor, whilst clergymen feared that it would undermine the sanctity of marriage, the prime purpose of which was procreation. As a result, Richard Titmuss (1958) calculated, the average working class woman marrying in her teens or early twenties during the 1890s could expect to experience ten pregnancies and to spend a cumulative total of 15 years either pregnant or nursing babies. (32) It was not until 1930 that child welfare clinics were permitted, but not

required, to offer advice on birth control, and only to married women on medical grounds. Even then, Horn points out, progress was slow: "by 1937 only 95 out of 423 local authorities had explicitly authorized birth control advice to be given in their clinics". (33)

At the same time that the importance of women's role as wives and mothers was being emphasised by the setting up of institutions such as child welfare centres, which Lewis somewhat cynically describes as "combining middle-class philanthropy with the state's desire to save lives by the cheapest method" (34), moral standards were also encouraged and upheld through discrimination against unmarried mothers. DNAs were never officially banned by the Council of QVJI from offering midwifery services to unmarried women; each DNA could decide whether or not to accept such bookings, though midwives could not refuse emergencies. However, it was noted in 1907 that Cheltenham Nursing Association always insisted on seeing a marriage certificate before accepting a lone mother, and in the same year Gloucestershire CNA sent a letter to all the county DNAs stating that "with regard to the nursing of unmarried mothers ... the Committee considered it desirable in Rural Districts in the case of a first child and that a higher fee could be charged in such cases". (35) How an unmarried mother, without the support of a husband's wage and unable to claim Maternity Benefit, was expected to pay even a standard midwifery fee, let alone a higher one, was not discussed.

During World War 1, a more sympathetic attitude towards unmarried mothers began to emerge, as the number of illegitimate babies, Horn tells us,

rose from 4.2% of all births in 1914 to 6.3% in 1918. In that year over 41,000 babies were born outside wedlock. Yet, at the same time, the infant mortality rate for illegitimate children was more than double that for legitimate babies. Public opinion was particularly sensitive to the waste of life these figures represented at a time when so many young, fit men were being killed on the battlefield. (36)

This view was reflected in a letter signed by five leading members of the Queen's Council of QVJI, including the Duke of Devonshire as its President and Rosalind Paget as QVJI's representative on the CMB, and distributed to all CNAs in May 1915. It is valuable to quote this letter at some length, as it illustrates the official attitude of QVJI's

policy-makers, acknowledging the innocence and helplessness of the children, and urging charity and understanding towards the mothers, without condoning their behaviour, but at least relating it to the sacrifice of the fathers on the battlefields:

It has been brought to the notice of the Council of the Queen's Institute that, owing to the rules of some of the affiliated Associations, Midwife-Nurses have been debarred from rendering much needed assistance in cases of single women during and after confinement. The Council desires to place on record its opinion that rules which deprive unmarried women of attendance at the time of childbirth are uncharitable in principle and exceedingly harmful in practice.

How far the principle of punishing the offences of mothers, by neglecting and injuring their unoffending children, can be reconciled with the dictates of humanity and the teachings of Christ, must be left to the conscience of individual Nursing Associations.

The women in question are often open to good influences, especially at such a time, and it appears to the Council most undesirable that they should be deprived of the services and wholesome influence of a good and fully-trained woman, and left to ... the possible risks of hardening and deterioration involved in their being sent to the Workhouse, which is often the only alternative. ...

The well-being of these children, deprived as they are, through no fault of their own, of the normal protection and advantages of parenthood, is a trust imposed on all organisations concerned with the health of the poor and the efficient rearing of the coming generation. The helplessness of this class of children renders the duty of Nursing Associations towards them the more imperative, and there is no branch of their work in which a breach of their trust would be more deplorable.

The Council desires to emphasise the special importance of this duty at a time when the War is causing so deplorable a loss of life among possible fathers of the future generation. It would be most regrettable if, at such a time, Nursing Associations could be held responsible for further unnecessary waste of life.

The Council earnestly commends this matter to the sympathetic consideration of the Nursing Associations affiliated to the Institute, and hopes that those Associations in which such restrictive rules are in force, will endeavour to see their way to alter them. (37)

When, the following year, the Victoria Home in Cheltenham wrote to QVJI for further clarification, Amy Hughes, then Superintendent General, stressed that

these cases should be attended at the first confinement. ... If the home surroundings are fairly good, it is better for the girl to be there amongst her own friends, where she can get into the hands of rescue workers and others skilled in dealing with these cases, and have the proper attention of the Queen's Nurse. ... It is different in cases where there have been several illegitimate children. The mother in that case should go to the workhouse. (38)

The National Council for the Unmarried Mother & Her Child, set up in 1918, also emphasised that first-time unmarried mothers "should be saved from the degradation which too often follows a single lapse from virtue. ... Very many of the men ... have

already redeemed their fault by giving their lives for their country ... [and] let it be frankly acknowledged that the women are no more blameworthy than the men." (39)

However, whilst the stigma of moral condemnation towards unmarried mothers was tempered during the war, the dominant social attitude remained one of emphasising the importance of women's role as both wives and mothers in producing the next legitimate generation, improved in quality and safeguarded in quantity, for the good of the nation, as expressed in the 1918 Annual Report of the Cinderford Infant Welfare Centre: "a Nation's strength is the strength of its Manhood. We are working strenuously here with the aim in view to have Fewer dead Babies, Healthier living Babies, Stronger Children, and a Nobler Race." (40) It was, as Lewis says, a state-promoted policy "of healthy motherhood, which did not encompass the right of individual mothers to choose whether they wished to bear children". (41)

By focusing on mothers in this way, as the key to a healthier nation, the government, and QVJI as one of the main agencies of care and health education, risked undermining two of the most fundamental and sustaining elements of life amongst the poor, especially in isolated rural communities - neighbourliness and intergenerational support. It was what Rose, born in the Buckinghamshire village of Haddenham in 1871, describes as "the village spirit" (42), a sense of unison and a feeling of co-operation that encompassed accepted norms of behaviour and social regulation. Foley recalls that, "When I was a child, the Forest of Dean was remote and self-contained. We were cut off from the world, from the rest of Gloucestershire. ... We were content to be a race apart ... [and] showed a strong solidarity and fraternity." (43) Villagers who indulged in unacceptable social behaviour, such as adultery or excessive wife-beating, were subjected to 'rough music', when an effigy of the offender would be carried through the village, to the accompaniment of banging on pots and pans. Thompson recalls how an adulterous couple were driven out of their village in this way when she was a child (44) and Rose remembers, "Two of these rough musickings happened during my boyhood; and twice I remember how a young man was roped and taken to a pond and there ducked for being unkind to his parents." (45) Even physical

punishment was approved by the villagers, if it was considered justified. When two young wives, described by Foley as "a pair of beauties", were discovered to be regularly leaving their children, asleep but unsupervised, to entertain men "in the ferns" whilst their husbands were on night-shift, they were both soundly beaten by their spouses. Hearing their cries, Foley's father, whom she describes as "the kindest-hearted man in the world", merely said, "I 'ouldn't lift a finger to stop it. ... Serve 'em right." (46)

This sense of shared community responsibility also included practical help. Flora Thompson recalls with obvious affection "THE BOX, which appeared almost simultaneously with every new baby ... and the pleasure of seeing it unpacked. It contained half a dozen of everything ... made, kept in repair, and lent for every confinement by the clergyman's daughter." She describes it as "a popular institution. Any farm labourer's wife, whether she attended church or not, was made welcome to the loan of it ... so saving the cost of preparing a layette other than the one set of clothes got ready for the infant's arrival." (47) The importance of such traditions was clearly appreciated by some rural administrators: despite Loane's directive to the contrary, the rules for Amberley DNA, which was originally nursed as part of Stroud DNA but set up its own association in 1912, included, "A maternity bag has been provided for the use of subscribers on payment of 6d a week. Application should be made to Nurse." (48) Foley also recalls that, in the Forest of Dean, "In general the women in our part of the village pooled their baby clothes to help each other out." (49)

Neither would the mothers of Lark Rise have need to engage domestic help, as Loane proposed, for

after a confinement, if the eldest girl was too young and there was no other relative available, the housework, cooking, and washing would be shared among the neighbours, who would be repaid in kind when they themselves were in like case. (50)

Again, there was recognition of the value of this expression of community spirit amongst some ladies who lived in rural areas, rather than those who dictated rules and procedures from a distance. Whilst she certainly agreed with Elizabeth Malleson of the dangers of neighbours offering unqualified help in times of sickness or birth, Lady

Victoria Lambton acknowledged in a paper she read at a Ladies' Conference in Liverpool in 1891, "If we could have trained nurses and certificated midwives in every district we should still need the kind services of the neighbours, for I maintain that no nurse can be expected to do the home work and washing. ... The kind neighbour is invaluable." (51)

Whilst promiscuity was frowned upon amongst the rural poor, they showed sympathy and understanding towards illegitimate births if the young couple subsequently married, as Thompson recalls:

When the attendance register was called out at school the eldest children of several families answered to another surname than that borne by their brothers and sisters and by which they themselves were commonly known. These would be the children of couples who had married after the birth of their first child, a common happening at that time and little thought of. (52)

Forty years later, in 1920, Dr Rigden of Cinderford in the Forest of Dean

enquired the date of marriage of 50 consecutive mothers attending [the Infant Welfare Centre] with a "first baby" and a simple calculation produced the following result: conceived and born after marriage, 28; conceived before marriage but legitimate by birth, 15; illegitimate (the parents subsequently married in one case), 7. We thus reach the rather startling fact that pregnancy preceded marriage in 44% of this series of cases. (53)

These figures, and Thompson's comment, would appear to contradict the predominant views of sex, as discussed earlier, but there is no way of determining whether pre-marital sex took place despite girls' ignorance or because of it. Furthermore, Chamberlain believes that the attitude towards pre-marital intercourse and resulting pregnancy was a result of a "utilitarian approach to marriage. ... In a farming community sons are important and there would be little point in marrying an infertile woman." (54) Maggy Fryett confirms this view, when she recalls, "Well, if you go a-courting, they want that, don't they? He used to say 'What you got under your apron? I got to see if you're any good. I ain't going to buy a piggy-in-a-poke.'" Maggy resisted her young man's none too subtle advances, not because she understood what she was refusing, but because "I were too frightened. And I were frightened on my mother." (55) Lizzie Layton also stresses the strong influence of her mother, when she recalls how, as a young girl away from home in domestic service,

a gentleman ... met me out alone one evening and offered me 10/- to go with him into a house for a short time. I thought of what 10/- would buy and how long I had to work for 10/-. And then I thought of my dear mother. ... I have had many temptations during my life, but my mother's face always seemed to stand between me and temptation. (56)

Foley attempts to justify the belief that the only way to protect a daughter's innocence was to keep her ignorant:

It was no wonder, really, that working-class mothers put the poison in for Nature where their daughters were concerned. After all, they were obliged to send them out into the world at the age of fourteen, with their bodies unprotected except by fear of men and God. (57)

Foley does not even consider the option that mothers could, of course, have explained the basic facts of life to their daughters, enabling them to make an informed choice, but their deeply-ingrained prudishness, as discussed earlier, denied such basic health education to young girls and condemned them to a fear of the unknown.

Mothers also endeavoured to instil a sense of chaste responsibility in their daughters by threatening to send them to the Workhouse if they became pregnant, but, Thompson recalls,

at the same time, if one of the girls had got into trouble, as they called it, the mother would almost certainly have had her home and cared for her. There was more than one home in the hamlet where the mother was bringing up a grandchild with her own younger children, the grandchild calling the grandmother 'Mother'. (58)

Foley also remembers how, if a village girl in service became pregnant, "she was forgiven. One more younger child had to sleep at the bottom of the bed to make room for her return, and the family food was shared out a little thinner." (59) This attitude was in keeping with the approach recommended by QVJI, whereby first-time unmarried mothers were considered to be in need of rescue and redemption in the home setting, but Thompson herself does believe that rural women's reaction to such girls was contradictory. "If, as sometimes happened, a girl had to be married in haste, she was thought none the worse of on that account. She had secured her man. All was well." (60) On the other hand, to have a daughter home from service who produced an illegitimate child without marrying was considered mortifying for a respectable family. The sin, therefore, seemingly lay not in the pre-marital act but in its failure to lead to marriage.

Thompson also believes that the rural mothers' assumption, that it was solely a fear of maternal disapproval and the threat of the workhouse that ensured they "had no trouble with 'em", was an insult to the mental and spiritual qualities of the daughters: "To those who knew the girls, the pity was that their own mothers should so misjudge their motives for keeping chaste." (61) Foley also recalls that "the standard of morals among the village girls was very high" (62), and Maggy Fryett adds, "Girls got babies in my day. Of course they did. But we thought it was scandalous." (63) Young unmarried girls needed information not fear, education not threats, to enable them to understand their own bodies and prepare them for marriage, unlike Maggy Fryett who, as both an innocent and ignorant bride, found, "That were a shock when I got married. Didn't know nothing. I don't know what I thought I was getting married for." (64) Government programmes for educating mothers in hygiene, self-help and better use of their resources, as implemented by QVJI in both its nursing and midwifery work, did not include encouraging them to teach their daughters the facts of life, any more than it included birth control information for the mothers themselves.

Where that other stalwart of rural community life, the old village handywoman was concerned, Thompson writes in her defence: "She was no superior person coming into the house to strain its resources to the utmost and shame the patient by forced confessions that she did not possess this or that; but a neighbour, poor like herself." (65) Her comment not only illustrates the empathy and understanding prevalent in a mutually supportive poor community, but also highlights the anomalous position of the Queen's Nurses. They were expected to be middle- or upper-class ladies, brought up in homes where the family were served by the working classes, and they were seen by the poor as superior. In the words of Mrs Craven, each nurse "must be content to be a servant to the sick poor" (66) in *their* own homes, yet both the Queen's Nurses and the working-class VNMs were seen as emissaries of the rich, particularly in a rural area where the Lady Administrator of the DNA was often the local 'Lady Bountiful'. They had no official power over their poor patients, yet they represented authority, with all its connotations, not only of philanthropic benevolence,

but also of social hierarchy and control. Furthermore, *The Times* could not

imagine a scheme more calculated to impress the poor, and especially poor women, with the Queen's solicitude for them. ... The entrance of these nurses - "Queen's messengers" they might almost be called - into the homes of the poor, will seem to the latter a direct and individual message of regard from the Lady who is at the head of the nation to the humblest of her subjects, and will help to bridge over the all too wide chasm which divides the rich from the poor. (67)

Lady Lucy Hicks-Beach recorded in 1904 that, "Reports come to us at the office of the Jubilee Institute of ... the gratitude of the patients ... to the Queen, who they often think has specially sent them [the nurses] to their particular help in their troubles." (68)

However, when Margaret Loane categorised the variety of attitudes most frequently encountered amongst the poor patients and their family and friends, there was no mention of patriotic gratitude. At one extreme, Loane lists those who have

the kind of faith that their remote ancestors had in sorcerers, spells and incantations. ... With these persons medicine *is* medicine, and the bottle sent to be shaken and taken for Lotty's slight attack of measles may reasonably be swallowed by grandfather for his rheumatism, by mother for her ulcerated leg, or by Aunt Emma's Tom for epilepsy. (69)

At the other extreme, and "by no means rare among the poor ... are the people who have a physical disgust for all forms of illness, and who allow that disgust to overpower the feelings of common humanity and even to cast aside the bonds of personal affection". She recalls how a strong, healthy woman was "absolutely unable to wash the hands and face of her dying daughter ... because it 'makes her feel that queer'". Such people were only too relieved to delegate all responsibility to the district nurse and to "meet all subsequent requests of the invalid with 'She'll see to it when she comes!'" Two intermediary groups were "those who are full of zeal and tenderness at first, gradually slacken in their kindly offices and finally become unwilling and positively grudging" and those who were "always full of anxiety to do their best for the patient ... regardless of fatigue, infection and overstrain". By far the most numerous group were "those who are ignorant, but willing and able to learn" (70) and Loane believed that "by spreading a knowledge of nursing, here a little and there a little, local traditions are gradually improved". (71)

The fact that the district nurses did overcome such suspicion and prejudice is a

testament to the self-effacing and hardworking majority. In evaluating their success, it must be remembered that QVJI was a charity and the poor were not obliged to use its services. The Midwives Act of 1902 forbade the practice of midwifery other than by trained and registered women, but no such Act was passed to prevent village handywomen from attending the sick and dying. In the Forest of Dean, Foley recalls that, after World War 1, "widowed mother Mrs Protheroe" still acted as "layer-out of the dead, to any villager that could spare a shilling or two for such services. She did it for nothing for those she respected if they had nothing to pay with." (72) In rural communities, the influence of the Lady Administrators in affecting the initial change from handywoman to district nurse may have been difficult for the poor to resist, but once the nurses had established themselves as an integral part of community life, the advantages of professional care quickly became apparent. By 1900, the Council of QVJI could state with confidence that the nurses

had broken down the prejudices which existed in some quarters by their gentle and quiet way of going about their work, and were making people throughout the length and breadth of the land realize that it was the trained nurses of the Queen that they could with most advantage have in their homes. (73)

Furthermore, entitlement to the district nurse's care was not means-tested, nor did acceptance of it inflict the humiliation associated with Out-Relief or admittance to the Workhouse. In this respect, as Fox says, "The Queen's Institute's model of district nursing did result in a standardized service provided on terms that could be defended as equitable, and included the poorest people without stigmatizing them." (74)

Hope Malleson described Gloucestershire folk as "an independent and self-respecting people as a whole" (75) and the reaction of a sturdy farm labourer to being addressed as 'we' in the nannying tone recommended by Mrs Craven can only be imagined. However, if the nurse's approach was diplomatic and sympathetic, then Elizabeth Malleson found that "although at first village women have some shrinking from a stranger Nurse ... such feelings disappear before the opinion of a person they like and respect, and there springs up with slight experience, grateful appreciation of better tendance than they have ever before experienced". (76) Having enjoyed such

care, one village woman was moved to comment to Mrs Malleson, "I suppose God Almighty puts it into the heart of some people to look after others." (77) Lady Victoria Lambton of Pembroke also recorded in 1891 that "at first there was much trouble to make the women do as the nurse wished, but ... they have submitted to what they found was really for their good". (78) In the midwifery cases at Pembroke, "the women are unanimous now in praising the nurse" (79), whilst a mother at Kemerton told Anne Mercier, "Oh, I cannot describe the difference this time, and at my last confinement; so much comfort and cleanliness. I must always be grateful to the Nurse." (80) A cottager in the same village expressed the feelings of many: "It is just what we have always been wishing for, and never hoped to get" (81), and Flora Thompson, despite all her evocative nostalgia for "other days, other ways", concludes that "the trained district nurses, when they came ... were a great blessing in country districts". (82)

However, over the years, particularly once the system had become established, there were cases of complaints about the nurses' care and abuse of their service. At Painswick DNA in 1912, Mrs Wright complained that Nurse Hawkins had not visited her for more than a week after her confinement and

the Committee asked Nurse to give an explanation of this apparent neglect. Nurse stated that she had arranged to go for her holiday then. ... Mrs Wright was confined the day before she left and she attended her then and visited her again that evening and asked the doctor to attend during the week. She also offered to call in the Cranham Nurse to attend but Mrs Wright refused to allow this.

The Committee decided that Nurse Hawkins "was not to blame ... [but] should have let the Secretary know what she had done" and it was agreed that "half the fee paid by Mrs Wright should be returned to her as she had only had half the attention due from Nurse". (83) Similarly, Mr Blewitt of Tibberton "complained of neglect of his wife at her recent confinement" in 1921. On investigation by the DNA Committee, it was found that the baby had been due during Nurse Wright's holiday and she had arranged for the Churchdown nurse to attend in her absence. This she had consented to do "and reported the case as quite satisfactory". A letter was duly sent to Mr Blewitt stating that "the Committee considered that Nurse Wright had not failed in her duty" and the

nurse herself was assured in writing that the Committee appreciated "to the full Nurse Wright's faithful and unremitting care of all her patients". (84) These cases illustrate how rural mothers not only came to accept but also to expect professional care, especially as Mrs Wright complained that, in the absence of the nurse, she had to rely on "a neighbour who was quite unqualified to attend her" (85), whilst "Mrs Blewitt also complained that Nurse had not visited her since she booked the case, to give her the necessary advice", though Nurse Wright was able to prove that she had, in fact, seen Mrs Blewitt three times and "had been twice to Mrs Blewitt's home and found no one in". (86)

Failure to follow a nurse's advice when it was given also led to unjustified complaints. At Quenington in 1915, a complaint was received by the DNA Committee "of Nurse Jenkins having neglected a case of illness, leaving too many days between her visits". Nurse Jenkins explained that "she had been quite unable to do anything for the patient, but had visited her twice, and twice told the relations to send for the Doctor; and when on her way to the house a third time, was told the patient had been removed to the hospital." The following year, another resident of the same village, Mrs Timbrell, complained "of inattention on the part of Nurse Jenkins, when the former had a bad throat. ... Nurse Jenkins' defence was: that she had twice visited this patient and had taken her a gargle, and told her she could do nothing for the throat, but that she (the patient) was to send for her if anything else was required. Also that the patient was under the Doctor's care." (87) It may be that, in these cases, the services of the doctor were not better used due to the increased expense that this would have incurred, but there were occasions when patients simply would not rather than could not pay even the nurse's fees.

The Coln St Aldwyn, Eastleach, Hatherop, Quenington & Southrop (CEHQS)

DNA recorded that, at Eastleach in 1914, Mrs Jack Stevens

still refused either to subscribe or to pay fees for nursing attention to her children on 8 occasions. The Secretary was requested to write to the Secretary of the Nursing Association of the village to which the Stevens family were moving on 12th October, warning her that it was not safe to allow a Nurse to do anything for that family without prepayment. The Secretary was also desired to

send a postcard to Mrs Stevens informing her that such a letter was being written. (88)

Two other residents of Eastleach, both non-subscribers, also had outstanding bills for 1914. Mrs Giles received 30 visits from the nurse during that year and it was not until June 1915 that it was recorded that she had paid fees of 5/-, after a bill had been sent a second time; whilst Mrs Agg, who had received 35 visits, still owed 5/10d, despite several requests for payment. When, in 1925, a "report was made of non-payment of subscription or fees owing for some years by Mrs A. Parrott of Southrop, it was agreed that she should be informed that the District Nurse should not be allowed to attend her or her family for the future". (89)

Neither were some rural poor adverse to blatant dishonesty, rather than a desire simply to obtain services without payment. In 1923, a fee of 3/6d was incurred by a sister of Mrs Griffin, with whom she was staying in Eastleach. The fee had been left with Mrs Griffin to hand to the nurse, a fact affirmed by another sister, but by April 1924 it had still not been paid. After pursuing the matter for a further year, "It was agreed that in consideration of the trouble which has fallen on the woman, the Secretary should write and tell her that the Committee would cancel her debt and say no more about it." (90)

Such generosity was also shown by the CEHQS DNA Committee in cases of honest poverty, as in 1916 when the midwifery fee was "remitted in the case of a deserter's wife at Eastleach, who could not receive maternity benefit, nor separation allowance, owing to her husband's desertion"; and in 1920, in the case of Mrs Radway, a non-subscriber of Macaroni Downs Cottages, "she having paid only 2/6 for being nursed in confinement, and there being no probability of her paying any more, as the husband refuses to work, and the children said to be starving". Whilst sympathy and understanding were expressed for the mother's poverty as being no fault of her own, the father was reported to the Society for Prevention of Cruelty to Children. (91)

Action was also taken by the Committee of Tibberton DNA in 1920 when

the Nurse stated she could not get the maternity fee from Mrs Williams, Camp Cottage, Highleadon. Her husband had received the maternity benefit but said they needed it for food. The Secretary

was requested to write and say that if the fee was not paid by a certain date a summons would be taken out. (92)

Three months later, it was noted that a summons had been duly issued, but the result of the case was not recorded.

Mr Williams' defence highlights the main complaint of the poor patients, that the monetary benefits provided took no account of the most fundamental problems of poverty. Clearly, many poor rural women did welcome the services that were offered; in particular, Mary Paget, born in 1912, recalls that in Charlton Kings,

Mothers thought the Infant Welfare Centre was a very good thing. They could buy orange juice at a reduced rate and buy babies' and children's garments knitted or made by members of the Committee and sold for the cost of materials and wool. This was considered to be a great help by the mothers and a most useful part of the Welfare work. The chance to sit and chat with other mothers was also part of the attraction of the fortnightly meetings, and a cup of tea and a biscuit was an important part of proceedings, but even the 1d cost was not easily come by in some households. (93)

At the Cinderford Infant Welfare Centre (IWC), the mothers also enjoyed a cup of tea and a bun for 1d. and had

some homely talks on Baby's bath, Baby's food and Baby's clothing, Baby Ailments and how to treat them, Infectious diseases, Disinfectants and how to use them ... [and] a very interesting talk on Flies ... [and] the grave danger connected with this pest.

Supplies of flannel material and wool for knitting were "sold to the members at cost price, and together with the many patterns of infants' garments provided, have proved a great boon to them". (94)

However, it is also clear that some mothers were happy to take advantage of the practical aspects of the service, but without heeding the advice offered. At Cinderford, it was noted with concern that several mothers were visiting the IWC only to buy juice or clothing, without bringing their babies with them to be weighed and examined. It was decided that, in future, reduced rate purchases would only be available to those mothers who brought their babies to the clinic. Nor was the atmosphere always one of cosy conviviality, as suggested by the Annual Reports which were available to the public. The Minutes Book of Cinderford IWC reveals that, in 1918, one of the mothers was asked "to cease to attend the Club, as the Dr had

signified her presence was undesirable, and was keeping other mothers away". (95)

Their presence was encouraged by the presentation of certificates to mothers who regularly attended the IWC and by an annual Baby Show, with modest, but no doubt welcome, cash prizes of 1/- or 2/-, and more certificates, in a variety of categories, including Prettiest Baby and Best Dressed Baby. Whilst such measures may have provided a welcome boost to the pride and self-esteem of rural mothers, struggling to raise growing families, they did nothing to solve the underlying problems of poor housing and low income.

One tradition, a habit of generations amongst both the rural and urban poor, that proved particularly difficult for the IWCs to break, was mothers taking their babies to bed with them. There were, of course, practical reasons for this, in an overcrowded home with no heating in the bedrooms, but the district nurses and doctors stressed the danger of the mother rolling over in her sleep and accidentally suffocating the baby. Dr Rigden of Cinderford reported in 1920:

We have always done all in our power at the centre to encourage the use of cradles and show the mothers in case of necessity how to make one for a few pence from a banana crate, but I cannot see any improvement in this respect since we started five years ago.

The doctor's records showed that, out of a total of 348 babies under one year old, only 137 (30.9%) had any form of cot or cradle provided for them, the remainder sleeping in bed with the parents. In addition, of 484 babies, 37% had been "considerably below the average weight" on their first attendance at the IWC. (96)

Mary Paget of Charlton Kings acknowledges that advice on bringing up babies was much needed because medical opinion on the subject had completely changed in a relatively short period, in terms of both clothing and feeding. She remembers:

When my brother was born in January 1917, he was dressed as a Victorian baby would have been - cotton shirts tied with tape, flannel binder wound round him and sewn in place every day - terry towelling nappies safety-pinned to the binder - then long cotton and flannel petticoats, long frock. (97)

Maggy Fryett adds that babies' eyes were also kept covered until they were three months old,

in case they got too much daylight. You couldn't take them to the window,

or put them out. They used to say they can't see till they were three months old, and daylight was bad till they could see. So they keep veils over their eyes. Didn't they have some silly ideas? A wonder they didn't go boss-eyed, ain't it? (98)

All this had changed by the time Mrs Paget's brother began to walk, when "he was put into knitted vests, knitted jerseys and shorts, which were thought to be more sensible and certainly less trouble". Similarly, when Mrs Paget's mother discussed weaning, her idea of bread and milk, as had been given to her older child, was "vetoed in favour of mashed potato and gravy, followed by baked apple and cream (supposed to be easily digested)". (99) However, despite such marked changes in ideas, Mrs Paget maintains that the inter-generational influences, that Amy Hughes sought to dispel, remained an important element of rural life: "There was a lot of poverty in Charlton Kings between the wars and young mothers were grateful for the help they had from grandmothers." (100)

Overall, it would appear that the advantages of trained nursing care and professional midwifery were clearly recognised and accepted with gratitude by the majority of the poor within a few years of QVJI's formation, whilst the success of the educative aspects of its aims remained more implicit and difficult to either quantify or qualify. In this respect, Margaret Loane urged that

when inclined to be discouraged at the small results of her labours, the nurse must reflect that it is impossible for her to estimate how deep an impression her apparently wasted teaching may be making. ... Information that Mrs G repeats over the paling with a sniff of scorn to Mrs H may be treasured by her hearer as a pearl of wisdom ... or it may be engraved on the memory of some silent little listener destined in due time to be the mother of a dozen children, all healthier and happier for the knowledge that she half-consciously absorbed while her eyes followed the quick movements of that strange person - the district nurse. (101)

Conclusion

The years between the founding of the RNA and QVJI, and the inter-war depression, saw great changes within the countryside. There is, of course, the danger of making sweeping generalisations without taking into account regional variations, but the overall national pattern was affected by the crop failures of the 1870s which co-

incided with an increase of cheap imports of food from the prospering USA and Australia. By the end of the nineteenth century, imports of frozen meat and dairy produce also undermined the position of farmers, whilst the economic importance of rural trades and crafts dwindled in the face of growing industrialisation and foreign competition. The devastating loss of a generation of young men in World War 1 and the change of ownership of some landed estates, exacerbated by increases in death duties, also disturbed the continuity of rural life.

Throughout this upheaval, the rural poor clung to the sustaining elements of their communities - moral codes and sanctions, neighbourliness and inter-generational support. Whilst it is clear from interviews and letters that daughters resented the state of total ignorance in which their mothers raised them, it was still to their mothers that they turned for help and advice in raising their own children. Loane's comment (above) that her little listener was *destined* to be the mother of a dozen children clearly illustrates that the purpose of government programmes of child and maternal welfare, as implemented by QVJI, was to help women raise healthier children, not to have fewer babies. A combination of sexual ignorance, multiple pregnancies, poor nutrition, and overcrowded, insanitary housing remained the lot of both rural and urban working-class wives and mothers throughout the late nineteenth and early twentieth centuries. In this situation, the nursing and midwifery care offered by QVJI nurses did much to relieve the effects of poverty, whilst social policies failed to solve the underlying causes.

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- (98) **Chamberlain, *Fenwomen*, p.75**
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HRH the Duchess of York and the Dowager Duchess of Beaufort during the royal visit to Cheltenham

Source: The Cheltenham Chronicle & Gloucestershire Graphic, 21 Nov 1925

CONCLUSION

When I began my research for this Thesis, I was aware that rural district nursing was a subject that had been neglected by historians, both locally and nationally. This, in itself, presented both problems and opportunities. In particular, secondary sources paid scant attention to district nursing, preferring to concentrate on hospital nursing; thus, only the barest background details could be gleaned from such studies. On the other hand, I found a wealth of primary source material that had not been previously used. Whilst these records proved difficult, and at times laborious, to collate, they offered a unique insight into the inter-related lives of the people they revealed. They also established beyond doubt the importance of the Gloucestershire example as the rural foundation of what grew into a national system.

Other historians have identified district nursing as a neglected area of research, and they acknowledge both the reasons for this omission and the questions it leaves unanswered. As Davies says, "Those who have tried to interest themselves in other kinds of nursing will know just how much the sources are biased towards hospital nursing, how they reflect higher social evaluations of this form of nursing and how hard it is to try to redress this." (1) In particular, Maggs points out, "We now understand more fully the process by which the new *hospital* nurses replaced the old but ... we still know very little about those she replaced *outside* of the institutional settings. What, for example, happened to the 'village nurse', and the 'wise woman'?" (2) Where the stalwart of rural voluntarism is concerned, Summers adds that "one can think of few topics more open to caricature and cliché than ... the Lady Bountiful. ... It is one of the tasks of feminist history to rescue women's work from oblivion and ridicule, and to demonstrate the effort, motivation and skills" which such women brought to nineteenth and early twentieth century philanthropic organisations. (3)

In this study, I have attempted to address these issues by using the surviving local and national primary sources to recreate a detailed and authentic picture of the development of rural district nursing in Gloucestershire, in terms of both the

significance of the changing role of Lady Bountiful and the lives of the nurses themselves. Consideration has also been given to the reaction of the poor patients to QVJI's official dual aims of curative care and preventative education. In conclusion, it will now be valuable to look again at each of these three tiers of rural society.

It quickly became obvious during my research that Elizabeth Malleson, who her daughter describes as the "potent influence" (4) behind the formation of the RNA, was not the typical Lady Bountiful that I expected to emerge from the records. When she moved from Wimbledon to Gloucestershire, her unorthodox, non-sectarian views made her more enemies than friends amongst her new neighbours, but with resolute doggedness, she not only overcame the disapproval of rural traditionalists, she also created new opportunities for the very social group that initially opposed her. Hope tells us that "later in life her character mellowed greatly without losing its strength ... [and a] greater tolerance on religious questions marked her later years ... [though] enthusiasm or indignation would, as of old, stir her to a burst of vehement speech". (5) Despite this later serenity, her obvious intelligence, and her sincere concern for the health and welfare of the rural poor, after five years of my research into her life and work, Elizabeth Malleson remains a character who demands respect, but is difficult to *like*. Nevertheless, her influence on the development of rural district nursing, both locally and nationally, is undoubted. By 1892, her reputation was such that she was called before the Select Committee of the House of Commons considering The Registration of Midwives. In her evidence, Elizabeth stressed that she was "not professional" and her views were only "chiefly based upon my observations" (6), but her presence besides other witnesses such as Rosalind Paget, the first Inspector General of QVJI, and Mrs Henry Smith, one of the founding members of the Midwives' Institute, indicates the esteem in which she was held. The Superintendents described her in 1924 as "the pioneer of county nursing" (7) and Fox acknowledges that, when QVJI first extended into rural areas, "Mrs Malleson's ... innovatory work influenced the Institute's approach to rural nursing". (8)

Elizabeth's belief that RNA Committees and their nurses should "initiate a

principle of self-help among the people" (9) was echoed by Amy Hughes as one of the principles of QVJI:

The Queen's Institute ... foster[s] the spirit of independence and help[s] the people to help themselves. ... Every earnest district nurse who sows the seeds of thrift, self-help, self-restraint, self-respect in the round of daily work is a helper ... in solving the social problems of the day. (10)

However, this view, whilst acknowledging the widespread problems of poverty, assumed that, in financial terms, the poor needed only guidance in how better to utilise their income. Elizabeth recognised the need for skilled midwifery and nursing accessible to the poor, but when she founded the RNA, she automatically took it for granted that midwifery fees would be obligatory. She did make provision for a sliding scale of charges depending on the husband's wage, but a standard national rate was introduced by QVJI. Elizabeth also believed in encouraging "small subscriptions to the nursing fund from the inhabitants of the villages and cottages included in the rural district" (11) and a suggested scale of county fees was included in the Gloucestershire CNA's Second Annual Report of 1906, ranging from 2/- per annum for Labourers, whose families would then be nursed free, to Tradespeople & Farmers who would pay £1 per annum plus a small nursing fee "at the discretion of the Committee". (12)

Midwives, both trained and untrained, private nurses and doctors had, of course, always charged for their services, but the main reason why the poor had previously relied on the village handywoman, willing neighbours and home cures was because they could not afford to pay the professional fees. However well-intentioned any philanthropic scheme may be, if a family is living on such a small income that every ha'penny is budgetted for before it is earned, then financial advice alone is not sufficient. Louise Jermy, a forthright and determined character who always "cut my garment according to the cloth", married an under-gardener in 1911 and gave birth to her first child ten months later. She relates: "I learnt how to lay out my thirteen shillings weekly, so that it kept us in food, and it took me from February 25th, the day I was married, till the end of June, to save one shilling out of it." (13) Lizzie Layton indignantly recalls attending meetings "where ladies came and lectured on the domestic affairs in the workers' homes that it was impossible for them to understand. I have boiled over

many times at some of the things I have been obliged to listen to." (14) To such women, preventative education must have seemed more like patronising criticism that emphasised the problems of which they were already only too aware, but without offering practical solutions.

The Ladies Bountiful still believed in *noblesse oblige* and had no wish to change the long-accepted social hierarchy, but this approach risked sanitising and sentimentalising the virtues of poverty. Clearly, this was not their intention: many genuinely sought to improve the lot of the poor, but they attempted to do so without the backing of a government-funded welfare system that provided the poor with the additional means necessary to fulfil their most basic human needs. This belief in charity as the foundation of and sustaining element in a hierarchal society was questioned at Winchcombe in 1903 when the Chairman of the Cottage Hospital Committee stated that he believed philanthropic organisations should be supported by the State. His speech "failed to win assent" and, reporting the Meeting in the Parish Magazine, the local clergyman insisted that it

might be a good thing for the patients but it would be attended with a very bad effect on us. It would rob us of the training and exercise of those kindly instincts of humanity which we cannot afford to lose. Better to struggle on and with some difficulty keep these charitable institutions going than to have everything done for us by Government. (15)

Apparently, Reverend Taylor believed, it was better to foster a feeling of virtuous benevolence amongst the ruling classes than to provide adequately for the poor.

District nursing represented the professionalisation of such philanthropic efforts in the sense that enlightened Ladies Bountiful progressed from being well-intentioned, benevolent amateurs to becoming well-informed and highly efficient Lady Administrators who employed trained specialist nurses. However, QVJI remained dependent on charitable donations. Even after the introduction of Public Health Work from 1908, as Dingwall et al say, district nursing was not "accepted as a proper object of public provision ... [and] remained marginal to the state". (16)

In 1909, only approximately 3.5% of the costs of QNs and 1.6% of the costs of VNMs came from public funds in the form of local government grants, as discussed in

Chapter Six. Consequently, severe financial difficulties were experienced throughout the organisation and all over the country. As the *Queen's Nurses' Magazine* reported in 1910, "The returns from all County Associations ... agree on this point; it is not the will, but the power that is wanting." (17) The National Insurance Act of 1911 and the introduction of the first Maternity Benefit, both of which were viewed by Elizabeth Malleson as government interference rather than support, did provide some contribution towards home nursing care and midwifery fees, but war-time inflation followed by the depressed economy of the inter-war years exacerbated financial insecurity at every level.

By May 1914, the Training Home at Plaistow was £1,000 in debt and appealed to CNAs for help. They, in turn, wrote to their DNAs for contributions to a fund-raising bazaar. (18) Similarly, the Gloucestershire CNA made a special appeal to all local DNAs for a contribution of £3 towards the training fund for VNMs in 1923. Almost £260 was raised, but some DNAs "expressed regret that, owing to their own financial position, it was impossible for them to make any contribution". (19) Tibberton DNA was unable to contribute as their bank account was overdrawn, and as detailed in Chapter Six, the CNA turned down their request for a grant as it had insufficient funds to cover all DNA deficits. In fact, the CNA had made its appeal in the knowledge that, as it had reported the previous year, "the terrible amount of unemployment and the great drop in Agricultural wages have made it very difficult for the local Associations to raise the necessary funds". (20) It was a vicious circle and by 1925 the CNA faced a deficit of £400. To augment the county funds, a Grand Bazaar & Concert were held at Cheltenham Town Hall in November 1925 at which more than £2,500 was raised.

The success of this fund-raising event was credited to the "influential Committee of ladies from different parts of the County" (21), which indicates the continued importance of the social elite in rural areas. Keen public interest and media publicity were ensured by the presence of HRH the Duchess of York as Guest of Honour. Her visit was deemed to merit a full page of enthusiastic and patriotic reports in the local newspaper, with a four page supplement of photographs, describing how

"the flags and pennants in the Promenade lent colour to the scene, and Cheltenham became gay, and proud, and happy in its welcome to one of the most charming and popular members of the Royal House". (22)

It is clear that much of the success of QVJI's work was due to the influence, skill and determination of the middle- and upper-class ladies who devoted themselves to the needs of the poor. Personally, they derived a sense of worth and achievement in their administrative roles, but the work was constantly hampered by financial restraints, themselves arising from the persistent belief that government intervention would deprive poor families of the incentive to support themselves. In the circumstances, it is remarkable that they achieved so much: by 1925, it was estimated that district nursing was available to 75% of the population of England and Wales, a figure that reflects not only the altruism of the Lady Administrators, but also the dedication of the nurses themselves.

By that time, a new era had begun for the entire nursing profession, with the introduction of the Registration Act of 1919. At a Conference of Superintendents in 1922, Miss Peterkin, then Superintendent General of QVJI, gave a talk on the subject of State Registration, stating that, "so far Queen's Nurses had registered better than any others, and that is as it ought to be". (23) Her comment leaves no doubt that the district nurses regarded their work as of at least equal importance to hospital nursing and viewed the State Register as an opportunity of publicly and professionally establishing their role as central to the health and welfare of the nation.

Whilst the advent of the Register, thirty years after it was first proposed, standardised hospital training, it did little to improve the working conditions of hospital nurses. At a time when other young women were beginning to experience greater freedom and wider opportunities, hospital nursing still involved hard physical work, strict discipline and personal restrictions. As Adam says, "The bitter truth was that in the only profession run by women almost entirely for women, the girl beginners were exploited in a way which would have provided wonderful ammunition for the Women's Movement if only it had been arranged by men." (24) It is little wonder that many of the

nurses who completed their training wished to then escape the restrictions of hospital life. Private nursing remained an option, whilst nursing in the colonies offered the opportunity to travel, as did military nursing, particularly after the founding of Queen's Alexandra's Imperial Military Nursing Service in 1902. Rural district nursing was, without doubt, physically demanding, as the number of nurses who resigned on health grounds confirms, but the combination of midwifery with general nursing offered wider experience and the introduction of Public Health Work offered new opportunities. Whilst the nurses worked under the supervision of their DNA Committees, in co-operation with local doctors, and were subject to inspection both locally by the County Superintendent and nationally by QVJI Inspectors, in their day-to-day duties they worked alone. Clearly, some nurses were overwhelmed by such responsibility and isolation, but those who found the work rewarding and enjoyed the independent lifestyle, were able to develop a warm relationship with their poor patients that encompassed every stage and aspect of family life.

However, the problems of finance persisted, with many rural areas unable to raise sufficient funds to employ a QN, though this fact alone does not account for the predominance of VNMs: the nature of the work and its centrality to community life offered security and self-respect to rural working-class women. Hospital nurses, as well as women teachers and civil servants, were expected to resign on marriage, but VNMs included both women who were married before or after their training and widows with children to support. Before the formation of the RNA, many untrained women had supplemented midwifery with other, unskilled work, but Elizabeth Malleson envisaged trained local women who could earn their living and serve their community solely by combining midwifery and general nursing. Though Elizabeth herself changed her mind and came to believe that middle- and upper-class lady nurses would set a better example and exert a greater influence on the poor, it was her original idea that came to predominate in rural areas.

The district nurses were not, of course, the only midwives available to the rural poor. The Midwives Act of 1902 made provision for *bona fide* and certificated

midwives to practise independently, though under local authority inspection.

Gloucestershire was one of several counties where the role of Inspector of Midwives became part of the duties of the County Superintendent and her Assistants. This arrangement ensured that standards were maintained, and was regarded by the CNA Committee "as marking an important advance in the public recognition of the necessity of systematic training and supervision in Maternity Nursing, and as testifying to the position which the Association has already won for itself in the County". (25) Thus, independent midwives continued to work, especially in the most isolated and remote areas of the county, where the population was too small to support either a QN or VNM, and which, from their geographical position, could not be included in existing districts. QVJI offered professional midwifery and nursing care to the poor, but through sheer necessity, the new and a standardised, improved traditional system co-existed in rural counties.

In addition, many of the rural poor still clung to their old ways and beliefs, particularly where the use of home remedies was concerned. Foley recalls that, in the Forest of Dean after World War 1, the poor still "dreaded being taken to the workhouse" and her family rarely sought professional help:

Mostly our Dad cured us with his home-made potions. He gathered elderflower, yarrow, camomile, and other wild herbs, dried them and stored them in brown paper bags for his bitter brews. Constipation, coughs, colic, sickness, diarrhoea, sores, fever, delirium - whatever we had, out came the dreaded brown jug, and on the hob it went with its infusion of herbs. (26)

This belief in traditional medicine remained both widespread and enduring. My maternal grandfather was born in 1900 and, at the age of 14, was sent from an orphanage to live and work on a farm in Suffolk, where his duties included caring for the horses. In the late 1970s, he took the farmer's old recipe for horse liniment to his local branch of Boots and demanded that the pharmacist prepared a bottleful to treat his arthritic knee. "All them pills and potions what the doctor's giving me ain't doing me no good," Gramp declared, brandishing the yellowed recipe. "This is what I need. You just make me up a bottle of this and I'll be right as rain in no time." He was most indignant when the pharmacist refused.

Neighbourliness also remained an important and sustaining element in village life. When Louise Jermy's husband died of double pneumonia in 1921, "one of my neighbours, Mrs Chambers, was with me all that last dreadful night, and another, Mrs Allen, was with me when he died. They did all that had to be done." Her husband had been born in the village, and the local men, his lifelong friends, gave ten pounds from their harvest wages to pay for the funeral and to help support his widow and two young sons. (27)

Whilst the 'village spirit' survived, Gerard suggests that relations between Lady Bountiful and the poor "sometimes became more formal and distant" when the needs of the latter were served by DNAs, as the administrative work this involved left less time for personal visiting. (28) It is, of course, impossible to generalise on this point, as the success of the relationship had always, to a great extent, depended on the attitude and personality of the individual Lady Bountiful, which could enhance both the landowning family's power in, and the cohesiveness of, the community. In the inter-war years of recession, the rural poor still valued the benevolence of paternalism if it promoted dignity and self-respect: on the day John Jermy died, the local Squire passed by the family's cottage and, seeing the newly-widowed Louise,

he lifted his hat ... and I noticed that he did not replace his hat till he had passed the house some little way, and as I watched him, I thought his graceful act of respect for his dead servant would not have disgraced a prince. (29)

Louise was allowed to continue living in the cottage, and the Lady of the Manor, who she recalls, "always treated me with real kindness", employed her as the estate laundress so she could "bring up my boys free from the parish". (30)

In a novel published posthumously, Flora Thompson mourned the passing of such benevolent Ladies of the Manor and of the village handywomen, the former "kind though exacting employers, bounteous to the poor in their own villages", the latter who, "learned only in country lore and the Holy Scriptures, ... used their spare energy in helping their neighbours, ... slapped life into the newly born and sped the dying with words of homely comfort". In their time, they had served their community well, but "there is no place for Lady Bountiful or Dame Smith in this modern world". (31) Their

place was taken by the Lady Administrator and the District Nurse.

Through running CNAs and DNAs, the Lady Administrators redefined their own role, whilst maintaining their status, and it is clear from surviving records that the rural poor did benefit from and appreciated their work for QVJI. In the face of economic, geographical and human realities, the district nurses they employed delivered a service that was both professional and acceptable, but not optimal. It was not part of their official aims to help poor women have fewer babies, only to raise healthier children; their midwifery skills did not include the administration of pain relief during childbirth; health education did not ensure that daughters understood their bodies and were thus mentally and emotionally prepared for puberty, marriage and motherhood; advice on feeding and clothing a family did not, in itself, guarantee an income sufficient to put the theory into practice; and trained nursing care did nothing to solve the working and living conditions of the poor that exacerbated the severity and spread of many common illnesses. Nevertheless, within the confines of the social policies of the times and through co-operation with other social agencies, the district nurses took a greater level and scope of midwifery, nursing and welfare care into the homes of the rural poor than had ever been available to them before.

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Queen Victoria's
Jubilee Institute for Nurses.

EXAMINATION for the ROLL of QUEEN'S NURSES
19th June, 1924.

- 1.—How would you test whether the water from any particular tap comes from the main or from a cistern? Enumerate the different sources of supply of water to large towns. In the event of an epidemic attributed to a polluted water supply, what precautionary measures would you advise householders to adopt?
- 2.—What are adenoids? In what ways are they disadvantageous to the individual? What after-care is required by a school child who has had adenoids removed by operation?
- 3.—You are called in to a case of precipitate labour. How would you, as a district nurse, deal with this emergency? What are the dangers to be guarded against?
- 4.—Make out a sample page of your case-book and fill in the likely particulars of a 'bus-driver, aged 42, whom you have nursed through pneumonia, and who recovered.
- 5.—In nursing a case of Cancer in an advanced stage, with foul discharge, what method would you adopt for the comfort of the patient and the household?
- 6(a).—Give notes of a short "talk" to mothers on the importance of warmth for their infants.

or

- 6 (b).—What are the functions of an Infant Welfare Centre? Describe what premises are required, also how weighing is carried out and recorded.

(Questions 6(a) and 6(b) are alternative; only one should be answered.

Three hours is allowed for the examination.

The examination shall be partly oral and practical, and partly written and shall embrace the following subjects:

- (a) The elementary anatomy of the female pelvis and generative organs.
- (b) Pregnancy and its principal complications including abortion.
- (c) The symptoms, mechanism, course and management of natural labour.
- (d) The signs that a labour is abnormal.
- (e) Haemorrhage: its varieties and the treatment of each.
- (f) Antiseptics in midwifery and the way to prepare and use them.
- (g) The management of the puerperal patient, including the use of the clinical thermometer and of the catheter.
- (h) The management (including the feeding) of infants, and the signs of the important diseases which may develop during the first 10 days.
- (i) The duties of the midwife as described in the regulations.
- (j) Obstetric emergencies, and how the midwife should deal with them until the arrival of a doctor. This will include some knowledge of the drugs commonly needed in such cases, and of the mode of their administration.
- (k) Puerperal fever, its nature, causes and symptoms. The elements of house sanitation. The disinfection of person, clothing and appliances.

Responsibilities of the Midwife

The midwife shall be responsible for the cleanliness, and should give full directions for securing the comfort and proper dieting, of the mother and child during the lying-in period which shall be held for the purpose of these regulations and in a normal case to mean the time occupied by the labour and a period of 10 days thereafter.

In all cases of abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife must decline to attend alone and must advise that a registered medical practitioner be sent for, as, for example, if the following occurs:

- (a) In the case of a pregnant woman:

When she suspects a deformed pelvis.

Where there is loss of blood.

Where the pregnancy presents any other unusual feature (as, for example, excessive sickness, persistent headache, dimness of vision, puffiness of hands and face, difficulty in emptying the bladder, incontinence of urine, large varicose veins rupture) or when it is complicated by fever or any other serious condition.

- (b) In the case of a woman in labour:

In all presentations other than the uncomplicated vertex or breech, in all cases of breech presentations in primigravidae, in all cases of flooding or convulsions, and also whenever there appears to be insufficient room for the child to pass, or when a tumour is felt in any of the mother's passages.

If the midwife, when the cervix has become dilated, is unable to make out the presentation.

If there is loss of blood in excess of what is natural, at whatever time of the labour it may occur.

If an hour after the birth of the child the placenta has not been expelled, and cannot be expressed (i.e. pressed out) even if no bleeding has occurred.

In cases of rupture of the perineum, or other serious injury of the soft parts.

- (c) In the case of lying-in women and in the case of newly born children:

Whenever, after delivery, the progress of the woman or child is not satisfactory, but in all events upon the occurrence of the subjoined conditions in:

1. *The mother:*

Abdominal swelling and signs of insufficient contraction of the uterus.

Foul smelling discharges.

Secondary post-partum haemorrhage.

Rise of temperature above 100°F with quickening of the pulse for more than 24 hours.

Unusual swelling of the breasts with local tenderness or pain.

2. *The Child:*

Injuries received during birth.

Obvious malformations or deformities, not inconsistent with continued existence.

Concealed malformations — incapability to suck or take nourishment.

Inflammation to even the slightest degree of the eyes, eyelids and ears.

Syphilitic appearance of skin in certain parts.

Illness or feebleness arising from prematurity.

Malignant jaundice (icterus neonatorum).

Inflammation about the umbilicus (septic infection of the cord).

In all cases of the death of women during pregnancy, labour and lying-in.⁴

Subjects added to syllabus, 1916

The elementary anatomy and physiology of the female pelvis and its organs.

Pregnancy: its hygiene, its diseases and complications, including abortion (in relation to both the mother and the unborn child).

The venereal diseases (syphilis and gonorrhoea) in relation to their signs, symptoms and dangers in women and children and to the risks of contagion to others.

Elementary physiology, and the principles of hygiene and sanitation as regards home, food and person.

The care of children born apparently lifeless.)

Appendix 3 Records of Queen's Nurses who worked in Gloucestershire

Source: The Queen's Roll 1891-1937
(CMAC, Wellcome Library, London)

SA/QNI/J.3/2

Surname: GARRATT First names: Leah Date of birth: 6 Jan 1865

Marital status: Single Religious denomination: C of E

Education: Educated at Great Yarmouth

Father's occupation:

Nurse's own previous occupation: At home

Hospital training & nursing experience:

General Infirmary, Worcester, 16 months 30.1.1886-5.5.87

Whitechapel Infirmary 31.5.87-15.6.88

Kensington Infirmary 2.9.88-19.12.88

Portsmouth Union Hospital 19.12.88-10.9.89

District training:

East London 1.11.1889-20.2.92

Career:

Gotherington 1892-93

Fairly satisfactory.

Resigned for hospital work.

SA/QNI/J.3/2

Surname: FENTON First names: Alpha H. Date of birth: 3 May 1861

Marital status: Single Religious denomination: C of E

Education: Educated at Mrs Wainwright's, Masham House, Bradford

Father's occupation: Auctioneer

Nurse's previous occupation: Housekeeper to brothers, 11 New Oxford St, London

Hospital training & nursing experience:

St Barts, 6 months 30.5.1890-10.11.90

Bristol General Hospital, 6 months Feb-Aug 1891

District training:

Cheltenham 12.10.1891-28.1.92

LOS Certificate 27.1.92

The Nurses' Institution, Bradford 30.1.92-30.4.92

CMB Certificate 28.1.1904

Career:

Charlton Kings Jan 1893-Sept 1909

8.5.1906 - Fairly satisfactory.

19.12.06 - Maternity cases thoroughly done.

8.4.08 - Work quite satisfactory.

31.3.09 - Maternity cases well and thoroughly done. Nurse is an anti-vaccinationist. Somewhat old-fashioned.

Resigned for private nursing.

Final report - A hardworking nurse, methods old-fashioned, conduct satisfactory on the whole.

SA/QNI/J.3/9

Surname: MELLOR First names: Fanny Evelyn Date of birth: 12 Nov 1872

Marital status: Single Religious denomination: C of E

Education: St George's School, Macclesfield

Father's occupation: Printer (deceased)

Nurse's own previous occupation: At home

**Hospital training & nursing experience:
Union Infirmary, Oldham 1.11.1898-24.3.1902**

**District training:
Salford 1902
Midwifery training at Cheltenham Nov 1902-Feb 1903
LOS Certificate 27.2.1903
CMB Certificate 25.2.1904**

**Career:
Silvertown Mar 1903-Sept 1903
Gotherington Sept 1903-Feb 1904
Burgess Hill Mar 1904-Mar 1905
Chelsea Mar 1905-Aug 1905
Derby Aug 1905-Oct 1909
Resigned on account of her health.
Final report - Work and conduct entirely satisfactory, tactful and experienced.**

SA/QNI/J.3/10

Surname: HASTINGS First names: Kate Theresa Date of birth: 31 Mar 1879

Marital status: Single Religious denomination: RC

Education: Board Schools, at Six Mile Bridge and Limerick

Father's occupation:

Nurse's own previous occupation: At home

Hospital training & nursing experience:

Infirmery, Co Clare June 1901-Sept 1902
Children's Hospital, Belfast Sept 1902-1903

District training:

Manchester 1903
Midwifery training at Cheltenham Jun-Oct 1908
CMB Certificate Nov 1908

Career:

Manchester Nov 1903-Dec 1907
9.10.07 - A capable, good nurse.
Plaistow (East Ham Home) Dec 1907-May 1908
1908 - Energetic, hard-working, not competent to teach. Conduct quite satisfactory.
Gotherington Nov 1908-Dec 1909
A devoted and sympathetic nurse. Tactful and discreet.
Resigned for a town district.
Widnes Dec 1909-Aug 1910
Keen, quick, capable. Rather 'rough and ready' in manner. Lacks tact.
Resigned for a post without midwifery.
Temporary posts Sept 1910-Feb 1911
Work good, but lacking in tact. Not gentle nor gracious.
Manchester, Bradford Home Feb 1911-15.2.1912
Most careful and conscientious. Nursing order very good. Work and conduct excellent. Much liked.
Resigned to be married.
Final report - A very capable nurse with a good educational influence.

SA/QNI/J.3/10

Surname: MOORE First names: Helen Date of birth: 6 Oct 1877

Marital status: Single Religious denomination: C of E

Education: St George's School, Liverpool

Father's occupation:

Nurse's own previous occupation: None

Hospital training & nursing experience:

Shaw St Hospital, Liverpool 5.11.1900-Nov 1902

Broadstairs Nursing Home Nov 1902-May 1903

District training:

Gloucester 1903

Midwifery training at Plaistow 1903

LOS Certificate 24.7.1903

CMB Certificate Jan 1904

Career:

Upton St Leonards 1903-1907

Work fair, not up to the standard. Conduct good.

Resigned on account of her health.

Final report - An average nurse. Conduct fairly satisfactory. Inclined to gossip.

SA/QNI/J.3/10

Surname: PHILLIPS First names: Catherine Date of birth: 4 Jan 1878

Marital status: Single Religious denomination: C of E

Education: Private school, West Hartlepool, and Greenock Academy

Father's occupation:

Nurse's own previous occupation: None

Hospital training & nursing experience:
Northern Hospital, Manchester 1901-1903

District training:
Manchester 1903
Midwifery training at Gloucester Oct 1910-Feb 1911
CMB Certificate Feb 1911

Career:
Manchester Sept 1903-Aug 1907
A clever, capable nurse. Conduct very good, kind, willing to please.
Resigned for private nursing.
Leeds, Holbeck Home July 1909-Oct 1910
Work and conduct thoroughly satisfactory. Surgical work particularly good.
Left for midwifery training.
Carlisle Feb 1911-Feb 1913
A very careful maternity nurse and a pleasant woman.
York 1913-14
Cumberland, Asst Supt & TB Nurse 1914-16
Newcastle on Tyne 1916-19
A kind and careful worker, not progressive in her methods.
Northumberland, Health Visitor 1919-21
Carlisle Aug-Dec 1922
Nailsworth Feb-Mar 1923
Untidy and unprincipled. (Hon Sec)
A good midwife but unmethodical, unreliable & of a difficult temperament (Co Supt)

SA/QNI/J.3/11

Surname: COWEE First names: Alexina Date of birth: 27 Aug 1877

Marital status: Single Religious denomination: C of E

Education: (Obscured by binding)

Father's occupation: Farmer

Nurse's own previous occupation: Nurse at Children's Convalescent Home, Croydon

Hospital training & nursing experience:
 Victoria Hospital, Southend 1901-1903
 Bolton Union Hospital 1903-1904

District training:
 Chelsea May 1904-Feb 1905
 Midwifery training at Cheltenham 1909
 CMB Certificate Aug 1909

Career:

Kettering 1905-Jan 1906
 Northampton Jan 1906-Jan 1908
 A clever nurse, most methodical and capable. Conduct fairly satisfactory.
 Left to care for sister.
Minchinhampton Aug 1909-Apr 1913
 19.4.10 - A good worker, liked by patients and Committee.
 Oct 1911- A kindly nurse, attentive and interested.
 Apr 1912- Much liked and has a high standard of work.
 1913 - A kind, unselfish and attentive nurse. Conduct excellent, much liked.
Badminton May 1913-Nov 1917
 Jan 1914- Undertakes School Nursing
 Jan 1915 - Helps with Red Cross
 Apr 1916 - Undertakes Health Visiting under Notification of Birth's Act
 Apr 1917 - Undertakes TB Nursing
 12.4.17 - A very good nurse, reliable and conscientious but methods not quite up to date. Much liked.
 Stevenage Nov 1917-Jan 1918
 Jan 1918 - Helps at Infant Welfare Centre
 Left for home duties.
 Bembridge Apr 1918-Dec 1918
 Final report - Work excellent in every way. Conduct very good.

SA/QNI/J.3/11

Surname: COALING First names: Caroline Date of birth: 13 Apr 1867

Marital status: Single Religious denomination: C of E

Education:

Father's occupation:

Nurse's own previous occupation: At home

Hospital training & nursing experience:

Butler Hospital, Providence NSA 2 years
 City Hospital, Liverpool
 Isolation Hospital, Great Yarmouth 3 years
 Birmingham Union Infirmary 4½ years
 Private nursing Jan-Sept 1899

District training:

Bangor Nursing Institute 1899

Career:

Bangor 1899-1904

Minchinhampton Nov 1904-Apr 1909

1908 - An excellent and devoted nurse, very high principled.

1909 - Work nicely done. Good manner, popular, rather talkative.

Cheltenham, Asst Supt Apr 1909-Mar 1910

Southampton, Supt Apr 1910-Mar 1915

1912 - Very conscientious and energetic Supt, manages the Home well.

1913 - Lectures for Red Cross and helps with Babies Welcome.

Left to nurse in Serbia.

Returned to Southampton Sept 1915-Feb 1921

Feb 1916 - Lectures to mothers.

Feb 1919 - A keen, progressive Superintendent and an excellent housekeeper.
 Makes her nurses happy and comfortable.

Resigned Institute and gave up nursing 1921.

Final report - Work and conduct excellent. Has given the utmost satisfaction in every way.

Died Aug 1959, aged 92.

SA/QNI/J.3/12

Surname: GODDARD First names: Olive Date of birth: 22 May 1880

Marital status: Single Religious denomination: RC

Education: At home by a governess

Father's occupation: In Her Late Majesty's Consular Service in China

Nurse's own previous occupation: None

Hospital training & nursing experience:

E Suffolk & Ipswich Hospital, 3 years Certificate 1902-05

District training:

Gloucester Aug 1905-Feb 1906

A slow and careful worker. With more experience will make a good district nurse.

Midwifery training at Gloucester Feb-June 1906

CMB Certificate 6.6.1906

Career:

Exning June 1906-July 1907

1906 - A thorough and devoted nurse. Conduct admirable.

Mar 07 - Work most satisfactory. Very good influence with patients.

Upton St Leonards Sept 1907-Sept 1911

May 08 - A good nurse. Keen on her work.

Sept 09 - A very capable nurse. Much liked.

Apr 11 - The work seen was well done, but nurse is inclined to prescribe for patients.

Left on account of health.

Final report - Entirely satisfactory.

Glos C.C. School Nurse 1911-16

1914 - Excellent School Nurse. Keenly interested, tactful, conscientious.

Dorsetshire, Co Supt June 1916-July 1917

Nov 1916 - An energetic and tactful worker, keenly interested in making a good impression generally. Work and conduct excellent.

Duxhurst, Reigate, Supt of Home for Ailing Babies July 1917-Apr 1918

Temporary posts Apr 1918-Apr 1919

Gloucester, Asst Supt May 1919 - Feb 1924

1920 - An unsparing and devoted worker, bright and sympathetic.

Oct 23 - Liked by nurses with an educational influence.

Resigned for other work.

Final report - Conscientious, thorough and tactful. A most helpful Asst.

SA/QNI/J.3/13

Surname: POWELL First names: Margaret Emma Date of birth: Oct 1869

Marital status: Single Religious denomination: RC

Education: Broadstairs, Kent

Father's occupation: Army officer

Nurse's own previous occupation: None

Hospital training & nursing experience:

Lambeth Infirmary, 2 years March 1893-Mar 95

Convent of Mercy, Bermondsey Mar 1895-Oct 1903

District training:

Nursing Home, Portland Place Nov 1903-June 1904

A kind, steady, conscientious nurse, liked and respected by her patients, untiring in her devotion to her work, refined and nice in her ideas though not a lady by birth. An excellent district nurse.

Midwifery training at Glasgow Maternity Hospital
CMB Certificate 1904

Career:

Gotherington Nov 1904-Aug 1908

May 06 - Not up to Queen's standard.

Oct 06 - Appears capable nurse.

Glos C.C. School Nurse Aug 1908-1917

July 09 - Work well done. Keen and interested.

Jan 12 - A dependable and satisfactory School Nurse.

1913 - Works well with teachers and inspires confidence in the children.

1914 - Interested, tactful worker, much liked.

Glos CNA Asst Supt & Health Visitor Feb 1917-1918

Resigned from Institute for appointment as Lady Superintendent in a munitions factory.

Final report - An excellent School Nurse and a willing worker. Not always tactful in dealing with Village Nurses. Conduct satisfactory.

SA/QNI/J.3/14

Surname: EVANS First names: Anna Louisa Date of birth: 7 Mar 1881

Marital status: Single Religious denomination: Baptist

Education: At home

Father's occupation: Baptist Minister

Nurse's own previous occupation: None

Hospital training & nursing experience:
General Infirmary, Gloucester Oct 1901-May 1906

District training:
Midwifery training at Cheltenham June-Oct 1906
CMB Certificate Nov 1906
Appointed Queen's Nurse 1907

Career:
Blaisdon July 1907-Mar 09
Nov 07 - Work quite satisfactory, much liked.
Jan 09 - A good, average nurse, kind and much liked. Lacks details.
Left to be married - Mrs Constance.
Final report - Work and conduct entirely satisfactory.

SA/QNI/J.3/15

Surname: NEWDICK First names: Ann Date of birth: 10 June 1868

Marital status: Single Religious denomination: C of E

Education: Shrubland House, Soham, Cambs.

Father's occupation: Farmer & Corn Merchant

Nurse's own previous occupation: Children's nurse

Hospital training & nursing experience:

Mill Road Infirmary, Liverpool June 1904-July 07

Midwifery training at Walton Hospital Liverpool

District training:

Metropolitan Nursing Assoc Feb-Aug 1908

CMB Certificate March 1908

A quiet, steady worker, capable and conscientious nurse, liked by her patients. Suitable for a single post. Exam 42/60 Many parts good considering apparent educational difficulty.

Career:

Cheltenham Sept 1908-Sept 1909

Feb 09 - Work thoroughly and well done. Very slow.

Charlton Kings Sept 1909-15 Aug 1933

Sept 10 - Much improved in every way. Working up the district well.

Apr 12 - Kind and sympathetic nurse, interested in the wider aspects of district nursing.

Nov 15 - Kindly and attentive, but slow and old-fashioned in methods. Not very energetic.

Dec 18 - A good, steady and capable nurse, with a pleasant, sympathetic manner.

Oct 23 - A good, tactful worker, with a high standard but rather slow.

Apr 25 - Slow but most conscientious and never sparing herself. Good influence.

Nov 28 - Standard of nursing good. Very conscientious and much respected. Slow to grasp new ideas.

May 32 - Maintaining a very good standard of work.

Retired 15 Aug 1933, aged 65.

Final report - Work and conduct excellent.

Awarded annuity of £20 per annum from Long Service Fund.

Died 10.10.1955, aged 87.

SA/QNI/J.3/15

Surname: SPROAT First names: Adeline Jessie Date of birth: Feb 1874

Marital status: Single Religious denomination: C of E

Education: In Liverpool and Southport

Father's occupation: Metal merchant (Liverpool)

Nurse's own previous occupation: None

Hospital training & nursing experience:

Manchester Royal Infirmary March 1901-Sept 1904

Huddersfield Nurses' Home Jan 1905-Nov 07

District training:

Victoria Nurses' Home, Northampton 1907

Exam 46/60. Capable nurse, not very energetic. Sympathetic and liked by her patients.

CMB Certificate Aug 1910

Career:

Northampton Nov 1907-Oct 08

1908 - Work quite satisfactory. Conduct uncertain and sometimes neglectful. Left because failed to work amicably with Supt.

St Helens Nov 1908-Dec 09

1909 - An average nurse, rather mechanical. Knows her work well, but needs supervision. Not a happy disposition. Left for midwifery training at her own expense.

Nailsworth Sept 1910-Sept 1914

Oct 10 - A very good worker, tactful and keen, working up new district well.

Oct 11 - A quick worker, not very thorough, manner rather brusque, much liked.

May 12 - Attends Medical Inspections of Schools with Doctor.

Nov 12 - A good midwife, who enjoys her work.

Nov 13 - Good nurse, much liked.

May 14 - Kind and attentive, much liked by patients and Committee.

Leave of absence for a rest.

Barnet, Herts C.C. Health Visitor Mar-June 1915

Methley Aug 1915-May 1917

Dec 15 - An average nurse, not very keen.

Left for nursing under the Scottish Women's Hospitals in Corsica.

Final report - Most satisfactory in her work but not very popular. Conduct very good.

Returned to England on account of health and resigned from Institute 1 Oct 1918.

SA/QNI/J.3/15

Surname: TAYLOR First names: Bessie Maud Date of birth: 13 May 1873

Marital status: Single Religious denomination: C of E

Education: Anfield College, Liverpool

Father's occupation: Commercial traveller & independent Methodist Minister

Nurse's own previous occupation: None

Hospital training & nursing experience:

Bootle Borough Hospital, Liverpool Apr 1891-95

Rotherham General Hospital 1895-1900

Royal Infirmary, Halifax 1900-02

Liverpool Infirmary for Children 1902-03

Liverpool Cancer & Skin Hospital 1903-06

District training:

Shoreditch Oct 1906-Apr 07

Thoroughly good nurse and capable manager. Suitable for responsible post.

Midwifery training at Cheltenham Dec 1909-Apr 10

CMB Certificate May 1910

Career:

Darwen May 1907

Left on account of health.

Stockton Aug-Dec 1907; off duty ill; returned Feb 1908-Dec 09.

Left for midwifery training.

Gotherington May 1910-Aug 11

Sept 10 - A good nurse, liked by her Committee.

Apr 11 - Skilled, experienced, a conscientious worker, inclined to let personal considerations interfere with her work.

Woolwich 1911-Jan 1916

Left to undertake military duty under Army reserve.

Wetherby 1919-20

W. Riding Co. Supt June 1920-Jan 22

Sept 20 - A very satisfactory Co Supt proving equal to the work expected of her.

Jan 22 - A very conscientious and sympathetic Co Supt, tactful, willing and obliging.

Greetland Jan 1922-Aug 27; off duty following bicycle accident; returned Nov 27-Feb 30

Desford Feb 1930-19 Aug 1932

Retired 1932

Final report - An excellent nurse, highly valued.

Died 1943, aged 70.

SA/QNI/J.3/17

Surname: LEE First names: Caroline Amelia Date of birth: 31 Oct 1880

Marital status: Single Religious denomination: RC

Education: Convent, Nightingale Lane, Woolwich

Father's occupation: Engineer

Nurse's own previous occupation: Business

Hospital training & nursing experience:

Woolwich Union Infirmary 1902-05

Private nursing June 1905-Mar 1906

Midwifery training, West Ham Union 1906-07

Central London Sick Asylum, Hendon, Night Supt 1907-08

St Olave's Infirmary, Rotherhithe, Night & Day Sister 1908-09

District training:

King's Home for Nurses, Hackney Nov 1909-Feb 1910

Exam 47/60. Some parts very good.

Supt's report - Clever, capable worker, not energetic and somewhat hot-tempered.

Inspector's report - Quick, methodical worker, kind and considerate to her patients.

Career:

Temporary posts Feb 1910-Oct 1911

Tipton Mar-May 1912

A very popular nurse, with an attractive personality, keen over work; rather untidy.

Glos CNA Asst Supt May 1912-Dec 1914

Oct 12 - Gives satisfaction as Inspector of Midwives.

Oct 13 - Very sympathetic and kind manner, a good worker.

1914 - Capable, tactful, an energetic and willing Asst. Conduct good.

Left for military service as Sister Dec 1914-Feb 1919.

Temporary posts Feb-Aug 1919

Kent, Co Supt Aug 1919-May 1920

Organising and inspection work very good but self-opinionated and impatient of control. Conduct very good.

Derbyshire, Co Supt Sept 1920-Oct 1921

Northants, Co Supt Nov 1921-Aug 1929

May 22 - A most capable and businesslike Superintendent.

Mar 24 - A progressive, energetic and enthusiastic County Superintendent.

Aug 29 - A very capable, zealous and energetic Superintendent under whom the work has widened and increased. Rather impetuous.

Queen's Institute Propoganda in Hospitals 1930-36

Final report - An excellent speaker.

SA/QNI/J.3/17

Surname: MILFORD First names: Lena Maud Date of birth: 2 June 1881

Marital status: Single Religious denomination: Baptist

Education: Smethwick Schools

Father's occupation: Surgical boot maker

Nurse's own previous occupation: At home

Hospital training & nursing experience:

Paddington Infirmary, Harrow Road, London 1904-07
 Paddington Workhouse, Lying-In Wards Oct 1907-April 1908
 CMB Certificate March 1908
 Jessop Hospital, Sheffield, Maternity Wards May-Nov 1908
 Acland Nursing Home, Oxford 1908-10
 Cottage Hospital, Fairford, Nurse/Matron 1912-16

District training:

Gloucester April-Oct 1910
 Exam 54/60 Very good
 Superintendent's report: An excellent nurse and a high-principled, good woman.
 Inspector's report: Very good worker, exercising a good influence over her patients.

Career:

Coln St Aldwyn Oct 1910-Aug 1912

Feb 11 - Work very good. Working up new district well.

July 11 - A very satisfactory nurse, much interested in her patients' welfare.

Feb 12 - Work up to a high standard. A most conscientious nurse.

Aug 12 - Work excellent, conduct exemplary, much liked by all.

Resigned to work at local Cottage Hospital.

Glos CNA, Asst Supt, July 1916-Feb 1917

Nov 16 - An excellent Asst. Conscientious and energetic and a good organiser.
 Very capable inspector of midwives.

Glos CNA, Co Supt, Feb 1917-1946

Extracts from exemplary reports:

Oct 17 - A most capable County Superintendent, keen and tactful, maintaining a high standard, much liked.

Oct 20 - A most zealous and energetic Supt, much appreciated by Committee.

May 26 - A wise, progressive, hard-working and highly esteemed official.

May 32 - An extremely good inspector of midwives and a capable and much appreciated Superintendent.

Sept 33 - Good organiser with pleasant tactful manner.

Nov 34 - A keen sense of duty.

Oct 35 - A very able, interested and hard-working Supt, reliable in every way.
 Maintains a high standard.

Jan 38 - Very sympathetic, helpful and popular.

Died Nov 1971, aged 90.

SA/QNI/J.3/18

Surname: DOUGLAS First names: Jessie Bain Date of birth: 31 July 1883

Marital status: Single Religious denomination: Church of Scotland

Education: Benholme High School

Father's occupation: Nurseryman & florist

Nurse's own previous occupation: None

Hospital training & nursing experience:
 King's College Hospital 1906-09
 Westminster Training School for Nurses 1909-10

District training:
 Brighton 1910-11
 Exam 39½/60 Question 3 surprisingly poorly answered by this candidate.
 Superintendent's report: A useful nurse, would make a good midwife.
 Inspector's report: A conscientious worker and much interested in her patients.
 Midwifery training at Cheltenham June-Oct 1911
 CMB Certificate Oct 1911

Career:

Treverbryn 1911-Aug 1914

Nov 11 - Work fairly satisfactory, anxious to succeed, inexperienced in dealing with country people.

June 12 - A good and conscientious nurse.

Jan 14 - Conscientious, capable worker, anxious to maintain high standards.

Aug 14 - Work very satisfactory. Conduct excellent.

Gotherington Sept 1914-Jan 1915

Nov 14 - Manner brusque, temperament lethargic, needs supervision.

Jan 15 - Work good. Not very enthusiastic or sympathetic. Conduct satisfactory. (Hon Manager)

Cheltenham Jan-May 1915

May 15 - Work and conduct good.

Babraham May 1915-Nov 1919

July 15 - A careful worker, has made good impression in new district.

Feb 16 - Well-meaning, attentive nurse, but rather tactless and not very gentle.

Jan 17 - An excellent nurse, neat and methodical, with a pleasant manner.

Oct 18 - A good and capable nurse, manner a little abrupt, but well-mannered and liked by her patients. (Co Supt)

Aug 19 - A skilful and kind nurse, anxious to please; manners wanting in gentleness.

Resigned from Institute to work for Overseas Nursing Association in Mauritius.
 Rejoined 1925.

Glengary May-June 1925

Only remained one month; not strong enough.

Bryanstone Oct 1925-Jan 1929

Jan 26 - Careful, interested and much-liked.

Oct 26 - A capable, conscientious nurse, with an educational influence.

May 27 - A kind, appreciated nurse. Details of work need care.

Nov 27 - An attentive nurse, with good methods.

Resigned from Institute owing to ill-health.

Final report - An excellent nurse, very popular.

Died 1963, aged 80.

SA/QNI/J.3/18

Surname: TATTON First names: Lily Maud Date of birth: 21 Mar 1884

Marital status: Single Religious denomination: Wesleyan

Education: Burghley Road Board School

Father's occupation: Scripture Reader

Nurse's own previous occupation: Cashier & Book-keeper

Hospital training & nursing experience:
St Pancras Infirmary 1907-10

District training:

Brighton 1910-11

Exam 41½/60 Some parts fairly good.

Superintendent's report: A steady, reliable worker with limited abilities.

Inspector's report: Good and useful nurse, would much like to take her midwifery.

Midwifery training at Cheltenham June-Oct 1914

CMB Certificate Oct 1914

Career:

Bradford 1911-May 1914

Left for midwifery training.

Nailsworth Nov 1914-Jan 1916

Dec 14 - Skilful interested worker, lacks finish, pleasant manner. Undertakes School Nursing.

June 15 - Energetic worker. Kind and attentive, popular.

Jan 16 - Work and conduct excellent.

Cheltenham Jan-Dec 1916

May 16 - Careful and methodical, good teacher though not very experienced.

Dec 16 - Work and conduct excellent.

Woolton Dec 1916-Sept 1920

Jan 19 - A well-trained skilful worker but somewhat lacking in sympathy and teaching ability.

Sept 20 - A very good and careful worker; inspiring confidence and much liked.

Bacup 1920-21

Aug 21 - Conscientious, capable and reliable; much liked.

Rushden Aug-Nov 1921

Horsham Nov 21-July 28

June 24 - Much liked and with good methods of work.

July 26 - Careful, good nurse with gentle manner and much liked.

Oct 27 - Conscientious and hard-working, kind and sympathetic, especially good with chronics. Much liked.

Irthingboro' 1928-29

Penshurst 1929-31

Oct 30 - A good worker with up-to-date methods, kind and thoughtful in manner.

Stanwell 1931-37

Final report - An excellent nurse in every way who had the entire confidence of her Committee.

SA/QNI/J.3/18

Surname: GRIFFITHS First names: Mildred Helen Date of birth: 10 Jan 1868

Marital status: Single Religious denomination: C of E

Education: London & Bromsgrove

Father's occupation: Chartered Accountant

Nurse's own previous occupation: None

Hospital training & nursing experience:

Queen Charlotte's Hospital, midwifery training July-Nov 1907

CMB Certificate March 1908

Coventry & Warwickshire Hospital 1908-11

District training:

Bloomsbury Feb-Aug 1911

Exam 44½/60

Superintendent's report: A good reliable nurse, neat in her work and appearance.

Inspector's report: A good nurse but lacks finish. Kind and sympathetic, liked by patients. Would make a good Senior in Home with 3 or 4 nurses; would work well with a Committee.

Career:

Gotherington Sept 1911-Aug 1914

Oct 11 - Very good, interested in patients and willing to do her best.
Inexperienced in country work.

Apr 12 - A methodical, sympathetic nurse, doing good work.

Nov 12 - Little work seen, giving general satisfaction. Inclined to let patient's friends do too much.

Nov 13 - Work fair, rather slow, much liked.

Aug 14 - Work and conduct very satisfactory. Not enthusiastic, but popular with patients. (Hon Sec)

Glos C.C., TB Dispensary Nurse & Health Visitor 1914-17

Feb 17 - A very good, conscientious nurse and successful Health Visitor.

Glos CNA, Asst Supt Feb 1917-April 1928

June 17 - A good Health Visitor, keenly interested and tactful on the whole but somewhat irritating and self-opinionated manner. Influence rather doubtful on the district nurses of the county.

June 22 - A very nice woman and a good Assistant, inclined to stand on her dignity.

Oct 23 - A successful Assistant, well-appreciated.

Resigned from Institute for other work under Glos C.C.

Final report - Very conscientious and tactful, good at Health Visiting, always maintaining a high standard of professional dignity and conduct excellent. (Supt)

SA/QNI/J.3/19

Surname: PALING First names: Rose Elizabeth Date of birth: 7 Mar 1880

Marital status: Single Religious denomination: C of E

Education: Leicester

Father's occupation: Bootmaker

Nurse's own previous occupation: Flosser

Hospital training & nursing experience:
St George-in-the-East Infirmary 1908-11

District training:

Bloomsbury 1911-12

Exam 35/60 Several good points; some faults.

Superintendent's report: Thoroughly conscientious and anxious to do best, but handicapped by limited abilities and education.

Inspector's report: Badly educated, but pleasant, quiet manner, and an average nurse, very conscientious, doing her utmost for patients.

Midwifery training at Widnes, Nov 1920-Mar 1921

CMB Certificate April 1921

Career:

Grimsby 1912-13

Gosport 1913-14

Feb 14 - Work good, lacks detail. Conduct kind and agreeable. Inclined to talk too much.

Darwen Feb 1914-May 1915

May 15 - Work and conduct excellent, tactful manner.

Left for military duty May 1915-Sept 1919.

Radcliffe Oct 1919-Oct 1920

Widnes, midwifery training Nov 1920-Apr 1921

Apr 21 - Work and conduct satisfactory, resenting authority.

Glos CNA Emergency nurse May-July 1921

Lydney July 1921-Feb 1937

Feb 22 - Careful, methodical and interested, much appreciated by patients.

Feb 23 - Work of a good standard and generally liked.

Aug 24 - Conscientious and thorough with a high standard of work.

Aug 26 - Painstaking, conscientious, energetic and considerate, especially interested in infant welfare. Is much liked.

Aug 27 - Very satisfactory, has a brusque manner.

Sept 28 - A careful and sympathetic nurse, not very neat in appearance.

Nov 29 - A careful worker, sympathetic but rather brusque and difficult in manner.

Sept 31 - Painstaking, kind and thorough.

Oct 33 - A hardworking, conscientious nurse but methods old-fashioned. More amenable to co-operation.

July 35 - A good, hardworking nurse. Kind and considerate. Rather untidy in appearance.

Feb 36 - An interested kindly nurse but rather self-opinionated and not progressive.

July 36 - A careful conscientious nurse and midwife, keeping up a good standard. Neater in appearance and less brusque.

Jan 37 - Standard of work fairly good. Interested in patients who appreciate her visits.

Died June 1953, aged 73.

SA/QNI/J.3/23

Surname: PRICE First names: Beatrice Mabel Date of birth: 1 Jan 1889

Marital status: Single Religious denomination: C of E

Education: Stoneleigh House School, Nailsworth

Father's occupation: Grocer

Nurse's own previous occupation: None

Hospital training & nursing experience:
 Royal United Hospital Bath 1912-16
 Bath War Hospital July 1916-May 1917

District training:

Gloucester June-Dec 1917

Exam 38/60 Scanty, too sketchy.

Superintendent's report: A good nurse on the whole, but not quite careful enough about the details of her work.

Inspector's report: A capable, intelligent and interested worker, tactful and discreet. Should make an average Queen's Nurse.

Midwifery training at Gloucester Jan-May 1919

CMB Certificate May 1919

Career:

Gloucester 1917-20

Nov 19 - An average worker, untidy and not always reliable, much liked by patients.

July 20 - Not very energetic and somewhat secretive in manner.

Cheltenham Sept-Nov 1920

Nov 20 - Work fair, lacks confidence.

Stone Dec 1920-1938

May 21 - A very satisfactory worker, kindly and much appreciated.

Apr 23 - Details of work lacking in thoroughness.

Oct 23 - Standard of work improved, sympathetic and tactful.

Oct 24 - Considerate, tactful and very good with children. Much improved in personal appearance.

Apr 25 - Conscientious and efficient, much liked by her patients.

May 27 - It was agreed that Nurse Price should continue working as a Queen's Nurse after marriage. Became Mrs Pullir.

Oct 29 - A very interested nurse, but methods not very good.

Apr 31 - Ante-natal records suggest paperwork is rather difficult.

Jan 33 - A kindly sympathetic nurse but work lacks thoroughness.

Aug 34 - A kind and interested nurse but not progressive.

1935 - A tactful nurse. Was inclined to lose interest and grow slack but has much improved. Not a good record keeper.

1936 - A satisfactory nurse, showing more interest in her work. Outlook limited and is not progressive.

1938 - Sympathetic, appreciated, but work not up to standard.

SA/QNI/J.3/24

Surname: BOSTON First names: Hilda Mary Date of birth: 10 Aug 1889

Marital status: Single Religious denomination: C of E

Education: Board school and private school

Father's occupation: Postman

Nurse's own previous occupation: None

Hospital training & nursing experience:
 Cancer Hospital, Fulham Road 1911-14
 Royal Berkshire Hospital, Reading 1915-19

District training:
 Gloucester May-Sept 1919
 Exam 49/60
 Midwifery training at Gloucester Sept 1919-Jan 1920
 CMB Certificate Feb 1920

Career:

Cheltenham Feb-Apr 1920

Glos CNA Emergency nurse Apr-June 1920

Staverton June 1920-Nov 1936

Aug 21 - A very good nurse, keen and capable, much liked.

Feb 23 - Work rather slipshod, pleasant manner to patients.

1924 - Quick, energetic and sympathetic, but needing supervision.

1925 - Intelligent and hardworking, unsparing of herself, not good at clerical work. Has a kind, cheerful and tactful manner.

1928 - Standard of work fair. Energetic, hardworking, but rather too quick to be thorough.

Feb 36 - An energetic, hardworking nurse, apt to neglect details. Very impulsive and has a difficult manner.

1936 - CITED TO APPEAR BEFORE CMB.

Nov 36 - Resigned from Institute.

SA/QNI/J.3/28

Surname: BAYLISS First names: Susie Elizabeth Date of birth: 30 May 1883

Marital status: Single Religious denomination: C of E

Education: National & private schools

Father's occupation: Artisan

Nurse's own previous occupation: Serving maid

Hospital training & nursing experience:

Worcester General Infirmary 1909-12

Royal Victoria & West Hants Hospital, Bournemouth, Night Sister 1912-13

Royal Nursing Home, Cheltenham 1913-18

Military nursing 1918-19

Horton Infirmary, Banbury, Sister May 1919-Apr 1920

Metropolitan Convalescent Institution, Walton on Thames, Sister June 1920-Oct 1921

District training:

Portsmouth Oct 1921-Apr 1922

Superintendent's report: A most capable, practical nurse, has given every satisfaction.

Inspector's report: A very good nurse, most suitable for district work, neat, quick and methodical with a pleasant manner.

Midwifery training at Gloucester Apr-Aug 1923

CMB Certificate Oct 1923

Career:

Oxford Apr 1922-Apr 1923

Work and conduct very good; pleasant, interested and much liked.

Left for midwifery training.

Silvertown Aug 1923-June 1924

A good nurse with excellent methods, educational, keen and capable.

Prestbury July 1924-Oct 1930

Jan 25 - Skilful, tactful and sympathetic, maintaining a high standard of work, much appreciated.

Aug 26 - Methodical, capable and painstaking, kind to patients. Suitable for promotion.

Sept 27 - Kind and businesslike. Inspection of schoolchildren very good.

Mar 28 - A methodical, sympathetic nurse, maintaining a good standard of work but sometimes abrupt.

Oct 29 - An excellent nurse with a high standard. Conscientious and very kind.

Sept 30 - An excellent worker, methodical, unsparing and considerate.

Portsmouth, Asst Supt, Oct 1930-Sept 1937

Jan 32 - A loyal, kind Assistant. Conscientious and interested.

Feb 34 - A pleasant and willing Asst but not always tactful in dealing with staff.

May 35 - A fairly satisfactory Asst. Rather dissatisfied and does not avail herself fully of responsibility and experience. Pleasant manner and appearance.

Sept 36 - An interested Asst and careful record keeper. District training technique not up to standard and is not always tactful with staff.

Sept 37 - Willing, interested Asst, capable book-keeper; training methods greatly improved.

Died 1958, aged 75.

SA/QNI/J.3/29

Surname: JENKINS First names: Susannah Date of birth: 4 Mar 1883

Marital status: Single Religious denomination: C of E

Education: Board & Higher Grade Schools

Father's occupation: Engineer

Nurse's own previous occupation: None

Hospital training & nursing experience:

Merthyr Tydvil Union Infirmary 1900-1903

Private nursing 1903-11

CMB Certificate 1905

Albion Colliery, Pontypridd 1911-14

Certificate of Royal Sanitary Institute for Health Visitors & School Nurses 1914

Swansea Corporation Health Visitor & School Nurse 1914-16

Queen Alexandra Imperial Nursing Service 1916-18

Brecon Health Visitor & School Nurse 1919-22

Certificate of Royal Chest Hospital for TB Work 1922

District training:

Metropolitan Nursing Assoc Sept 1922-Mar 1923

Exam 51/60

Superintendent's report: A capable nurse with much experience, good Health Work, book-keeping, statistics, etc. She is nervous and excitable in temperament and not easy to get on with in the Home.

Inspector's report: A keen, educational worker, conscientious and reliable but a little lacking in sympathy.

Career:Nailsworth Mar 1923-May 1924

Apr 23 - Appears keen and energetic, methodical, has a pleasant manner.

Oct 23 - Work very good, rather slow.

Apr 24 - Good, painstaking nurse, conscientious and steady, but quick-tempered and nervous under inspection. Does not like Infant Welfare work.

Newport, I of W 1924-26

Oct 24 - Keen, progressive and very energetic.

Apr 25 - A thoroughly capable and resourceful midwife, with valuable educational influence.

Left because work was too much for her.

Devonshire CNA, Asst Supt Mar-Nov 1926

Downham Dec 1926-Apr 1932

July 28 - Quick, neat and methodical with a pleasant, capable manner. Much liked.

Nov 29 - A keen, progressive, capable nurse. Suitable for responsibility.

Oct 31 - Very capable, conscientious and hardworking, but rather erratic.

Resigned for other work.

Final report: A capable and efficient nurse but very difficult and over-bearing in manner.

SA/QNI/J.3/30

Surname: WEBB First names: Florence May Date of birth: 3 June 1898

Marital status: Single Religious denomination: C of E

Education: Council School, Greenwich

Father's occupation: Engineer

Nurse's own previous occupation: Shop assistant

Hospital training & nursing experience:

Bermondsey Infirmary Jan 1919-Jan 1923

Midwifery training at Bermondsey Infirmary

CMB Certificate Feb 1923

District training:

Brighton July 1923-Jan 1924

Exam 34½/60

Superintendent's report: A very willing worker, quick and alert, manages a heavy district well. Is not very well educated.

Inspector's report: A very good, reliable nurse, with a bright, pleasant manner. Not well educated.

Career:

Cinderford Jan 1924-Jan 1926

June 24 - Very conscientious, kind and attentive. Generally liked.

Dec 24 - Quiet, kind and tactful and much liked, but lacking in confidence.

Resigned from Institute for private nursing.

Final report: A good general nurse, but unsuitable for Public Health Work. Conduct good.

SA/QNI/J.3/30

Surname: WEBB First names: Lilian Frances Date of birth: 10 Sept 1894

Marital status: Single Religious denomination: C of E

Education: Council School, Greenwich

Father's occupation: Engineer

Nurse's own previous occupation: Shop assistant

Hospital training & experience:

Bermondsey Infirmary Jan 1919-Jan 1923

Midwifery training at Bermondsey Infirmary

CMB Certificate Aug 1922

District training:

Brighton July 1923-Jan 1924

Exam 33½/60

Superintendent's report: A nurse of fair capacity, hardworking and very energetic. Is not good at managing a difficult situation and lacking in education

Inspector's report: A good nurse with a quiet, diffident manner.

Career:

Cinderford Jan 1924-Jan 1926

1924 - Cheerful and kind in manner and liked by all.

Resigned from Institute for private nursing.

Final report: An unsatisfactory worker who needs strict supervision. Entirely unsuited for district midwifery and Child Welfare work. Conduct good.

SA/QNI/J.3/31

Surname: AVERY First names: Lucy Date of birth: 7 Oct 1888

Marital status: Single Religious denomination: C of E

Education: School of Science, Liverpool

Father's own occupation: Master joiner (deceased)

Nurse's own previous occupation: Clerk

Hospital training & nursing experience:

City of London Infirmary May 1915-July 1920

North Western Hospital, Staff Nurse, July 1920-May 1922

Brook Hospital, Sister, May 1922-July 1923

District training:

Manchester (Salford) 1923-4

CMB Certificate Feb 1924

Exam 45½/60

Superintendent's report: A very capable and methodical nurse. Keenly interested in her work.

Inspector's report: A well-trained nurse, with good district methods. Has a taking manner and neat appearance.

Career:

Nailsworth May 1924-48

Oct 24 - Work good, is tactful and interested, also happy and contented.

Oct 25 - Standard of work very good. Very kind to her patients and inspires confidence. Progressive and influences others to be so.

Apr 27 - An excellent worker, interested and observant and with a good educational influence.

Apr 29 - A very good nurse, anxious to keep up to date.

May 31 - A good educational nurse, most painstaking and much liked.

Nov 33 - A keen and energetic nurse, much appreciated by doctors and patients.

June 36 - Now Mrs Abbott. Capable and conscientious. Specially interested in the preventive side of work.

Nov 37 - Capable nurse-midwife. Keen and with common sense.

Appendix 4 Minimum requisites for a nurse's cottage, cl0

An inventory should be prepared, and this should be checked annually. This is necessary as the permanent nurse may add some of her own possessions. The inventory should also be checked on a change of nurse.

All linen, bedding, etc., should be clearly marked as belonging to the Association.

Linen for the relief nurse would be recognized as separate from that in ordinary use.

*Minimum Requisites for :**Sittingroom :*

2 easy chairs with covers and cushions, or one easy chair and divan.
Carpet or linoleum with rugs.
Hearthrug.
Table.
Sideboard.
3 upright chairs.
Writing table, or bureau, with bookcase.
Coal box.
Fender.
Fire irons.
Curtains.
Adequate lighting.

Bedrooms, in each room :

Comfortable, well-sprung, modern beds.
2 chairs
Carpet, linoleum or rug.
Dressing-table with mirror.
Wash-stand with toilet set, if no hand-basin in bath room.
Towel rail.
Bedside table.
Bedside lamp.
Some means of heating.
Wardrobe.

Kitchenette:

Table.
3 chairs.
Domestic boiler, or some other suitable means for providing hot water.
Dresser or cupboard for crockery.
Larder.
Stove for cooking.

Bathroom :

Bath.
Wash basin.
Linen basket.
Chair.
Towel rack.
Airing cupboard (if possible).

Lavatory :

Indoor sanitation. Where this is impossible an "Elsan" should be installed.

District Room :*

Examination couch (if midwifery is undertaken).
Cupboard for loans and equipment.
Enamel-topped table.
2 chairs.
Desk.
Linoleum.
Deep sink.
Towel horse or rail.
2 brown blankets.

Linen:

2 underblankets.
5 pairs of sheets.
8 pillow cases.
5 pillows.
4 blankets (white).
2 blankets (brown).
2 eiderdowns.
3 counterpanes.
2 covers for bed-springs.
8 hand towels.
5 bath towels.
1 bath mat.
Cork mat.
3 lavatory cloths.
3 dish cloths.
6 swabs.
4 oven cloths.
6 rough towels (for district room).
table cloths or a set of table mats.
6 roller towels (for kitchen, district room and bath-room).

Hall:

Floor covering.
Umbrella stand.
Hat and coat rack.

China and Hardware:

$\frac{1}{2}$ tea set.
 $\frac{1}{2}$ dinner set.
3 tumblers and water jug.
2 tea pots.
1 hot water jug.
A set of jugs.
Cruet.
Basins (varying sizes).
Pie dishes (varying sizes).
Casserole.
Pastry board and bread board.
Cutlery and plate.
Kitchen utensils.
Tin opener.
Cooking cutlery.
Tray.
2 brooms (one hard, one soft).
Scrubbing brushes.
Stiff carpet brush.
Lavatory brush.
Mop.
Buckets.
Dustpan and brush.
Shovel.
Coal scuttles.
A carpet sweeper or Hoover.
Saucepans (four sizes).
Frying pan.
2 kettles.
Cooking and washing-up bowls.
Bread bin.
Flour bin.
Jars for dry stores.
Wire meat cover.

* The list of nursing and midwifery equipment for a District Room is given in the leaflet obtainable from the Queen's Institute.

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CRL = Cheltenham Reference Library

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AppendixA1 Publications

March 2003 - Article 'The District Nurses of Charlton Kings' published in Charlton Kings Local History Research Bulletin 49

Aug 2004 - Historical feature in preparation for the *Nursing Standard*.

A2 Conference papers

10/11/01 - Paper entitled 'Elizabeth Malleson: The Forgotten Pioneer of Rural District Nursing' presented at Conference 'Tender Mercies & Benevolent Aspirations: Women & Philanthropy in the 19th & 20th Centuries', organised by the Women's History Network, Midlands Region, and held at the University of Wolverhampton, Dudley Campus.

A3 Seminar presentations

16/05/00 - Seminar entitled 'Reliability of source material: A case study in the biography of Elizabeth Malleson' presented to PGCRM students taking the Practice of History module.

14/11/00 - Seminar entitled 'Researching Women's Lives' presented to students taking module HS314 British Women's History 1800-1920.

30/10/01 - As above

17/05/04 - Seminar entitled 'Doing Feminist Research' presented to students taking module WS310 Current Issues in Women's Studies.

A4 Essay competitions

May 2001 - Essay Highly Commended for the Clare Evans Prize awarded annually by the Women's History Network, entitled 'From Lady Bountiful to Lady Administrator: Women & the administration of Rural District Nursing, 1880-1925'.

Oct 2003 - Article 'The District Nurses of Charlton Kings' short-listed for the Bryan Jerrard Award 2003, presented annually by Gloucestershire Rural Community Council for best published article on local history in Gloucestershire.