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“Docile bodies” or “impudent” women: conflicts between nurses and their employers, in England, 1880-1914

Stuart Wildman

Zusammenfassung

»Gelehrte Körper« oder »dreiste« Frauen: Auseinandersetzungen zwischen Krankenschwestern und ihren Arbeitgebern in England, 1880 bis 1914


Introduction

Conflict is a constant feature that appears in narratives of nursing reform during the nineteenth century. The first are concerned with the old style nurses in hospitals and in particular with their conduct before and during the Crimean war. Later, much attention has been given to major disputes between nursing sisterhoods, doctors and hospital managers in London.¹ Discussion of conflict in the early twentieth century has often centred on the rise of trade unions amongst mental asylum workers and the advent of the strike as a means of demanding better conditions of service.² Little attention has been given to disputes about everyday life and work in hospitals and nursing associations in this period. There are many examples, in surviving records, of individuals being subjected to disciplinary action for misdemeanours but few concerning nurses airing grievances or disputing decisions made by those in authority. This exploratory paper examines the period up until the First World War. This paper examines the nature of nursing reform and its influence upon the everyday working conditions and quality of life of nurses in a variety of institutions. It identifies and discusses a number of disputes between groups of nurses and their employers across the time period. Reasons for the occurrence of conflict will be put forward and discussed in the light of changes within society. The reaction of employers, the leaders of the nursing profession and the nursing press will be addressed and conclusions that compare nurses with other female workers put forward.

In order to progress it is necessary to describe the nature of the institutions that are included within this study. During the nineteenth and early twentieth centuries health care in Britain differed for the social classes. The rich purchased medical and nursing care in the open market, and received that care in their own homes. For working people there were different systems. Some could subscribe to clubs or friendly societies that provided medical care in times of need. Many treated themselves by consulting medical and home care manuals. For the poor there were two systems. For the respectable working poor a network of voluntary or charitable hospitals, dispensaries and nursing societies founded by philanthropists provided either care in the hospital or in the patient’s own home, without charge. The employment and training of nurses was an integral part of this system. The indigent poor, those who had no job or were unable to work, were admitted to workhouses founded under the Poor Law system and funded by local taxes. This system was administered by paid officials and overseen by the guardians of the poor, elected by local tax payers and who met at least monthly to consider management issues. Workhouses offered medical care for those in need and from the late nineteenth century special wards and separate hospi-

“Docile bodies” or “impudent” women

tals were constructed by local poor law authorities for the sick poor. By the early twentieth century a network of public hospitals had been established and these too moved towards employing trained nurses and establishing their own training schools. It is the voluntary hospitals and societies and the relatively new poor law or public hospitals which are the focus of this study.

Nurse Training and work

Nightingale’s experience of supervising nurses in the Crimean war influenced her views regarding the future organisation of nursing. Between November 1854 and November 1855, 44 nurses out of a total of the 108 who had been recruited were dismissed, of these all 12 who were alcoholics and the 4 dismissed for impropriety were working-class nurses. The situation in the voluntary hospitals in Britain was said to be no different with nurses accused of drunkenness, the use of abusive language, failure to control tempers, leaving the wards and hospital without permission, stealing from the patients and the hospital, demanding payment from patients and relatives, cruelty to patients, and sexual liaisons with patients and medical students. This was accompanied by widespread condemnation of domiciliary nurses, typified in Charles Dickens’s portrayal of Sarah Gamp, by those wishing to reform nursing. Although this stereotype has been challenged in recent years it had great resonance in mid-nineteenth century Britain. Nightingale thought that some of the best nurses in the Crimea were working-class women with hospital experience but many lacked the moral discipline to be able to practice without supervision. In order to reform nursing the hospital and its management systems needed to be transformed.

As part of her strategy for reform, Nightingale was convinced that there was a need for a trained female head of nursing within hospitals. She believed that the success of nursing depended upon:

> The authority and discipline over all the women of a trained lady-superintendent who is also matron of the hospital, and who is herself the best nurse in the hospital, the example and leader of her nurses in all that she wishes her nurses to be.

The position of the matron or Lady Superintendent was to become crucial in the reform and modernisation of nursing. A major achievement of the Nightingale reforms was to promote a female chain of command in the hospital, at the apex of which was the hospital matron with her expanded.

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6 Nightingale (1883), p. 1039.
managerial role.\textsuperscript{7} This included responsibility for recruitment, training and supervision of nurses during their working day. According to Nightingale

Ward training is but half of training. The other half consists in women being trained in habits of order, cleanliness, regularity and moral discipline [...] and the probationers under the matron’s immediate hourly direct inspection and control.\textsuperscript{8}

A woman in a position of authority was expected to be able to ‘exhibit in her own person’ those qualities expected of a nurse and was required ‘to cultivate them in those who are placed under her’.\textsuperscript{9}

The hospital was seen as the place in which the nurse would develop knowledge, skills and a disciplined way of working. More than knowledge and skills the hospital was to ensure that nurse training would inculcate a disciplined way of working. Florence Lees, a Nightingale trainee and subsequent active nurse reformer felt that:

Hospital training in the full sense of the word, means careful discipline or drill. In other words, order, quickness, punctuality, truthfulness, trustworthiness, method, cleanliness, neatness, implicit and intelligent obedience to those in authority over them, an obedience so absolute and so well understood that a doctor can as fully depend upon his orders being carried out by the nurse as if he himself were present.\textsuperscript{10}

Nightingale devised a system for observing the probationers’ conduct and performance that asked for a report about the nurses’ ability to undertake patient care but also about their character which included punctuality, quietness, trustworthiness, neatness, cleanliness, sobriety, honesty and truthfulness.\textsuperscript{11} These views of the ideal qualities required by nurses were taken up by nursing associations and hospitals from the 1860s onward and were expected of both the new recruit and the established nurse.\textsuperscript{12}

Thus the trainee or probationer was expected to ‘act in complete obedience to the instructions of the Sister and Staff-Nurses’ and to develop a work ethic that stressed punctuality, hard work and long hours.\textsuperscript{13} Nurses lived and were trained within hospitals which had strict regulations, timetables that dictated a nurse’s activity throughout the twenty-four hour day and a regime that demanded absolute obedience to authority. According to Alison Bashford, nurses in the late nineteenth century could indeed be de-

\textsuperscript{7} Witz (1992), pp. 140-143.
\textsuperscript{8} Nightingale to H. Bonham Carter, 3 September 1865, cited in Baly: The Nightingale nurses (1986), p. 6.
\textsuperscript{9} Lees (1876), p. 7.
\textsuperscript{10} National Association (1875), p. 17.
\textsuperscript{11} Baly (1997), Appendix 1, pp. 229-230.
\textsuperscript{12} See the following for example: Lees (1876), pp. 1-27; Wood (n.d.), pp. 7-19; Stewart/Cuff (1889), pp. 4-5; Lewis (1895), pp. 1-7.
\textsuperscript{13} Blissett (1888), p. 140.
scribed, in Foucauldian terms, as ‘docile bodies’.\textsuperscript{14} Monica Baly has described ways in which Nightingale advocated the design of both hospitals and the nurses’ accommodation in such a way as to enable the hospital matron and her subordinates to keep the ordinary nurses and probationers under constant observation and discipline\textsuperscript{15} – a veritable panoptical regime.

This system of training and discipline was taken up by all hospitals and nursing associations, both voluntary and public. Historians have suggested that it was introduced to meet the challenges of the 1860s but did not change much until after the First World War. For Monica Baly this system prevented innovation in practice and education whilst Carol Helmstadter puts its survival down to economics because of a need to maintain the productivity of nurses and economy of expenditure in a period of severe underfunding of hospitals.\textsuperscript{16}

**Nurses and their employers**

As a result of these strict disciplinary regimes it is not surprising that there were disputes within institutions between nurses and their superiors. In addition to discipline, nurses protested against poor living accommodation and food. Finding evidence of the existence of conflict is not easy. Most disputes happened within closed institutions which did not reveal problems to the outside world. In the main these conflicts have been identified in the pages of the professional nursing press which came into being with the creation of two journals – the *Nursing Record* and the *Nursing Mirror* in 1888. Between this time and 1912 instances of protests about living conditions, the quality of food and about overbearing discipline have been identified within the pages of the professional press.

However, some information can be found earlier in records of institutions. For instance, in 1876 the nurses of the Salisbury Diocesan Nursing Association objected to the Lady Superintendent’s disciplinary regime within the nurses’ home and forced her resignation. The management committee felt, that although she maintained a high moral tone within the home, she had failed to consider the comfort of the nurses and should have had more ‘sympathy with the lesser and greater trials of their calling’.\textsuperscript{17} The nurses were informed of the outcome but were told that their behaviour would not be tolerated in the future. In subsequent years they made representations for wage increases but never challenged the decisions of the committee.


\textsuperscript{17} Wiltshire and Swindon Record Office, J8/109/1: Salisbury Diocesan Institution for Trained Nurses, Minute Book 1871-1876, 26 February 1876.
The first publicised dispute occurred in 1888 in Sheffield and was referred to as the “Sheffield Nurses’ Strike”. During April of that year the Lady Superintendent complained about the inadequate and overcrowded accommodation in the Sheffield Nurses’ Home and in particular the way that the management committee occupied her own room for committee meetings once a week and the lack of quiet rooms for nurses who were ill. The committee insisted that she ‘address them in a more respectful manner’ and dismissed her complaint. She resigned and 31 nurses informed the committee that unless she was asked to remain they would leave with her. At the Annual General meeting the Lady Superintendent and the nurses were referred to as ‘impertinent and impudent’ and the subscribers present supported the committee’s stance. She was forced to leave the home one month early but enough local people and doctors believed she was hard done by and set up a rival charity in which she and the nurses could continue their work. She continued to run this Home well after 1900. To Mrs Bedford Fenwick, the self-styled leader of professional nursing and the owner of the Nursing Record this was a clear case of exploitation of nurses by a charity. They earned large amounts of money for the Home but received poor pay and accommodation. She and the British Nurses’ Association campaigned for nurses to set up co-operatives in which they would receive most of the profits from their labours rather than being exploited by private enterprises or charitable associations. The British Journal of Nursing likened many of these associations to ‘sweat shops’ in industry whereby workers were exploited and abused.

The only other dispute that has been found in the late nineteenth century was at the General Hospital, Birmingham in 1891 when one of the Hospital Visitors (a representative of the House Committee) was approached about both the quality of the food and the reaction of the House Governor, the most senior male administrator. Some nurses had raised a petition against the quality of the food but they said they were threatened by the House Governor with dismissal and accused of being liars. The matron was also afraid to approach him because of his manner and abusive language towards her. His reaction was that the nurses were likely to make unreasonable complaints and that modern day nurses were ladies who had been accustomed to better food at home than the hospital could be reasonably expected to provide. The report of the House Visitor was acknowledged by the House Committee but apart from checking on the quality of the food for a period of a week no further action was taken. Thus the problem was

18 Sheffield Nurses’ Home, resignation of the matron and nurses. In: The Sheffield and Rotherham Independent, Wednesday May 16 1888.
20 Birmingham City Archives, MS 528927: ‘Report of Mr John Lee, hospital visitor’ 6 & 11 February 1891, in a Collection of leaflets, manuscripts, letters etc. relating to the General Hospital Birmingham, 1882-1899.
never discussed again and it can be presumed the nurses were too afraid to raise the issue.

It would appear that in both the Sheffield and Birmingham cases the nurses’ concerns were dismissed and that the validity of their protests was not taken seriously.

No further cases of complaint in the nineteenth century or in the voluntary hospitals have been found. Subsequently, disputes were reported after 1900 but only in the Poor Law hospitals. Why was this the case? It has been claimed that living conditions for nurses in the voluntary hospitals and the more progressive larger poor law infirmaries were better than most workhouses or small public hospitals and that there was a difference in recruits with the voluntary sector attracting women of a higher social class and with a greater sense of vocation for nursing as a professional activity. As such, it is said, that nurses in the voluntary sector were more likely to tolerate the discipline and living conditions associated with nursing. Nurses recruited to the poor law were seen as poor quality and the work – dealing with the chronic sick and bedridden – was unlikely to attract educated women who wanted a varied career in nursing, with good prospects for the future.\(^{21}\)

What then lead nurses in the poor law sector to take action? The first factor must have been the influence of the political and economic climate in Britain at the time. Inflation was running high which was eroding the living standards of the workers and there were moves by employers to gain greater control over and improve the productivity of the work force. After 1900 there was a ‘resurgence of class consciousness and class conflict’ and an ‘upsurge of political and industrial unrest’.\(^{22}\) This came from below and took the government, employers and trade union leaders by surprise and only abated at the outbreak of war in 1914. Strikes increased at an alarming rate and these even spread to school children in 1911.\(^{23}\)

Women became more militant. Women workers were more likely to take industrial action in the form of strikes and some suffragettes saw that the threat of violent action gave them unprecedented publicity in their campaign for votes for women. Some nurses actively supported this movement, an extreme example being nurse Annie Humphreys of Birmingham who was given 4 months imprisonment for smashing windows in London in 1912.\(^{24}\) Information about militant action was readily available in the newspapers and this is seen as a means by which unofficial action such as strikes was spread from area to area.\(^{25}\)

\(^{21}\) Abel-Smith (1960), pp. 47-49.


\(^{23}\) Baker (2010).

\(^{24}\) Nursing Mirror, 9 April 1912, p. 4.

\(^{25}\) Baker (2010).
In terms of the nurses’ case the following letter written anonymously summed up the position of many in the early twentieth century:

Many people talk of nursing as a heavenly calling, and they will think that such a thing as a union is desecration. But we feel that we could fulfil our heavenly calling better if our earthly welfare were better looked after. How can we play the role of ‘ministering angels’ to the best of our ability when our minds and bodies are wearied out by too long hours, the swallowing of half masticated food, lack of change and pleasure, and last, but by no means least, the petty tyranny of hospital life?

Surely, we do not need such treatment in order to become good nurses. Is it not time that nurses rebelled openly, and so made it easier for nurses in the future? We need shorter hours, longer mealtimes, larger salaries, and more freedom in our off-duty. Nurses would fulfil their calling of healing and uplifting much better if their own lives were made brighter.26

This was something that many nurses in the poor law sector seemed to agree with. In 1905 nurses at the asylums in Sunderland and Glasgow threatened strike action against hospital authorities who wished to lengthen their hours of work but most unrest seemed to have occurred in 1911 and 1912.27 This was at the height of industrial and political unrest and some nurses, it would seem, were no longer prepared to tolerate the poor employment and living conditions, as they saw them, within the poor law sector.

In November 1911, nurses complained about inadequate accommodation, food and training in the Brighton Union Infirmary, where they had to sleep in rooms in close proximity to patients, including those with tuberculosis, and were disrupted by the constant noise. Remarkably for the time they did not strike.28 Later that month two probationers at the Fusehill Workhouse, Carlisle were reprimanded by the superintendent nurse. They complained to the secretary of the board of guardians that the superintendent deliberately delayed giving them passes to leave the hospital and expected them to scrub the floors and clean the fireplaces in the ward. In addition, one nurse complained she had a skin complaint on her hands which was not treated and was allegedly told by one of the charge nurses that ‘if she had such a filthy dirty disease she would drown herself’.29 When they did not receive support for their case from a subcommittee the two probationers and three colleagues hung up their keys and left the hospital.30 They declared they were on strike and would resign unless action was taken.31 This dispute was

26 Nursing Mirror, 9 September 1911.
29 The British Journal of Nursing, February 3 1912, p. 92.
30 Nursing Mirror, 2 December 1911, p. 143.
31 The Carlisle Journal, 28 November 1911, p. 4.
particularly acrimonious and the guardians took sides with some supporting the nurses and the others the superintendent. One guardian allegedly said that superintendent deserved to be flogged.\textsuperscript{32} As a result of this the Local Government Board sent an inspector and an inquiry was held in January 1912. Feelings were riding high and the superintendent nurse was verbally abused by female pauper inmates of the workhouse on her way to the inquiry and the police had to be called to maintain order.\textsuperscript{33} The Inspector found that there was no case against the superintendent and that the nurses had deserted their posts and should not be re-instated. However there was a need to consider the system of passes and dietary allowances given to the nurses in order to improve their living conditions.\textsuperscript{34}

Further incidences of dissent by nurses occurred in early 1912. Two nurses in the Aberdare Hospital, South Wales deserted their posts suddenly and complained about the behaviour of the untrained matron of the hospital who used abusive language, mocked the religious affiliations of one of the nurses and accused the other of attempting to seduce her husband. A resulting hospital committee dismissed both the master and matron.\textsuperscript{35} In the same month the nurses of the York Workhouse boycotted the food because of its poor quality and when they were offered sausages for a Sunday breakfast they hung them on the gas lamps in the nurses’ dining room with a label entitled ‘suspended – no further use for you’.\textsuperscript{36} The medical officer of the workhouse thought the nurses were right to be dissatisfied with the standard of food.\textsuperscript{37} In early March 1912 unrest was reported in the Kidderminster workhouse in Worcestershire but no details of this survive.\textsuperscript{38}

These incidents demonstrate that nurses were willing to take action when they felt aggrieved by their situation. These cases generated a lot of comment in the professional press about the state of nursing, particularly within the poor law sector. For Mrs Bedford Fenwick, the champion of registration, all of these incidents demonstrated that there was a lack of discipline within the infirmaries and sick wards of workhouses and that the Local Government Board needed to take action to prevent patients from suffering. This would be facilitated by the formation of a national nursing department under the direction of a matron-in-chief with a number of nursing inspec-

\textsuperscript{32} Inquiry into the Carlisle strike. In: \textit{Nursing Times}, February 3 1912, p. 114.
\textsuperscript{33} \textit{The British Journal of Nursing}, February 3 1912, p. 92.
\textsuperscript{37} \textit{Nursing Mirror}, February 10 1912, p. 303.
\textsuperscript{38} \textit{Nursing Mirror}, March 2 1912, p. 355.
tors. Secondly, legal registration of nurses was required under a central authority with disciplinary powers to ensure only proper persons could practice. The Nursing Mirror, owned by Mrs Bedford Fenwick’s rival Sir Henry Burdett, who was an opponent of registration, demanded that nurses should be put under the ‘yoke of discipline’ and that they should resign and get a job elsewhere if they were dissatisfied with their conditions. If issues did arise nurses were advised to write to the matron in ‘temperate language, confined to the facts, and signed by all the staff’. All in all, the Nursing Mirror recommended that nurses should courageously accept disagreeable conditions in order to succeed in their careers. In contrast to this widespread condemnation, the Nursing Times congratulated the York nurses in conducting their ‘strike’ in a good-tempered and spirited way but it, along with Mrs Bedford Fenwick, roundly condemned the system whereby the workhouse wards for the sick were controlled by an untrained master and matron and not the superintendent of nurses. These incidents and the reaction to them may have prompted the government to take action as a local government order was issued in 1913 which gave control of the sick wards to the medical superintendent and the management of nurses to the trained superintendent or matron.

Given the conditions within workhouses, it is surprising that there were not more strikes and disputes within the poor law sector. However, many working-class women were brought up to be obedient to authority and for some, work was something to be tolerated before they left to be married and this could account for the low number of disputes. But the absence of disputes or protests ‘does not necessarily mean that women were always deferential, respectful or submissive’. Women in a variety of occupations were likely to leave and gain employment elsewhere if they were dissatisfied with their working conditions. This was not an option for the nurse probationers in these cases, as they needed to complete their training, but trained nurses with a hospital certificate were able to find alternative employment quite easily. Thus public disputes were probably the only way many probationers could protest about harsh conditions and treatment. The way in which these disputes manifested themselves is typical of the way in which working women protested. Female workplace resistance was characterised by spon-

45 Zimmeck (1986).
taneity, lack of restraint and an element of street theatre. All of which can be seen in the examples of the protests by nurses in this paper.

In conclusion, resistance of general nurses to authority as an element of labour relations in nursing has been largely ignored by historians. Apart from Mick Carpenter’s work on the history of the Confederation of Health Service Employees (COHSE) most historians have concentrated on the period after the First World War and the situation in the Asylums rather than in general hospitals. Is this, because they are attracted to organised unionism and the strike, which by its nature is dynamic and threatening to societal order rather than the more mundane disputes dealt with in this study? Or is it because the idea that most nurses were indeed ‘docile bodies’ and incapable of resistance pervades the thoughts of those who study the history of British nursing? This exploratory study demonstrates that some women were prepared to risk their positions and join with others to protest about their terms and conditions of employment. However, more work needs to be undertaken to identify whether disputes were more widespread than is reported in this paper and also how these disputes were linked to women workers in general and the political climate operating at the time in particular.

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