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'Were they to have petticoat government in the hospital?' The reform of nursing in nineteenth-century Lincoln

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ABSTRACT

Nineteenth-century interest in reforming nursing took on a greater sense of urgency following the Crimean War. The initiative of the Nightingale Fund to establish a school of nursing at St. Thomas's Hospital in London in 1860 spurred on many provincial hospitals and associations to consider reforming nursing through better recruitment and training of nurses. This paper focuses on an attempt by a group of privileged and assertive women to introduce a modern nursing system in the Lincoln County Hospital in the mid-1860s. The problem of competing authority in the hospital, along with the gender and social class of the protagonists for reform aroused vehement opposition from some of the doctors and governors. The subsequent withdrawal of the reformers to create an independent and successful nursing institution in the city was made possible by the positive effect it had on the care of the poor and in the way it did not challenge the work of the hospital or the private practice of doctors.

KEYWORDS

Nursing; hospital reform; female philanthropy; district nursing; religion and nursing; social class

Introduction

In his preface to the 1867 edition of *Martin Chuzzlewit*, Charles Dickens described the portrait of Sarah Gamp and Betsy Prig, the infamous fictional nurses, as a fair representation of the profession twenty-four years previously. However, he thought that nursing had been improved since the 1840s by 'private humanity and enterprise' and principally through the 'agency of good women'.¹ The active intervention and support of upper- and middle-class women was most important to the success of nursing reform and was twofold. There were those women who gave their time voluntarily and who initiated and supported nursing reforms in hospitals and, particularly, home nursing. In addition, there were a number who were employed as lady superintendents and matrons to introduce a new form of nursing and manage the nursing services of a growing number of hospitals as well as the newly established local nursing associations seeking to improve home nursing. Participation in nursing reform offered middle-class women opportunities to introduce and participate in the management of new organisations which were developed in the wake of the establishment of nurse training at St. Thomas's

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Hospital, by the Nightingale Fund, in 1860. Many had considerable experience in charitable enterprises prior to the formation of a nursing organisation. These were mainly activities that were seen to be within a lady's traditional philanthropic remit, such as visiting the inmates of prisons, workhouses, orphanages and hospitals, visiting the poor in their own homes, as well as involvement in institutions to inspect or supervise the domestic arrangements, educating children or training women for some type of domestic role.² Whilst men took the leading role in the management of most medical charities, particularly voluntary hospitals, middle- and upper-class women increasingly participated in the management of nursing charities. In Liverpool, Manchester and Birmingham, whilst men dominated the management of the financial side of local nursing institutions, founded in the 1860s, women had considerable power in the day to day management of the nurses' residences and in the supervision of all aspects of the work of the district nurses.³ In contrast, Lincoln was an important exception to the way in which women were normally involved in nursing reform. Here, a small group of privileged and assertive women proposed, introduced and managed the reform of nursing in both the County Hospital and the wider city, a role traditionally dominated by men. This paper documents their brief involvement in the hospital and the controversy and opposition it generated, but also the impact of their new organisation, the Institution for Nurses, on the health and care of the city's population.

For many, Florence Nightingale is credited with founding modern nursing but its development was more complex than traditional histories, with their concentration on professionalisation and registration, depict. From 1980 a succession of papers called for a more meaningful history of nursing, utilising concepts such as gender, class, religion and ethnicity.⁴ In the latter part of the twentieth century, accounts which sought to re-evaluate the history of nursing in Britain started to be published, amongst other things challenging the accepted Nightingale narrative, considering gender as an important factor in nursing work, and exploring neglected areas of practice such as mental health nursing.⁵ These have been followed by studies which have recognised some nursing reform occurring well before the mid-nineteenth-century interventions by Nightingale and her contemporaries, considered the role of religion in that reform and examined the lives and work of nurses recruited from different backgrounds to implement reforms and deliver patient care.⁶ Apart from that of Nightingale and other famous reformers, such as Elizabeth Fry, there has been little written about the role of women philanthropists in nursing reform.⁷ As such this paper builds on the suggestion of Christopher Maggs in providing a local case study in which the role of gender and class can be seen to have played a significant part in the reform of nursing in nineteenth-century Lincoln.⁸

Health and hospitals in Lincoln

Nursing reform is said to have swept across the country in the 1860s.⁹ This is part of a 'pioneer age' as proposed by Martha Vicinus to describe a period, stretching from the late 1850s to the 1880s, in which individuals and groups sought to establish reformed nursing based upon recruitment and training of a different kind of woman within hospitals.¹⁰ In Lincoln, however, there was considerable opposition to changing the nursing arrangements in the County Hospital. The nature of society and governance in the city in the first half of the nineteenth century often led to violent debate and argument about

public health and hospitals. This has been put down to the fact that Lincoln was 'polarised by social class and religion'.¹¹ The city was 'dominated physically, visually, socially and symbolically by the Anglican community who lived literally at the top of the town'.¹² The County Hospital was viewed as a church institution by the cathedral clergy, who along with the county gentry dominated the quarterly Board of Governors.¹³ However, nonconformity and Liberalism were very strong and wielded significant power within the civic administration and secular institutions of the town. For instance, in 1870 the threat to withdraw subscriptions to the County hospital by the Mayor and Corporation resulted in the suspension of the rule that the matron and other officers had to be members of the established church.¹⁴ In earlier decades sectarian differences centred on the appointment of the matron. This generated heated debate between two factions promoting their own candidate, in 1849. Two women were put forward, both of whom claimed to be adherents of the Church of England. Miss Kirkby was supported by most of the clergy and the county gentry, whilst Miss Howitt by the radicals, dissenters and surprisingly the Bishop. Although Howitt had a certificate of membership of the Church of England, she had been a member of an Independent congregation. Her application was opposed by Anglican governors who claimed she had only obtained a certificate in order to qualify for the job. After much debate, she was elected but was dismissed the following year for incompetence and replaced by her rival.¹⁵ In 1856, Miss Emily Anderson, the daughter of the Rev. Sir Charles Anderson, of Lea Hall, near Gainsborough who had experience of nursing in England and had been appointed by Florence Nightingale as the Superintendent of the General Hospital at Scutari returned from the Crimean War in 1855 following illness.¹⁶ She offered to take up the role of Superintendent Nurse in the Lincoln County Hospital. Bishop Jackson seemed keen to make use of her experience and put this to a special meeting of the hospital governors. Her offer was opposed by many, including the Reverend J. S. Gibney, a minor canon of the Cathedral and vicar of St Michael-on-the-Mount, Lincoln, who maintained that there was no such position within the hospital's constitution.¹⁷ He also objected to her religious opinions, almost certainly of a high church nature, and opposed to his own which were said to be based on 'scriptural principles'.¹⁸ Reluctantly the Bishop withdrew his offer. Thus changes to the nursing arrangements and leadership within the hospital were potentially controversial and proposals in the next decade for radical reform would inevitably be contested.

Established charities such as the voluntary hospitals were democratic associations controlled by annual general meetings of all subscribers where committees and officers were elected. Published annual reports and newspaper articles informed subscribers and the public about a charity's work and finances.¹⁹ Annual general meetings gave subscribers opportunities to question the managerial and financial decisions of committees and the conduct of elected or employed officers. Many subscribers to the Lincoln County Hospital saw this as their right and meetings were often challenging for those in positions of authority. Finance was uppermost in the minds of many and anything that might increase the burden was often opposed. This was a stance taken by many citizens in Lincoln, for example, attempts to make public health a priority and introduce a new sewerage system in Lincoln between 1848 and 1850 failed because of stiff opposition mainly due to the cost of the proposed scheme which would have fallen on the ratepayers and another attempt in 1866 resulted in one city councillor receiving death threats.²⁰

Medical practitioners in Lincoln were particularly argumentative and were seemingly determined to have their say about matters concerning the governance of the city but also its medical institutions. Disputes regarding the substitution of a more humane approach in place of restraint dominated discussions about the management of the charitably funded Lincoln Asylum from the 1820s to the mid-1840s. Arguments between the physicians, particularly Edward Charlesworth and William Cookson, drew in other governors and cause a great deal of ill feeling on both sides. Eventually, Charlesworth's views concerning humane treatment won the day.²¹ Another dispute about the Asylum in 1824 resulted in Charlesworth and Colonel Sibthorp having a duel, shots were fired but no-one was injured and the seconds having decided that honour had been satisfied halted the proceedings.²² Charlesworth was also a consulting physician in the County Hospital and had a particularly acrimonious dispute with Mr Broadbent, one of the consulting surgeons, over the conduct of outpatient sessions in 1850.²³ Although Charlesworth died in 1853, there continued to be constant quarrels between the medical staff and the administrators and between physicians and surgeons.²⁴ Broadbent himself became one of the most controversial and vociferous critics of the attempts to reform nursing in the next decade. The hospital itself, opened in 1774, was described by the medical officers as 'infectious and overcrowded' in 1854 and by 1860 post-operative mortality was higher in the hospital than in a patient's home.²⁵ The lack of efficacy of the efforts to improve the standards of care between 1840 and 1870 has been put down to the poor quality of nursing and the poor sanitary condition of the hospital which led to recurrent outbreaks of infection.²⁶

The Ladies Nursing Fund

The Ladies Nursing Fund was established to support the Lincoln County Hospital in 1864. It was the idea of Mrs Anne Bromhead and Mrs Louisa Boucherett, both members of old Lincolnshire families and wives of county magistrates. Mrs Bromhead was said to have a lifelong interest in caring for sick servants and the local poor. Following a visit to the Bath Training Institution and Home for Nurses, she was determined to set up something similar in Lincoln.²⁷ On asking the doctors at the County Hospital about the prospects for training nurses, she was told that nursing within the hospital was in such a poor state that it would be impossible to start training unless the system was reformed.²⁸ Speaking some years later, the Bishop was of the opinion that 'the day nurses were untaught, untrained and ignorant of their duties'.²⁹ A contemporary source pointed to the problems with particular reference to the night nurses who were women who worked all day and then provided a service to the hospital:

their night duties are performed with the most scrupulous observance of the rules laid down by that eminent authority, Mrs Gamp—that is to say, they sleep as much as they can, and leave the sick as long as is possible to the care of their useful sister, Nature.³⁰

Mrs Bromhead was supported by the Bishop, some of the cathedral clergy, the city's upper middle classes who lived close to the cathedral and the landed aristocracy and gentry of the county.³¹ She was actively supported by female members of the Boucherett and Sibthorp families, who were part of the county elite. Mrs Louisa Boucherett was active in numerous Lincolnshire charities and with her daughters, Louisa and Jessie,

was a firm believer in the rights of and the franchise for women.³² Jessie was an active feminist, a leading member of the then women's movement and a founder of the Society for Promoting the Employment of Women.³³ She had some involvement with the Ladies Nursing Fund in Lincoln, but seemingly had little to do with the Institution, other than being a subscriber from its foundation in 1866. However, through her work with the Society for Promoting the Employment of Women, she may have helped with the recruitment of suitable nurses for the Institution.³⁴ Her sister, Louisa, participated in local charitable activities, including measures to 'board out' pauper girls and find suitable employment for them in domestic service.³⁵ She was active in the nursing institution in its early days and had an extended correspondence with Florence Nightingale regarding the sanitary conditions and nursing arrangements in the Lincoln County Hospital in 1866.³⁶ When she inherited the family estate, following the death of her brother, she had less involvement with the nursing institution. Mrs Waldo Sibthorp, was a member of the county gentry and a wife of a clergyman and, like the Boucherett sisters, subscribed to the Society for Promoting the Employment of Women.³⁷

The hospital was controlled by a Quarterly Board of both male and female Governors but the day to day running of the hospital was managed through an appointed weekly board comprised of sixteen gentlemen. The Quarterly Board approved a new system of nursing under the control of the Ladies Nursing Fund on 14 July 1864.³⁸ By September of that year building work commenced in order to create accommodation for the increased number of nurses.³⁹ In its first year, the Ladies Fund provided material resources to convert a ward in the upper story of the hospital into bedrooms and purchase items of clothing and equipment for the benefit of the patients. New boilers were installed to prevent nurses having to carry hot water upstairs to some of the wards.⁴⁰ By early 1865 a head nurse had arrived to implement the new system of nursing and all expenses had been defrayed by the Ladies Fund.⁴¹ In June the Ladies appealed for donations to create a special fund to provide convalescence at the seaside, particularly for children and by September six people had already been sent to the Royal Sea Bathing infirmary at Scarborough.⁴² At the Quarterly Governors meeting in October the ladies: Mrs Bromhead, Mrs Waldo Sibthorp and Miss Louisa Boucherett, detailed their actions to date but asked that the nursing be put under their control to enable the position of the head nurse to be clarified in relation to that of the matron. At this point, a report from a sub-committee of the weekly board under the chairmanship of Archdeacon Kaye and comprising of the Rev. J. S. Gibney and Mr Broadbent amongst others was received. The gentlemen had reservations about dividing authority within the hospital and Gibney, in particular, saw this as an attack on the matron who was one of his parishioners. It was agreed that the decision would be postponed until the sub-committee reported.⁴³ In December 1865, at the first annual meeting of the Ladies Fund committee, Mrs Bromhead took on the role of superintendent with the power to hire and dismiss nurses.⁴⁴ However, the existing matron remained in post seemingly taking on a traditional housekeeping role. Things proceeded well initially, but at the annual meeting of the governors in January 1866 it was confirmed that the hospital finances were problematic. Miss Louisa Boucherett felt that the weekly board had not provided enough resources to adequately support the nursing and that the gentlemen associated with the hospital had not done enough to raise funds. On questioning the doctors it was confirmed that there had been no post-operative infection since the introduction of

the new nursing system and, as such, Miss Boucherett concluded that the experiment was a success.⁴⁵ In March 1866, Mrs Bromhead wrote to the local press in an attempt to recruit young ladies to train as nurses in the County Hospital. The Ladies Fund had rented a house on Greetstone Terrace to board, lodge and educate recruits who would be trained in the hospital and thereafter available to nurse the rich and poor in their own homes.⁴⁶

In April, the problems with the hospital's finances were discussed at a weekly board meeting and these were put down to an increase in the number of nurses and patients, the cost of provisions and a more liberal dietary for the patients.⁴⁷ The Chairman indicated that the cost of nursing had increased from £88 to £140 with the introduction of the new system of nursing.⁴⁸ There were by then ten nurses and two scrubbers employed in the hospital. Mrs Bromhead wrote to the press in the following week correcting this report by stating that the combined cost of the day nurses, the night nurses and the charwomen came to £166 before the introduction of the new system and that the Ladies Fund was actually saving the hospital money by charging £140.⁴⁹ Further criticism of the administration of the nursing system came at the Quarterly Board in July, when Mr Broadbent one of the honorary surgeons complained of the rapid turnover in nurses, the Reverend Gibney of the dismissal of staff without the consent of the Weekly Board and some members about increased expenditure within the hospital which they attributed to the nurses. The new system was defended by the Bishop and another governor noted that the new dietary which had increased expenditure had nothing to do with the nursing system but had been recommended by the medical staff. In spite of the opposition the Board agreed to extend the experiment for another six months, when a report from the weekly Board would be considered.⁵⁰

However, further unseen problems were to occur which put the project in jeopardy. The first head nurse, Miss Lucy Nevile, a member of an old county family and who had trained at King's College Hospital, was said to have approached her work with 'tact, energy, good temper and zeal' but died from diphtheria in June 1866.⁵¹ As did the temporary superintendent, Mrs Whitehead at the end of July.⁵² This prompted Louisa Boucherett to write to the Weekly Board and the press to call for the erection of a new building due to the poor sanitary state of the existing hospital.⁵³ She also took up correspondence with Florence Nightingale on the subject of both the rebuilding of the hospital and the employment of a lady superintendent.⁵⁴ Nightingale sent her usual reply to enquiries about managing hospitals in that nursing and the domestic arrangements should be in the hands of one authority, namely a lady superintendent, who should be a qualified nurse.⁵⁵

Following a request to the Nightingale Fund the next head nurse, Annie Henna, was provided in August. She was appointed temporarily at a time of crisis as Mrs Bromhead's daughter who had nursed both Miss Nevile and Mrs Whitehead fell ill with fever and the hospital was left in the hands of Henna. Louisa Boucherett described her as a good actress who had 'worked so skilfully on Mrs B's compassion'.⁵⁶ It came to light that she had been dishonest having left London without paying for dresses she had ordered. The bill was paid for by a supporter of the Ladies Nursing fund.⁵⁷ When it came to the question of the renewal of her appointment in November the Chancellor of the cathedral, the Reverend F Massingberd, advised against it.⁵⁸ At a subsequent meeting, before leaving the hospital, Miss Henna aimed a tirade of abuse at Massingberd, who as a committee member

of the Ladies Fund and a governor of the hospital, was standing in for Mrs Bromhead.⁵⁹ Soon after, Henna was dismissed by the Nightingale Fund and was described as 'no doubt a dangerous designing woman' by Mrs Wardroper, the matron at St Thomas's Hospital.⁶⁰ By December 1866 the Nightingale Fund had sent Mary Whitton to act as head nurse and Boucherett had high hopes for her.⁶¹ However, by the beginning of 1867 she reported that Miss Whitton had alienated the nurses by becoming too close to the matron and treating them like children.⁶² Whitton returned to St Thomas's in February of that year. Throughout this period, continual strife between the Ladies Committee on one side and the existing matron and the house surgeon on the other was reported. Nightingale was informed that the 'dissensions are so constant and violent as to make every arrangement impossible'.⁶³ The reform of nursing within the hospital proved difficult and opposition became more strident. Mrs Wardroper reported to Nightingale that there were too many heads; Mrs Bromhead was the lady superintendent and daily visitor, there was a matron and also a head nurse who managed the day-to-day nursing.⁶⁴ Miss Boucherett seems to have been at the centre of much intrigue and reported to Nightingale both about the matron's opposition to reforms within the hospital, whom she described as 'a most useless woman', as well as the ignorance of the weekly board whose members she referred to as 'blockheads' and 'idiots'.⁶⁵

By October 1866, Mrs Bromhead was exasperated and wrote to the Quarterly Board.⁶⁶ The letter was reported at the meeting of the Board on the 11 October, explaining the Ladies Nursing Fund committee's intention to withdraw entirely from the hospital:

Different causes, to which it is unnecessary now to allude, have deprived me of the assistance of head nurses one after another, and the combined opposition I have met with in the Hospital convinces me that it is hopeless to expect that we can any longer administer the funds committed to our charge with benefit to the nursing in the Hospital.⁶⁷

A discussion followed with Mr Broadbent, the surgeon, condemning the nursing system as being bad from the start, claiming that 'Contrary to the promises held out by the ladies, they had nurses of a most disreputable character, and patients had been starved and died in consequence'. In turn, the chairman criticised Mr Broadbent for his opposition to the work of successive head nurses and another governor said he had also made false accusations against one of the head nurses. Things were made worse when part of a letter from Florence Nightingale to Louisa Boucherett, implying that the worst systems of management of hospitals were found in those controlled by doctors, was read out at the meeting and subsequently reported in the local press.⁶⁸ The intervention of the Bishop led to the setting up of a committee of enquiry to propose the best system of nursing for the hospital.⁶⁹ This was followed by a round of letter writing to the local press by the house surgeon and Mrs Bromhead correcting, in their opinion, inaccurate statements made at the meeting.⁷⁰

At the quarterly meeting of the governors in December 1866, the report of the sub-committee of enquiry was read. The Reverend J. S. Gibney, whose wife had been a member of the Ladies Committee, believed that the head nurse 'should be entirely separated from any influence of the Ladies Nursing Committee, for he believed many of the evils existing arose from that source'.⁷¹ He defended the matron against criticism and suggested that the nursing should be brought under the control of the Weekly Board. Mr Broadbent claimed that there had been fifty four different women appointed as

nurses in the two years since the ladies took over the nursing, a point previously refuted by Mrs Bromhead.⁷² A motion to place the head nurse under the control of the House Surgeon was defeated and the meeting agreed to put forward a resolution that would allow the Ladies Nursing Fund to advise the Quarterly Board on the appointment of a head nurse who would manage the nursing under the direction of the weekly board.⁷³ It was agreed to hold discussions with the ladies committee about future arrangements. The *Lincolnshire Chronicle* commented that the management of the hospital was in disarray and that any move to put the hospital under the control of a lady superintendent would create an ‘imperium in imperio’ and that the prospect of a divided authority was already affecting its fund raising efforts.⁷⁴ In contrast the Reverend Nevile, father of Lucy the deceased head nurse, thought that the hospital was indebted to the Ladies Committee for raising large funds to improve the nursing and that it was understandable that they would want to manage the way in which the money was being spent.⁷⁵ In spite of the problems they encountered, the Ladies Committee still held out the prospect of securing an agreement to appoint a Lady Superintendent and maintain a presence in the hospital. Boucherett corresponded with Nightingale during early January 1867, asking for advice regarding their proposals, including the compulsory retirement of the old matron and the new rules they wished to implement.⁷⁶

At the meeting of the Quarterly Board on 11 January 1867, problems to do with the hospital’s governance and finances were blamed on the new nursing system by a number of governors, even though these accusations had been challenged and seemingly disproved at previous meetings. One Governor claimed, to laughter, that the nurses’ fondness for cheese had led to a doubling in its consumption within the hospital. A proposal by the supporters of the Ladies Fund to put the hospital under the control of a head nurse was defeated by a section of male subscribers.⁷⁷ Alderman Harvey, a local surgeon, businessman and former mayor of Lincoln, criticised the ‘new-fangled system of lady government’ and declared that he ‘would not shut the doors against the indigent poor he would shut them, firmly but respectfully, against those rich ladies who would bring the hospital almost to ruin’ and finally he asked ‘were they to have petticoat government in the hospital?’⁷⁸ Part of the problem for the Ladies’ Committee was that they had alienated powerful interests within the hospital and the city. As stated earlier there were two ‘Lincolns’. The ladies came from the elite that lived ‘uphill’ around the cathedral or were members of the ‘county set’, whereas the less wealthy professionals, merchants and tradesmen lived ‘downhill’, amongst the artisans.⁷⁹ This latter group were evidently hostile to middle-class women having control over part of the hospital’s business. Harvey, for instance, was a Liberal and nonconformist and seems to have taken pleasure in opposing the ladies and the clergy who supported them, most of whom were Tories and members of the established church.⁸⁰

Secondly, the ladies had alienated the medical staff and, in particular, made enemies of the house surgeon and Mr Broadbent, the honorary surgeon. Finally, the clergy of the town parishes and the cathedral seemed to be divided in their support for the ladies committee. Whilst both the Bishop and the Chancellor spoke of the poor patient care of the past and the need to introduce nursing reforms the Reverend Gibney remained implacably opposed to the new system, and in particular to the denigration of the existing matron. What was evident was that the hospital’s finances were in a poor state and that the nursing system was seen by many as the cause. Boucherett claimed that the

Ladies' Committee was defeated by 'the influence of the drunken doctor over his farmer friends, and thro' the anger of some of those governors whose mismanagement we had exposed'.⁸¹ It is not clear which doctor she was referring to—was it the House Surgeon, Mr Broadbent or Alderman Harvey as all opposed the Ladies Committee? More than likely it was Mr Broadbent whom she had previously described as a 'notoriously bad fellow' and the 'dreadfully drunken and good for nothing surgeon' who had made undeserved attacks upon Mrs Bromhead in meetings.⁸² At this point, the ladies withdrew from the hospital.

The Institution for Nurses

At the annual meeting of the Ladies Nursing Fund in February 1867 a decision to carry on was confirmed.⁸³ The ladies put their energies into the Institution for Nurses, which had been established in May 1866, with its own home and a lady in charge.⁸⁴ The creation of an independent institution freed them from the control and scrutiny of men and enabled them to introduce home nursing for both the rich and poor, within and beyond the city's boundaries, as well as to sever their ties with the hospital.

The institution like others founded in the 1860s depended upon its income from private nursing, more than subscriptions and donations, to pay the nurses' salaries, their accommodation and to fund district nurses for the poor, free of charge. Fees constituted over 70% of the income of the Institution during the rest of the century. In addition, the accounts in the annual reports show that the women contributed more than men, as they made up the majority of subscribers and donors. However, the cost of maintaining the nursing homes and of paying the nurses accounted for upwards of 80% of the Institutions expenditure.⁸⁵ As such there were limited resources available to employ district nurses and it took considerable time to be able to offer nursing to the poor across the city, the first being employed in 1872.⁸⁶ These were supplemented by the private nurses who were housed in Lincoln between cases.

By the end of the century, the Institution employed over sixty private nurses who worked across the country and had district nurses in ten districts in and around Lincoln, as well as providing nurses when serious outbreaks of infectious diseases occurred. As such, the Institution provided a nurse for the city's small pox hospital in 1872 and 1876, and one for the Lincoln Workhouse to care for fifteen cases of Typhoid in 1879.⁸⁷ In 1899, the Institution purchased an iron building to act as a temporary fever hospital to be operated in conjunction with the Lincoln City Corporation. Nurses were provided free of charge and the arrangements were to last until the Corporation erected a new fever hospital. The latter purchased the structure in 1905 during another Typhoid epidemic.⁸⁸

The institution had two buildings—the nurses' home on Greetstone Place and secondly the White House where operations could be undertaken.⁸⁹ A city wide appeal resulted in enough funds to erect a new building, known as the Red House, in memory of Mrs Bromhead after her death in 1886 which became the nurses' home and a place for operations and the nursing of private patients. Surgical operations increased dramatically with the opening of the new facilities. In 1870 five were undertaken, ten in 1880, fifty six in 1890 and, by 1900 there were ninety five. In 1890 surgeons performed three ovariectomies, an operation requiring intensive and skilled post-

operative nursing care. However, most procedures were minor and routine with nearly half of all operations in 1900 being tonsillectomies.⁹⁰

The overall philosophy behind the work of the Institution was one of offering skilled nursing care to all classes of patients based on Christian values. The nurses were expected to attend church services and 'act at all times [with] the self-denial, forbearance, gentleness, and good temper' of 'Christian Nurses'.⁹¹ The Institution was closely aligned with the Church of England. District nursing was organised on a parish level and only provided once the incumbent vicar and local population could provide the necessary resources to support a nurse. The poor were encouraged to become more religious with the Institution having a stock of christening clothes for loan.⁹² In return, the Institution received enthusiastic support from the clergy of the Cathedral and local parishes, with the bishop describing its work with the poor as a 'wonderful act of Christian charity'.⁹³ In its early years, it is not certain whether the Institution only offered services to Anglicans but by 1908 the services of the district nurses were said to be available to all denominations.⁹⁴

There is no evidence in the annual reports or other documents, including newspapers, that the Institution ever held annual general meetings or had a management committee. In reality, the institution was controlled by Mrs Bromhead:

She carried on the management and the secretarial work in her drawing-room, amidst all the distractions of family life ... Here she interviewed nurses and looked out all their journeys in Bradshaw, furnishing them with a complete itinerary wherever they were going.⁹⁵

Following Mrs Bromhead's death, her daughter, Henrietta, took on the mantle. In their time, both women were in sole charge of the finances, external relations and overall governance but were helped in the day to day administration by a resident 'Lady-in-Charge' of the Institution and a matron of the nurses' home. The concentration of power in the hands of one person and not a committee or group of elected officers led to an authoritarian style of management.⁹⁶ The institution only reverted to having a management committee, dominated by and composed mainly of men, and an appointed lady superintendent who was a trained nurse, following Henrietta Bromhead's death in 1907.⁹⁷ However, it was viewed as a pioneer and one of the most successful nursing institutions of the nineteenth century, as at least one other was modelled upon it. The Staffordshire Institution for Nurses founded in 1872 sent its new lady superintendent to Lincoln to serve an apprenticeship learning how to manage a nursing institution.⁹⁸

There were no formal links with the Lincoln County Hospital following the Institute's establishment, but it was claimed that they were complementary, not competitive, as the Institution mainly nursed the aged, incurable and chronically ill members of the working classes, leaving the acutely ill to the care of the County Hospital.⁹⁹ In both cases, voluntary funding went to the 'deserving' poor whilst sick paupers were admitted to the workhouse funded by the local taxpayer. This was a successful way of gaining a presence in the medical market place without challenging the status quo, particularly in a period when hospital admission policies were under greater scrutiny.¹⁰⁰ This approach can be seen in the work of other groups offering health care elsewhere.¹⁰¹ Mrs Bromhead preferred to have nurses trained in London, principally at University College Hospital, and the Lincoln Institution supplied nurses to local workhouses, the Dispensary and only very occasionally, for infectious cases, to the County Hospital.¹⁰² It maintained good links

with University College Hospital, and in 1898, six of the older nurses were sent there to take charge of wards during holidays, enabling the 'nurses to see all the newest methods of nursing'. This was repeated in 1901 and 1902.¹⁰³

The Institution continued to expand after 1900 and took more private inpatients for treatment. It was renamed the Bromhead Institution for Nurses on the death of Henrietta Bromhead. In 1919, a district nursing association for the City of Lincoln was formed, but the institute continued to manage the district nurses. In 1929, district and private nursing were formally separated.¹⁰⁴ In 1927, a maternity home was opened and, in 1948, the institution was taken over by the National Health Service.¹⁰⁵ The building today is a private hospital.

Nursing in Lincoln County Hospital

Following the withdrawal of the Ladies Committee in early 1867, a head nurse was appointed under the superintendence of the house surgeon.¹⁰⁶ The old matron remained in post to oversee the domestic arrangements of the hospital. On the centenary of the opening of the hospital in 1869, Bishop Wordsworth wrote to the Chairman of the hospital board asking for the introduction of a new system of nursing, under a lady superintendent who was a trained nurse, which had been introduced successfully elsewhere.¹⁰⁷ No action was taken and two more head nurses were appointed during the 1870s. However, following agreement to build a new hospital it was decided to appoint a trained nurse as matron who would superintend the nursing and the domestic arrangements, under the directions of the medical staff. Mrs Newbould, the old matron, retired and the head nurse lost her job. The hospital once again turned to the Nightingale School in London to provide both a matron and trained nurses. The new building opened in 1878 with Elizabeth Vincent as matron and five nurses from St Thomas's Hospital.¹⁰⁸ A further four nurses were provide in the following two years. Vincent introduced a common uniform for the nurses but left to take up the matron's post at St Bartholomew's Hospital, London in 1880. Her replacement, Miss Carrol a St Thomas's nurse, resigned in 1884 due to the 'constant worry and annoyance to which I have been subjected for the last eight months' as the then house surgeon prevented her from having any authority over the nurses in the wards.¹⁰⁹ The next matron Miss Beachcroft, from St. Bartholomew's in London, was described as 'most able and zealous'.¹¹⁰ But she too resigned in October 1898 due to differences between her and the then house surgeon.¹¹¹ It would seem that the issue of divided authority in the hospital was still as much a contentious issue at the end of the century as it had been in the 1860s.

In spite of the tensions between the medical staff and the successive matrons in the management of nursing in the hospital, the standards of nursing and patient care had improved. A training scheme had evolved, which, by 1900, was three years in length, involved lectures and the rotation of the probationers through the different wards. This was similar to the situation in hospitals elsewhere in the provinces.¹¹² In the fifteen years leading up to 1899, the hospital had made over £1000 in fees for training probationer nurses, from organisations and individuals.¹¹³ Thus the nursing department contributed both to improved patient care and the finances of the hospital and was in a much better state than it had ever been.

Discussion

Following Mrs Bromhead's death, in 1886, fulsome praise was given to her leadership of the Institution by medical practitioners, the hospital governors and representatives of the city and county. Her obituary referred to 'various circumstances' that led to the withdrawal of the Ladies Fund from the hospital and the hospital governors acknowledged her efforts in reforming nursing but no mention of the struggle for control of nursing in 1866 was made.¹¹⁴ Mr Sympson one of the hospital's surgeons, in his history of the hospital written some years earlier, put the problems down to dissensions due in part to the issue of divided authority in the hospital.¹¹⁵ This explanation chimes with some of the objections made at the time during the heated debates at the governors' meetings. It is also similar to the fate of two Anglican sisterhoods in London. The sisters at St. John's House were contracted to provide the nursing at Kings College (1856) and Charing Cross (1866) hospitals whilst the All Saints sisters provided the nursing at University College Hospital (1862). These sisterhoods had control over the domestic and nursing arrangements in their respective hospitals, including the power to hire and dismiss nurses and servants, as independent contractors. Florence Nightingale considered that the sisterhood system of nursing in hospitals, under the control of a lay committee, produced the best standards of care and the best nurses.¹¹⁶ However, as time went by the sisters came into conflict with both hospital governors and medical staff over the control of the nurses, their work and their training. This resulted in St John's House withdrawing in 1883 and in 1898 the governors of University College Hospital decided to take back control of the nursing.¹¹⁷ The sisterhood system would have been one which the Ladies Fund committee in Lincoln were familiar, being practising Anglicans and training their nurses in University College Hospital. It is possible that this type of system could have been a model for developing their proposed nursing system within the County Hospital. The fact that the women in control of the Ladies Fund pushed for an independent nursing department and that they were forceful in their views probably unsettled some governors who did not wish to see conflict or divided authority.

Religious differences between dissenters and Anglicans could account for some of the opposition to the leading reformers, who were all adherents of the Church of England. Even though the Institution for Nurses became a key Christian organisation within the city, religion did not seem to be a key reason for opposition to reforms within the hospital. Nor is there any evidence of doctrinal divisions within the Anglican community affecting the dispute. Although both the cathedral and city clergy were divided in support for the Ladies Fund there are no obvious differences between supporters and opponents of the scheme, unlike the Lichfield diocese where divisions between evangelicals and Tractarians created not one, but two organisations.¹¹⁸

The medical staff were known to be particularly querulous in Lincoln and did not tolerate any challenge to their authority. The doctors were insistent in the view that they should have control over nursing. This was not an unusual position as medical men, in the position of the resident house officer, were in control of nursing in many provincial hospitals.¹¹⁹ Doctors were conspicuous in their efforts to reform nursing in both the capital and the provinces and in many voluntary hospitals the medical staff were involved in decision making in issues regarding the role, training and recruitment of nurses.¹²⁰ Even when decisions went against the medical staff as it did at Guys Hospital, London

in 1879, where they objected to the system of nursing introduced by the new matron, they ended up being invited to be formally involved in the management of the hospital. This is in spite of the fact that the principal objectors had been threatened with dismissal by the hospital governors.¹²¹ Although there were problems between the new matrons and the various house officers in Lincoln toward the end of the century, the authority of the house officer remained the preferred way in which the clinical work of the hospital was to be managed. Thus any attempt by outsiders to assume control of nursing in the 1860s was bound to be opposed by a more confident profession that was beginning to exert greater influence in hospitals and wider society.

Gender undoubtedly played a part in the problems of reforming nursing in the County Hospital. The women in control of the Ladies Nursing Fund did not conform to the stereotypical roles expected of the middle classes nor did they conform to ideas about female participation in charitable associations. They were similar to women in Birmingham who founded the district nursing society independently of their male colleagues.¹²² The Lincoln ladies were members of the city and county elite and assumed a role that befitted their status and beliefs. To them, women were perfectly capable of managing nursing within the hospital. In contrast, the proceedings of the governors' meetings points to the doubts expressed by some male governors about the role of women in public life. Their wives and relatives, it would seem were more likely to conform to expectations of the female role and take a lead from their husbands. For instance, Mrs Kaye, the wife of the Archdeacon resigned from the Ladies Nursing Fund alongside her husband as soon as its involvement in the hospital became controversial.¹²³ Opposition to the ladies was based on social class as well as gender. Alderman Harvey, when referring to 'rich ladies' and 'lady government' was certainly criticising both the gender and social standing of the main protagonists of change in the hospital. The ladies pursued their goal with confidence and determination and had no qualms about dealing with men and women from different social backgrounds. The opinions of Louisa Boucherett, expressed in her correspondence, and the subsequent style of management of Mrs Bromhead and her daughter Henrietta, supports this idea.

Whatever the reasons behind the arguments within the hospital, over a relatively short period of time the schism between the governors and the small group of active female philanthropists was forgotten. This was partly due to the enhanced reputation and prestige of the Institution as it became an integral part of health provision in the city, particularly for the poor. The women were probably ahead of their time in trying to introduce reforms into the County Hospital but their efforts pointed to the ways of improving the standards of patient care. It is doubtful whether they could have succeeded in such a male dominated environment as the hospital but they found the perfect solution in the Institution for Nurses. As such, it should always be borne in mind that Lincoln was unique amongst local nursing institutions founded in the 1860s, in that it was conceived and managed exclusively by women.

If we were to look at the situation in Lincoln at the end of the nineteenth century we might conclude that a modern system of nursing existed in the hospital and the wider city. This is supported by the fact that in recent years it has been claimed that nursing in Lincoln was introduced 'with no more than the usual problems'.¹²⁴ This is clearly not true and belies the fact that the introduction of a new system of nursing was more complex and difficult than a simple progressive narrative can explain. By delving deep

into one particular place factors such as religion, local politics and medical professionalisation, and in particular gender and class, all seem to have played a part in nursing reform and in Lincoln contributed to a bitter struggle for control in the County Hospital. In the late nineteenth century disputes in a number of hospitals came to the fore and this early example shows that the idea of a nursing department controlled by women, which resulted in divided authority, would not be tolerated. In contrast, like other similar charities, the Institution of Nurses was successful partly because it did not challenge the work of the hospital or the medical profession. Instead, it offered home nursing to the chronically sick working classes and to private patients under the control of doctors, thus finding an acceptable niche in the medical market place. By using a case study such as this we can tease out the issues and assumptions around the reform of nursing but also examine the often crucial role of philanthropic women in the development of health care.

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