

‘From the sphere of Sarah Gampism’: the professionalisation of nursing and midwifery in the Colony of Victoria

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In the nineteenth century, while the Colony of Victoria was still a fledgling settlement, many of the hospitals of England, Scotland, Ireland, and Europe had instituted forms of nursing and midwifery training. When graduates of these training schemes emigrated to Australia with their knowledge, skills and experience, they found health practice to be haphazard and lacking in organisational standards. Individual immigrant women rose to prominence as managers of Victorian hospitals, and superintendents of homes for trained nurses. Through professional networks of their peers and compatriots, these women succeeded in placing the profession of nursing on a firm footing, and were instrumental in the emergence of professional organisations for trained nurses and midwives in Victoria, including the Melbourne District Nursing Society, the short-lived Nurses Association of Australasia (1892), and the Victorian Trained Nurses Association (1901). Their leadership was to have a profound influence on the way nursing and midwifery were regulated in twentieth century Victoria. In this historical review, we trace the movement to professionalise nursing and midwifery which emerged in the Colony of Victoria during the late nineteenth and early twentieth centuries.

Key words: history, midwifery, nursing, Victoria.

On 3 August 1892 a well-attended public meeting at Melbourne’s Town Hall heard proposals for the formation of a nurses association in the colony of Victoria.¹ By the end of the meeting, the Nurses Association of Australasia (NAA) was established, its aims and rules declared. The NAA was part of a worldwide trend aimed at elevating the status of the trained nurse through voluntary, professional regulation. Its supporters believed that trained nursing was the only legitimate form of practice and that anything else was unacceptable.

Victoria’s nurses and midwives were portrayed as ignorant, incompetent and dangerous women who conducted their work in the lowly ‘sphere of Sarah Gampism’. Reforms were proposed to elevate nursing from this position into a ‘scientific profession for educated gentlewomen’,² making it more attractive to women of ‘good education and position’. The influence of modern, respectable, trained nurses was expected to be so far reaching that standards in nursing and midwifery across the colony would radically improve.³

The initial movement promoting professionalisation in Victoria was driven by immigrant nurses and their supporters. Educated in England, Scotland and Ireland, these women understood modern nursing as a scientific profession which also embraced ideas of sanitary and moral reform. They set about leading a new direction in colonial nursing, basking in the reflected glory of overseas nursing reformers, including Florence Nightingale, Agnes Jones and others. The agitations of the NAA and its successor, the Victorian Trained Nurses

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Association (VTNA) founded in 1901, had little practical effect in influencing how midwives and nurses worked throughout Victoria. The movement's rhetoric, however, fostered the idea that the colony was afflicted by fundamental problems in nursing and midwifery which could only be solved by embracing trained nursing and its companion, professional regulation.

Previous research about nineteenth-century nursing in Victoria has concentrated on histories of general nursing and institutional care,⁴ with passing attention given to the place of midwifery.⁵ During the colonial period, most midwives and nurses worked in the community, where the care of ill people and expectant mothers was managed. But those who provided care left few records of their work and the scarcity of primary sources has limited research in the field of community midwifery and nursing. Biographies about individual midwives in rural areas published in the last 15 years,⁶ and more recent historical research,⁷ have broadened our general understanding of midwifery as it was practised in isolated regions of Australia and, importantly, these publications demonstrate that nursing and midwifery work was successfully conducted in some communities. They challenge the notion promoted by those supporting professionalisation in nineteenth-century Victoria that all women undertaking these occupations were inherently dangerous, and needed to be controlled through regulation.

To understand the early attempts to professionalise nursing and midwifery in Victoria, including the emergence of two nurses' associations, this paper is presented in two parts. In the first, the colony's prevailing climate of health-care and associated problems in nursing and midwifery standards, which reportedly needed reform, are discussed. In the second part, the process by which standards were to be raised, the introduction of voluntary regulation and the motivations of the key characters involved in this trend in Victoria are explored. As pioneers in a movement which sanctioned the professionalisation of nursing as fundamental to the status of nursing and the standards of health-care, these immigrant women played a pivotal role in shaping ideas about midwifery and nursing in Victoria.

PART I: HEALTH-CARE IN NINETEENTH-CENTURY VICTORIA

It is hard to imagine with our twenty-first century hindsight how most nineteenth-century Victorians obtained attention when they were sick, or childbearing, and who attended them. The colonial government administered a number of institutions for the mentally ill, incarcerants, and new immigrants. Another group of Victorians, the 'respectable' poor,

who were of insufficient means but deemed to be deserving of charity, found an avenue of care in institutions established by gentlemen and gentlewomen whose lives centred on philanthropic service. These hospitals, retreats, and asylums provided shelter where none had previously existed, but they operated independently of each other. Each sprang from the labours of a local committee, serviced local populations and local needs; each was governed by independent financial and management structures, and the institutions often competed with each other for operating funds derived from government, private subscriptions and donations.

For most Victorians, the place where illnesses and ailments were endured was where they lived, in their homes, often a hut or a tent. Babies were born in the home too. The pregnant woman or ill person usually engaged a practitioner to attend them, depending on who was available and what the patient could pay. Securing health-care was, by its nature, certainly a gamble.⁸ The Medical Registration Act (Victoria), introduced in 1862, established a regulatory framework for medical practitioners in the colony, but for all other persons providing care, the healthcare marketplace was open and unregulated⁹ and anyone could work as a nurse, midwife, or druggist. A personal recommendation was probably the safest way to secure a relatively competent nurse or midwife, but even then, the patient had no guarantee as to an attendant's skill. In the absence of a doctor, the most experienced person available to attend at childbirth in the community was often another woman in the immediate neighbourhood who had borne her own family, and fulfilled the role of tender-to-the-sick as an extension of her role as a wife and mother.¹⁰ In the same way that a jack-of-all-trades was called a 'handy man', many women working in this neighbourly capacity were referred to as 'handywomen' or 'granny midwives'.

The representation of MRS Sarah Gamp

A more derogatory descriptor applied to handywomen was the name of 'Gamp', after the fictitious Mrs Sarah Gamp, a slovenly nurse, midwife and monthly nurse, depicted in Charles Dickens' tale, *The life and adventures of Martin Chuzzlewit*.¹¹ Mrs Gamp and Betsy Prig, her nursing colleague from the fictional St Bart's Hospital, were 'cruel to their patients, dirty in their habits, hypocrites and drunkards'.¹²

Sarah Gamp's distinct persona became the benchmark against which standards in nursing, and particularly in midwifery, were measured in Victoria, long after her character appeared in print in 1843. The public could read about her misdemeanours and see her larger-than-life figure in the weekly publication for families written by Dickens, *All the Year Round*, which was readily available in the colony.¹³ Performances

of Dickens' works by local actors in Melbourne, such as Mr and Mrs George Case, also brought these characters to life.¹⁴

The handywomen, granny midwives and some nurses of Victoria were identified as belonging to Mrs Gamp's 'genus', one that was characterised by a lack of education, refinement and morals.¹⁵ First-hand evidence of the generic character failings of Mrs Gamp's 'sisters-in-nursing'¹⁶ in Victoria was communicated in a letter to *The Argus* newspaper in 1880. 'Sufferer' reported that even the colony's best nurses were:

Addicted to bad habits ... and only exist because they minister to human extremity as necessary evils. To say that they tittle, and make mischief wherever they go is but to state what everyone knows ... while their want of real sympathy and lack of refinement make them often intolerable to their patients.¹⁷

Hospital nurses too were sometimes accused of unacceptable behaviour. In August 1882 at Melbourne's Lying-in Hospital, later called 'The Women's Hospital', Nurse Jones was dismissed for drunkenness.¹⁸ In 1884 Mrs Plunkett, the Midwifery Department's night nurse, was dismissed 'for serious misconduct and breach of discipline' and 'complaints of cruelty ... in the case of three patients'.¹⁹ Fraternising with medical students at the Women's Hospital was an offence for which pupil nurse Mrs L Jones was punished by expulsion in 1888, even though she was only halfway through her pupilage.²⁰ Not all of the Women's Hospital's records from this period have survived, and these examples of misdemeanours are likely to represent only some of the complaints and dismissals there. One commentator, reflecting on a more general view of Melbourne's nurses in *The Nursing Record and Hospital World* in 1896, lamented that 'Matrons of sufficiently unsound judgment' simply selected 'dullards' to be nurses who were a sick person's 'chronic nightmare'.²¹

But aside from basic character flaws, Mrs Gamp's sisters-in-nursing were portrayed as ignorant and a danger to Victoria's public. Highlights of the worst examples of practice were conveyed in newspaper reports of cases before the coroners' courts. These accounts reflected the work of only some midwives and nurses, but reached a wide audience. In reporting one case of negligence brought against a midwife, *The Argus* newspaper declared that 'Without accepting Sarah Gamp or Betsy Prig as types of the whole body ... as a class, their qualifications for the delicate and responsible duties they undertake are commonly meagre and unsatisfactory.'²²

A medical congress held in Victoria in 1892 heard from Sydney pathologist Dr W Wilkinson that colonial midwives were 'for the most part, ignorant, clumsy, and dirty, and, boring about the vagina, more often than not cause slight injuries to the cervix, or vaginal wall, and, at the same time, infect [the childbearing woman].'²³ Dr Dunbar Hooper, in

1896 honorary surgeon to Melbourne's Women's Hospital, urged his medical colleagues to take great care when selecting a nurse to attend a patient, because:

though we gratefully acknowledge the services of an efficient and clean nurse, we only occasionally realise the evil that an incompetent woman, surgically unclean, can do to the patient, and to our reputations ... The nurse [must be] scrupulously clean in her person, living, and habits.²⁴

Other critics of colonial midwives and nurses were nurses themselves, such as Mrs Kathleen Mannington Caffyn, an Irish-born woman, wife of a doctor, and member of Melbourne's Charity Organisation Society. In 1890, Mrs Mannington Caffyn asserted that no proper training for nurses existed in the colony,²⁵ even though most major hospitals by that time had instituted some form of nurse training which their representatives declared as meeting each institution's specific needs.²⁶ According to Mrs Mannington Caffyn, the unsuspecting public had to be saved from the untrained attendant, especially from handywomen because, 'Far up in the country, where doctors are few and their fees often prohibitive, this class of woman holds a terrible power for life or death in her hand'.²⁷

But skilled, trained nurses who understood the modern, weighty matters of sanitation and cleanliness, and came from a class that Mrs Caffyn approved of, were hard to find. Even Victoria's Commissioner of Charities, James Evans, had difficulty obtaining a 'trained' nurse when doctors performed a minor operation on his wife.²⁸ There was little to attract women to the occupation of pupil nurse in an institution. The pay was poor²⁹ and their duties were described as 'onorous and frequently far from pleasant'.³⁰ James Barrett, a Melbourne surgeon, lamented that the nurses at the Melbourne Hospital 'could not be mentioned in the same breath' as the sisterhoods at St Thomas' Hospital and King's College Hospital in London, because the former were only domestic servants doing their best, the latter were educated and intelligent women from a different class.³¹ Ten years before Barrett's comments in 1880, in a letter to *The Argus* newspaper, a commentator by the pseudonym 'Excelsior' declared that a hospital was the only place to train ladies as nurses, but that the Melbourne hospital's management did not welcome lady applicants with 'any appearance of superiority or refinement' because the hospital preferred staff from 'the lower orders'.³²

A relationship between class and standards

The notion that women from lower classes did not have the same standards or character as educated ladies developed momentum during the mid 1880s. At Melbourne's Women's Hospital on one occasion, the Ladies Committee of Management,

which was responsible for engaging the nurses, investigated a series of adverse events experienced by patients in the Midwifery Department in 1884. The treating doctors asserted that these events (ruptured perineums and an increase in infections after birth) were directly connected with the 'class' of midwifery nurses attending to the patients. The nurses were 'of a very inferior grade' reported Dr Walter Balls-Headley.³³ Dr Gerald Fetherston observed them to be an 'incompetent set', and urged the selection of 'a much superior class of women' as pupil nurses in the future, although he acknowledged that the medical students were not much better than the pupil nurses.³⁴ Felix Meyer, the hospital's resident medical officer, believed that 'a staff of high class conscientious and sympathetic nurses [was] absolutely necessary' to maintain sanitary conditions in the hospital in the hot climate.³⁵

The fundamental problem in nursing in Victoria, a correspondent using the pseudonym 'English trained nurse' reported to *The Argus* newspaper in 1885, lay in the class of woman employed 'as head and assistant nurses', because they were inappropriate role models for pupils.³⁶ This writer espoused that educated women were preferable as head nurses, because they saw that the nursing profession offered them 'a wide field of usefulness ... not only as a means of being, but as their vocation'. Mrs Kathleen Mannington Caffyn, herself an English trained nurse, echoed this sentiment in 1890, claiming that the scientific professions of nursing and midwifery were best suited to educated women. She was convinced that lower standards in the colony's nursing would persist as long as women from 'lower' classes, such as nursemaids or housemaids, were employed as nurses. For these women, she alleged, nursing was not a vocation, it 'became a drudgery', whereas women who were educated understood the importance of the work.³⁷ However, not everyone supported having educated nurses of a higher class. James Webb, a resident medical officer at Stawell in rural Victoria in 1890, claimed that nurses were simply domestic servants. Their work, he said, was 'not nursing at all. It is mere attention, such as any woman can give'.³⁸

Nursing as a vocation

But members of Melbourne's Charity Organisation Society (COS), a group of philanthropic gentlemen and women, believed that a vocational approach to nursing by employing higher class nurses was an admirable goal. This group established the Melbourne District Nursing Society (MDNS) in 1885 to supply educated trained nurses to the poor in their own homes. The 20 founders of the MDNS, among them Mrs Kathleen Mannington Caffyn and her husband Dr Stephen Mannington Caffyn, had high hopes for the society.

They expected that ladies would be attracted to trained nursing to become 'soldiers of the noble army that fights against ignorance, and dirt and disease ... [with] the sense that they are striving to be followers of *Him* [God] who went about continually doing good.'³⁹ This anticipated influx of educated God-fearing lady nurses was expected to result in a rapid expansion of the work of the MDNS. With it, a natural elevation in the status of professional nursing was anticipated.

Mrs Kathleen Mannington Caffyn's background as an English-trained nurse equipped her with the personal motivation to shepherd the development of the MDNS and its ideals. Before her marriage, Mrs Mannington Caffyn completed pupil nurse training at the Nightingale School attached to London's St Thomas' Hospital. She worked in district nursing at the London Metropolitan and National Nursing Association for Providing Trained Nurses for the Sick Poor (LMNNA).⁴⁰ Her religious 'zeal' for a Victorian chapter to provide district nursing is therefore unsurprising.

The MDNS was modeled on the LMNNA, which held a combination of Christianity, gentility and education as the key to good nursing. The founders of the MDNS were unashamed in associating their new society with the LMNNA, whose work had the unequivocal support of none other than Miss Florence Nightingale. In a local newspaper report marking the Melbourne society's founding, the MDNS cited Nightingale's view that the LMNNA's work was a 'victory' in what was a 'national undertaking ... to bring ... 'real nursing, trained nursing, among the bedsides of cases'.⁴¹ Critically, a central 'sanitary achievement' of the LMNNA's work had been to remove old monthly nurses and midwives, and replace them with trained, educated and morally sound nurses.⁴² The MDNS's nurses were naturally expected to emulate this great, British sanitary success because, by inference, the untrained midwives and nurses in Victoria were just as unclean, uncouth and uneducated as their London counterparts, represented by the collective name of 'Gamp'. There was an expectation too that this small band of educated, trained nurses would have such influence in the colony that the public would recognise trained nursing as the only legitimate form of practice, and would choose trained nurses in preference to monthly nurses and midwives from lower classes.⁴³ However, much to the MDNS members' frustration, the Society did not expand rapidly, with only two nurses employed until 1893. Neither was the employment of educated gentlewomen as nurse trainees embraced enthusiastically.

PART II: A RECIPE FOR RAISING STANDARDS

The perceived lack of standards in institutional health-care became the subject of a Royal Commission of enquiry into

Victoria's Charitable Institutions (RCCI) conducted in 1890. Among its lines of investigation, 1890 RCCI was charged with examining 'the more general introduction of female nursing in hospitals, the training of nurses, and the general improvement of the system under which nurses were employed'.⁴⁴ Substantial evidence about nursing and midwifery across the colony was submitted, but the RCCI's brief was to examine institutional care, rather than issues affecting private nursing, in which many women were employed as monthly nurses, sick nurses and midwives.⁴⁵

Evidence submitted to the RCCI revealed that standards of nursing were reportedly low, always variable. The standards were often dependent on the class and character of the individual nurse, and were reflective of the general management and the size of the institution providing the nursing care. Some witnesses claimed that colonial nurses lacked the education and discipline of their overseas-trained counterparts, while others acknowledged the experience and skill of nurses trained in Australia. One Melbourne doctor said that educating nurses was 'worse than waste', because 'a little knowledge ... is a dangerous thing'.⁴⁶ A Victorian country doctor described his head nurse as 'a widow who has brought up a large family, and who has been accustomed to sickness', and although she was not certificated, her life made her a 'trained and experienced nurse'.⁴⁷

The Commissioner of Charities, James Evans, pointed out that variable skill level among nurses was hardly surprising, as no uniform institutional qualification to indicate a nurse's ability existed in Victoria; institutional training schemes were diverse, and hospitals could not agree on what represented a minimum standard, rendering most certificates of nurses' qualifications meaningless.⁴⁸ When asked if 'nurses and matrons were imported into the colony to fill all positions of importance?' Evans said yes, explaining that only the Melbourne and Alfred Hospitals had certificated nurses in the position of matron, and these women had overseas qualifications. One of these women, Miss Isabella Rathie, a graduate of Edinburgh's Royal Infirmary, told the RCCI that, in matters of nursing, Melbourne was 'very far behind cities of a like size and importance at home and on the American continent'.⁴⁹

In her evidence to the RCCI, Kathleen Mannington Caffyn, of the COS and the MDNS, reasoned that unqualified nurses, even those from her home country, gained employment because the Victorian public did not 'check before engaging English nurses, many of whom are let loose on the land who could never have got a footing at home'. Mrs Mannington Caffyn reasserted her claims uttered at the 1885 launch of the MDNS that nursing and midwifery in the colony were in such a wretched state that only an 'organised

effort' would address the lack of standards. She recommended that Victoria look to England, where a 'distinct and energetic movement to lift nursing from the sphere of Sarah Gampism into a scientific profession for educated gentlewomen' had been so successful that even the 'thick-headed' British public accepted educated, trained nurses as the only 'legitimate' standard.⁵⁰ Mrs Mannington Caffyn's legitimate standard however, was her own training experience, the 'Nightingale' model of nursing education, under which educated gentlewomen became nursing probationers who learnt 'physiology, anatomy, hygiene and chemistry' from medical men skilled in these fields and worked under a system of military discipline.⁵¹ Critically, according to Mrs Mannington Caffyn, the nurse's character was also considered, alongside her technical knowledge, in awarding certificates of training.

As a product of St Thomas' nursing school herself, it is unsurprising that Mrs Mannington Caffyn should emphasise its influence, but other witnesses to the RCCI, with little experience of nursing or midwifery, also endorsed the Nightingale approach for placing nursing on a professional footing. James Service, a member of Victoria's Parliament, whimsically mused that ever since Florence Nightingale had taken up the matter of nursing, 'she gave the status to nurses that they never had before'.⁵² James Williams, the secretary of the Melbourne Hospital for almost 40 years, explained that the 'efforts and examples of the noble Englishwoman, Florence Nightingale and her self-sacrificing associates' were responsible for the thorough training that nurses received in England.⁵³

Some of the witnesses to the RCCI favoured a more formal process of voluntary regulation to elevate the status of the trained nursing profession, a path which Miss Nightingale did not endorse. Edith Morris was not a nurse, but in her capacity as honorary secretary of Melbourne's Home for Trained Nurses, put the case for professional association. Mrs Morris was a member of the Charity Organisation Society, a daughter of Victoria's Irish-born Chief Justice Higinbotham and wife of one of the commissioners hearing evidence, Edward Ellis Morris, a professor of modern languages at the University of Melbourne.

Mrs Morris explained that a new professional association for nurses, the British Nurses' Association (BNA) established in December 1887, had raised the status of trained nurses by promoting voluntary regulation of the nursing profession, and afforded all British trained nurses protection from the misrepresentations of untrained nurses and midwives.⁵⁴ Morris reasoned that if a similar association was formed in Victoria, the colony's trained nurses would have the same degree of protection from imposters and that such an

association would instill pride in the nursing profession, the ranks of which included 'Florence Nightingale, Agnes Jones, and Sister Dora'.⁵⁵

In support of her case, Edith Morris explained that she had undertaken a study tour to Illinois' Training School for Nurses in Chicago, and the best hospitals in Britain. Following this educational visit, Edith Morris concurred with the internationally modern view that nursing was a profession best suited to educated gentlewomen. She told the commission that:

Not many years ago the nursing and tending of the sick was thought to be a work for which anyone was fitted ... this state of things is passing away, and in Europe and America women of high position and education are constantly coming forward and devoting their lives to the work of nursing, thereby raising the tone of the profession. Nurses who have been properly trained are now recognised as holding a distinct position, and one that is highly and generally respected ... [and] should be jealously guarded.⁵⁶

Mrs Morris' submission offers clear evidence of the movement linking a raising of nursing's status with the formation of a professional association in Victoria, but who else was behind this move is not clear. A 'Victorian Trained Nurses' Association' under the patronage of Lady Stawell, the governor's wife, had operated in Melbourne at least 3 years earlier than the RCCI⁵⁷, but little evidence about this association has come to light. It may have functioned simply as a nurses' bureau, engaging nurses in private duty work, or possibly as some form of prototypical professional group for trained nurses. An American, Charles Bowles, gave a public address for the benefit of this association in January 1887 'to help stimulate and enlarge the scope of its work' drawing on Florence Nightingale's voluntary work with the war-wounded in the Crimea, but the precise nature of the fraternity was not described. Whatever its role, this association was absent from the listings of Melbourne's Sand's and McDougall's business directories after 1889, and was not referred to in evidence to the RCCI.

Kathleen Mannington Caffyn's rhetoric warning of the perils of ignorant midwives and Edith Morris's pleas to protect trained nurses from imposters did not translate into a raft of reforms to nursing and midwifery in Victoria following the RCCI. In its interim report, issued in November 1890, the RCCI recommended one of Mrs Morris's many proposals, that a board of examiners, from whom nurses could obtain a certificate of competency, should be established to standardise nurses' qualifications in the colony. This endeavour naturally 'contemplated' a trained nurses' register which 'would tend to give a professional character to nursing as the handmaid of medicine ... and be calculated to have a marked and most beneficial effect in improving the

status of the trained nurses of the colony'⁵⁸, but the Victorian government did not act on this recommendation.

There are several explanations as to why government did not move as many promoting professionalisation would have hoped. First, the questions posed by the RCCI about possible reforms to nursing constituted only a small part of the RCCI's larger enquiry, and there may have been other recommendations which attracted the government's attention at the expense of nursing reforms. Second, the RCCI's brief was to examine matters affecting charitable institutions, but much of the evidence submitted pertained to nurses employed outside institutions in the community, over which the government had no jurisdiction or financial interest. Furthermore, government had no role in the day-to-day management of institutions and their staffs, and the institutional committees had historically resisted government interference in their administrations. Third, it is possible that plans to extend the bureaucracy by establishing a regulatory board came at a time inconvenient to government spending, because when the RCCI's final report was issued, Victoria was descending into a severe financial depression. Last, it is also possible that the government believed that nursing and midwifery in the colony were not in such bad shape, and the recommendations were simply not essential to implement immediately, or at all. In essence, the RCCI's findings had little effect, if any, on the class of nurse or midwife, or measures of their qualifications across the Colony.

Trained nurses institute reform

Back at the institutional bedside, nursing reforms were already underway at two of Melbourne's largest hospitals, the Melbourne and the Alfred, by the time that the RCCI issued its interim report in November 1890.⁵⁹ In the last decade of the nineteenth century, surgery was increasingly carried out in hospitals rather than in the patient's home. These advances necessitated an expansion of the existing charitable hospitals, and required an enthusiastic staff who could keep pace with the rapid developments in health-care. As the hospitals grew, the efficiency of these institutions depended on a structured workforce in which the tasks of each person were clear. Efficiency therefore demanded reform, and in Melbourne's largest hospitals, the women at the helm of this military-style nursing reform were overseas trained nurses.

Scotswoman Miss Isabella Rathie and Miss Martha Farquharson, an Irish woman who had trained as a nurse in England, were styled as 'lady superintendents' of the Melbourne and Alfred Hospitals, respectively.⁶⁰ They were compatriots of Kathleen Mannington Caffyn, and products of structured nursing training similar to her own, in which

'educated' women adopted a co-operative role of the nurse as the 'handmaid of medicine'.⁶¹

Isabella Rathie was one of three Scottish trained sisters recruited to Hobart in 1885 to raise the standards of nursing at the General Hospital by instituting a training scheme for probationers.⁶² Originally a seamstress, Rathie had completed one year's pupil nurse training at Edinburgh's Royal Infirmary, between 1878 and 1879, under the tutelage of Angelique Lucille Pringle, herself a graduate of the Nightingale School at St Thomas' Hospital. Rathie was recruited to join the Melbourne Hospital as lady superintendent in late 1889, implementing reforms 'by degrees', breaking up the 'fallow ground' of her nursing staff and 'weeding' out the undesirable nurses from the hospital.⁶³

On the south side of Melbourne's Yarra River during the same period, Miss Martha Farquharson was implementing similar schemes in her capacity as matron of the Alfred Hospital. Farquharson had emigrated to Australia from Ireland as a young girl, but returned to London to train as a teacher with an Anglican sisterhood, later completing nursing training in Manchester. In London, she did private case work through the Mildmay Nursing House, a home for trained nurses. Martha Farquharson arrived in Australia around the same time as Isabella Rathie, and worked in New South Wales before moving to Victoria. As an enthusiastic advocate for the registration of nurses, she was recognised as taking 'a leading part in raising the standard of Nursing (sic) in Victoria' and was constituted the 'Hon. Local Secretary for the Victorian branch of the then 'Royal' BNA in December 1894.⁶⁴ Miss Farquharson was also Victoria's representative to the Matron's Council of Great Britain and Northern Ireland, a professional network established by Mrs Ethel Bedford Fenwick.⁶⁵ Following Rathie's retirement to marry in 1895, Farquharson assumed the position of lady superintendent at the Melbourne Hospital for 5 years.

In her reformation of the nursing staff at the Alfred, Miss Farquharson was supported by another English trained nurse, Hannah Elizabeth Glover, who held the position of assistant matron 1891–93. Glover was a graduate of England's Royal Hampshire County Hospital and Queen Charlotte's. She earned a reputation as an astute administrator and disciplinarian working in a variety of positions in Melbourne, including one as superintendent of Melbourne's Home for Trained Nurses between 1893 and 1900, and later as superintendent of a private hospital.

These recently arrived English, Scottish and Irish trained nurses were able to build on the professionalising efforts of those before them, leading a new direction in nursing for single women in Victoria, and convinced of the importance of emulating the glorious work of Florence Nightingale,

Agnes Jones, Elizabeth Fry, Sister Dora and others. Rathie, Glover and Farquharson held central positions at a time of enormous change in the colony and, by their association with the concept of modern professional nursing, were in positions of considerable influence. Each was critical of previous nursing education schemes in the Victorian colony as falling short of the standard required for modern times. These immigrant women believed they could inject respectability to nursing in Victoria which local nurses had failed to achieve.

Respectability by association

Isabella Rathie was involved in an organised effort in the colony to claim nursing as a profession for trained and educated gentlewomen. In July 1892, representatives of Victoria's larger hospitals were invited by Mrs Edith Morris, the honorary secretary of the Home for Trained Nurses, to attend a public meeting to consider the 'advisableness of establishing a nurses association in the Colony'.⁶⁶ An account of the August meeting was published in the *Australian Medical Journal*, but it was not reported in Melbourne's daily press, perhaps an indication that such an event was of little interest to the general public. Following a formal proposal from the matron of St Kilda's Trained Nurses Home, Miss Davey, that a nurses' association be established, Miss Isabella Rathie, then matron of the Melbourne Hospital, seconded the motion, and the 'Nurses Association of Australasia' came into being.⁶⁷ The use of 'Australasia' in the association's name is indicative of future plans to extend membership to other Australian colonies and to New Zealand, but at this first public meeting the participation of Victorian hospitals only was recorded.⁶⁸

Perhaps unsurprisingly, the NAA rules followed closely those of the British Nurses' Association, that protector of British nurses which Edith Morris had lauded at the RCCI 2 years before. The NAA aimed to unite all qualified nurses in membership of a recognised profession, and to provide for their registration on terms satisfactory to physicians and surgeons as evidence of having received systematic training.⁶⁹ Membership was to be open to nurses, midwives and doctors. A provisional committee established before the public meeting in August was to register associates as soon as 100 members were secured. To register, the nurses and midwives were to provide evidence as to their good character, of having been a nurse for 2 years in a hospital recognised by the association, and of having been engaged in nursing for at least 2 years. Those who could not comply with these two conditions were expected 'to satisfy the executive as to their efficiency' or would fail to secure registration.⁷⁰

The association aims for exclusivity

In its professionalising efforts, the NAA planned an exclusive membership, made up of women whose backgrounds were known, who had done their time in approved hospitals, and whose association with medical practitioners would secure an assessment as to their bona fides and good character. The strategy of exclusion was aimed at those women whose skills were acquired *outside* this modern framework of nursing as a profession learned in hospitals, and whose bona fides and character could not be guaranteed to meet the legitimate standard set by the association. Specifically, exclusion would apply to Sarah Gamp's sisters-in-nursing, whom Mrs Kathleen Mannington Caffyn and the MDNS supporters had preached so fervently against.

Because good character was viewed as directly related to good practice, it followed that self-appointed experts, the NAA's executive group, were in a position to judge other's practice through a character assessment. Having a nurse's character considered alongside her education featured in nurses' and midwives' regulations for over a century in Victoria, initially in the regulations of the VTNA, and subsequently in legislation which was implemented for midwives in Victoria in 1915⁷¹ and for nurses, in 1923.⁷² For example, under the Midwives Regulations Victoria (1935) each woman who sought registration as a midwife was required to submit to the regulatory authority two copies of a 'Certificate of Good Character' known as 'Form 4'. On this form, a person vouching for the nurse's character had to state for how many years they had been 'personally acquainted' with the applicant, and agree that she was 'trustworthy, sober, and of good character'.⁷³ Nearly 60 years later, under the provisions of the Nurses Act (1993), it remained an option for the Nurses Board of Victoria, which to this day regulates midwives, 'to refuse to grant registration in a division of the register to an applicant' on the grounds of 'that the character of the applicant is such that it would not be in the public interest to allow the applicant to practise as a registered nurse'.⁷⁴ Kathleen Mannington Caffyn's wish that a nurse's character be considered alongside educational qualifications was granted.

AN ENDURING ALLIANCE WITH MEDICINE

One of the features of professionalising efforts worldwide was that nurses seeking voluntary registration had to provide evidence satisfactory to doctors of the nurse's 'efficiency'. This level of co-operation between doctors and trained nurses attempting to implement regulation has been criticised as these senior nurses accepting a subservient position,

but it was more a symbiotic relationship. Several of these 'elite' nurses in late nineteenth-century Victoria owned and operated private hospitals, or worked as trained nurses' home superintendents. The latter acted as bureaux through which nurses and midwives who had completed their hospital training obtained private case work.⁷⁵ It was a natural step for doctors and the nursing home superintendents to formally co-ordinate their work spheres in a mutually beneficial association. The symbiotic relationship between trained nurses and medical practitioners, although initially deferential, became increasingly unequal through the twentieth century as doctors, who acted as assessors of the personal and professional qualities of nurses and midwives, secured the leading positions on the regulatory councils of the VTNA, the Midwives Board, and later, the Nurses Board.

The NAA, it appears, folded before the end of the nineteenth century, possibly as early as 1894 and without actually attracting the 100 members required to form a register.⁷⁶ It is clear that it failed in its organised effort to 'unite all qualified nurses in the membership of a recognised profession'⁷⁷ because Miss Elizabeth Glover, the inaugural honorary secretary of the VTNA, later wrote in that organisation's journal that 'there had been no attempt at organisation amongst nurses [in Victoria] until the VTNA was formed' in 1901.⁷⁸ But like the Victorian Trained Nurses' Association of 1887, so little is known about the operation of the NAA that it is difficult to assess what impact it may have had, and hard to know who constituted its membership.

The issue of reportedly untrained workers using the titles of 'nurse' or 'midwife' was never very far away from public view, and the rhetoric about the dangers of employing untrained midwives and nurses persisted. By the end of the nineteenth century, a local branch of the Royal British Nurses Association had been formed in Melbourne and another movement to establish a professional association for nurses was afoot in the Colony of New South Wales, culminating in 1899 in the formation of the Australian Trained Nurses Association (ATNA). Critically the ATNA, which hoped to be endorsed Australia-wide, did not gain support in Victoria. Victorians resisted a nationalist approach, instead establishing their own Victorian Trained Nurses Association in 1901, 6 months after the dissolution of Australia's colonies and the formation of a federated nation.

The presidency of the VTNA was assumed by a medical practitioner, Dr John (Jack) Springthorpe, the physician to the sick nurses' ward at the Melbourne Hospital, supporter of nursing sisterhoods and champion of nursing as a vocation.⁷⁹ The vice president was Mr JA Levey, whose long standing association with the MDNS had acquainted him well with nursing issues. Only one nurse, Miss Elizabeth Glover, was

on the inaugural VTNA council, in a shared position of secretary. This association aimed to differentiate the trained nurse from the untrained worker by vetting her educational qualifications and placing emphasis on the good character of the nurse. The VTNA council expected that the process of voluntary regulation would protect the public from the old, ignorant colonial nurses who remained in the workforce. Significantly, the VTNA firmly embraced general nursing as the basis for any other streams of care, setting midwifery aside as one of several 'special' branches of nursing. However, in the absence of a political imperative to effect any form of regulation, implementing standards in private and institutional nursing continued to be a challenge for this professional organisation.

In conclusion, the efforts of the MDNS, the NAA and the VTNA made little difference, in a practical sense, to nursing and midwifery standards across the Colony of Victoria. These groups fostered the idea that colonial midwives and nurses conducted themselves in a 'sphere of Sarah Gampism' which represented filth, ignorance and a lack of character. It was from this reportedly low level that nursing needed to be elevated into a scientific profession.⁸⁰

The central tenet of the professionalising movement, that only trained and educated nurses were the legitimate standard, and that anyone else was an imposter representing a danger to the public, was carried through the twentieth century in discussions about the regulation of midwives and nurses. The immigrant women who were behind early attempts to professionalise nursing and midwifery, including Kathleen Caffyn, Isabella Rathie, Martha Farquharson, Elizabeth Glover, and others, associated their attempts in reforming nursing and midwifery in Victoria with those undertaken in Britain. Under the leadership and influence of these overseas trained nurses, the idea that trained nursing, including its 'special' branch of midwifery, was a preeminent, scientific profession for educated women only, rather than an occupation that anyone could adopt, was nurtured. As pioneers in a movement which held the professionalisation of nursing as fundamental to standards in health-care, these immigrant women played a pivotal role in shaping ideas about the future of midwifery and nursing in Victoria.

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¹ Australian Medical Journal (hereafter AMJ) Volume 14 (15 August 1892), 399.

² Summary of Evidence to Royal Commission into Charitable Institutions (hereafter RCCI), Victorian Parliamentary Papers (hereafter VPP), Session 1891, Volume 4: 7396.

³ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 6032.

⁴ See Richard Trembath and Donna Hellier, All care and responsibility: A history of nursing in Victoria 1850–1934 (Melbourne: Florence Nightingale Committee, Australia, Victorian Branch, 1987); Maureen Minchin, Revolutions and rosewater: The evolution of nurse registration in Victoria 1923–1973 (Melbourne: Hart Hamer, 1975).

⁵ Lesley Barclay, What are the origins of the regulation, training and practice of midwifery in Australia? Proceedings of 6th Biennial Conference of the Australian College of Midwives Inc. (Darwin, 1989).

⁶ See Elsie Shephard, The midwives of Rosewood, (Glenroy, The Pioneer Women's Hut, 1989) and The midwives of Tumbaramba and other birth stories (Glenroy, The Pioneer Women's Hut, 1991). Also Mavis Gaff-Smith, The midwives of the black soil plains (Wagga Wagga: Triple D Books, 2003).

⁷ Glenda Strachan, Present at the Birth: 'Midwives, "handywomen" and neighbours in rural New South Wales 1850–1900', Labour History (2001) Volume 81: 13–27.

⁸ See Philippa Martyr, Paradise of quacks: An alternative history of medicine in Australia (Sydney: Macleay Press, 2002), 39–42.

⁹ Midwives and nurses in Victoria were not subject to state registration until 1915, and 1923, respectively.

¹⁰ Evan Willis, Medical dominance, (Sydney: Allen & Unwin, 1989), 6; Martyr, p. 44.

¹¹ Charles Dickens, The life and adventures of Martin Chuzzlewit, (London: Chapman and Hall, 1843–4).

¹² F Milford, An Australian handbook of obstetric nursing designed for the use of midwives and nurses, (Sydney: Angus & Robertson, 1896), vii.

¹³ Annie Dawbin Baxter, The journal of Annie Dawbin Baxter 1858–1868, edited by Lucy Frost (Brisbane: University of Queensland Press, 1998), 182, note 136.

¹⁴ Ibid.

¹⁵ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 7396.

¹⁶ Dawbin Baxter, 468.

¹⁷ The Argus, 6 April 1880: 7.

¹⁸ Women's Hospital Ladies Committee of Management (hereafter WHLCOM) Minutes, 18 August 1882, Royal Women's Hospital Archive, (hereafter RWHA) 1991/7/45.

¹⁹ Letter from Felix Meyer to WHLCOM, Honorary Secretary Correspondence File (hereafter HSCF), 21 November 1884, RWHA 1992/1/7/314.

²⁰ WHLCOM Minutes 18 May 1888, RWHA 1991/6/11.

²¹ The Nursing Record and Hospital World, Volume 16 (23 May, 1896): 420.

²² The Argus, 8 April 1869: 4.

²³ Transactions of the Intercolonial Medical Congress, Third Session, Intercolonial Medical Journal, 1892, 546.

²⁴ Intercolonial Medical Journal, Volume 1 (26 September 1896): 526.

²⁵ Summary of Evidence to RCCI, VPP Session 1891, Volume 4: 7396.

²⁶ The RCCI visited most hospitals in Victoria taking evidence. One of features of this evidence was that each hospital was generally satisfied with its individual arrangements for training nurses. See Summary of Evidence to RCCI, VPP Session 1891, Volume 4.

²⁷ Summary of Evidence to RCCI, VPP Session 1891, Volume 4: 7396.

²⁸ Summary of Evidence to RCCI, VPP Session 1891, Volume 4: 310.

²⁹ In mid 1888, a hospital employed midwife could expect to earn £50 p/a. WHLCOM minutes, 6 July 1888, RWHA 1991/6/11. The cook and the Resident Medical Officer earned £60 and £200 p/a, respectively.

- ³⁰ Proceedings of the first Australasian Conference on Charity held in Melbourne from 11th to 17th November 1890 (Melbourne, Government Printer, 1891), 74.
- ³¹ *The Argus*, 20 May 1885 p. 9; Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 2717, 2720, 2727.
- ³² *The Argus*, 21 April 1880: 7.
- ³³ Letter from Dr Balls-Headley to WHLCOM, 11 December 1884, HSCF, RWHA 1992/17/292.
- ³⁴ Letter from Gerald Fetherston to WHLCOM, December 1884 HSCF, RWH 1992/17/303 1-2.
- ³⁵ Letter from Felix Meyer to WHLCOM, 21 November 1884, HSCF, RWHA 1992/17/314.
- ³⁶ *The Argus*, 5 June 1885: 6.
- ³⁷ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 7416.
- ³⁸ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 17098.
- ³⁹ *The Argus*, 19 February 1885: 4.
- ⁴⁰ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 7393.
- ⁴¹ *The Argus*, 18 February 1885: 7.
- ⁴² *Ibid.*
- ⁴³ *The Argus*, 19 February 1885: 4.
- ⁴⁴ Some hospitals still employed men, but nursing by females was gaining popularity.
- ⁴⁵ Previous publications have used colonial government data to provide a gender breakdown of nurses. But detailed analysis has demonstrated that these data are not reliable. See Tony Pensabene, *The rise of the medical practitioner in Victoria* (Canberra: Australian National University, 1980), 6.
- ⁴⁶ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 3808.
- ⁴⁷ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 20084.
- ⁴⁸ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 286.
- ⁴⁹ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 7198. It is not known if Miss Rathie travelled to America, but the journal, *The Nursing Record and Hospital World* edited by Ethel Bedford Fenwick featured articles comparing nursing standards throughout the world.
- ⁵⁰ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 7396.
- ⁵¹ *Ibid.*
- ⁵² Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 861.
- ⁵³ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 1541. The Melbourne Hospital was criticised in the 1880s for employing lower class nurses over ladies of education and refinement.
- ⁵⁴ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 6032.
- ⁵⁵ *Ibid.*
- ⁵⁶ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 6017.
- ⁵⁷ See Charles Bowles, *The people and the state: an address*, (Melbourne: T Smith & Co., 1887) and Sands and McDougall *Melbourne and suburban directory*, (Melbourne: Sands & McDougall, 1889).
- ⁵⁸ Interim Report of RCCI, VPP, Session 1891, Volume 6: xviii–xix.
- ⁵⁹ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 7424–5.
- ⁶⁰ Bartz Schultz, *A tapestry of service: The evolution of nursing in Australia: Foundation to Federation 1788–1900* (Melbourne: Churchill Livingstone, 1991), 117.
- ⁶¹ Summary of Evidence to RCCI, VPP, Session 1891, Volume 4: 7198.
- ⁶² Beatrix Kelly, *A history of nursing in Tasmania* (Hobart, 1977), 40.
- ⁶³ *The Nursing Record and Hospital World*, Volume 16 (23 May 1896): 421.
- ⁶⁴ *The Nursing Record*, Volume 13 (22 December 1894): 413.
- ⁶⁵ Schultz, 131.
- ⁶⁶ WHLCOM Minutes, 1 July 1892, RWHA 1991/6/14.
- ⁶⁷ AMJ, Volume 14 (15 August 1892), 399.
- ⁶⁸ *Ibid.*
- ⁶⁹ *Ibid.*
- ⁷⁰ *Ibid.*
- ⁷¹ *Midwives Act (Victoria) 1915*.
- ⁷² *Nurses Registration Act (Victoria) 1923*.
- ⁷³ *Midwives Regulations (Victoria) 1935*, Section 16 (a): 13.
- ⁷⁴ *Nurses Act (Victoria) 1993*, Part 2 Section 7 (2) (a): 1962.
- ⁷⁵ In the 1901 Census of Victoria, this number was estimated to be 2500. Few hospitals employed graduates after completing their training because pupils were cheaper.
- ⁷⁶ Victorian Trained Nurses' Association (VTNA) Council Minutes, 23 April 1902, Melbourne University Archives (MUA) ANFVB 91/26, Item 111.
- ⁷⁷ AMJ, Volume 14 (15 August 1892): 399.
- ⁷⁸ UNA, Volume 1, April (1904): 75.
- ⁷⁹ VTNA Council Minutes, 12 June 1901, MUA ANFVB 91/26 Item 111.
- ⁸⁰ Summary of Evidence to RCCI, VPP Session 1891, Volume 4: 7396.