

Women's History

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Save the Date

3-4 September 2020

Women's History Network Annual Conference

Homes, Food and Farms

Venue - **Denman College**, New Rd, Marcham, Abingdon OX13 6NW.



The conference seeks to take a critical look at the history of homes, families and how the experiences, understandings and interpretations of domestic life have shifted over time. It will also encourage participants to interrogate the roles women have taken in producing and managing the consumption of food, as farmers, housewives, gardeners and workers in agriculture and other industries.

Confirmed Keynote speakers include:

Laurel Forster – author of *The Recipe Reader: Narratives, Contexts, Traditions* (2010)

Prof. Jane Whittle – Lead Investigator on Leverhulme funded 'Women's work in rural England 1500-1700: a new methodological approach'

Caroline Bressey – author of *Empire, Race and the Politics of Anti-Caste* (2015)

We welcome and encourage participation from anyone interested in women's history so there will be opportunities to contribute to the Open Strand - with Ignite talks, Lightning Talks and a 3 Minute thesis competition, as well as our usual poster competition.

Denman has been the residential college for the Women's Institute Movement since the 1940s/ 1950s seeking to offer adult liberal education to inspire women and men from the UK and beyond.

Welcome to the Autumn 2019 issue of *Women's History*, a special issue on nursing history which celebrates the centenary of the passing of the Nurse Registration Act in 1919 and the state's recognition of nursing as a profession. It is edited by Susan Cohen, an historian with a wide interest in twentieth-century social history. Previous works have included a study of Eleanor Rathbone, MP, and of refugees during the Second World War. More recently she has turned to the history of nursing, publishing several books on the subject. *Women's History* is the journal of Women's History Network and we invite articles on any aspect of women's history. If this themed issue inspires you, we would be interested to talk to you about your suggestions for future special issues.

Editorial Team: Maggie Andrews, Laurel Foster, Sue Hawkins, Ellie Macdonald, Kate Murphy, Angela Platt, Katharina Rowold, Kiera Wilkins, Zoe Thomas.

Guest editorial

What better time for *Women's History* to feature the history of nursing than in late 2019, for it provides an opportunity to celebrate and reflect upon the centenary of the professionalisation of nursing with the introduction of nurse registration in November 1919, and the establishment of the General Nursing Council (GNC). It also coincides with the 160th anniversary of the establishment of the Queen Victoria Jubilee Institute for Nurses, the first organisation in Britain to train nurses to provide professional nursing care in the community. Besides these anniversaries, this edition is timely, and long overdue, for although within academia there are many eminent nursing historians, the history of nursing has not enjoyed the attention it deserves from social historians, even though it has an enduring appeal in popular culture. The hugely successful television serialisation, *Call the Midwife*, is a testament to this.

The articles presented here cover a wide range of nursing areas. Sarah Chaney uses the records of the disciplinary committee of the newly formed GNC to look at the ways in which, during the inter-war period, the 'good' nurse was associated with a flawless character, and the importance that the disciplinary committee placed on personal and moral traits within nursing practice. Obedience was yet another assumed characteristic, and nurses were not known for being militant, but as Frances Cadd reveals in her contribution, a group of London-based nurses publicly aired their grievances against their employer, the London County Council, on Fleet Street in 1938. The so-called 'Masked March' was a unique occurrence, and the article provides a nuanced account of the event, and of the historical background to, and causes of the nurse's discontent.

In Pamela Dale's essay, the professionalisation of nursing and midwifery are shown to be crucial to the way that maternity care evolved and improved in Halifax between c.1905–35. The local medical officer considered the maternal mortality rate to be both a local and national emergency in 1926, and Dale examines the challenges that Halifax faced regarding the municipal regulation of midwifery. The success of the local efforts was proven when the services were subject to national scrutiny in c.1935, and the death rates amongst mothers found to be reduced considerably.

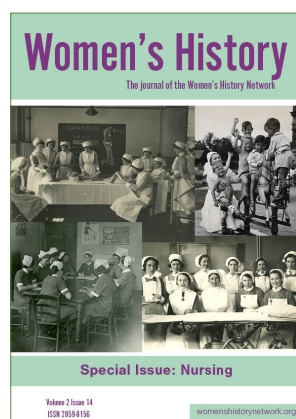
At different times in history nurses have chosen to

Contents

Editorial.....	3
'The March of the Masked Nurses': Remaking Nursing's Tradition of Vocation through Public Protest in 1930s Britain.....	4
'Purifying the Profession': Good Character and the General Nursing Council Disciplinary Committee in the Inter-war Period.....	9
Challenges for the Municipal Regulation of Midwifery: A Halifax Case Study.....	14
'Death beautiful as sleep, death as ghastly as could be': Molly Murphy in Spain and London.....	20
Obituary of a Nurse.....	25
'On the District': Queen's Nurses at Home during the Great War.....	27
District Nursing – the World's First National Nursing Movement.....	30
Book Reviews.....	33
BOOKS RECEIVED AND CALLS FOR REVIEWERS.....	38
Celebrating a century of women in the professions: the 28 th Women's History Network Annual Conference.....	39
Committee Report given at the September AGM.....	39
W.H.N. Community History Prize 2019.....	40
Getting to Know Each Other.....	40
WHN Book Prize.....	41
WHN Tea Towel : Celebrating Black History Month.....	42

devote themselves to humanitarian nursing in conflict zones, and Janet Hargreaves introduces readers to Molly Murphy, whose stand against Fascism in the 1930s led her to volunteer as a nurse with the International Brigade during the Spanish Civil War, and to then work as a Sister with a mobile medical unit in London between 1939–42.

Shorter contributions cover equally diverse topics. Matthew Bradby of the Queen's Nursing Institute (QNI) provides a comprehensive overview of the background to the establishment, in Great Britain, of the first national district nursing movement. Known at inception in 1889 as the Queen Victoria Jubilee Institute for Nurses, the organisation introduced a register of 'Queen's' nurses in 1890, well before the GNC introduced theirs in 1922. District nursing owed its very existence to the philanthropic efforts and determination of William Rathbone (1819–1902) and the expertise and



Front Cover:
Clockwise from top left:

1. School of Nursing, learning how to pad a splint, c.1930s. Courtesy of Peter Maleczek
2. St Nicholas' and St Martin's Orthopaedic Hospital, Pyrford, Surrey: children playing on a rocking horse with a nurse attending. Photograph, c. 1935. Credit: Wellcome Collection. CC BY
3. Theatre nurses, 1930s–40s. Courtesy of Peter Maleczek
4. A meeting of district nurse superintendents, circa 1930s. Courtesy of the Queen's Nursing Institute

encouragement of Florence Nightingale. At the time, their combined efforts helped shape nursing care for the sick poor in their own homes, and laid the foundation for community nursing care into the twenty-first century. These same Queen's nurses are the subject of my article, which looks specifically at the district nurses who made the difficult decision not to undertake military nursing during the First World War, but instead chose to continue to serve their communities on the home front, often under duress. Wartime nursing is also part of Maggie Andrews' contribution, a very personal memoir of her late mother, a State Registered Nurse, who was a nurse probationer in London during the Blitz, and then a qualified

nurse with the Women's Auxilliary Air Force.

We hope that the content of this special issue will be of interest to all our readers, regardless of whether they have a nursing background, and that it will introduce them to aspects of nursing history hitherto unknown.

Dr Susan Cohen
Independent Researcher

'The March of the Masked Nurses': Remaking Nursing's Tradition of Vocation through Public Protest in 1930s Britain

Frances Cadd

University of Nottingham

On 5 April 1938, twelve uniformed London County Council (LCC) nurses – four male and eight female – slowly emerged from the headquarters of the Guild of Nurses (GoN) in Argyle Square, their identities hidden by black silk masks 'for fear of victimisation'.¹ This was the first time that general nurses had taken to the streets to demonstrate their discontent; it was an historic moment conducted in a novel and spectacular fashion. The female nurses wore their nurses' caps, starched white medical coats and sandwich boards hung around their necks with slogans proclaiming their grievances: 'LCC nurses demand fair pay', 'LCC nurses demand a 48 hour week', and 'Unnecessary restrictions, bullying, nagging, red-tape. Stop this.'² The van of the Movietone News, 'with its big camera mounted on the roof, ready to capture the nurses as they marched side-by-side towards Fleet Street, home of the newspaper empires of the day.'³ Loud-speaker vans, covered in brightly coloured posters, roared these grievances, filling the streets with deafening sound. The press had been given advance notice of the masked march. The nurses were stopped by a policeman as they entered the thoroughfare but 'it was too late, every newspaper in Fleet Street was on the job', and although they were forced to turn back, the procession was able to continue northwards, passing by the BBC on Portman Place.⁴

This protest was the culmination of a long dispute, through the GoN, with the nurses' employers, the LCC, over a newly introduced rota of hours known as the spread-over-system, which broke nurses' shifts into two, with a two-hour break in the middle of the day. At a protest meeting on the evening of 5 April 1938, a few hours after the masked march, held at St Pancras Town Hall, the masked nurses took to the platform and described their new rota as 'vicious' and 'iniquitous', insisting that it ultimately served to extend nurses' working hours and limited their free-time and access to leisure activities outside of the hospitals in which they worked and lived.⁵ This, they argued, resulted in feelings of being overworked and trapped within their workplace.⁶

A handful of scholars have acknowledged the masked

march in their histories of nursing trade-unionism and have detailed the grievances of these LCC nurses around working hours and conditions.⁷ Chris Hart has provided the most comprehensive analysis of this historic protest, and identifies how, beyond frustration with poor material conditions, the masked march reveals more deep-seated discontent around established nursing ideals and values. He has argued that these LCC nurses 'broke free of the traditions of self-sacrifice and unquestioning obedience that bound them and challenged the myths that created and perpetuated those traditions of vocation and subservience'.⁸

Existing scholarship has discussed the masked march and has viewed the protest as an historic moment in which nurses demanded rights and better conditions for themselves; but this article argues that, whilst these LCC nurses did seek to improve their conditions of service, at the heart of this unprecedented protest was a concern for patient safety. It aims to demonstrate how this preoccupation with patient welfare drove the LCC nurses' decision to take to the streets for the first time in such a public, dramatic, and spectacular fashion on 5 April 1938. In addition, it argues how, in order to bring about better patient care through public protest, these LCC nurses attempted to rework the nursing tradition of vocation in line with shifting ideas around service, self and others in the British interwar period. It does so by using contemporary and post-event testimony from the masked marchers themselves, as well as responses to the demonstration published in the popular press and official correspondence between the GoN and the LCC.

It is useful to consider the march of the masked nurses in the context of interwar British nursing and understandings of women's service. The vocational tradition of nursing was emphasised by nursing leaders in the interwar period, following the Nurses' Registration Act of 1919, in an attempt to improve the general standard of patient care provided by nurses, and the reputation and status of the profession.⁹ It was believed that nurses were more likely to put their own needs and interests above those of the patient if they had not

been motivated to enter nursing by a sense of vocation and a genuine desire to help others. It was therefore argued by many senior nurses that only those who were 'prepared to give up EVERYTHING [*sic*] in the sacred cause of fighting disease' should be nurses.¹⁰ A failure to do so, indicated an inability to put their patients' needs first. Nurses who engaged in trade union activity and called for better conditions for themselves were accused by senior members of the profession of self-interest, putting patients at risk by not acting in their best interests.

However, a social and cultural shift in the 1920s and 1930s in how women's service was understood and valued was at odds with this vocational tradition of nursing emphasised by senior nurses. Eve Colpus has argued that unlike women in Victorian Britain (who were expected to act in the interests of others and exercise self-sacrifice at the expense of their own needs), women in the interwar period 'embraced the inward and outward aspects of service', exploring the mutuality of self-fulfilment and community development.¹¹ Viewing this shift in the context of nursing, then, it seems that a generation of nurses, who had lived through the interwar period and began training in the 1930s, were likely to acknowledge the mutuality of self and others and to reflect on how their ability to care for their patients might be affected by their own sense of personal fulfilment and happiness. Nurses whose mental and physical health were negatively impacted by their conditions of service could be conscious of the detrimental knock-on-effect this could have on their patients. In other words, they were aware that in order to help their patients, they first had to ensure they, themselves, were in a position where they were fit and able to do so. Thus, during the interwar period, a new understanding of vocation emerged that rejected total self-sacrifice and instead promoted self-care and self-betterment as the way that nurses could prove their commitment to providing the best care possible for their patients.

A dispute over nurses' working-hours, which emerged in July 1935 and continued until December 1938 when a 96-hour fortnight was introduced for LCC nurses, provided the circumstances under which tensions around conflicting understandings of nursing vocation came to a head and were made visible.¹² The LCC's introduction of the spread-over-system of hours into its hospitals over the summer of 1935, sparked concern amongst nurses over how an extension to their working day could damage their mental and physical wellbeing and affect their ability to provide good nursing care for their patients.¹³ Paradoxically, for the LCC, this alternative rota was a practical measure intended to reduce the risk of patient harm and neglect caused by a severe nursing shortage. The rationale was to extend the amount of time existing staff were on duty so that more patients could be cared for, for longer periods of time.¹⁴ The Interdepartmental Committee on Nursing Services (also known as the Athlone Committee), launched by the government in November 1937 to investigate the nursing shortage, discovered that although the number of nursing recruits entering the profession had doubled between 1926 and 1937, this supply of nurses was insufficient to meet increasing patient demand.¹⁵ It was estimated by *The Nursing Times* in 1938 that an additional 10,000 nurses were needed each year.¹⁶ This placed enormous strain on existing nursing staff. As a result of the overwork, stress and exhaustion caused by attempts to keep up with patient demand, many nurses experienced poor mental and physical health.¹⁷

The introduction of the spread-over-system only exacerbated nurses' pre-existing sense of overwork and exhaustion caused by the shortage of nursing staff. On the platform at the protest meeting at St Pancras Town Hall, one of the masked marchers explained that the split-shifts ultimately extended their working day, ate into their free-time in the evenings and limited their access to leisure activities outside of the hospital, as their 10.30 pm curfew was still in operation.¹⁸ In addition, the two-hour break in the middle of the day was 'irksome' and 'pointless' because it made it difficult to leave the hospital, due to the length of time it took to change out of, and back into, their uniforms. They felt that their personal freedoms and choices were being limited and the speaker concluded that they were justified to ask that, even if working-hours could not be reduced, that they at least be worked as a continuous shift so they could finish earlier for rest and recreation: 'we have our natural desires to take our rightful place in either religious, political or social life', she stated.¹⁹ In support of her colleague's request, another masked nurse declared that, 'We as professional people assert that a certain amount of leisure and exercise, is necessary for one's health ... Yet lack of freedom and overwork prevents nurses from taking part in this very necessary recreation.'²⁰

Crucially, she continued to explain how because of ill-health, 'we are prevented from carrying out the work for which we are trained. Patients run a most serious risk to-day, and it is time some voice was heard to put a stop to this', with yet another masked marcher adding that 'our first interest is the patient, that is why we are protesting here this evening. The patient is suffering'.²¹

From July 1935 disgruntled LCC nurses attempted to express these concerns over patient safety and welfare to the LCC through their trade union, the National Union of County Officers (NUCO). In November 1937, NUCO's nursing section officially organised into the Guild of Nurses (GoN), affiliated with but separate from NUCO and was led by Beatrice Drapper, a prominent Labour Party activist and former chairman of the Greenwich Board of Guardians, with Iris Brook, a former nurse and midwife, as assistant organiser.²² The formation of the GoN meant that nurses had more independent power to fight for their cause without having to depend on NUCO, which represented numerous other grades of hospital workers, and therefore was often occupied with other disputes.²³ At its peak, from 1937 to 1938, the GoN represented around 3,000 thousand nurses, of which, an estimated 1,800 nurses were LCC employees.²⁴ Thus, by the late-1930s, the GoN officially represented around seventeen per cent of the LCC's eleven-thousand nursing staff.²⁵

The LCC did not seem to take nurses' concerns and discontent with the spread-over-system seriously. In the early months of the dispute, the nurses' requests for a meeting with the Hospitals and Medical Services Sub-Committee were repeatedly rejected on the grounds that the LCC were reluctant to revise the scheme until it had been implemented and trialled in its remaining hospitals.²⁶ Moreover, Frederick Menzies, Head of the Public Health Department of the LCC, reiterated his stance, well into the summer of 1936, 'that the arrangements approved by the Council must be allowed to operate for at least some weeks, if not months, before it will be possible to form any definite idea as to whether they are satisfactory or not'.²⁷

However, in July 1936, Menzies agreed to look into the

issues raised around the spread-over-system, but he concluded in January 1937 that 'the revised rota of duty for the nursing staff is working satisfactorily' and that he did not 'propose to take any further action in the matter'.²⁸ This decision signalled to the nurses that the LCC did not understand, or did not want to understand, nurses' complaints. At a representative meeting of nursing staff held by NUCO on 26 May 1937 the affected nurses determined that the '[spread over] rota was devised and approved by officers who were not fully cognisant with the working of ... the Council's [LCC] hospitals and is to the detriment of both patients and nurses'.²⁹ Beatrice Drapper responded in writing to Menzies' decision to not investigate the issue of working-hours on behalf of the union's nurses. Her letter detailed the impact the spread-over system had on different grades of nurses and submitted a new rota of hours, recommending that a forty-eight hour week would be the best way forward.³⁰ Once again a formal acknowledgement of the nurses' requests and assurance that their letter would be put before the appropriate committee was sent, but by the autumn of 1937 the LCC had still not taken any action.³¹ From November 1937, the GoN, as NUCO's newly formed daughter branch, continued to press the LCC to act, however, its repeated enquiries over five months revealed that no progress had been made and that the matter had not yet been seen by the committee, which was about to go into summer recess again.³² It was therefore 'unanimously' decided, on 23 March 1938 at a 'packed meeting' held by the GoN, 'that a protest meeting should be held at the St. Pancras Town Hall' on 5 April 1938 at 9pm.³³

In line with the LCC's standing order for raising grievances, the GoN notified the LCC about their scheduled protest meeting.³⁴ However, the LCC was not informed about the masked march that would take place a few hours before the meeting at St Pancras Town Hall. This suggests that the aim of the demonstration was to surprise the LCC. The potential for the masked march to shock the LCC lay in the fact that it was an unprecedented protest that challenged expectations and assumptions about nurses' incapacity to demand better rights for themselves, considering the vocational tradition of nursing. In a rather sarcastic anecdote, in which she set up an imagined conversation between a patient and an LCC councillor, one of the masked nurses identified how these nurses thought that the vocational tradition of nursing was being exploited by the LCC. She argued that the LCC did not 'worry about the nurses' and their grievances because 'nurses love their work', and despite their adversity and suffering, they would still continue to care for patients.³⁵ By taking to the streets to protest their working conditions, these LCC nurses rejected an understanding of nursing vocation that demanded total self-sacrifice and which left their calls for improvements to their working conditions liable to be ignored by their employers.

This radical action which challenged the need for nurses' to be willing to self-sacrifice held the potential to arouse anxieties around nurses' dedication to providing the best possible care for their patients. To avoid backlash and condemnation from nursing leaders, senior nurses, the public, and the media, the masked marchers carefully choreographed their protest to reassure witnesses that they still held their patients' best interests above their own. One way that they did this was to vilify the LCC in the eyes of the public, portraying the local authority as knowingly threatening patient safety. Another masked marcher criticised the LCC's preoccupation

with its public image at the expense of neglecting the needs of nursing staff. She argued that the LCC was channelling its resources into superficial and aesthetic improvements in their hospitals, in order to substantiate its self-made claims to be 'a premier municipal authority' and 'the most profound and powerful single influence in the social life of London' as a result of its provision of 'a high level of service' to the public.³⁶ In reality, behind the 'outward display of bricks and mortar', the LCC operated a service that was a danger to the public because of the poor conditions under which staff worked, conditions the council refused to address.³⁷ By taking their grievances to the streets the masked nurses aimed to let the public know how the LCC's refusal to resolve the nurses' grievances posed a risk to their welfare as patients. In doing so, the nurses threatened to discredit the LCC's superficial self-constructed image as a provider of a world-class healthcare system; a threat which would also agitate the LCC into action in order to recover their reputation.

The masked march also aimed to gather public sympathy and support which could then be used to lobby the LCC into action. In a first-hand account of the masked march journalist T.W. Agar also captured the public's reaction to what he describes as an 'unusual' demonstration. He wrote:

What's this? Everybody stops their immediate task to watch this unusual demonstration. Nurses [*sic*] actually demanding the right to a decent life! ...This surely is something new. Sympathy is expressed on all sides. How else could it be? Every watcher may need one of these Nurses some day ...The sentiments of the public were exemplified by the policeman in the Strand, who said, "I ought to lock you up for creating a disturbance and causing traffic jams, but nurses wouldn't do this unless there was something radically wrong. Good luck to 'em".³⁸

Agar's account captured the novelty of the masked march and the immediate surprise and sense of confusion experienced by the public. Crucially, through what reads like a stream of consciousness, he communicated how the protest enabled the public to very quickly recognise that 'something [was] radically wrong'. This rapid expression of sympathy appears to be an instinctive response from the public and indicates their support. By asking 'how else could it be?' Agar eliminated any doubt that the public would feel anything but sympathy for the nurses, because 'every watcher' knew that they 'may need one of these Nurses some day'. The public were not angry with nurses for 'demanding the right to a decent life' he claimed, but understood that they were only protesting so that they could better serve patients' needs. Agar also used the policeman as a figure of authority on right and wrong to legitimise the masked march and justify the marchers' actions as reasonable, consolidating the sense of public support by offering this final judgment in favour of the LCC nurses' protest.

Perhaps the most obvious way the nurses tried to raise public sympathy was through their hiding of their identity behind masks, 'for fear of victimisation' for taking part in the protest. Reports of senior nurses punishing those who were known trade unionists in order to deter them and others from engaging with union activity were not uncommon in the 1930s.³⁹ In interviews conducted sixty years after the protest, one of the masked marchers, Avis Hutt, explained

that she had experienced 'victimisation' by her matron as she was known to be active in several trade unions whilst she undertook her training at Mile End Hospital in London's East End.⁴⁰ She explained how LCC nurses 'were seen as "second-class citizens" compared to our sisters over at the teaching hospitals' because they were working in hospitals that used to be Poor Law institutions—notorious for poor standards of nursing provided by untrained women who used the work as a way to earn income.⁴¹ As LCC nurses therefore they 'had to prove doubly' that they had entered nursing because of a vocational impulse and not for self-advancement; there was a greater expectation that poor law nurses would unionise than their voluntary hospital counterparts.⁴² This also meant that senior nurses looked more closely for signs of union activity among this group of nurses and actively disciplined those found to be trade unionists. Hutt remembered how victimisation would often take the form of being given the worst duties, not being allowed their days off, the threat of dismissal and lack of opportunity for promotion.⁴³ It was because of this victimisation that she wore a mask: the mask provided anonymity, allowing her to hide her identity when she took to the streets to join the protest against the spread-over-system. Wearing it, she could engage in the protest without 'fear of victimisation' upon return to her hospital, at the same time affording her the opportunity to protest against, and raise awareness of, the victimisation of nurses involved in the unions.

A sense of public reaction to the use of the mask is revealed in a letter written shortly after the protest on 11 April 1938 by a Mr Stephen Brittain to Clement Attlee, leader of the Labour Party and MP for Limehouse. Mr Brittain explained that his daughter was a nurse working in an LCC hospital and had experienced victimisation, giving examples of how his daughter had been given 'the most terrible jobs, laying out the dead, even picking off scabs', adding 'I dare not say the hospital my daughter is in—if I did instant dismissal'.⁴⁴ Perturbed and outraged by his daughter's experience, he urged Attlee to 'demand justice for nurses'.⁴⁵ Mr Brittain's letter is an example of how the masked march was able to evoke sympathy from members of the public who were then inspired to act on behalf of nurses to call for improvement in their conditions of service.

The use of the mask was not the only way that the nurses aimed to prevent and protect themselves from criticism and victimisation from their nursing superiors. They carefully designed the masked march to illustrate that their protest did not challenge nursing vocation, but also used it to express their dedication to serving the needs of the patient. By purposefully marching on their off-duty day and holding the protest meeting after shifts had finished 9pm, they emphasised that their protest was not a strike and prevented allegations of abandoning their patients.⁴⁶ The nurses' protest was dignified; they marched slowly, side-by-side in an orderly fashion and did not cause detrimental damage through militant action, only aiming to cause disruption to pedestrian and traffic flow to draw attention.⁴⁷ Their choice of uniform is also significant: they wore their traditional nurses' cap which identified them as nurses, but covered their distinctive nurses' uniform with a starched white coat which made them appear more like members of the medical profession.⁴⁸ This was likely done to signal their support of developing professional status for nurses, equal to that of the medical profession, that their nursing leaders had campaigned for a generation before.

This visual performance of the masked march, combined with the sensationalism of the mask, and the novelty of this unprecedented protest attracted the attention of the popular press. *The National Union of County Officers' Gazette* reported that 'nothing like this had been seen for years, and the effect was to be seen in both the evening papers and the papers the following morning', emphasising the flurry of excitement over the protest.⁴⁹ Indeed, the march did capture the attention of national newspapers like the *Daily Mail* and the *Daily Mirror* as well as the local press both in the immediate vicinity in London and as far away as Northern Ireland.⁵⁰ In an interview in 1982, nurse and midwife Iris Brook declared that she had been one of the masked marchers, having being involved in the nurses' trade union movement as the organiser of the GoN. Brook explained that the protest was a 'publicity stunt ... it was decided it would cause perhaps a little more publicity if [we were] masked'.⁵¹ She proudly points out that 'there was a photograph [of the march] in one of the daily newspapers', acknowledging how the successful attraction of media attention ensured that the masked march was captured not only for publicising the nurses' cause in 1938, but was also preserved for posterity.⁵²

The way the nurses protested allowed them to retain control over how they were portrayed in the press. In the 1930s newspapers were competing to attract new readers by engaging in sensationalist styles of reporting and focusing on human interest stories that would cultivate intrigue and exclusivity by claiming 'behind-the-scenes' access into the private lives of newsworthy individuals.⁵³ This competitive nature of the media could have easily distorted or misconstrued the nurses' protest, but by choosing an unusual form of protest, primarily through their use of costume, the masked marchers were able to exploit the press' insatiable desire for spectacle and easily attract publicity. Yet, simultaneously, their masks acted as a shield against any invasive journalism that would detract from their cause, forcing the media to focus on the reasons for the protest, rather than on the identities of the protestors.⁵⁴ In this way, the nurses were able to work with the sensationalist press to publicise their protest, whilst still retaining control over their image and message.

In conclusion, this article has sought to understand why nurses took to the streets in April 1938 to publicly protest against the introduction of an alternative rota of hours and why they did so in such a dramatic and spectacular fashion. It has argued that a deep concern for patient safety and welfare, and an inability to voice and resolve those concerns through official channels of trade union representation, compelled nurses to take such radical and unprecedented action in the form of the masked march. It has shown how the masked marchers identified how the tradition of nursing vocation, considered paramount by nursing leaders in the interwar period, could be exploited by their employer in order to avoid improving nurses' conditions of service as they understood that nurses would remain dedicated to their vocation, despite their adversity. It argues that by protesting, the masked marchers reconfigured the traditional expectations and understandings of nursing vocation and service in order to end the exploitation of the tradition by their employer and to enact changes to their working conditions in the interests of the welfare of their patients. This also exposed them to criticism and victimisation by senior nurses, who would see their protest as self-interested and challenging the tradition of vocation. The nurses carefully

portrayed themselves as allies of the public – both during the protest and after in the media—in order to win mass sympathy and support from their would-be patients. They organised and choreographed their masked march in order to convince their nursing superiors that they were dedicated to nursing, but also that the way nursing vocation was expressed needed to change from demonstrations of self-sacrifice to self-betterment in order to carry out good nursing work in interwar Britain.

Notes

1. *The County Officers' Gazette* (COG), 18 April 1938.
2. *The Daily Telegraph and Morning Post*, 6 April 1938; *News Chronicle*, 6 April 1938; *St Pancras Gazette*, 8 April 1938; *Evening Standard*, 6 April 1938.
3. COG, 18 April 1938.
4. *Ibid.*
5. COG, 11 April 1938 and 18 April 1938.
6. *Ibid.*
7. Mick Carpenter, *Working for Health: The History of the Confederation of Health Service Employees* (London, Lawrence & Wishart, 1988); Brian Abel-Smith, *A History of the Working Profession* (London, Heinemann, 1960); Chris Hart, *Behind the Mask: Nurses Their Unions and Nursing Policy* (London, Bailliere Tindall, 1994); Stephanie Kirby, 'Splendid Scope for Public Service: Leading the London County Council Nursing Service, 1929-1948', *Nursing History Review*, 14/1 (2006), 31-57.
8. Hart, *Behind the Mask*, 1.
9. Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996).
10. Miss Cumberbatch, chairwoman of the Hospital Committee of the Brentford Board of Guardians speaking in 1920 quoted in Carpenter, *Working for Health*, 176.
11. Eve Colpus, 'Women, Service and Self-actualisation in Inter-War Britain', *Past and Present*, 238/1 (2018), 197-232. See also Ian Gazeley and Claire Langhamer, 'The Meanings of Happiness in Mass Observation's Bolton', *History Workshop Journal*, 75/1 (2013), 159-189.
12. Modern Records Centre (hereafter MRC), MSS292/54.73/2/3, 'The Guild of Nurses is proud of its achievements in 1938' leaflet.
13. MRC, MSS229/6/C/NU/3/6/16, GoN protest leaflet, 5 April 1938.
14. *The Nursing Times*, 20 April 1933.
15. Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (Oxford, Routledge, 1988), 77-97.
16. Quoted from Richard Hatchett, 'The History of Ministerial Workforce Policy and Planning in British Nursing, 1939-1960' (Unpublished PhD thesis, London School of Hygiene and Tropical Medicine, 2005), 58.
17. Debbie Palmer, *Who Cared for the Carers?: A History of the Occupational Health of Nurses, 1880-1948* (Manchester, Manchester University Press), 2014.
18. COG, 11 April 1938.
19. *Ibid.*
20. *Ibid.*
21. *Ibid.*
22. Carpenter, *Working for Health*, 211-212.
23. *Ibid.*, 220.
24. *Ibid.*
25. Geoffrey Rivett, *The Development of the London Hospital System, 1823-2015* (London, Blurb, 2015), 224; Carpenter, *Working for Health*, 206, 217.
26. MRC, MSS229/6/C/NU/3/6/5, Letter from Frederick Menzies (LCC) to NUCO, 27 April 1936.
27. MRC, MSS229/6/C/NU/3/6/8, Letter from Frederick Menzies (LCC) to NUCO, 23 July 1936.
28. MRC, MSS229/6/C/NU/3/6/16, GoN protest leaflet, 5 April 1938.
29. MRC, MSS229/6/C/NU/3/6/10, Letter from Beatrice Drapper (NUCO) to Frederick Menzies (LCC), 31 May 1937.
30. *Ibid.*
31. MRC, MSS229/6/C/NU/3/6/16, GoN protest leaflet, 5 April 1938.
32. MRC, MSS229/6/C/NU/3/6/16, GoN protest leaflet, 5 April 1938.
33. MRC, MSS229/6/C/NU/3/6/13, Letter from Beatrice Drapper (GoN) to Herbert Morrison (LCC), 24th March 1938.
34. *Ibid.*
35. COG, 11 April 1938.
36. Gwilym Gibbon and Reginald Bell, *History of the London County Council 1889-1939* (London, Macmillan, 1939), 658.
37. COG, 11 April 1938.
38. COG, 18 April 1938.
39. See for example, *The Picture Post*, 30 August 1941
40. Avis Hutt (1917-2010; formerly Clarke, neé Askey) was a nurse and political activist in the Communist Party of Great Britain and the peace movement in twentieth-century Britain. Even during her training at Mile End Hospital in the mid 1930s, she was involved in trade unions campaigns for improved conditions of service for nurses. She was also a member of the Socialist Medical Association.
41. British Library, C1049/70. T1-T2, Avis Hutt interviewed by Kevin Morgan, 29 November 2002.
42. Royal College of Nursing Archive, T123, Avis Hutt interviewed by Stephanie Kirby, 1998.
43. *Ibid.*
44. MRC, MSS.292/54.73/4, Letter from Mr Stephen Brittain to Clement Attlee MP, 11 April 1938.
45. *Ibid.*
46. MRC, MSS229/6/C/NU/3/6/16, GoN protest leaflet, 5 April 1938.
47. COG, 18 April 1938.
48. *News Chronicle*, 6 April 1938.
49. *Ibid.*
50. See for example, *Daily Mail*, 6 April 1938; *Evening Standard*, 6 April 1938; *News Chronicle*, 6 April 1938; *Daily Telegraph and Morning Post*, 6 April 1938; *The Star*, 7 April 1938; *St Pancras Gazette*, 8 April 1938; *Northern Whig*, 7 April 1938.
51. MRC, 229/6/C/CO/7/7, Interview with Mrs Iris Brook, 27 October 1982.
52. *Ibid.*
53. Dan LeMahieu, *A Culture for Democracy: Mass Communication and the Cultivated Mind in Britain between the Wars* (Oxford, Clarendon Press, 1988); Adrian Bingham, *Gender, Modernity and the Popular Press in Inter-war Britain* (Oxford, Oxford University Press, 2004).
54. Laura Beers, 'Education or Manipulation? Labour, Democracy, and the Popular Press in Interwar Britain', *Journal of British Studies*, 48/1 (2009), 129-52; Matthew Houlbrook, 'Commodifying the Self-Within: Ghosts, Libels, and the Crook Lifestory in Interwar Britain', *Journal of Modern History*, 85/2 (2013), 321-63.

'Purifying the Profession': Good Character and the General Nursing Council Disciplinary Committee in the Inter-war Period

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The 'very important part of a nurse's qualification', Sydney Holland, chairman of the London Hospital and an outspoken opponent of nurse registration told the 1904 Select Committee on Registration of Nurses, 'is character'. This meant 'whether she is unselfish, is a good woman and has all the other characteristics that go to make a good nurse'.¹ Holland was not the only anti-registrationist to claim that good nurses were born and not made. The range of attributes he cited drew on the purportedly 'natural' qualities of womanhood as well as class-based measures of morality and proper behaviour.² One of the prominent arguments between pro- and anti-registrationists before the passing of the Nurses' Registration Act in the UK in December 1919 was the question of character. Supporters of registration emphasised the 'technical knowledge' of the nurse, as Dr Bedford Fenwick put it.³ After all, as Annie Hobbs, the secretary of the Royal British Nursing Association (RBNA) pointed out to the same committee, 'if a good character is to be the only qualification of a nurse, I can see no reason why she should be trained at all, and then it follows – how will the hospital get their work done?'⁴ Despite emphasising the value of training and skills, however, both Fenwick and Hobbs took pains to stress that they also believed character essential to nursing.⁵ While their aim was to increase the attention paid to clinical and practical knowledge in nursing education and practice, they perceived this would simultaneously improve the character of nursing recruits by attracting more nurses from middle- and upper-class backgrounds.

The continued emphasis on nursing character in the decades after the Registration Act is perhaps one of the reasons why historians have seen the impact of nurse registration and the General Nursing Council (GNC) on the development of the nursing profession in the UK as minimal. Ann Bradshaw has pointed out the longevity of the character-based model of nursing in education, extending beyond the Second World War and into the National Health Service (NHS).⁶ Jane Brooks and Anne Marie Rafferty have shown the limited influence the GNC had on nursing training in the interwar period,⁷ while McGann, Crowther and Dougall's history of the Royal College of Nursing points out that government demands forced the GNC to lower its requirements for registration, further reducing its influence.⁸ Monica Baly suggests that the 'greatest obstacle to change' in the early decades of the twentieth century was nurses themselves, who 'clung tenaciously to the principles that had raised them'.⁹ Indeed, historians have shown that nursing as a profession became more fragmented in the twentieth century.¹⁰ However, these same histories also indicate that some efforts were made in the interwar period to dismantle the elitist, class-based model of character that had been held in such high esteem by many Victorian registrationists.¹¹ This suggests that the decades after the introduction of registration deserve greater attention as a period in which the nursing profession was beginning to be re-shaped, looking beyond formal publications and guidance at the effects on practice. In this article, I focus on the period after the Nurses' Registration

Act and before the Second World War, to explore changes in the way character in nursing was understood, before the upheaval of war and the subsequent reorganisation of nursing under the NHS.

There was, after all, one significant influence that the GNC did have: for the first time, a formal judgement was required when someone did *not* make a good nurse. Here I focus on the ways in which the good nurse was associated with character, class and gender in the records of the GNC disciplinary committee. When the GNC was formed, one of its roles was to determine when and why a nurse might be removed from the register. This turned out not to be an easy matter, and the discussions of the disciplinary committee reveal how essential personal and moral traits were thought to be to nursing practice in this era. Indeed, for some matrons an attempt to 'purify the profession', as they put it, became one of the main functions of state registration. These women, largely drawn from the middle classes and trained before 1900, regarded policing the personal lives of other nurses as an important function of their role. Their discussions nonetheless raise interesting questions about the changing expectations on and of women in the interwar period. While class and gender remained significant factors in the way moral character was defined, the decisions of the committee can help us begin to chart some interesting changes. Yet, while some of the reasons given for removing a nurse from the register might still lead to a nurse being struck off today, the vast majority of 'minor offences' recorded would no longer be considered relevant to the professional life and work of a nurse.¹² I conclude that, no matter how many times writers in different eras might hark back to Florence Nightingale, the traits expected of a nurse are most definitely not timeless.¹³ Expectations on nurses have changed alongside shifts in the status of nursing, the structure of healthcare and, lastly and perhaps most importantly, the expectations on and of women in society.

In December 1919 the Nurses' Registration Act provided for the foundation of a GNC for England and Wales, set up in 1920 with sixteen nurse members and nine lay members on its caretaker council. Separate acts were passed for Scotland and Ireland (which at that time was a unified country), and there was much discussion as to how the separate councils – and separate registers – could and should work together.¹⁴ The new register opened to existing nurses in 1921. To register, nurses had to submit evidence of professional efficiency and good character. The second requirement was not unique to nursing. Medical students also had to prove good character in order to sit their final exams.¹⁵ The *nature* of the character required in nursing, however, was quite different from that expected of mostly male medical students, in that nurses' personal lives were under significantly greater scrutiny. Moreover, while the notion of character held by the GNC was related to the traits mentioned by numerous nursing writers of the period, it was also not quite the same as the rigid outlines of character described in nursing textbooks.¹⁶ Nowhere was this clearer

than in the discussions of the GNC disciplinary committee.

This committee was formed in 1922 to review the case of any nurse put forward for removal from the register and report to council for a final decision. The committee's role was taken seriously by its members. When it came to choose a chair the surgeon Sir Thomas Jenner Verrall, one of five council members appointed by the Ministry of Health, suggested that 'a nurse with a pretty good knowledge of things ought to occupy the Chair', so that anyone investigated would have 'someone in the chair who is sympathetic'. As Jenner pointed out 'it means ruin to a woman to be struck off' and thus it was 'important the nurse members present should express their views'.¹⁷ Express their views the nurse members certainly did, albeit with varying degrees of sympathy for the nurses reported to them. Most of the committee were not regular attendees, however, and a small handful of nurses contributed to the majority of its discussions. The most outspoken committee members, alongside the not-always-sympathetic chair, Ann Bushby (Matron of the Queen's Hospital for Children, Hackney), were Ellen Musson (Matron of the General Hospital, Birmingham, and chair of the GNC from 1926–43), Gertrude Cowlin (organising secretary of the College of Nursing), and Rachael Cox-Davies, a founder member of the College of Nursing, who joined the committee in 1928 and was elected chair in 1933. Three of this group had trained before 1900, with only Cowlin representing younger generations of nurses, having qualified in 1910. She was also the only regular attendee who was not matron of a large general hospital; here, as elsewhere in the GNC, general nursing dominated.

The GNC records in the National Archive contain not only the minutes but also meeting transcripts for the first few decades of the disciplinary committee, giving us an in-depth look into what this small group of hospital matrons felt were indefensible acts committed by nurses. By looking at what behaviour they considered unworthy of a nurse, we can better appreciate what was expected of a nurse in this period, both professionally and morally. The RBNA had, after all, campaigned for registration on the grounds that the public were unprotected from nurses who committed crimes and immoral acts. In these campaigns, the RBNA tended to conflate qualified and unqualified nurses. A pamphlet issued by the organisation in 1904, with the sensational title 'A Hundred Nursing Scandals', listed legal cases of theft, fraud, begging and neglect carried out by women claiming to be nurses. In addition, the pamphlet named nurses cited in the divorce courts. This indicates not only the wide range of crimes which were thought to bring the nursing profession into disrepute prior to 1919, but also that the public were to be protected not only from harm caused by negligent nurses but also from nurses who were 'if not immoral, to the last degree, unseemly and reprehensible'.¹⁸

Both these aspects of protecting the public remained at the forefront of the discussions of the GNC disciplinary committee. It was to the courts that the GNC Disciplinary Committee also first turned. However, they quickly encountered the difficulty that they had no jurisdiction over nurses unless they were actually registered. The secretary, Marian Riddell, was tasked with obtaining annual figures from the police of the number of convicted nurses. In late March 1924, for example, she reported that there had been eleven in 1922, twenty-one in 1923 and eight to date in 1924.¹⁹ Not one of the nurses convicted had applied for registration,

however, and there the matter had to end. The introduction of nursing registration, then, did not quite have the RBNA's intended effect of protecting the public from rogue nurses. So long as they did not refer to themselves as 'registered nurses', anyone could still call themselves a nurse and the GNC had no power to impose sanctions on these women. By 1937, they had prosecuted a mere twenty-six nurses who falsely claimed to be state registered.²⁰ This does support the claim of other historians that the Nurses' Registration Act had relatively limited impact in some of the areas it was intended to.²¹

Even when registered nurses committed crimes, however, the decisions made were not straightforward. In 1925 the disciplinary committee agreed that a conviction resulting in imprisonment would lead to a nurse being summarily removed from the register.²² Yet, while the first nurse to be struck off (Bertha McBickford in September 1924) had been sentenced to six months in prison for theft, most of the cases reported to the GNC had *not* resulted in a prison sentence.²³ In instances of theft – the most common crime reported – the disciplinary committee themselves tended to be sympathetic. As Musson put it, if McBickford 'had got into great difficulties and had given way once and was sorry I should be inclined to give her a chance'.²⁴ This approach was followed in December 1925 when Elizabeth Shand, a sister in Poole, was charged with stealing a hat and bound over. Shand's case was considered trivial and, after both she and her matron submitted testimonials of character, the committee recommended Shand not be removed from the register.²⁵ The GNC was heavily criticised for this decision by the British College of Nurses (a new organisation set up by Fenwick in 1926), who claimed nurses should see it as of 'vital importance to the honour of their profession and the purity of their Register'.²⁶ Ann Bushby (a member of the British College of Nurses) appears to have resigned as chair of the disciplinary committee in protest – she didn't attend another meeting for nearly three years.²⁷ This did not, however, put a stop to the committee's leniency. In July 1929, when Ivy Edna Wiffen was found guilty of stealing items from her mother, the committee noted that she kept both her parents on her nurse's salary and therefore they should be merciful. They agreed to report Wiffen to Council, but that any committee members attending would speak on her behalf.²⁸

The GNC disciplinary committee's approach to theft indicates that, despite being drawn from the nursing elite, many nurses on the committee were inclined to take a contextual view of criminal cases. Nurses were poorly paid, and matrons seem to have been aware of the struggles 'their' nurses might have to survive on low wages, a discussion that came up around every case of theft in this period. Theft itself, then, did not necessarily indicate bad character – as it might have done for Florence Nightingale, whose aim to instil 'order, cleanliness, regularity and moral discipline' in her nurses was based on the assumption that working-class girls did not already possess these traits.²⁹ For Nightingale, theft and drunkenness was evidence of working-class immorality, not a response to circumstance. It was therefore subject to immediate dismissal.³⁰ Ethel Gordon Fenwick and the RBNA had also, as in the *100 Nursing Scandals* brochure, used cases of nurses convicted of theft as evidence that the profession required regulation. While the first history of the GNC, published in 1969, expressed surprise at the committee's attitude to 'those convicted of what, today, would be regarded as minor offences', we might be more surprised by the disciplinary committee's

leniency in some cases, given the strict hospital systems under which most of the nurse committee members had trained.³¹ While the elite in nursing certainly continued to promote a bourgeois ideal of feminine virtues in textbooks and guidance literature, in practice their approach could be more nuanced.

When evaluating nurses proposed for removal from the register, there were two questions disciplinary committee members tended to ask. This was clearly outlined in the case of Osbert Friend, a male nurse fined for using a public house as a betting shop:

Is it an offence which would disqualify a man from fulfilling his duties as a nurse? That is the first point. It is not. There are many crimes which betray a depth of depravity which ought to disqualify a man from being on the register of an honourable profession. Is it of that level?³²

In practice, these questions were often treated together, as either was regarded as evidence of professional misconduct, an oft-used phrase. Discussion of professional misconduct, then, frequently led the disciplinary committee to touch on the expected character of the nurse: drunkenness could not be tolerated in a matron because it set a bad example,³³ while sleeping on night duty or lying showed a lack of consideration for one's patients.³⁴ Yet while the matrons on the committee held very high standards for a nurse's behaviour, they were not unwilling to step in if they considered that those outside the profession had unreasonable expectations about the behaviour of a nurse. In October 1932, Dr Blair wrote to complain that Nurse Johnson had been 'very rude' to him when he was in attendance on her aunt. The committee were roundly dismissive, unanimously declaring that the attitude expected of Johnson as a nurse did not extend to her private life. 'We cannot interfere between a woman acting in her own private capacity and a doctor no matter how much they quarrel.' Musson concluded wearily. 'The fact that she is a nurse does not count unless we can prove that she was very offensive to him.'³⁵

The implication was that there were some instances when the private life of a nurse *was* relevant to her professional character – if she was 'very offensive' her behaviour might be grounds for removal from the register after all. Nowhere did the personal and professional collide more often than in the matter of sexual relationships. Here, the committee did not wait for cases to be reported but seem to have actively scanned the newspapers and divorce courts for mention of registered nurses. In March 1933, for example, one eagle-eyed committee member spotted that nurse Emily Fender had been mentioned in the divorce courts. The committee tasked the registrar with writing to registered nurse Emily Fender: 'If she is the same person, she is certainly guilty of immoral conduct' rebuked Musson.³⁶

It was certainly not new for hospital matrons to view themselves as guardians of the sexual morality of nurses. In 1866, Sarah Elizabeth Wardroper, matron of St Thomas' Hospital and the Nightingale School of Nursing, complained to Florence Nightingale that: 'It has for so many years been too much the habit of medical students to make playthings of hospital nurses.'³⁷ Wardroper's strict rules were designed to be protective of her nurses from these elite doctors and medical students who saw it as their right to 'make playthings' of working-class women. Yet it was the nurses

Wardroper dismissed if they were seen to be indulging in 'light or unnecessary conversation' with medical students, reflecting the controlling attitude of middle-class women towards working-class sexuality.³⁸ Drawing on these concerns, Nightingale herself stated firmly that 'none but women of unblemished character should be suffered to enter the work, and any departure from chastity should be visited with instant final dismissal.'³⁹ Rules and guidance procedures for hospital nursing continued to show an unbending strictness towards nurses' private lives in the early twentieth century. Nurses were not permitted to socialise with male staff, especially medical students, to ensure they stayed 'unblemished'.⁴⁰ In practice, however, the approach appears to have become more nuanced by the 1920s. In November 1927, Winifred Kinnaird approached the GNC Registrar, asking whether she could continue to wear her badge and uniform as a registered nurse. 'She told her [the registrar] without being asked, but at the same time without being warned that anything she said would be used against her, that she had had two illegitimate children.' The committee were all agreed that it would not be 'fair or just' to act upon Kinnaird's confession, nor could they gain evidence to corroborate it for, although four matrons could apparently confirm the story, each knew it only because Kinnaird had been their patient. Kinnaird was told she could continue to wear the uniform as long as her name was on the register, despite being 'a danger to her patients and her patients' relations' and 'thoroughly bad'. This example indicates that matrons took seriously their *own* morals and responsibilities – in this case, confidentiality was more important than sexual indiscretion. Kinnaird was not removed from the register, although the committee wrote to frighten her off renewing her registration. The letter was returned.⁴¹

Reactions within the GNC disciplinary committee to Winifred Kinnaird's illegitimate children were explained by members as a desire to 'purify the profession'.⁴² It is easy for us to interpret this as a class-based conflict, linked to the late nineteenth and early-twentieth-century concerns of middle-class women about controlling the sexual activity of their working-class counterparts.⁴³ It also appears to be steeped in assumptions about female morality; a requirement for nurses to be pure and virginal. In the last few decades of the nineteenth century, nurses were certainly dismissed for pregnancy outside of wedlock: the 'ultimate Victorian taboo' as Sue Hawkins puts it.⁴⁴ Yet we should be careful in drawing rapid conclusions about what exactly the GNC disciplinary committee objected to in Kinnaird's case. When the subject of illegitimate children came up again in 1934, the discussion was more detailed. Rachael Cox-Davies noted that the Royal Free Hospital (where she had been matron from 1905-1923) had never in this time stopped nurses getting their certificates because they had illegitimate children. This suggests that an illegitimate child did not automatically imply a bad character. Musson, the very woman who had called Kinnaird 'thoroughly bad', agreed that one illegitimate child might be understandable – it was two that showed a pattern and 'misconduct unbecoming to a nurse'.⁴⁵ Thus in Kinnaird's case it seems likely that it was the fact that she had more than one illegitimate child that was felt to reflect so poorly on her character. Indeed, the disciplinary committee's discussions even covered areas usually entirely absent from other records on nursing conduct, such as abortion. In 1933, when Ethel Todd was accused by her brother-in-law of having had an illegal abortion, Musson's response implied

that one abortion might also be understandable, and thus not automatic grounds for removal from the register, despite being a criminal offence until 1967.⁴⁶

The Todd case provoked a letter from the GNC's solicitor, Mr Pitt, asking the committee to consider their definition of misconduct. Did misconduct, Pitt enquired, refer solely to 'professional misconduct arising in course of duties as a nurse' or did it also include 'misconduct in her private life.'⁴⁷ This had, indeed, been discussed repeatedly by the committee over the past decade, and the distinction was rarely clear. In 1929, for example, May Constance Pledge was reported as having moved in with another woman's husband. Although she had met the man in a personal capacity, and not during her duties as a nurse, several nurses on the committee firmly classed this as professional misconduct. A line was also drawn between the character of a nurse and that of a doctor. After a heated discussion, in which a furious Gertrude Cowlin objected that a nurse could not be taken off the register 'for her private and social life' and asked why Pledge should be penalised and not the man, the committee decided to telephone the General Medical Council (GMC) to ask for their advice. The registrar reported back that 'the decision of the GMC is that a doctor could run away with half a dozen women so long as he was not introduced into the house in a professional capacity. He can go on doctoring'.⁴⁸

For some of the nurses on the committee, this did not suggest an example to follow but instead highlighted the difference between a doctor and a nurse. This distinction was not explicitly based on gender, even if it was attached to the gendered nature of the two professions. It was Murrell, a female doctor, who wanted to use the GMC as a baseline. 'We can't accept the same standard,' Musson countered, 'because the positions are not the same.'⁴⁹ A doctor is 'only in the house for a few minutes', agreed Bushby, whereas a nurse attending a patient over a long period was required to show a far greater degree of honesty and integrity. When the matter arose again in 1929, the committee decided to take the issue to Council in order to 'begin to build up some ethical code'.⁵⁰ The position reported back to the solicitor in 1933 was that 'the feeling of the Council is that we hold that misconduct covers anything which so affects a nurse's character that we think she is not a fit person to be let loose in houses of patients'.⁵¹ This rather vague definition of conduct did not appear in Musson's statement, published in the nursing press, outlining the procedure in disciplinary and penal cases.⁵²

This was not merely a double standard applied to female nurses and male doctors, even if the rules governing the sexual behaviour of nurses had initially arisen from this context. The sexual impropriety of male nurses was also deemed professional misconduct. In November 1927, the committee received a complaint from a Mr Doggett concerning his brother-in-law Mr Hewitt, a registered mental nurse who had deserted his wife.⁵³ Hewitt had left Hellesden Mental Hospital without notice, taking with him a pregnant probationer. While one of the medical men on the committee dismissed the idea of taking a man off the register 'for a moral offence like that', the nurses argued that Hewitt's actions, like those of Pledge, constituted 'professional misconduct' (as Cox-Davies put it). Desertion, Musson claimed, was a legal offence and, moreover, the act 'transgresses against all our traditions'. The argument given for removing Hewitt from the register thus merged his untrustworthy nature with the repeated 'duty to keep the

register pure'.⁵⁴ While these standards may have been formed from middle-class ideals of female behaviour, this did not stop the GNC disciplinary committee trying to apply them to working-class men.⁵⁵ In Hewitt's case, however, they were prevented by a lack of evidence.⁵⁶

Despite their often harsh words on the behaviour of nurses who had affairs with married men, gave birth to illegitimate children or were named in divorce courts – and that some nurses in these situations were indeed struck off the register – the GNC disciplinary committee in the interwar period remained open to considering the context of each case.⁵⁷ It seems unlikely that these nurses, many of whom had trained under the strict discipline of the 1890s, represented a view completely at odds with other senior nurses of their era (except, perhaps, for those in the British College of Nurses). As Emily MacManus, the matron of Guy's Hospital, put it after joining the committee in 1934: 'the people who are dealing with people so often know extenuating circumstances'.⁵⁸ This apparent willingness to consider the circumstances of each nurse before judging her character would never be apparent to the historian from reading published guidance on nurses' conduct, or even the official statements of the committee.

Florence Nightingale had firmly declared that nurses should be 'irreversibly dismissed for the first offence of unchastity, drunkenness, or dishonesty, or proved impropriety of any kind'.⁵⁹ In the interwar period, however, although rigid codes of behaviour for nursing remained the norm in hospital rules and nursing textbooks, in practice extenuating circumstances were often considered. Despite the oppressive set of ideals laid onto nursing at this time, a crime, a love affair or an illegitimate child might be deemed understandable if it were a one-off. The nurse's repentance and discretion were emphasised over and above the crime itself. Of course, the very fact that these things were considered 'professional misconduct' at all also shows a significant difference with nursing today, when the private sexual conduct of women is no longer considered relevant to their working lives in the same way. This reminds us that expectations on nurses continue to change as social attitudes to gender and class alter, and that the idea of the 'good nurse' is not a universal concept.

Notes

1. Great Britain, Parliament, *Report from the Select Committee on Registration of Nurses* (London, 1904), 30.
2. June Purvis, *Hard Lessons: The Lives and Education of Working-Class Women in Nineteenth-century England* (Cambridge, Polity Press, 1989) 59-70; Joan Burstyn, *Victorian Education and the Ideal of Womanhood* (New Brunswick, N.J., Rutgers University Press, 1984) 33-4.
3. Parliament, *Registration*, 3.
4. Parliament, *Registration*, 69.
5. For Fenwick's views on character see Ann Bradshaw, *The Nurse Apprentice, 1860-1977*, (Aldershot, Ashgate, 2001) 74-6.
6. Bradshaw, *Nurse Apprentice*.
7. Jane Brooks, 'Structured by Class, Bound by Gender: Nursing and Special Probationer Schemes, 1860-1939', *International History of Nursing Journal*, 6/2 (2001), 13-21; Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 137.
8. Susan McGann, Anne Crowther and Rona Dougall, A

Voice for Nurses: A History of the Royal College of Nursing 1916-90 (Manchester, Manchester University Press, 2009), 32.

9. Monica Baly, *Florence Nightingale and the Nursing Legacy*, (London, Wiley, 1997), 219.
10. Robert Dingwall, Anne Marie Rafferty and Charles Webster (eds.) *An Introduction to the Social History of Nursing* (London, Routledge, 1988), 98.
11. Dingwall et al., *Introduction*, 93.
12. Eve R. D. Bendall and Elizabeth Raybould, *A History of the General Nursing Council for England and Wales, 1919-1969* (London, H.K. Lewis, 1969), 114.
13. Inter-war writers often claimed the traits emphasised by Nightingale as timeless. For example, Douglas Hay Scott, *Modern Professional Nursing*, Vol. 2, (London, Caxton, 1936), 185. For a modern example showing the enduring nature of this claim, see Ann Bradshaw, 'Compassion: What History Teaches Us', *Nursing Times*, 107:19-20 (2011), 12.
14. The National Archives UK (hereafter TNA), General Nursing Council (GNC) coll., DT5/435 Registration Committee Signed Minutes, 1920-14 Jan 1921.
15. TNA, GNC coll., DT2/6, P. Barter to Pitt, London, 15 March 1924.
16. For example, Violet Young, *Talks to Probationers* (London, A.H. Stockwell, 1932), 16-19; Mary S. Cochrane, *Nursing* (London, Geoffrey Bles, 1930), 186-9; Margaret S. Riddell, *A First Year Nursing Manual*, 1st ed. (London, Scientific Press, 1931), 9-11; Evelyn Clare Pearce, *A General Textbook of Nursing* (London, Faber & Faber, 1937), 2-4.
17. TNA, GNC Coll., DT6/45, 12 March 1923.
18. King's College London Archive (hereafter KCLA), Royal British Nurses Association (RBNA) Coll., 'A Hundred Nursing Scandals', RBNA9/GL41, 1.
19. TNA, GNC Coll., DT6/45, Secretary's report, 25 March 1924.
20. Bendall and Raybould, *A History*, 114.
21. Rafferty, *The Politics of Nursing Knowledge*, p. 137; McGann, Crowther, and Dougall, *A Voice for Nurses*, 32.
22. TNA, GNC Coll., DT6/45, 15 October 1925.
23. Bendall and Raybould, *A History*, 82. For details of Bickford's case see TNA, GNC Coll., DT6/45, Transcript of meeting, 10 September 1924.
24. TNA, GNC Coll., DT6/45, 10 September 1924.
25. TNA, GNC Coll., DT6/45, 13 January 1927.
26. Beatrice Kent, 'Objection to the Names of Person Proved Guilty of Theft Being Retained on the Register', *British Journal of Nursing*, April 1927, vol. 75, 80. For the foundation of the British College of Nurses, see Ethel Gordon Fenwick, 'The British College of Nurses', *British Journal of Nursing*, May 1926, vol. 74, 89-90. The College of Nursing took legal advice to try and prevent the formation of a similarly named organisation, but ultimately had to resort to sending leaflets to nurses asking them not to confuse the two organisations. Royal College of Nursing Archives (RCNA), Papers of the establishment of the College of Nursing Ltd, RCN1/1/1925-8.
27. Bushby was absent from meetings following an argument about the case on 1 December 1925, returning on 13 September 1928. She also attended a meeting of the British College of Nurses where the case was discussed, in which she was mentioned as the only member of the General Nursing Council to vote against Shand. 'The British College of Nurses', *British Journal of Nursing*, February 1927, vol. 75, 32.
28. Wiffen was, however, removed from the register by

Council in October 1929. When she asked to be reinstated in September 1930, the disciplinary committee refused to consider it. TNA, GNC Coll., DT6/45, Transcript of meeting, 26 July 1929.

29. Baly, *Florence Nightingale*, 178.
30. Florence Nightingale, *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and War* (London, Harrison and Sons, 1858), 17.
31. Bendall and Raybould, *A History*, 114.
32. TNA, GNC Coll., DT6/45, 7 December 1926.
33. Matron Edna Lovekin, TNA, GNC Coll., DT6/45, 29 January 1929 and 15 February 1929.
34. Nurse E.G. Jones, TNA, GNC Coll., DT6/45, 22 April 1925.
35. TNA, GNC Coll., DT6/45, 11 October 1932.
36. TNA, GNC Coll., DT6/45, 7 March 1933.
37. Sarah Elizabeth Wardroper to Florence Nightingale, 19 April 1866, British Library ADD MSS 47729, ff 1825-5 cited in Carol Helmstadter, "'A Real Tone": Professionalizing Nursing in Nineteenth-Century London', *Nursing History Review*, 11 (2003), 3-30, 21.
38. Helmstadter, 'A Real Tone', 21.
39. Nightingale, *Subsidiary Notes*, 7.
40. KCLA, 'Nurses' (handbook for probationers), 1911, KH/N/LSN4/1, 2.
41. TNA, GNC Coll., DT6/45, 28 November 1927.
42. TNA, GNC Coll., DT6/45, 28 November 1927.
43. For example, the attitudes in Anna Davin, 'Imperialism and Motherhood', *History Workshop Journal*, 5 (1978), 9-65; Judith R. Walkowitz, *Prostitution and Victorian Society: Women, Class and the State* (Cambridge, Cambridge University Press, 1980); Catherine Judd, *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880* (Basingstoke, Macmillan, 1998).
44. Sue Hawkins, *Nursing and Women's Labour: the Quest for Independence* (London and New York, Routledge, 2010), 153.
45. TNA, GNC Coll., DT6/45, 9 January 1934.
46. TNA, GNC Coll., DT6/45, 9 May 1933.
47. *Ibid.*
48. *Ibid.*
49. TNA, GNC Coll., DT6/45, 9 May 1933.
50. TNA, GNC Coll., DT6/45, 22 November 1929.
51. TNA, GNC Coll., DT6/45, 9 May 1933.
52. 'Procedure Adopted in Dealing with Disciplinary and Penal Cases', *British Journal of Nursing*, July 1933, 81, 199.
53. TNA, GNC Coll., DT6/45, 28 November 1927.
54. TNA, GNC Coll., DT6/45, 2 February 1928.
55. Most male psychiatric nurses in the late nineteenth and early twentieth centuries were from working-class backgrounds. Louise Hide, *Gender and Class in English Asylums, 1890-1914* (Basingstoke and New York, Palgrave Macmillan, 2014).
56. TNA, GNC Coll., DT6/45, 11 May 1928.
57. Bendall and Raybould, *A History*, 114.
58. TNA, GNC Coll., DT6/45, 9 January 1934.
59. Nightingale, *Subsidiary Notes*, 17.

Challenges for the Municipal Regulation of Midwifery: A Halifax Case Study

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Not for the first time, the 1928 Annual Report of the Halifax Medical Officer of Health (MOH) drew attention to the problem of maternal mortality as a local and national emergency. George Roe, the newly appointed MOH, noted that in the 1920s approximately 700,000 women gave birth each year, and 3,000 of them died as a result.¹ The consequences for individuals and families were catastrophic but the costs to the community and the nation were also significant. For this reason, maternity and child welfare (MCW) services were treated as an important national project in the decades before the creation of the National Health Service.

From the beginning of the twentieth century, local authorities took increasing responsibility for the regulation and provision of maternity services. This work was framed by major pieces of legislation,² and regulations emanating from both central government and national organisations concerned with the professional practice of midwives, nurses, and doctors.³ There were many important milestones, including the anniversaries we celebrate in this special issue, but rather than one decisive breakthrough in the search for better maternity care there was a journey that was punctuated by useful reforms and frustrating setbacks. Halifax offers an interesting case study because the town became notorious for its high interwar maternal mortality rates but also had a long history of constructive attempts to solve the problem.

Edwardian concerns

The 1902 Midwives Act can be viewed as either a continuation of Victorian reform efforts, or the first of the Edwardian welfare initiatives that are associated with concern about the fitness of recruits for the Boer War.⁴ These tended to prioritise babies and children as the future of the nation and the race. This led Deborah Dwork to argue that, 'war is good for babies and other young children'.⁵ Lara Marks makes the important point that it was concern about infant deaths that drove Edwardian attempts to improve midwifery. The health and survival of pregnant women and new mothers only registered as a major policy debate in the 1920s and 1930s.⁶ Thus while the 1902 Midwives Act is acknowledged as an important milestone in the professionalisation of midwifery, the development of maternity services owed more to the Maternity and Child Welfare Act (1918) and the Midwives Act (1936).⁷ Historians have therefore tended to concentrate on interwar developments rather than the impact of the original 1902 legislation.⁸ Studies that do exist tend to focus on the campaign for the 1902 Act rather than its implementation.⁹ Where results are considered, there tends to be an emphasis on controversies and missed opportunities.¹⁰ Enid Fox argues that since the Act aimed to protect the public rather than midwives this created as many problems for the profession as it solved.¹¹ The new and expanding role for local authorities as regulators and, at a slightly later date, providers of maternity services arguably had a similar effect. Dingwall, Rafferty and

Webster provide a useful national overview,¹² but few detailed case studies that encompass the whole period 1902-1948 are available.¹³

In common with the situation in many other local authority areas, the Halifax MOH appeared to have limited information about the local practice of midwifery before the 1902 Act. The legislation stimulated interest and activity. Positively there were attempts to engage midwives with a variety of municipal health projects but, as in other places, there was also an emphasis on imposing controls.¹⁴ A new series of Halifax MOH reports that began in 1906 made repeated references to the need for better midwifery to reduce infant deaths. However, this rather simplistic message concealed as many problems as it revealed.

Dr James Neech (Halifax MOH 1901-1921) wanted to reach out to mothers and midwives. He started a series of lectures for both groups and encouraged local midwives to distribute his new pamphlet titled 'Hints on how to bring up a baby'. In 1906 he approvingly recorded 'the great fall that has taken place in the death rate of infants under one year of age',¹⁵ but despite implicitly crediting his department for this achievement it was not clear what they had done or thought they had done at that stage.

Neech pressed for the appointment of new, female, officers who would assist with his very modest programmes of lectures and begin the task of properly supervising midwives.¹⁶ This role could be performed by Medical Officers of Health (MOHs) but many, like Neech, were overstretched by other duties. There was also concern that MOHs were primarily administrative staff, remote from the practice of midwifery and developments in obstetric medicine.¹⁷ Neech appreciated his limitations in this regard. He arranged for Dr Shaw, a recognised teacher of midwifery, to deliver a series of lectures to Halifax midwives and attendance was reported to be good.¹⁸

For several years efforts to improve midwifery in Halifax were limited to occasional lectures and a frequent appeal for the appointment of health visitors. An urgent need to perform visits seems to have suppressed any concerns about how health visitors might be received by mothers or midwives; although hostility and resentment were reportedly significant issues in other towns.¹⁹ In Halifax, the MOH conducted some cursory inspections of midwives but the results were disappointing. In 1906 there were thirty registered and five unregistered midwives known to be practising in the area. The MOH made twenty-two visits to midwives at their homes during the year but on nine occasions the midwife was out and therefore uninspected. Only four of the other thirteen inspections found well-kept case books, and Neech noted with concern that 'not one of those visited can be said to thoroughly observe or efficiently carry out the regulations [set out by the Central Midwives Board]'. Most alarmingly, few of the midwives 'understood the use of disinfectants' or had provided themselves with 'the instruments required'.²⁰ The next year MOH visits to midwives (then thirty-one registered and three

unregistered practitioners) were even more desultory with just eleven carried out. Neech admitted that this was totally inadequate but blamed the demands of his other work and a lack of alternative staff.

The appointment of the first Halifax health visitor was associated with a further reduction in the infant mortality rate for 1907 although her work actually commenced after the reporting period. However, she was quickly deployed on a programme of home visits to parents and midwives. The 1907 report, compiled in 1908, includes for the first time a list of names and addresses of Halifax midwives and some details about them. In 1907, one midwife had died, one had left the area, and a new midwife had registered. Thus started an increasingly close, although not unproblematic, relationship between the Halifax health department and the local midwives.

The first Halifax health visitor, Miss Watson Wayne, was employed from February to August 1908. She resigned to take a better paid position although there are indications that she was unhappy about other aspects of her job. Her successor, Miss Alice Thompson was professionally qualified, holding the certificate of the Royal Sanitary Institute, but was also a local woman and a leading figure in the voluntary sector Halifax Public Health Union that was organised by the Citizen's Guild of Help to support the work of the Corporation's Health Department.²¹ Miss Thompson used the power of her office to regulate the midwives, but also mobilised statutory and voluntary sector resources to support the work of the midwives. She argued that 'if we are to get the best work out of the midwives, we must let them feel we are interested in their work'.²² A meeting of midwives was hosted at a private house to hear Dr Dora Mann give a lecture on 'surgical cleanliness in midwifery'. The midwives were encouraged to ask questions and subscribe to 'a monthly paper called the Midwives Record' with the aim of being 'kept up to date' with the latest developments and regulations. These meetings continued 'for social and instructive purposes' and were reported to be 'highly appreciated by the midwives'.²³ A few years later a Midwives' Guild had formed and offered a monthly programme of lectures.

The regulations emanating from the Central Midwives Board (CMB) were onerous for local authorities as well as midwives. A total of 139 visits were paid to midwives in 1908. This figure rose to 191 in 1909, but then fell steadily as the number of midwives declined. The drive to get all the Halifax midwives to equip themselves with appropriate clothing, equipment, and casebooks initially provoked resistance and the MOH was authorised by the Health Committee to send a 'strong letter' to one particularly uncooperative midwife. However, Neech also went out of his way to acknowledge the considerable efforts made by local midwives and never lost sight of the fact that regulations were not there for their own sake but to improve outcomes for mothers and babies. In 1908 Neech reported that 'Several mothers have stated that they have never been so well looked after as they are at the present time, and that the Midwives themselves are more careful in every particular'.²⁴

Regular contacts between health visitor and midwives, and health visitors (paid and volunteer workers) and mothers were thought to be driving up standards of midwifery as well as mothercraft. Miss Thompson's 1909 report noted that 'The supervision of midwives is having a beneficial effect, many mothers testifying to the more regular attendance and better

attention in every particular. I constantly meet them [the midwives] out, and as a rule find them very clean.' The following year she recorded 'I cannot report that all [the midwives] are using the clinical thermometer, but many of them are doing so, and seem wishful to do what is required of them.'²⁵ Fox notes ubiquitous contemporary and historical references to problems with using thermometers,²⁶ but scholars disagree about the opportunities that existed for training and the willingness or ability of older midwives to adopt new techniques and/or change their practice in other ways.²⁷ In Halifax, efforts to upskill the midwives achieved some success, and some mothers continued to favour traditional practitioners who were not only cheaper but offered additional services (such as housework) that they required.

In Halifax, as in other places, the implementation of the 1902 Midwives Act had a significant impact on practitioners as well as practice. There was a clear trend for the number of practising midwives to decline. Miss Thomson used her 1909 report to explain that the 'old ones are gradually dropping out, two having died, and two ceased to practice'.²⁸ The problem was what to do about replacements. In 1909, two new midwives started to practice in Halifax. They were notable for being the first to have qualified by examination rather than through long practice. However, lists of names and addresses as well as accompanying commentary give the impression that the qualified staff tended not to stay long.²⁹ It is not clear if they were struggling to make a decent living or moving on for personal reasons.³⁰

The older generation of Halifax midwives (numbering just twenty-six in 1909) were certainly deeply rooted in the communities in which they lived and worked. This had value for the midwife and her clients, with some continuing to deliver the babies of relatives and friends long after they were meant to have ceased practice. This issue was treated with sensitivity by Miss Thompson although she had long deplored the failure of at least two illiterate Halifax midwives to keep even basic case notes. An increasingly serious problem was a lack of midwives. Numbers fell from twenty-five in 1910 to twenty in 1913. By 1917 just thirteen midwives were registered in Halifax and the MOH highlighted potential shortages.³¹ The older midwives, such as Emma Ogden who lived on Burnley Road and appeared on the list of practitioners every year 1916-20, were dying out. The new Clare Road Maternity (later Nursing) Home run by the District Nursing Association (DNA) attracted qualified staff but the majority seem to have stayed for less than a year.³² This was problematic as the number and proportion of Halifax births attended by doctors declined during and immediately after the First World War.³³

Between 1914 and 1919, Halifax Corporation expanded its team of municipal health visitors (women increasing triple qualified as nurses, midwives, and health visitors) and appointed a woman medical officer to supervise midwives and oversee the work of the health visitors.³⁴ These developments were presented as local initiatives but were clearly prompted by national developments culminating in the Maternity and Child Welfare Act (1918). Dr Alice Latchmore had previously had a voluntary position attached to the Halifax Maternity and Child Welfare Centre, established in 1915. This was formally inspected by Dr Jane Claypon on behalf of the Local Government Board. The project was clearly designed to bring local services into conformity with national guidelines, but nonetheless it soon proved popular with Halifax mothers. In the

period 8 November 1915 to the end of 1916, 229 mothers made a total of 894 clinic visits.³⁵ The following year, 403 mothers made 1,954 visits for baby-weighing as well as consultations with the doctor and health visitors.

These positive figures contrasted with grim demographic data. Neech had long been concerned about the low Halifax birth-rate and this fell to a then record low of 12.5 per 1000 living in 1918. At the same time the overall death rate amongst people of all ages rose. The infant mortality rate (IMR) of 122 per 1000 live births was particularly disappointing. Throughout the interwar period the MOH carefully distinguished between deaths in the first month of life and deaths of infants aged between one and twelve months. Midwives were only responsible for care in the neo-natal period but the MOH chose not to highlight this issue. Instead of concentrating on specific cases and any failings by individual practitioners, Neech reiterated his Edwardian claim that better midwifery made for healthier citizens less vulnerable to serious or fatal diseases throughout infancy and childhood.

In 1909 Neech had celebrated an IMR of just ninety-nine by recording that it was the 'lowest ever' in the town and 'very satisfactory compared with other manufacturing centres'.³⁶ Abbreviated wartime reports had perhaps concealed the extent of developing problems and gave little opportunity to describe what staff were doing in response. A more discursive approach was possible in 1919 and the appointment of Dr Latchmore as Assistant Medical Officer in 1920 and the retirement of Dr Neech and Miss Thompson in 1921 saw changing approaches to the whole question of maternity care.

Neech had become increasingly pessimistic. He used his final MOH report to highlight stalled progress on reducing the IMR. In Halifax, the average IMR for the three years ending 1900 was 154. In 1920 the figure was 105; but this was no better than the numbers achieved in 1906-7 when municipal activity was limited to a few lectures and pamphlets. Neech bemoaned the fact that since then, 'the death rate [IMR] has varied considerably from year to year, but there has been no improvement in the average' despite significant resources being committed to the problem. He went on to argue that:

... in my opinion Maternity and Child Welfare work as at present constituted has its limits in reducing infant mortality, and while much is expected from the ante-natal clinics in existence and now being established ... I doubt very much if they will have the far reaching beneficial results anticipated by many ... [because] there are causes of infant mortality which at present are untouched, and others about which we have little or no definite knowledge ... Unless causes are dealt with and removed, remedial effort has very little beneficial and lasting effect.³⁷

A more comprehensive service?

Halifax had enjoyed a good reputation in Edwardian public health circles but had fallen down the league tables to the point where it was singled out as an area of special concern by the interwar Ministry of Health. There was no lack of investment; Halifax was consistently identified as a high-spending local authority across a range of health projects including MCW provision.³⁸ Central government inspectors were therefore keen to understand how the money was spent

and the standard of services achieved. Halifax was used as a case study in a number of national inquiries, especially into maternal mortality, and its public health services were comprehensively surveyed following the 1929 Local Government Act.³⁹ These visiting experts found much that was praiseworthy and tended to encourage yet more expenditure so that excellent local programmes could develop further.

The results of all this endeavour were, however, disappointing. The lack of progress on the IMR had registered as a serious concern from 1918 and a new, national, focus on maternal deaths highlighted major problems in Halifax. Cyril Banks, Halifax MOH 1921-28, used his 1922 report to confirm that the IMR was again above the national average and 'as regards deaths of mothers in childbirth its [the town's] record during these years is a sad one'. He conducted an in-depth study of infant and maternal deaths in Halifax and drew a strong link between the two as the high IMR was largely explained by deaths in the first month (often days or even hours) of life.⁴⁰ This point was strongly reiterated in the MOH report for 1923. That year the IMR was ninety in Halifax, compared to 110 in 1922; but the figure for England and Wales as a whole was just sixty-nine (seventy-seven in 1922). Banks argued that 'The fact that the infantile mortality in Halifax is so much higher than the average for the country should stimulate us to still greater efforts in our infant welfare work.'⁴¹

While Banks was careful not to criticise his predecessor, he was clearly concerned about the orientation of Halifax MCW services. He thought too much attention had been given to the treatment of sick children and the provision of food and other welfare assistance to poor families. Banks argued these important tasks were best left to other statutory and voluntary agencies. In future the health department should concentrate on preventing ill-health. This called for a major expansion of ante- and post-natal care, which required the cooperation of local hospitals, general practitioners, and midwives, as well as patients. Dr Latchmore expressed the hope that the 'usefulness' of her new ante-natal clinic 'will increase as the mothers become familiar with its purpose'.⁴²

There were, however, unexpected difficulties. A visiting Ministry of Health inspector commented on the lack of co-operation Dr Latchmore received from medical men across Halifax.⁴³ There was a particular problem about making referrals as some general practitioners and hospital doctors simply refused to communicate with her. Poor personal relationships (in which sexism and ageism seem to have played a large part) were compounded by professional differences and a lack of funds to cover the expense of additional work being generated by the MCW Centre. These issues were further complicated by a lack of qualified obstetric specialists in the area. Even the prestigious Royal Halifax Infirmary had an obstetric department led by a doctor who had previously concentrated on orthopaedic cases.⁴⁴

These issues dominated discussion of maternity care in Halifax in the early 1930s but the limitations of local institutions had been a theme in Dr Latchmore's reports since 1920.⁴⁵ The closure of the in-patient maternity ward at the Clare Road facility in 1920 meant too many women were forced to have their babies at home. This was dangerous because the housing was often substandard and a lack of sanitary facilities coupled with wider urban and industrial conditions increased the perceived risk of sepsis.⁴⁶ Poor women in Halifax were dying in excessive numbers but detailed inquiries into

maternal mortality throughout the 1920s and 1930s suggested that sepsis was less of a problem than first thought. The MOH suspected local doctors were missing some cases and the early 1920s were marked by some confusion about diagnosing puerperal fever and puerperal sepsis.⁴⁷ However, it was deaths from causes other than sepsis that made the Halifax MMR so problematic.⁴⁸ Various theories (including a local pattern of older primigravida, pregnancies resulting in multiple births, difficult instrumental deliveries, a high local incidence of heart disease, complications from illegal abortions, and a lack of resources to deal with post-partum haemorrhages) were put forward although no definite conclusions were reached.⁴⁹ Writing in 1935, George Roe (MOH) suggested 'Halifax has had a high MMR for over forty years, therefore the causative factors are not recent ones. As regards to our efforts to reduce the rate I wish again to stress the importance of adequate ante-natal supervision.'⁵⁰

Bringing women into contact with ante-natal services, and then making arrangements for pregnancy complications to be dealt with in hospitals, was the main aim of the 1920s reforms in Halifax and across the UK. Some ante-natal clinics were run at the Halifax MCW Centres although most activities concentrated on monitoring the health of infants once they were born. However, the Clare Road midwives offered an ante-natal programme to mothers who booked with them and the Royal Halifax Infirmary also required pregnant women who booked with them to attend at regular intervals. A Halifax Corporation grant extended this care to other expectant mothers.

The voluntary hospital offered quality maternity care, but its fees and rules about a long lying-in-period tended to exclude poor women (although some made extraordinary efforts to have their first child there). The St Luke's Hospital run by the Halifax Board of Guardians also offered excellent care but the institution was shunned by respectable married women who found the presence of unmarried mothers unacceptable. The development of a separate maternity home for fee-paying patients in the grounds in the early 1920s reduced stigma but did not solve the problem of affordability. The early appropriation of St Luke's as Halifax Municipal Hospital following the Local Government Act (1929) overcame these difficulties but its very popularity put a strain on the maternity wards and staff turnover was high.

In Halifax, giving birth in institutions became increasingly popular and this impacted on the supply of and demand for midwives throughout the interwar period. In 1924 Dr Alice Latchmore noted that, in a marked reversal of earlier trends, there were now thirty-four registered midwives in Halifax and twenty-nine of these had qualified by examination (most also being registered nurses). The situation was, however, not as good as it first appeared as the midwives on the staff of the urban institutions did not necessarily practice midwifery. The number of domiciliary midwives was declining and rural areas increasingly relied on the council subsidising the DNA to provide trained staff. According to Latchmore:

Halifax Borough would appear to be fortunate in having such a large number of trained and certificated nurses in practice, but nine [of the thirty-four] ... are on the staff of St Luke's hospital and maternity home, only a proportion of whom are regularly practising midwifery (in

the institution), and four are on the staff of the District Nursing Association who are only called upon for midwifery work in times of pressure.⁵¹

There were just sixteen midwives doing domiciliary work. This number was augmented by a number of 'maternity nurses' whose practice remained unregulated. Dr Latchmore disapproved of these arrangements and was concerned that their work provided cover for untrained handy women to deliver infants, often in connivance with local doctors as well as mothers.⁵² She was keen for the CMB to tighten up their regulations on this point and, with the support of Dr Banks, pursued a number of disciplinary cases against both trained and bona fide midwives in the early 1920s.

As the representative of the Local Supervising Authority, relations between Latchmore and the DNA (and indeed staff based in the institutions) tended to be correct rather than close. It was Miss Elsie Oram, senior health visitor since 1921, whose personal contacts with the DNA aided co-operation and co-ordination. This good working relationship seems to have been the exception rather than the rule,⁵³ but Oram was an exceptional officer who impressed Ministry of Health inspectors with her tact and detailed knowledge of topics ranging from the politics of the council to local abortion practices. She was a key informant for inquiries into the operation of Halifax MCW Services and it was her testimony that helped convince experts that local services were not only efficient but carefully tailored to local need. The Halifax Public Health Survey exercise concluded in December 1932 and captured the state of local services before the changes required by the Midwives Act (1936). These were reported to be good, and although incremental improvements were envisaged no radical overall was demanded by the Ministry of Health.⁵⁴ However, this assessment sat uneasily alongside local and national concern about persistently high death rates.

In 1923 Dr Banks mentioned a visit by Dame Janet Campbell who was researching maternal mortality. He noted that the Halifax statistics quoted in her report for the Ministry of Health made 'unpleasant reading'.⁵⁵ This was only part of the story. Banks went on to explain that 'the deaths among new-born infants [are] much the same as thirty years ago, while there were again ten deaths of mothers in, or in consequence of, childbirth'. The appalling death toll continued even as investment in new services (not just those provided directly by the council) accelerated. The MOH report for 1926 recorded that 111 of the 1,400 babies born in Halifax died before their first birthday. There were also eighty-three still-births. In 1926 one new mother died of sepsis and seven from other causes. This gave a disappointing MMR of 5.7, but that jumped to 7.4 in 1927; a year when 120 infants died. The MOH explained that serious epidemics of measles and influenza had increased deaths amongst babies aged over one month but under a year.⁵⁶ He confirmed that deaths from digestive disorders, believed to be preventable, remained very low. It was believed that public health activities were making genuine progress. However, just a year later, when the MMR spiked at 10.2, the new Halifax MOH noted with alarm and sadness that:

The maternal mortality in Halifax is excessive despite the provision of good facilities for ante-natal examination and institutional treatment of pregnant women. The cooperation between

doctors and midwives in the town is good, and indeed everything possible was being done to reduce the maternal mortality rate to a much lower figure.⁵⁷

Conclusion

Expert commentators as well as local actors acknowledged that there had been sustained efforts to improve maternity care in Halifax. Many of the initiatives described in this paper concentrated on local midwives, but they were just one aspect of a much broader reform programme. Successive medical officers of health linked problems with infant and maternal health to wider concerns about living and working conditions. There were for example sustained efforts, through the provision of goods as well as advice, to improve nutrition for mothers and infant feeding. Controlling deaths from diarrhoea was the main task, and reported achievement, of the pioneer health visitors. As deaths amongst older infants declined, more attention was paid to the problems of still-birth and neo-natal deaths. Here the practice of midwives was scrutinised, although responsibility for managing deliveries as well as ante- and post-natal care was shared with an increasing number of health professionals.

In Halifax as in other places general practitioners and hospital doctors had a significant role in maternity care, although for a variety of reasons MOHs chose not to be vocal critics of medical men. Midwives were an easier target but while the MOHs were keen to talk about the scope for better midwifery they seemed to find limited value in harassing midwives. It is noteworthy that even discussions about serious failings and fatalities were not linked to named midwives. The MOHs understood that poor midwifery practice was just one amongst a number of factors that could lead to the deaths of mothers and babies. Such thinking encouraged a multi-faceted reform effort that aimed to adapt national guidelines to local circumstances.

This article draws on local sources to explore the evolution of services c.1905-35. The professionalisation of nursing and midwifery emerges as a crucial part of this story. When Halifax services were subject to national scrutiny at the end of the study period, investigators found much that was praiseworthy. This helped shift concerns away from local issues to the problems of poverty and the need for ever more comprehensive health services.

Notes

1. Halifax Local Studies Centre, 614 Hal, County Borough of Halifax, Reports of the Medical Officer of Health (MOHR), 1928 MOHR, 60.
2. Midwives Act (1902); Notification of Births Act (1907); Midwives Act (1918); Maternity and Child Welfare Act (1918); Midwives Act (1926); Local Government Act (1929); Midwives Act (1936).
3. Regulations shaping the pre-1948 practice of midwifery are outlined and contextualised in Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988), 158-72; and Alison Nuttall, 'Midwifery, 1800-1920: The Journey to Registration', in *Nursing and Midwifery in Britain Since 1700*,

eds, Anne Borsay and Billie Hunter (Basingstoke, Palgrave Macmillan, 2012), 128-50.

4. Dingwall, Rafferty and Webster, *An Introduction to the Social History of Nursing*, 157-8.
5. Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England 1898-1918* (London, Tavistock, 1987).
6. Lara V. Marks, *Metropolitan Maternity: Maternal and Infant Welfare Services in Early Twentieth Century London* (Amsterdam, Rodopi, 1996), 88; Irvine Loudon, 'Maternal Mortality: 1880-1950. Some Regional and International Comparisons', *Social History of Medicine*, 1 (1988), 183-228.
7. The historiography is reviewed in Pamela Dale and Kate Fisher, 'Implementing the 1902 Midwives Act: Assessing Problems, Developing Services and Creating a New Role for a Variety of Female Practitioners', *Women's History Review*, 18 (2009), 427-52.
8. Bernard Harris, *The Origins of the British Welfare State: Social Welfare in England and Wales, 1800-1945* (Basingstoke, Palgrave Macmillan, 2006), 234-42.
9. Jean Donnison, *Midwives and Medical Men: A History of Inter-professional Rivalries and Women's Rights* (London, Heinemann, 1977).
10. Joan Mottram, 'State Control in Local Context: Public Health and Midwife Regulation in Manchester 1900-1914', in *Midwives, Society and Childbirth: Debates and Controversies in the Modern Period*, eds, Hilary Marland and Anne Marie Rafferty, (London, Routledge, 1997); Tania McIntosh, 'Profession, Skill or Domestic Duty? Midwifery in Sheffield, 1881-1936', *Social History of Medicine*, 11 (1998), 403-20.
11. E. Fox, 'An Honourable Calling or a Despised Occupation: Licensed Midwifery and its Relationship to District Nursing in England and Wales before 1948', *Social History of Medicine*, 6 (1993), 237-59.
12. Dingwall, Rafferty and Webster, *An Introduction to the Social History of Nursing*, 156-69.
13. Dale and Fisher's article concentrates on Bradford and cites some of the major studies of London, Birmingham, Manchester, Sheffield and Leicester but most take a short timeframe and deal with midwifery services within a wider survey of provision. Dale and Fisher, 'Implementing the 1902 Midwives Act'.
14. *Ibid.*; Marks, *Metropolitan Maternity*, 87 and 197-8.
15. 1906 MOHR, introduction.
16. Women public health officers could be employed as either sanitary inspectors or health visitors and there was debate in Halifax about how to proceed. Both groups could, in theory, supervise midwives but there were practical difficulties and other objections to this work. In Halifax, and other places, this was eventually a role for a woman medical officer. Dale and Fisher, 'Implementing the 1902 Midwives Act', 431; Donnison, *Midwives and Medical Men*, 182-3.
17. Donnison, *Midwives and Medical Men*, 182-3.
18. 1906, MOHR, 81.
19. Dale and Fisher, 'Implementing the 1902 Midwives Act', 431. For a more detailed literature review concentrating on how mothers perceived and responded to health visitors see Pamela Dale, 'The Bridgwater Infant Welfare Centre, 1922-1939: From an Authoritarian Concern with "Welfare Mothers" to a More Inclusive Community Health Project?', *Family and Community History*, 11 (2008), 69-83, 70.
20. 1906, MOHR, 79-81.

21. Keith Laybourn, 'The New Philanthropy of the Edwardian Age: The Guild of Help and the Halifax Citizens' Guild, 1905-1918', *Transactions of the Halifax Antiquarian Society*, 23 (2015), 73-94.
22. 1909, MOHR, 100.
23. 1910, MOHR, 97.
24. 1908, MOHR, 115.
25. 1910, MOHR, 99.
26. E. Fox, 'Powers of Life and Death; Aspects of Maternal Welfare in England and Wales between the Wars', *Medical History*, 35 (1991), 328-52, 339.
27. Dingwall, Rafferty and Webster, *An Introduction*, 159-65; Nuttall, 'Midwifery, 1800-1920', 139-43; Billie Hunter, 'Midwifery, 1920-2000: The Reshaping of a Profession', in *Nursing and Midwifery in Britain*, eds, Anne Borsay and Billie Hunter, 151-74, 151-6; Dale and Fisher, 'Implementing the 1902 Midwives Act', 435.
28. 1909 MOHR, 100.
29. In 1910 there were twenty-five registered midwives in Halifax, just one qualified by examination. In 1911, two of twenty-seven midwives had formal qualifications, in 1912, there were two of twenty five and 1913, two of twenty.
30. 1920, MOHR, 37-8.
31. 1917, MOHR, 14.
32. From 1918 all the maternity home staff (then six) used the same register but after a brief period when in-patient maternity care was offered, the Clare Road facility was mainly used as a base for the midwives and space for ante-natal classes.
33. In 1913 'medical men' attended 954 (57%) births in Halifax and midwives 726. The 1913 data only covered the 1680 notified births (a total of 1,871 were registered) and did not differentiate between institutional births and home births attended by general practitioners. In 1918 doctors attended 588 (48%) of the notified births and midwives 615.
34. For interesting discussion about the expansion of health visiting and its relationship to the Royal College of Nursing and the alternative traditions of district nursing see Helen Sweet with Rona Dougall, *Community Nursing and Primary Healthcare in Twentieth-Century Britain* (London, Routledge, 2008), 36-40.
35. 1916, MOHR, 15.
36. 1909, MOHR, 23.
37. 1920 MOHR, 11-12.
38. Alys Levene, Martin Powell, John Stewart and Becky Taylor, *Cradle to Grave: Municipal Medicine in Interwar England and Wales* (Oxford, Peter Lang, 2011), 61 and 83.
39. National Archives, MH 66/1071, Halifax County Borough Survey Report by Dr D. J. Williamson, hereafter HCBSR.
40. 1922, MOHR, 6-11.
41. 1923, MOHR, 6.
42. 1920, MOHR, 38.
43. HCBSR, paras 49-50, 285, 287, 367-71, 377 and 379.
44. HCBSR, para. 275.
45. Dr Latchmore's reports were printed as part of the annual MOH report.
46. For wider discussion of these points and the major contribution offered by Irvine Loudon see Dale and Fisher, 'Implementing the 1902 Midwives Act', 430.
47. 1923, MOHR, 11.
48. A detailed breakdown of figures appears in Pamela Dale and Kate Fisher, 'Contrasting Municipal Responses to the

- Provision of Birth Control Services in Halifax and Exeter before 1948', *Social History of Medicine*, 23 (2010), 567-85, table 2, 574.
49. Dale and Fisher, 'Contrasting Municipal Responses', 573.
 50. 1935, MOHR, 6.
 51. 1924, MOHR, 20.
 52. An unusually full discussion of these issues appears in 1923, MOHR, 20-1.
 53. Sweet with Dougall, *Community Nursing*, 41-2.
 54. HCBSR and related communications from the Ministry of Health.
 55. 1923, MOHR, 6.
 56. Health visitors rather than midwives were responsible for the care of these older infants.
 57. 1928, MOHR, 60.

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'Death beautiful as sleep, death as ghastly as could be': Molly Murphy in Spain and London

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Molly Murphy (nee Morris), 1890–1964, could be remembered as a socialist or a suffragette in her own right, or as the wife of Jack Murphy a prominent trade unionist, writer and founding member of the Communist Party of Great Britain (CPGB). However, she titled her unpublished autobiography *'Nurse Molly'* and it is clear that, notwithstanding the political life she chose for herself and lived through marriage to Jack, nursing was central to her identity.

The centenary of the First World War has triggered a wealth of research drawing on first person accounts in memoirs and diaries, during this war and subsequent conflicts, including the Spanish Civil War and World War Two¹. With regard to nursing history, *'Nurse Molly'* is significant for its breadth; five distinct nursing experiences over four decades and the juxtaposition of this with her political activism, a feature not often associated with the image of nursing practice. Thus, examination of her life offers the potential for interesting insights into the experience of a woman who is both nurse and socialist in the first half of the twentieth century.

This article will present early research into her biography, foregrounding the two final nursing episodes in her career as a volunteer in the Spanish Civil War and a night sister in the civil defence service in London during World War Two. It will explore the experiences, motivations and conflicts of one nurse responding to the rise of fascism in Europe. The original transcript of *'Nurse Molly'* and an edited, published, version of this are the starting point for enquiry. *'Nurse Molly'* was written in collaboration with her husband and is edited further by Ralph Darlington who highlights her socialist and suffragette identity. Consequently, her voice is mediated through their involvement making her correspondence from Spain significant in revealing her views unfiltered by others.²

Biography

Ethel 'Molly' Morris was born in Leyland, Lancashire on 8 March 1890. In her teenage years and early twenties she was an activist, a member of the Women's Socialist and Political Union (WSPU) and a suffragette, in Manchester and Sheffield. She chalked pavements, heckled at meetings and fired letterboxes, but her youthful and respectable appearance prevented arrest. She met Jack Murphy, an engineer and trade unionist, at this time but refused his offers of marriage in preference for her independence and career. Molly had been drawn to nursing since childhood, but family and influential friends advised her against their perceptions of 'a life of drudgery without compensations of any kind'.³

Then, in 1915, at twenty-five years old and in defiance of such opinion she commenced nurse training. Molly does not present this as a romantic or patriotic response to nursing in wartime, rather it reads as a coming of age moment when she takes command of her life. She was accepted as a probationer nurse at the Knightwick tuberculosis sanatorium

in Worcestershire, then undertook general nurse training and subsequently worked as a staff nurse, at the West London Hospital. In December 1920 Jack, who had travelled illegally to the Soviet Union to experience the revolution first-hand, returned, proposed again and this time was accepted. They married on 18 January 1921; this of itself would have required her to resign from nursing, had they not planned to leave soon afterwards for Moscow. At the personal request of Dr Semashko, the Bolshevik minister of health, Molly sourced and delivered medical supplies and textbooks to him.

This journey was the start of several years spent living mainly in London but also in Moscow. For Molly they were dominated by marriage, motherhood, Jack's senior role in the CPGB, hostile police surveillance in London and Jack's imprisonment in 1925.⁴ Then, in 1932, disagreement on policy led to Jack's resignation and expulsion from the CPGB. This left Jack struggling for work. Returning from a fruitless day searching he recalled: 'I found a note on the table. It said "gone to work. See you in the morning. Love. Molly"'. Without saying a word to me of her intentions she had become a nurse again and the main support of our home'.⁵ Rather than working for a hospital or nursing co-operative, Molly negotiated an independent role as a night nurse in the private nursing homes catering for wealthier London residents. Although this appears at odds with her socialism, the decision was probably pragmatic: In line with other professions such as teaching married nurses were generally refused employment. The London County Council Marriage bar was not removed until 1935 and most hospitals continued to exclude married women until well after World War Two.⁶ However, there were staff shortages in the 1930s, with demand for qualified nurses outstripping supply long before the surge of pre-war patriotic recruitment had started. Private nursing homes could operate to their own rules to recruit skilled staff who were excluded elsewhere; Molly was mature, experienced and with her child away at boarding school she could reliably commit to regular shifts. Thus, this arrangement may have been one of few options available to her whilst it is also likely to have afforded her greater autonomy in her nursing practice and flexibility in terms of hours worked. As a married nurse needing to combine paid work with family life, such control must have been greatly valued.

Thus, in 1936 Molly and Jack were settled into a comfortable domestic existence. The turbulent post World War One and CPGB years were behind them. They became activists in other socialist and labour movements and Jack's episodic work as a writer was complimented by Molly's income as a nurse. Their only child Gordon, now fourteen, was doing well at Bedales boarding school.

However, Europe was not in a settled state. The rise of fascism and communism after World War One left national states conflicted over the means to maintain peace and economic stability. The failed fascist military coup in Spain

in July 1936, which attempted to overthrow the elected Republican government, descended into civil war. Fatefully a 'non-intervention' agreement maintained by the British and French government but flouted by Italy and Germany led to an unequal and bitter struggle. Labour, working class and socialist movements from around the world responded to a call for help and in London the Spanish Medical Aid Committee (SMAC) was formed to raise funds for and manage a British medical response.⁷ Molly recalled:

When Republican Spain had to fight for its life and there was a great appeal made by the Spanish Medical Aid Committee for nurses to serve in the battlefields of Spain, it reverberated through our home and rang a bell in my heart. I suddenly felt it to be nauseating to continue this kind of nursing when splendid young men were dying on the international battlefield of Spain because there were so few nurses and doctors to help them to keep alive. I volunteered to serve.⁸

Molly was not an obvious candidate. Her only experience with war wounded was as a student nurse nearly twenty years before and at forty-six she was older by some years than most volunteers. However, many of the founding members of the SMAC knew of or were personal friends of the Murphys, which may well have played a part in her acceptance. For example, George Lansbury, the labour politician and journalist was someone she knew from her suffragette days prior to the First World War. Her posting should have commenced in October 1936; however, it was postponed whilst the British Medical Unit renegotiated and relocated its position and role, from its original independent hospital at Grañén north west of Barcelona to incorporation into the XIV International Brigade medical unit with its headquarters near the Madrid front at Albacete.

Then, on Friday 1 January 1937, she received a telegram requesting 'If still available please call here 3 pm Saturday'.⁹ Within days she was travelling via France to Spain and her first posting at Torrelodones, behind the fighting front near Madrid. Assigned to a mobile hospital, which followed closely behind the fighting front, this was to be the first of nine postings over the seven months she stayed. Working in hastily converted buildings, including villas, a monastery and a skiing resort, Molly assisted in the setting up of and management of wards for casualties arriving straight from the battlefield on the Jarama, Segovia and Brunete fronts.¹⁰ Molly requested a period of leave and returned to England in late July. A number of circumstances, not least of which was mental and physical exhaustion, led to her release from service on 13 August 1937.

The next two years saw bitter defeat in Spain and increased risk of war in Europe. British preparation for the invasion that was anticipated if peace talks failed was slow, with disagreements in government about how it should be financed and mixed beliefs over the merits of appeasement versus war. Nevertheless, a Civil Defence Emergency Scheme (CDES) did emerge, communicated through numerous Ministry of Health circulars.¹¹ A matrix of hospitals of different designations, first aid stations and Mobile Medical Units (MMUs) was devised in order to treat and dispatch casualties as efficiently as possible.

A Central Emergency Committee for the Nursing Profession was also formed and their work with the CDES, as well as details of how to register for war work, was published

widely in the nursing press.¹² Thus, Molly is likely to have seen these announcements and to have registered her availability any time from early 1939.

In contrast to the situation when she volunteered for Spain, Molly was now be a highly desirable candidate. Experienced and tested in urban warfare, but crucially not employed within the health system at the time, she was available immediately with no loss to a service elsewhere. She was accepted as the night sister for an MMU based at Highgate Hospital, in the St. Pancras Borough Council Civil Defence Authority, less than a mile from her home. She remained in the role through the first three years of the war. A disagreement over working practices and exhaustion came together in 1942 when she resigned. She remained resident in London for the remainder of the war but never returned to nursing. In the early 1960s Jack and Molly collaborated in the production of her memoir, which remained unpublished until Darlington's edited version in 1998.¹³

Molly's decision to volunteer for Spain was life changing: This act, and the effect it had on her subsequent nursing career, offers insights into humanitarian nursing in contrasting urban contexts. This article highlights the journey and consequent relationship with home, the nursing experience, motivational and personal challenge.

The journey

The journey to Spain, for others as well as Molly, reads as an epic rite of passage. For men going to fight travel was criminalised so many left in secret, traveling as 'day trippers' to Paris but continuing their journey south and across the Pyrenees.¹⁴ The first volunteers with the British Medical Unit left for Spain on 23 August 1936. As they walked from the New Oxford Street offices to Victoria station, a crowd of more than 10,000 cheered them. Others drove overland through France in donated ambulances and lorries or even their own cars filled with supplies.¹⁵

Molly travelled by train and ferry accompanied by two other nurses. She was listed by the British Security Service as '*leaving Newhaven for Dieppe, en route to Spain*',¹⁶ on 7 January 1937. Kitted out in their nurses' uniform and rucksack, they arrived in Paris at 5 am the following morning and after rest and sightseeing caught a very crowded seven pm night train which, via the Spanish border town of Port Bou, got them to Barcelona three days later, where they were welcomed by the Medical Committee at its headquarters.

After resting they travelled on to the base hospital at Albacete. Situated between Valencia and Madrid, it was strategically well placed to take casualties from the constantly moving battle for control of Madrid. At this point Molly learned she was assigned to the Madrid front; she wrote to her son this was 'just at the place I most wanted to be stationed'. Travelling through the blackout by dead of night she reached Torrelodones, thirteen days after leaving London, at 3 am on the cold, rainy morning of 19 January. Molly was allocated a mattress on the floor next to Dr Tudor Hart, the surgeon in charge of the unit, and a Dr Falk. Thus, she was transported physically and psychologically from her safe life in 1930s Britain to the chaotic, desperate battlefields of Spain.¹⁷

The journey was one of contrasts: firstly, it was uncomfortable and tiring. Secondly it was thrilling: in Paris, Barcelona and on the Spanish trains their uniforms instantly

identified them as nurses coming to the aid of the Republic, they were cheered, gifted locally grown fruit and given the Republican salute. Finally, it served as a transition from safety to danger: they were first bombed within hours of crossing the Spanish border and immediately on arrival at her destination 'all seemed weird and grim. Fighting had been hard and fierce in recent days. The hospital was crowded to capacity'.¹⁸

By contrast, her World War Two experience was very close to her home. She describes the journey thus. 'I had a quarter hour walk up to Highgate village, then down the high street where once Dick Whittington had walked with his cat, I turned to the right nearby Waterloo park cemetery and proceeded down the hill to the hospital on the right'.¹⁹ Nurses signing up to the civil reserve who could not claim to have irreplaceable domestic responsibilities had to be prepared to be stationed anywhere they were needed, but her immediate appointment to a unit so close to home made perfect sense: Britain in 1939 was preparing for massive loss of life and likely invasion. Employing staff who lived close and were prepared to remain in London, despite the danger, ensured the service kept running.²⁰ The St. Pancras borough had, at its southern end, the Kings Cross and St Pancras railway stations and stretched north to the city limits. Situated three miles from central London, her base hospital was away from immediate risk of attack but close enough for the mobile unit to reach a bombed area at speed.

Both nursing roles may have been a response to fascism, but whereas Molly travelled to the existential but geographically distant threat in Spain to find her nursing role, in London the need was pressed on her by the direct intimate danger to her own home and family.

The experience

Although both work settings were 'mobile', their functions were very different. In Spain the phenomena of a war fought with aerial bombardment in densely populated urban environments was new; many techniques developed and refined there were used effectively in World War Two. These include wound management and blood transfusion as well as *triage*; the process whereby casualties were expertly sorted into categories as close to the point of injury as possible and allocated to the most effective avenue for treatment. Also developed was the grading of hospital provision to include long term care and convalescence in tandem with self-sufficient mobile surgical units.²¹ Molly was assigned to such a unit which could quickly relocate, within around four hours and often overnight.²² She wrote, 'as soon as we arrived ... our first job would be to occupy the most suitable house, take up the carpets, if there were any, clean the place from top to bottom, put in the beds and hospital equipment and get everything ready for the arrival of the wounded'.²³ Everyone contributed to the move, but Molly's specific role was to manage the running of the ward areas and to offer direct nursing care to the worst cases. Injuries were often fatal or severe requiring expert nursing care, an example given is a young American who has lost both eyes and has multiple leg injuries from grenade explosions.²⁴

The Republican army and the International Brigades were building a defensive response from a weak, under resourced position. It is therefore not surprising that staff, water and electricity were in short supply and the often

bombed out buildings lacked windows, heating or security. They were infested with rats, lice and flies making personal comfort and patient care hard:

One had to get used to the breeze blowing through the place, to rats scurrying across our beds, to bats flying around at night, to living with wounded men groaning in pain, to working until one was completely exhausted, to fall asleep on a blood soaked mattress and to wake with a start to find wounded men on either side.²⁵

In London, despite the massive destruction and chaos of the Blitz, there was a very distinct bureaucratic structure and the clarity of a united civil response to an external threat. Her unit and role were constant: she was one of two registered nurses assigned to the MMU, along with trained and untrained helpers, drivers and a doctor in charge. They responded to calls for help and 'ministered to the injured' from their mobile unit whilst awaiting air raid squads. In practice most of their work was treatment for shock, to administer morphine, to keep casualties warm and try to help them to relax before rapid movement to hospital as needed.²⁶

In both settings there were periods of calm but these were punctuated by intense conflict.²⁷ Two extracts from her memoir illustrate this. Recalling her experience of the Segovia front, north west of Madrid:

It was the introduction to one of the most terrific weeks of my experience. For about 5 days we were on duty 16 and 18 hours a day without time to eat anything but a mouthful of bread and cheese in between the biggest inrushes of wounded men ... the ghastliness of it all, as load after load of young men with limbs blown away or fractured and almost every kind of conceivable wound ... at night we dropped on our mattresses with all our cloths on, too tired to know which parts of our bodies ached the most ... we were almost over-whelmed ... Often the wounded and dead were lying side by side on mattresses and the agony on some of the wounded was heart-rending to witness. It was a relief to them and to us when death stilled their anguish.²⁸

And in London:

The worst 'incident' I can recall and the sight of which haunts me at times and sometimes mixes in my dreams with incidents of the Spanish war was an occasion when not far from St Pancras station a landmine hit a large block of flats, fair and square. We were there on duty for nearly 36 hours, so many were the people involved. In those hours I saw injuries and death inflicted by the blast as ghastly as anything I had seen in all the months on the battlefield in Spain.²⁹

In Spain the only relief from this trauma was to find a spot to sleep, most of the time still either directly with, or very close to casualties. She was a long way from home, with English as a minority language. However, she knew that this was not a permanent state: she was reassured that Jack and her son Gordon were safe in England and that, notwithstanding the personal risk of injury and death, she could dream of a safe

home to return to.

In London, Molly could go off duty, walk back to her family and sleep in her own bed, but she recalled always wondering as she walked home if her house was still there, or if it had been bombed through the night. The presence of war was felt on a more intimate and invasive level: Highgate suffered bomb damage on a number of occasions, so the possibility of either herself or Jack being killed in their home was real.

Molly's memoir and letters written from Spain offer a nonchalant devil-may-care attitude to this danger. On the 12 May 1937 she wrote:

Did you get the ties I sent you? The nearest escape I have had was on the day I bought them. Madrid was being heavily shelled. First a building a hundred yards from where I was standing was hit and came crumbling down. Fortunately, no one was hurt. About an hour later a girl of about 20 years of age had her face blown away about 20 yards from me and was instantly killed. A bit higher up the road another girl was badly injured. In the same street I went into a cafe for a cup of coffee. I sat down by the window and just as I had ordered the coffee, a shell came over and the plate glass window came all over the table and onto the floor and not one spot on me. Lucky wasn't it! I had my coffee a little bit further back in the shop ...³⁰

Recalling the experience of waiting at their base for the call to action in London she wrote:

The doctor and a number of us found the greatest diversion from too much thinking about the inherent dangers of the situation in a game of chess. A warning came through one night that two land mines were drifting our way. The group of us were round a chess board and the doctor and I were at a very interesting stage of the game. Everyone there was conscious that all was ready for action so none of us moved from the game. A policeman came in and striding up to us said impatiently 'don't you know two land mines are drifting right over this building. Come, you had better clear out at once.' As he said that I exclaimed 'check and damn the land mine, it's your move' everyone except the policeman roared with laughter ... A minute later a terrific explosion put checkmate on the game. The landmine had been exploded high up in the air and no damage was done and no one was hurt.³¹

Nevertheless, she never underplayed her distress. In Spain, on a personal level, the difficulties were conveyed in dry anecdotes about the battle with lice and the appalling lack of personal comfort:

... it's been awfully cold and wet these last few days and at the moment I've a touch of tummy ache and I can assure you sanitary arrangements are such that chronic constipation is a gift from the gods. To offer anyone an aperient [laxative] is as big a crime as offering poison!'.³²

In addition, the ideological challenges for the Republic of

developing a united front between anarchists, socialists and differing communist groups is well documented.³³ Molly's letters hint at her own frustration and anger. In the midst of seeing people suffer and very frequently lose their lives for a cause that was divided added great distress to the situation.

Molly was there as an 'independent' with strong socialist views based on long experience. By contrast the majority of the medical volunteers were still children during the First World War. They grew up with the rise of fascism and sought a solution in socialist or communism action. They were also accustomed to a militarised society, for example many of the doctors had been in Officer Training Corps at school and university. From Archie Cochrane, then a medical student and describing himself as 'anti-fascist' to Dr Tudor Hart an established CPGB member, Spain was an opportunity to demonstrate their willingness to fight and die on political grounds.³⁴

Molly's first-hand knowledge of the tensions within the WSPU and suffragette movement, and of life in the Communist Party in the Soviet Union and Britain gave her a more nuanced view. In addition, her husband's dispute with and exit from the CPGB meant she would certainly be viewed with at best suspicion and possible antagonism by Party members. Thus, at times she was working with people whose motivations she questioned and who she personally did not trust.

Around the 16 July 1937, having requested leave, she commenced her journey home. The personal conflicts in Spain, as well as a hint of domestic matters needing her attention may have been the trigger, but equally, she was truly exhausted. In a letter home in early July, George Green, a fellow volunteer working as an orderly with the same medical unit on the Brunete front, offers a rare third person insight into her state of mind:

Murphy is all in. She has a son at Bedales and during the last few hours has seen too many mother's sons carried with sheets over staring eyes down to the washhouse at the bottom of the garden ... and suddenly she breaks down and weeps and weeps and says over and over again that it isn't worth it. And I try to say the only possible things ... that we shall still win, and the bargain made with the unborn sons of the sleepers in the washhouse will be kept and we shall build a new world. And Murphy suddenly says 'have you got a son George?' And ... I knew I couldn't speak. So without answering I went out with my can of coffee from the cookhouse through the thin grey wind that meant the dawn was almost here, and back to the theatre.³⁵

Later, in London, the experience of rescuing victims of aerial bombardment was repeated. She summed it up thus, '... buildings gutted, shattered crumbled, piles of debris, broken stairways and rafters, freak effects of blasts, buried men, women and children, wonderful escapes, horrible mutilations, death beautiful as sleep, death as ghastly as could be'.³⁶ In the spring of 1942, with no easy end to war in sight, Molly, now fifty-two years old and after five years of pushing herself to the extreme, again reached a personal breaking point. The strain of months of working one hundred-hour weeks, was added to by what she described as 'public officials utilising public services for their private interests, the selling of rationed goods where

they should not be sold, and bad administration of certain funds'.³⁷

The war-time conditions in Britain effectively created a new substratum of crime related to rare or rationed goods. Anyone with privileged access to such goods was in a position to be coerced into criminal activities by others, or to personally capitalise from the black-market. Although medical supplies do not feature strongly in histories of crimes of this nature, petrol by this time was almost unobtainable legally for private citizens. In addition, even the small quantities of tea and sugar which the MMU team would be allocated had a high value.³⁸

Molly reported the matter which, whilst received unsympathetically, was acted upon. However, it led to an ultimatum for her to move post or resign. She resigned. In her memoir she wrote of this period: 'I had not learned the lesson that it was folly to try to fight the bureaucracy of any institution single handed and to have a civic conscience concerning affairs in an institution in which one is an employee'.³⁹ The truth, in Spain and in London, was probably a combination of issues, including long hours of work, exhaustion and a personality not given to meekness or compromise.

Motivation

The call to defend Spain against the fascist military coup was a passionate, international response to the growing threat, it was also a grand, 'romantic' adventure, a stand against the intransigent governments of the day and global instability. Molly was certainly motivated by humanitarianism and political idealism, making a strong anti-fascist stand which transcended any party-political schism. However, there is also a sense that she saw an opportunity to be centre stage, to use her own agency, rather than supporting others. There are similarities here to her first decision to commence nursing in 1915. On both occasions she had a worthwhile fulfilling life which she chose to abandon for a more challenging, but more ideologically and personally stimulating alternative.

Of Spain she stated: 'It is amazing how much one can endure and how long one can carry on under the pressure of exciting circumstances especially if one is fired by an ideal. That cry of the soldiers "no pasaran" was ours too'. Similarly, she reflects on her nights with the MMU in London: 'I always felt a thrill when we were called into action'.⁴⁰ This combination of the personal and political may be seen to typify enduring motivations for humanitarian responses dating back to the Declaration of Human Rights and creation of organisations such as the International Red Cross.⁴¹

Such motivation comes at a cost. In the two years between her return from Spain and the commencement of the Second World War Molly's convalescence was against a backdrop of the ill-fated Republican struggle and ultimate defeat in Spain and the growing threat across Europe. Although she wrote of gradual recovery in body and spirit during that period maybe she, like many humanitarian workers returning from conflict zones, found it easier to prepare to continue with the fight, rather than fully caring for herself. Knowing the war was coming perhaps she felt she had no choice but to face the fascist threat on home territory, that she had witnessed in such force in Spain. In this she paralleled other Spanish volunteers, for example Penny Fyvel and Patience Darton who both did war work in London, and many of the doctors joined the Royal Army Medical Corps.⁴²

In 1942, in a state of complete physical and mental collapse she became a patient in one of the very care homes she had nursed in herself. Looking back in her memoir, nearly twenty years later she was able to write:

We felt it deeply and it is a mistake to think that a nurse or anyone else becomes immune to suffering because in such circumstances as these one must work like fury and cannot stand by to weep ... War is indeed hell and many of these harrowing and horrible scenes have haunted my nights for years, after they had long gone by.⁴³

Conclusion

In 1936 Molly Murphy was forty-six years old, a wife and mother in a strong marital partnership, working night duty as a private nurse. Ideological, humanitarian and personal motivations led her to risk her life nursing in urban war zones on the home front in London and abroad in Spain. In doing so she used her own agency to ameliorate suffering and to stand against the fascist threat. Her biography illustrates the practicalities, motivations and consequences of one nurse's response to this particular period of the twentieth century.

Notes

1. For a detailed history of World War One nurses see: Christine Hallett, *Veiled Warriors Allied Nurses of the First World War* (Oxford, Oxford University Press, 2014). Examples relating to Spain are referenced as they occur in the text.
2. CP/IND/MURP Peoples History Museum (PHM); Correspondence regarding Spain, Photographs, transcript of 'Nurse Molly'. All direct quotes from her memoir are cited from: Ralph Darlington, ed., *Molly Murphy: Suffragette and Socialist* (Salford, University of Salford, 1998).
3. Darlington, *Murphy*, 29.
4. *Ibid.*
5. J.T. Murphy, *New Horizons* (London, Unwin Brothers, 1941), 307.
6. Gerry Holloway, *Women and Work in Britain Since 1840* (London, Routledge, 2005); R. Dingwall, A.M. Rafferty and C. Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988).
7. Jim Fyrrh, *The Signal was Spain: The Aid Spain Movement in Britain 1936-39* (London, Lawrence and Wishart Limited, 1986).
8. Darlington, *Murphy*, 131.
9. PHM, Telegram, 1 Jan 1937.
10. Linda Palfreeman, *Salud! British Volunteers in the Republican Medical Service During the Spanish Civil War, 1936-1939* (Eastbourne, Sussex Academic Press, 2012).
11. The National Archives, Ministry of Health Circulars: 701649/4, 23 December 1938; 1764, 10 January 1939 and 1789, 24 March 1939.
12. See, for example, an advert in the *British Journal of Nursing* 87/2047 (1939), 54.
13. Darlington, *Murphy*.
14. Paul Preston, *The Spanish Civil War: Reaction, Revolution and Revenge* (London, Harper, 2006).
15. Fyrrh, *Signal was Spain*.
16. PHM, Spanish Civil War British security service log of

volunteers.

17. PHM, Detail from letters home dated 7, 11 and 19 January 1937.
18. Darlington, *Murphy*, 135.
19. *Ibid.*, 154.
20. Juliet Gardiner, *Wartime Britain 1939-1945* (London, Headline Book Publishing, 2004).
21. These techniques are written of extensively in texts on Spain including historical analysis, memoirs and biographies.
22. Palfreeman, *Salud*.
23. Darlington, *Murphy*, 135.
24. *Ibid.*, 140; PHM Letter home, 4 April 1937.
25. Darlington, *Murphy*, 135.
26. Darlington, *Murphy*, 153.
27. PHM, photograph.
28. Darlington, *Murphy*, 143-4.
29. *Ibid.*, 155.
30. PHM, Letter home, 12 May 1937.
31. Darlington, *Murphy*, 156.
32. PHM, Letters home 10 and 13 April 1937.

33. Preston, *Spanish Civil War*; Fyrth, *Signal was Spain*; Palfreeman, *Salud*.
34. Palfreeman, *Salud*.
35. Fyrth, *Signal was Spain*, 90-91.
36. Darlington, *Murphy*, 155.
37. Darlington, *Murphy*, 157.
38. Donald Thomas, *An Underworld at War* (London, John Murray, 2004).
39. Darlington, *Murphy*, 157.
40. Darlington, *Murphy*, 143-4 and 155.
41. Rebecca Gill, *Calculating compassion: Humanity and Relief in War Britain, 1870-1914*, (Manchester, Manchester University Press, 2013).
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Obituary of a Nurse

Maggie Andrews

University of Worcester

I did not know my mother well, but I always knew she was a State Registered Nurse, even before her certificate from Manchester Children's Hospital came into my care. It was in two boxes of her possessions I acquired when she entered a nursing home six years ago. There, amongst photograph albums and address books, old love letters and postcards, I also found the exam paper from her 1938 Preliminary State Examination. Questions included:

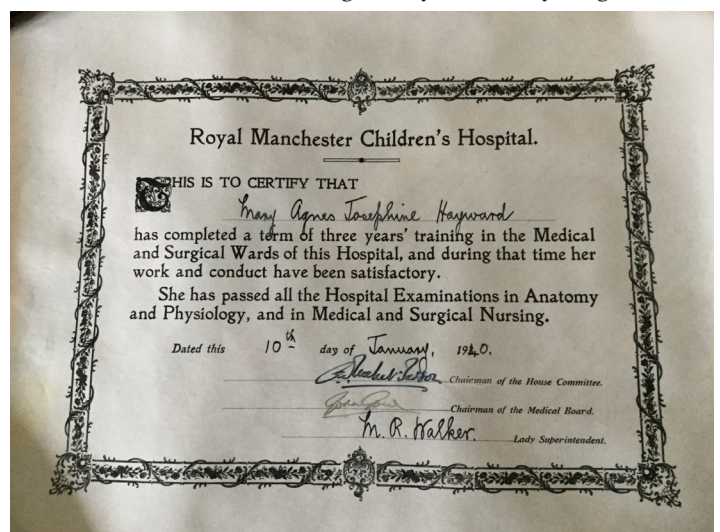
- Describe how you would make up the bed to receive a patient suffering from acute rheumatism. Give reasons for what you do.
- Describe briefly the skull and its contents.

My mother was not a hoarder, keeping these documents indicates how important nursing was to her, even though she had not worked in a hospital since the 1940s. This was also clear when I interviewed her for an oral history project in the 1980s. To my shame, the recording has not survived but the scenarios she recounted, alongside the research my son uncovered to write the eulogy for her funeral all suggest the immense significance State Registration had for some women.

Mary Agnes Josephine Hayward was born in Preston, Lancashire, on the 10th April 1919. Her father, James Hayward, was a postal worker whose first wife died, leaving him with two young sons to bring up; a difficulty he rectified by marrying Hilda Gemson, a fiery red-haired teacher, originally from Somerset. Mary, the first child of this modest, respectable, Catholic family, was educated at the Convent of the Holy Child Jesus in Winckley Square, Preston. She travelled to school by bus, and the family dog met her at the bus stop on her return.

In 1937, Mary started her nurse training at the Royal

Manchester Children's Hospital. Locally known as Pendlebury, the institution had a reputation both for treating children and for the development of pediatric knowledge and expertise. It had become a General Nursing Council approved registered training centre in 1922. The esteem in which the hospital was held appealed to my mother as did the opportunity to begin training at seventeen. She lived in the nurses' home, which reassured her parents, whose consent she had needed to start her course. She left behind her not only home but also her Lancashire accent, sibling rivalry with her younger sister



Mary Agnes Josephine Hayward's nurse training certificate from Manchester Children's Hospital, 1940. The certificate was featured in *A History of Women in 100 Objects*, Maggie Andrews and Janis Lomas (Cheltenham, The History Press, 2018).



Mary (on the left) and colleagues at Manchester Children's Hospital.

and the fractious relationship between her mother and her step-brothers, throwing herself into the hospital community, helping to raise funds on 'Pound days' when local people donated a pound of sugar, flour, butter or other consumables to the hospital kitchen. She also recalled how in her childhood and her training she encountered the effects of 1930s poverty, children with rickets and unemployed, dejected men standing on street corners. Perhaps these explain her determination to 'better herself', social climbing can be a response to a genuine fear of poverty.

Tight regulations and long hours governed her life as a trainee nurse, alongside high standards of cleanliness. The matron toured the wards wearing white gloves, occasionally wiping her fingers across surfaces checking for dirt, a routine evoking fear in all student nurses. My mother developed her lifelong zeal for frequent hand-washing, so much so that I still struggle with my rebellious urge to avoid it. Standards in the hospital were rigorous, years later she relived her terror of the nursing exams, suffering nightmares when I took my university finals. Her concerns were about meeting the hospital's standards. She did not question its practice even years later when recounting how disabled babies were given sherry-whey so they slept, too tired to cry for food, and died.

On 28 June 1940, my mother qualified as a State Registered Children's Nurse, she gained a professional identity and the certificate that she kept for the next 79 years. As my son noted, she 'always remained a nurse to her fingertips—practical, purposeful, decisive, impatient of anything she regarded as fuss or nonsense, and completely unflappable in a crisis.' Such professional attributes were essential when she progressed to further training in general nursing at University College Hospital (UCH) in London. Within days of her arrival at UCH, the Blitz began, eight-months of intensive aerial bombardment lasting until May 1941.

My mother was one of 125 probationer nurses; one of around twenty-five who already had a specialist nursing qualification and were therefore able to complete the course in two years rather than the usual three. UCH was considered one of the best teaching hospitals in the country in the 1930s; having studied there was a source of pride for my mother throughout her life. However in 1940, UCH was little more than a husk; it was too dangerous to operate a fully functioning hospital in

wartime London. Patients, staff, or equipment that could be moved had been relocated to large makeshift hospitals outside the capital. What remained was a skeleton staff with two basic functions, to continue to train much-needed medical professionals and to act as a first aid and casualty centre for the local area.

My mother's role was to nurse the victims of the blitz who fell into three categories; those who could be patched or stitched up, given a cup of tea, and sent home. Those requiring overnight admission, so that they could be moved the following day to a safer hospital, and those too ill to be moved. This last group were nursed in the basement of the Cruciform Building, with five floors of empty wards above them, and sandbags in the street outside. Between October 1940 and June 1941, despite six high explosive bombs landing within a hundred yards, the hospital was not hit. Outside the hospital were bombs and rubble, sandbags and air-raid sirens; inside were sick, scared, dying people. My mother's responsibility was to look after and reassure the patients, work she later recalled with humour, affection and some satisfaction.

The Blitz and my mother's training were over by the end of 1942 and she joined the Women's Auxiliary Air Force (WAAF). As a State Registered Nurse and an officer in the armed forces, she learnt to march, something she recalled with loathing. In the WAAF, she moved into a different branch of nursing, caring for those with mental illness and becoming the night-matron at the RAF Officers' Hospital in Cleveleys, Blackpool. In later life, her views on mental illness were not sympathetic. This was perhaps a consequence of her ultimately unsuccessful marriage to my father: the couple met when James Andrews, a pilot and flying instructor became a patient at Cleveleys after suffering a nervous breakdown. By the time the couple married, James' prospects had improved, he was an Economics student at Cambridge. Marriage curtailed Mary's nursing career but



Mary Agnes Josephine Hayward: 'A nurse to her fingertips'.

not her sense of identity as a State Registered Nurse.

In 1946, the young couple's first son was born, three further children followed in the ten years after their move to London in 1948. My mother cared for her children and later her grandchildren as a nurse, with an air of detachment, plenty of fresh air and wholesome but dull food. She was committed to strict routines in everything from bedtimes to toilet training. She justified the regimes that governed my childhood by frequent references to the views of eminent consultants, encountered in her professional life. My mother was alternatively mystified and contemptuous of the changes that had occurred in nursing practice since she qualified. When I had my fourth child, she instructed me to spend ten days resting in bed, in line with the dictum of a 1940s gynaecologist. This directly contradicted the instructions of my midwife. With no energy to challenge either medical professional, I spent several days up and down like a jack-in-the-box ready for whoever I thought was about to visit me.

My mother's professional identity as a nurse gave her confidence throughout her life; in dealing with experts and officials she was tenacious. Brought up in Lancashire, where childcare provided by grandmothers enabled many women to work in the cotton mills, my mother volunteered to look after my children so I could return to university in my twenties. It was

important to her that I too gained a professional identity. She saw off a health visitor concerned I was leaving my youngest son, only a few weeks old, with his grandmother. I did not worry, my mother was a competent, confident nurse, without her assistance I would not have had an academic career. Years later, she admitted the fears and anxiety she felt when caring for my children. This admission that came just before she again enjoyed a shared sense of professional identity with the nurses who cared for her, in the years before her death on 13 March 2019.

My thanks for assistance with research and writing to my son, Oliver Morgan.

Further reading

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'On the District': Queen's Nurses at Home during the Great War

Susan Cohen

Independent Researcher and Author

At the outbreak of the First World War in 1914, Queen's district nurses, all enrolled members of the Queen Victoria Jubilee Institute for Nurses (QVJIN), were amongst the many highly trained nurses who faced a personal and professional dilemma. Should they seize the unprecedented and exciting opportunity of signing up to undertake war-related nursing work abroad with organisations including the Queen Alexandra Military Nursing Service, the Serbian Relief Fund and the Society of Friends Expedition? Another option was to commit to military nursing at home, with, for example, the Territorial Force Nursing Service or the Red Cross. Or should they stay put, and continue to provide invaluable, broad-ranging services within the community? Deciding to remain on the district was, perhaps the hardest option, and many of the QNs who took this path felt they were under-appreciated, even forgotten. To boost their morale, the *Queen's Nurses' Magazine* (QNM), the official publication of the QVJIN, regularly posted reassuring comments, with one inspector writing in January 1915:

the harder part is that borne by those who stuck to their posts, the monotonous daily rounds of 'chronics' and 'babies' with the few 'acutes' which are so important and are so often a source of anxiety on the district; work so well worth doing, but unknown and unrecognized save by the discerning few.

And it was not long before each QN was being urged, through the pages of the same magazine to:

throw herself more entirely into her sphere, to make herself indispensable to the people by identifying herself with their joys and sorrows as well as their ills, and by so doing keep awake the diminishing sympathy of those good people who have for so long past been staunch friends to the district nurse and her work.

Added to this, the agreed official view, noted in the 1916 minutes of the QVJIN council was that 'it was most undesirable for the village nurses to leave their districts to undertake work in military hospitals' for they were considered to be 'of more value in their capacity as midwives during the present shortage of doctors.'

No district nursing association (DNA) wanted to see their nurses leave, but they were sympathetic to their feelings of patriotism, and often gave generous parting gifts. When QN Mary Sutton left her post in Carrick-on-Shannon, Co. Leitrim, Ireland for Bordeaux in November 1914, the QNM was delighted to report, in January 1915, that she had been presented with 'a gold purse of sovereigns by her Committee and a few friends, as a small token of their appreciation for what she has done in the district.' Miss Sutton, along with hundreds of other QNs, was granted leave of absence from the QVJIN for the duration of hostilities, on the understanding that she would rejoin the

organisation later and complete their agreed term of office.

Meanwhile, at home, QNs steeled themselves for the emotional strain of being called upon, as the QNM put it in January 1915, to 'counsel, advise, and mourn with parents or wives who are suffering loss and separation.' One nurse was very embarrassed when she was '... solemnly asked by the local Boozer, enlisted, and on home leave, "to keep an eye on his Missis as he would go back quite happy if he knew she would look her up occasional [sic]"'. (The Boozer was the nickname given to a local man who spent most of his time leisure time in the pub.) Nor could a nurse assume that being at home was safe, as QN Nurse E.M. Vicary and her colleagues found out in early December 1914. Her subsequent first-hand report, published in the QNM in January 1915, detailed how they were all in the nurses' home in Scarborough at eight o'clock one particular morning, getting ready to go out on their rounds, when the town came under bombardment from a German ship:

Quite suddenly the sound of a gun was heard. It was most alarming as the whole house vibrated and it seemed as if every window must come in ... The shells came quite quickly and the noise was deafening ... directly the shelling stopped the second time, two of us went out to see if we could render any assistance ... The St John ambulance men were astir and we saw some stretcher cases being taken to the hospital ... We went round to see as many of our patients as we could, some of the poor old folk were in a terrible way, but not any of our people were injured...

The range of work that these hardworking, adaptable community nurses undertook grew exponentially as more of



A district nurse on duty, attending patients in their homes, QNM, July 1915. ('Reproduced with kind permission on the Queen's Nursing Institute.')

their colleagues took up military service. Many of them gave their free time to Red Cross work, or, as one QN wrote in the QNM in October 1914, 'to do double duty so far [sic] we can without neglecting our patients.' Examples included QNs from the Worcester DNA who took on extra work acting as nursing sisters, on rotation, at the Battenhall Mount Red Cross hospital, where, in July 1915, sixty-one wounded soldiers were being nursed back to health. As the minutes of the QNI council noted in December 1915, training Red Cross VADs was another role undertaken by the QNs, and special mention was made of the unnamed QN in Ashbourne, Derbyshire, who organised and ran a thirteen-bed hospital, supported only by the very women she had trained. Others helped teach local volunteers nursing tasks such as padding splints and bandaging wounds.

The devotion to voluntary war-related work was exemplified in Ulster, Ireland, when, in October 1914, the QNM reported how QNs in one rural community held classes for cottage and farm girls. They all had to make a journey of between one and five miles to reach the venue, having already risen at about 3 am to get all their farm work done. The lecturer had to drive twelve miles over very rough roads, but despite the obstacles they all faced, the class grew bigger every day. Some QNs were seconded to new posts: for instance, Miss M Urquhart found herself working in a national shell filling factory. In the QNM of January 1917, Miss Urquhart wrote that her new position was 'distinctly welfare work among the women and girls here, and the duties comprise the engaging of suitable overlookers; investigations of complaints of the workers; cases of the dismissal; keeping records of broken time; general supervision of working conditions during day and night and of canteens and rest rooms'. Nevertheless, she still had plenty of opportunity to use her nursing skills as she was also 'in close co-operation with nurses and doctors regarding the physical well-being, cleanliness, clothing etc of my 3,000 girls.' Different duties came the way of yet another QN, who wrote in the magazine in October 1914 of how she and her colleague had taken over the local scoutmaster's duties after he was enlisted. They had taught the scouts 'first aid work and home nursing, also physical exercise' and were delighted when one of their 'big lads who has volunteered for Kitchener's army told me this week that the drill was nearly the same as the we had taught him in the scouts.' Elsewhere, and in anticipation of bombardment, in October 1915 the DNA in Brighton assigned all their nurses to dressing and ambulance stations. But an editorial in the *British Journal of Nursing (BJN)* on 18 December 1915 expressed great concern that their work was seriously imperiled by a lack of funds, and there was talk of nursing in some districts being suspended. Brighton, could, the article maintained, finance the work many times over, and still have enough to spare, but it needed the rich people, 'who were not yet at the end of their resources' to be more generous.

As the war progressed, much of the district nurse's role was related to public health. QNs in St Helen's, Lancashire, helped inoculate soldiers against typhoid, whilst colleagues employed by the Paddington and Marylebone DNA in London, not only undertook work at the Marylebone tuberculosis dispensary, but according to a report in the QNM in July 1915, nursed in various minor injury centres in the two boroughs. By 1917 Gloucestershire county nursing association had sixteen infant welfare centres attended by the district nurses, where mothers could have their babies weighed, and ask for advice



A postcard showing 'a happy group of QNs with twins.' The image was dated circa 1900s, and was published in 1926, produced in memory of Queen Alexandra, and sold to raise funds for the QVJIN.

(Reproduced with kind permission on the Queen's Nursing Institute.)

on health and feeding. In many areas QNs found themselves in constant demand to fill posts as health visitors or, as the *B/JN* reported on 4 August 1917, to work 'as whole-time officials under the health authorities'.

QNs in more isolated parts of the United Kingdom had a quite different war-time experience, and life went on much as usual. The *QNM* reported in October 1917 how one nurse, working on an unnamed island off the West Coast of Scotland, arrived just too late to deliver a new baby, and found the cord tied with a piece of string to the mother's leg. The explanation from the 'granny' in attendance was that 'she was afraid it would go in out of sight.' The war did touch the life of one nurse, who was working on the isolated Island of Lewis in the Outer Hebrides. She literally had a rude awakening at 5 o'clock one gusty morning in September 1917, when she was woken by knocking on her door. There she was confronted by three haggard weather-beaten seamen, who, as the *QNM* reported in the October issue, were the sole survivors of a Danish ship which had been sunk by a German submarine the previous day. It was quite miraculous that they had found their way to her cottage from the beach in Shader Bay. Undaunted, the nurse let them in, fed, warmed and clothed them, and treated one for exposure before they were subsequently motored into Stornoway. They were 'most grateful for the succour and kindness they had met in such an out-of-the-way place' and the nurse later received a letter of thanks from the Danish consul.

As the war drew to a close in November 1918, the QNs who had decided to stay working in their districts, and to continue to provide nursing care in the community, were under severe pressure. Their remit had expanded enormously, and had fewer doctors and nurses in civil life to support them and their communities, but their ability to adapt to these challenges was remarkable, and was a tribute to the training and experience provided by the QVJIN. Theirs was a different sacrifice to that made by colleagues who took up military nursing, but was no less valuable, for without them the general population would have suffered greatly. Each QN made a personal decision as to where their duty lay, and by staying at home, they provided the families whose men were away fighting with incomparable

support. This related not just to matters of health, but, perhaps even more importantly, it played a vital role in helping their patients and families cope with the hardships and heartache they experienced. And these same women were equally ready to meet new and changing conditions which the *QNM* prophesied would follow the war, including the introduction of nurse registration in December 1919.

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District Nursing – the World’s First National Nursing Movement

Matthew Bradby

Queen’s Nursing Institute

In 2019 we celebrate 100 years since the passing of the Nurses Registration Act 1919 in Britain. The Act was the result of an extensive campaign, led most notably by Ethel Gordon Fenwick (1857-1947), who believed strongly that the term ‘nurse’ should be confined exclusively to registered, professional nurses, suitably qualified by experience or education. The passing of the act necessitated the creation of a body that would maintain the register of nurses, the General Nursing Council (GNC) for England and Wales. The process by which nurses could be entered on the new Register took some years to refine, before the first state examinations were introduced in 1925. The GNC survived until 1983, when it was succeeded by the UK Central Council for Nursing, Midwifery and Health Visiting, and was, in turn, replaced by the Nursing and Midwifery Council in 2002, which maintains the nursing register today.

However, there are earlier precedents for the recording of nursing qualifications and experience in the United Kingdom and Ireland. In the second half of the nineteenth century, one of the most successful examples of Victorian philanthropy was the creation of the district nursing system, which celebrates its 160th anniversary this year. Started initially as a local experiment in Liverpool, it subsequently became a national then international movement.

The beginning of district nursing

The first ‘district nurse’ was a single individual named Mary Robinson, originally a private nurse who had been employed by William Rathbone VI (1819-1902), a wealthy Liverpool merchant and philanthropist. Mary Robinson had nursed Rathbone’s wife during her final illness and in his own words, ‘Having felt deeply grateful for the comfort which a good nurse had been to my wife, and thinking what intense misery must be felt in the houses of the poor from the want of such care, it occurred to me to engage Mrs. Robinson, her nurse, to go into one of the poorest districts of Liverpool and try, in nursing the poor, to relieve suffering and to teach them

the rules of health and comfort.’ This was in the year 1859. Of Mary Robinson, little more is known to history, other than that she continued to work as a district nurse in the city for four years.

Rathbone was prodigious in his energy and determination to follow through on his ideas and following the successful ‘experiment’ in partnership with Mrs Robinson he sought to extend the scheme. Confronted by a complete lack of nurses with the training or skill to do the work, he began to draw up plans for the creation of a new nursing school in Liverpool. He was in correspondence with Florence Nightingale by 1861 to discuss his ideas, and by 1863 he had established the Liverpool Training School and Home for Nurses, adjoining the Liverpool Royal Infirmary.

The early organisation of district nursing in Liverpool provided a template that survived with some variation in many other locations, both urban and rural. Once a sufficient supply of trained nurses was available, the city was divided into numbered districts, giving the origin of the term ‘district nurse’ in English. Each district was allocated a lady superintendent who was not a nurse but a member of the wealthy merchant class, and who had sufficient leisure time and education to manage their district on a voluntary basis. The merchant classes also took on the responsibility of providing financial support for the new scheme. In the early years, these patrons of district nursing were responsible for fundraising, and providing accommodation and equipment for the nurses. Family connections were maintained across generations, with daughters continuing the work of their mothers and, as such, the system was almost entirely dependent on female volunteers and female nurses.

The system in Liverpool began to be adopted in other British cities – in Manchester in 1864, Derby in 1865 and Leicester in 1867. In 1868 William Rathbone was elected as Liberal MP for Liverpool and so spent more time in London, at the same time that efforts to establish district nursing in the capital were taking place. The resulting Metropolitan and



Liverpool Nurses Training School and Home.

Credit: Wellcome Collection. CC BY

National Nursing Association (MNNA), founded in 1875, had to work in a far more complex political environment involving influential aristocrats such as the Duke of Westminster; leading medical professionals, as well as William Rathbone and Florence Nightingale. District Nursing Associations (DNAs) were also founded in Glasgow in 1875 and in Dublin in 1876. Within less than twenty years, many of the largest urban centres in the United Kingdom, which also had the greatest centres of population and of poverty, had nurses who were trained to visit the sick poor in their own homes.

From its early years, the district nursing model was also adapted to fit rural locations. Educationalist and suffragist Elizabeth Malletson (1828-1916) was a notable figure in the early years of the rural movement, founding the rural DNA shortly after moving to Gloucestershire in 1884. Within seven years, eleven counties employing thirty-four nurses were affiliated to it, and in 1890, it became affiliated to the new Queen's Jubilee Institute for Nurses (see below), amalgamating with in 1897. Until the creation of the National Health Service (NHS) in 1948, small rural DNAs, often only employing one or two nurses each, were created as independent charities and affiliated to larger county nursing associations. One such was the Hawkshead DNA, of whom one of the founders in 1918 was the author Beatrix Potter (1866-1943).

The Jubilee Institute

However, it was Queen Victoria's Golden Jubilee of 1887 that provided district nursing with its greatest opportunity and legacy. A national collection by the women of the United Kingdom was made to honour the Queen with a suitable gift and after a magnificent diamond necklace and earrings were created, £70,000 was left over for the Queen to spend as she wished. There was a consensus that the money should be used for social or philanthropic purposes, and various interested parties put forward proposals, including the British Nurses' Association, led by Ethel Fenwick. William Rathbone again sought the advice of Florence Nightingale as he sketched out a plan for district nursing on a national basis. The refined scheme built on the experience of the MNNA and after several months of further negotiations, the Queen finally approved of the plans in July 1888. On 20 September 1889, a Royal Charter was issued for Queen Victoria's Jubilee Institute for Nurses (QVJIN), for 'the training support and maintenance of women to act as nurses for the sick poor and the establishment (if thought proper) of a home or homes for nurses and generally the promotion and provision of improved means of nursing the sick poor.' The district nurses belonging to the QVJIN were to be known as Queen's Nurses (QN) and rules were set down regarding qualification. Initially, candidates had to have a minimum of one year's training in a recognised school attached to a general hospital. This rose gradually to three years by 1928, and when state registration was introduced in 1919, already qualified QNs were encouraged to register. Eventually state registration became a pre-requisite for acceptance for QN training, which was an approved training course of not less than six months, and included the nursing of mothers and their infants after childbirth. QNs who wanted to undertake district work in rural locations also had to have at least three months' approved training in midwifery.

The first council of the new charity was appointed in February 1890 and a Scottish Council was appointed the



Boer War: Queen Victoria being presented with flowers by a Victoria Jubilee Nurse at the Viceregal Lodge, Dublin. Halftone, c. 1900, after W. Hatherell after W. C. Mills.

Credit: Wellcome Collection. CC BY

following month. The new charity was intended to work on an affiliation model and within two years, thirty-one organisations had affiliated in England, including the pioneer association in Liverpool. In addition twelve local organisations were affiliated to the Scottish branch in Edinburgh. A DNA was also established in Cardiff, but Wales did not have a separate council and the Welsh DNAs were in future affiliated with the Queen's Institute in London. The council also reserved 'the right of requiring reports from the affiliated associations and of periodical inspection of nurses' work.'

The QVJIN was renamed the Queen's Institute of District Nursing in 1928 and the Queen's Nursing Institute (QNI) in 1973. The Scottish charity is today named QNI Scotland (QNIS). Her Majesty the Queen is patron of both organisations. The title of QN continued to be awarded for trained district nurses until 1968, when nurse education was absorbed into higher education. The QNI reintroduced the title as a professional development programme in 2007, as did the QNIS in 2017.

District nursing in Ireland

The history of the district nursing movement in Ireland is less well known, chiefly perhaps due to political upheavals of the twentieth century that divided Ireland and muddled the waters of its district nursing heritage. District nursing in Ireland in the nineteenth century was characterised from the beginning by religious divisions that made establishment

of a single service very challenging. William Rathbone, never afraid of a challenge, was again the prime mover, assisted by his second wife, Emily.

In 1876, a group of largely protestant women in Dublin had established the St Patrick's Home, to train nurses to visit the poorest people in the city, very much on the Liverpool model. Following the establishment of the QVJIN, William and Emily Rathbone opened negotiations with St Patrick's Home, as a potential Irish branch. Two other nursing organisations in Dublin, Catholic and non-denominational respectively, were also contacted but proposals to bring them together under the aegis of the QVJIN were unsuccessful. William Rathbone decided that an Irish branch of the charity could still train and supervise QNs and in June 1889 the first supervisor, Mary Lucy Eliza Dunn, was appointed and an office obtained in Nassau Street, Dublin. In March 1890, in a reversal of its former position, St Patrick's Home agreed to affiliate.

The position of the viceroy, as the Queen's representative, was of key importance to district nursing in Ireland and QN badges and certificates were presented at the Viceregal Lodge, presided over by the viceroy's wife, Lady Cadogan. When Lord Dudley became viceroy in 1903, his wife, Lady Rachel Dudley (1867-1920), soon showed a consuming interest in district nursing that was to be a feature of the rest of her career. In 1903-4 she established Lady Dudley's Nursing Scheme as an independent organisation, providing district nurses to the poorest areas of Western Ireland. The scheme effectively operated as a large district nursing association and was affiliated to the QVJIN, in later years sharing an office with it. When her husband was posted to Australia in 1908 she tried to replicate the scheme. Bush nursing, as it became known, was just one of many examples of how the model of district nursing, pioneered in the United Kingdom, spread around the world in the twentieth century.

In its early years, the Irish branch of QVJIN was given financial and administrative support from London, but there was hope that a separate council could be established. However, it was not until 1922, and the creation of the Irish Free State, that the Irish Advisory Committee became a fully independent Executive Committee. Financial support from London ended in 1925. In 1930, the Irish branch was reorganised, with a council covering all of Ireland and incorporating representatives of the Executive Committee of the Irish Free State and that of Northern Ireland, which was held up as a rare example of cross-border cooperation.

With the creation of the NHS in 1948, the Northern Ireland Executive Committee found itself redundant and was wound up, but the QNI in London has remained active in supporting community nursing in Northern Ireland. In the Irish Republic, the QIDN continued as an active organisation until 1968. Today, it still makes grants supporting nurses and improving patient care from its trust fund.

The history of the different branches of the QVJIN has much to tell us about the organisation of nursing and healthcare long before the advent of the NHS, when modernising societies were facing the impact of huge social change and rapid population growth. Women were always at the front and centre of this great movement, at every level, as

patrons, planners, nurses and midwives, making an immense contribution to individual and public health.

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Queens Institute of District Nursing in Ireland:
<http://www.qidn.ie/index.htm>

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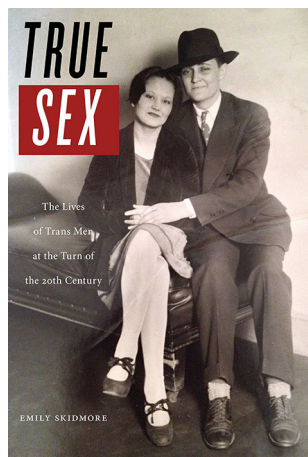
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Book Reviews

Emily Skidmore, *True Sex*, New York: New York University Press, 2017. \$19.95, 978-1479 870639 (hardback), pp. 253

Reviewed by Norena Shopland
Independent Scholar



In the past few decades there have been a profusion of titles covering the lives of historic people we would today describe as transmen, or transmasculine. Many relate their life stories, but *True Sex* by Emily Skidmore goes further by taking a handful of lesser known cases and examining them in much greater detail. The title itself is interesting; what do we perceive as ‘true sex’? As there was no gender reassignment surgery in the periods being covered in the book the women, although

passing as men, remained biologically female - so how do we refer to those individuals? Skidmore opts for the term *transmen* as ‘they chose to live their lives as males even though they had been assigned female at birth’ (10). However, this may sit uneasily with those who feel modern terms, and their definitions, should not be ascribed to people who lived before those terms were coined. In addition, in many cases we cannot say that the women felt they were men, only that they lived as men

Skidmore notes that her subjects, who lived ‘unexceptional lives’ (4) - blending in with communities; marrying; having children; and often taking leading civic roles - were just the tip of the iceberg. In Buffalo, USA 1902, when Harry Gorman was discovered to be a biological woman, he claimed that there were ten other cross-living women in Buffalo alone. As Skidmore points out, if there were eleven in just one town, how many more were there - in how many towns and cities? This potentially large number is borne out by my own research, which has revealed women were cross-living in their thousands across the world. Keeping track of them all can be confusing. Skidmore herself references the case of Betty John from Birmingham, England, on whom she could find no further information. However, John appears in my research from *Courts of Requests: Their Nature, Utility, and Powers Described* by William Hutton, that describes an individual often referred to as ‘it’ (not uncommon when discussing gender blending in the past). John switched between being a woman and a man, even marrying a woman until it was discovered she was a biological female, although there are suggestions that she was a hermaphrodite (intersex).

Skidmore’s book considers American cases and some statements have to be taken in that context. For example, Chapter 1 is entitled ‘The last female husband’ concerning Frank Dubois whose 1883 story Skidmore considers the last to utilise the term ‘female husband’ in metropolitan papers (40),

but British newspapers continued to use the term for another decade.

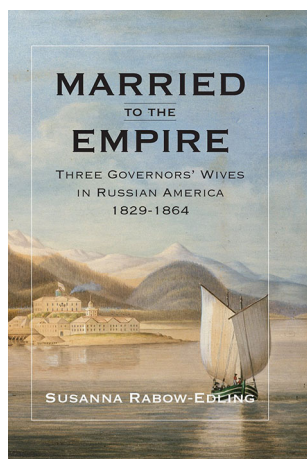
Skidmore’s work is most useful when she carefully dissects how the stories of individual’s lives were reported in the press. Looking at the political affiliations of the publication; where the story sat in the issue; and the terminology used, shows very clearly how the story was presented and received by the reading public, which, perhaps surprisingly for the most part, was very positive. This analysis also raises the lid on the misconception that historic LGBT+ people moved to form ‘communities’, particularly in urban areas, and that life in rural backwaters was not suitable for those whose sexual orientation and gender diversity differed from heteronormativity. Skidmore’s book shows that transmen were more likely to move to rural areas than urban ones and research carried out by myself supports this theory. Once an individual had become settled in an area and demonstrated they could uphold societal ideals, local people were loath to condemn them despite their overturning of accepted behaviour. If an individual behaved as a good ‘man’ was supposed to, they were seen as reinforcing that ideal and not trying to subvert social rules. The downside of this acceptance is that many gender diverse, and gay people become invisible to historians. If Dubois was right and there were another ten cross-living women in Buffalo the likelihood is that they will never be discovered, as many who were only revealed after death were quietly buried, with not a word said.

LGBT+ history is so often presented as something outside mainstream society, and books exist as discrete works, but Skidmore’s book has shown how integrated LGBT+ people often were and so should be likewise integrated into mainstream social history. Thousands of women have cross-dressed and cross-lived, but they are rarely included in women’s history. With the abundant evidence now available, surely that must now change.

Susanna Rabow-Edling, *Married to the Empire: Three Governors’ Wives in Russian America 1829-1864*. Fairbanks: University of Alaska Press, 2015. \$50.00/£37.50, 978-1-60223-264-8 (hardback), pp. xii + 276

Reviewed by Ross Nelson
Birkbeck, University of London

As its title suggests, *Married to the Empire* concerns the lives of the wives of three governors of the Russian-American Company between its formation in 1799 and its dissolution in 1867 with the Alaska Purchase. Susanna Rabow-Edling has selected the wives of the sixth, eighth and thirteenth governors, Elisabeth von Wrangell, Margaretha Etholén and Anna Furuhielm, whose time in Alaska (1830-63) together encompasses over three decades of the colony’s history. A wide selection of manuscript sources, which include the letters and journals of all three women, have been explored, in addition to letters by other individuals: Hampus Furuhielm, Anna’s husband, Uno Cyngaueus, a Lutheran vicar at Sitka, the regional capital, and Alexander Frankenhaeuser, a local doctor. Company records have also been utilised. A variety



are told chronologically and discretely, frequent and effective comparisons illustrate the author's understanding of her subjects and the complex environment in which they found themselves.

Rabow-Edling explores the fascinating, but infrequently discussed, history of Russian North America, a territory settled as far south as Fort Ross, just 70 miles north of San Francisco. This complex topic is rendered even more multifaceted by the European ethnicity of the three women concerned: Elisabeth von Wrangell was of French and Baltic-German origin, Margaretha Etholén was born in Finland, Anna Furuhielm in Sweden. The European origins of the Russian 'civilizing mission' which Rabow Edling identifies as central to its imperial project, had therefore a double resonance for the women, who tended to disassociate themselves from their nominal Russian identity. On her arrival at the governor's residence at Sitka, Anna Furuhielm complained that her Russian predecessor had kept a disorderly house: 'the former Governor's lady seems to have been a *real* Russian [sic], neither loving nor appreciating cleanliness [...]' (193).

Aged between 19 and 24 at the outset of their travels, the women required all their youthful exuberance and resilience to take on the formidable physical challenges confronting them. Elisabeth von Wrangell's journey from Tallinn to Sitka, via Siberia, China and the North Pacific, took over fifteen months, for nine months of which she was pregnant. Margaretha Etholén and Anna Furuhielm, who reached Alaska by sea via the Atlantic and Pacific (the Etholéns travelling around Cape Horn, the Furuhielms taking the shorter journey via the Panama Isthmus) also became pregnant en route to Sitka. Each woman was between fourteen and sixteen years younger than her husband, having been rapidly selected, after the latter's appointment to his new position, to meet the Russian-American Company's requirement that the governor be accompanied to Alaska by his wife. Marriage took place between three weeks and six months of a first meeting and was swiftly followed by the newly-weds' departure for Alaska.

The circumstances and conditions of marriage had a contradictory effect on these enterprising and adventurous women. On the one hand, they were tested and broadened by the challenges they faced, not only during their long journey to Sitka, but also in terms of the unfamiliar world they inhabited on their arrival, with its eccentric local population (both indigenous and Russian), unfamiliar cultures and extraordinary scenery. Elisabeth von Wrangell was delighted 'at the sheer height of a waterfall and at the wild turbulence of an avalanche as it thundered down the mountains with snow

of languages (Finnish, German, Russian, Swedish and possibly French) have been translated to integrate these documents into the text, which also draws on a wide and linguistically diverse range of secondary sources.

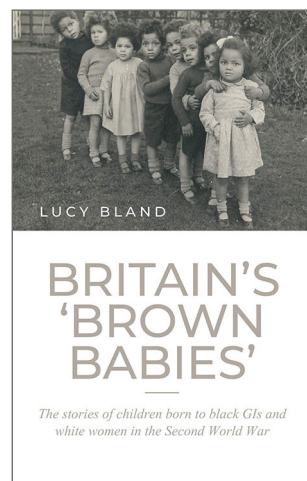
This impressive feat of scholarship is written stylishly and with such informed empathy, the protagonists being allowed to freely articulate their concerns, that the narrative reads as easily as a well-paced novel. While the life stories of the three women

rising up to the clouds' (82). Like her counterparts in British India, Margaretha Etholén, became involved in educating the Native American population, working hard to improve a school for orphan Creole girls, set up by a predecessor. However, the women also became increasingly emotionally dependent on their husbands, who had so much more experience of colonial life and governance. Von Wrangell, Etholén and Furuhielm were often away attending to the colony for sometimes lengthy periods. Already far removed from their families in Europe, Elisabeth and Anna became very lonely, while Margaret, convinced that she was failing as a wife, turned to introspection and self-doubt.

This expertly researched and thoroughly readable work forms a highly original contribution to scholarship in a wide range of inter-related disciplines: from Russian and Native American history to women's travel narratives and life-writing. As a study of Great Power colonisation, it provides a fascinating comparison with the East India Company and British Raj. There is certainly a strong case for its reissue in a format more readily available to the wider reading public.

Lucy Bland, *Britain's 'Brown Babies': The Stories of Children Born to Black GIs and White Women in the Second World War*, Manchester: Manchester University Press, 2019. £20, 978-1-5261-3326-7 (hardback), pp. xi + 271

Reviewed by Anna Maguire
King's College London



The encounters created by the mobilisations of global warfare have become an area of substantial historical investigation. The spaces where troops and civilians met and mingled offer a critical understanding of how hierarchies of race, nationality and gender operated during wartime. Lucy Bland's book beautifully and carefully recovers the intimate, painful and sometimes joyous stories of Britain's 'brown babies' – the children born to black GIs and white women who met in Britain during the Second World War – 'war casualties' as Harold Moody suggested when writing to Aneurin Bevan in 1945. Based on an impressive range of oral history interviews, 30 of which are now deposited at the Black Cultural Archives in London, Bland's evocative and poignant work offers significant new perspectives. In the stories told by her interviewees, we gain invaluable insight on racial-mixing and racism, at a personal and institutional level, as well as the local, state, political and charitable initiatives to care for these children. Throughout Bland writes with sensitivity, care and an astute sense of her positionality as interviewer, offering an exemplar of undertaking this essential oral history research.

At the heart of Bland's book is the 'double whammy' (54), as one of her subjects Heather T. calls it: the stigma of

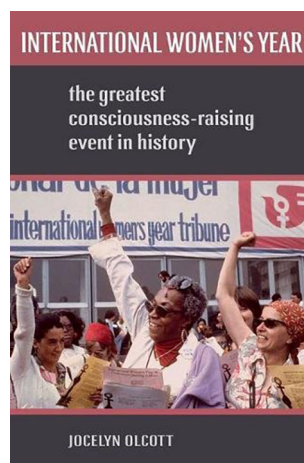
illegitimacy and racism, in some cases further complicated by adultery. This intersectional oppression looms large in many of the children's memories and saw many families wrenched apart. Allowing these voices to speak on their own terms, Bland places individual experience within structural conditions, not least that African American GIs were forbidden from marrying white women. Organised by the children's destinations – those who were kept, those who were given up (up to half of mothers chose this option) and those who were fostered or adopted – we see how racism operated along and within these different planes. Mothers wrote to the League of Coloured Peoples about the discrimination they faced in jobs, housing and employment because of the visible signs of their 'indiscretion'. Homes set up to deal with the 'brown baby problem', including the African Churches Mission headed by Nigerian Pastor Daniel Eskarte, might be remembered fondly; others frequently failed the children they set out to care for, from negligence and abuse to the separation of mixed-race children from each other and inadequate support to transition out of institutional life as adults. Described as 'hard to place', the unsuccessful fostering of many children and the suspicion of those who might want to adopt a mixed-race child saw many remaining in homes. A Home Office ruling in 1949 refused to amend the Children Act of the previous year to allow children to be adopted by non-residents of the UK; though many African-American families sought to adopt the 'brown babies' very few successfully made it to the States, despite the informal 'same-race' policy of adoption which Bland identifies. Tony H. adopted successfully by a Jamaican couple in Lancashire in the 1950s, which led to him identifying as African-Caribbean rather than African American, was very much in the minority.

This is a book deeply rooted in family. Bland intricately accounts the family dynamics of individuals grappling with, muddling through and occasionally thriving in inter-generational and inter-racial relationships. She traces the tensions in the quest for reunion between children and parents: mothers wanting to hide their pasts from new husbands and families, secrets and misinformation about names and identity, resistance and new rejection. We hear Denise's heart-breaking story of discovering in 1997 that her father had written to the children's home where she lived for several years, asking for photographs and whether she would be able to travel to the USA. For Monica, finding out who her father was 'just wipes out all the pain. All the emptiness and all the sadness' (207). The need for roots, for heritage, for connection, especially for the children given up, is a recurring thread, not only for understanding their families but their broader identity having grown up 'caught between the white world in which they were raised and the world of black people in which they were outsiders' (243).

The stories told by Bland's interviewees contribute to an engaging, accessible and emotional read. Bland has not only recovered an invaluable part of Britain's Second World War History but made a substantial contribution to our understandings of racial-mixing and identity. The positioning of these 'brown babies' as part of the longer, pre-Windrush, trajectory of Black experience in Britain is vital, as well as moving away from familiar geographic spaces of Black experience. Her meticulous attention to the ways in which these children navigated their own sense of belonging and difference – at home, in the care system, in British society and with their American families – is a tremendous achievement,

with important findings for historians of migration, Black Britain, childhood and family alike.

Jocelyn Olcott, *International Women's Year: The Greatest Consciousness – Raising Event in History*. New York: Oxford University Press, 2017. £26.99, ISBN 978-0-19-532768-7 (hardback), pp. 334
Reviewed by Robin Joyce
Independent Scholar



Olcott's *International Women's Year: The Greatest Consciousness-Raising Event in History* describes in an invigorating style the IWY Conference held in Mexico City in 1975. Like the conference, Olcott's account is also a feat of consciousness raising. Women activists will find the complexities of the UN meeting, and afterwards, familiar territory; those who come to this work as a largely unknown history will be rewarded. The section about

Elizabeth Reid demonstrates Olcott's capacity to develop her work within the context of a country's politics, the bureaucracy of the UN, the workings of NGOs and their proponents, and the women's movement in general.¹ Accounts such as this, when contrasted with the well-known manipulation of the photo showing two women demanding the microphone, is an example of Olcott's capacity to delve deeply into less publicised events as well as providing familiar signposts: the real kernel of this work. Therefore, I describe the book itself as a great consciousness raising event.²

An immediacy and sense of action is enhanced through the division of the material into three acts: 'International Women's Year Deserves No Less'; 'The Conference'; and 'Legacies'. Each Act embraces the vivid theme, scenes replacing chapters. Most illuminating are those associated with the conference, following a detailed background of the context such 'WINGO politics', 'Choosing Battles in the Cold War', 'Getting to Mexico City' and 'Follow the Money'. The conference scenes establish the themes Olcott sees as not only integral to the 1975 event, but symbolic. Titles include: 'Betty Friedan versus the Third World', 'This is an Illegitimate Delegation', 'Other Kinds of problems', 'The Politics of Peace', 'The First Rule of Fight Club', 'Coming Out Party', 'Chaos in the

1 Elizabeth Reid was Australia's first Women's Officer appointed in 1972 by the Whitlam Labour Government, the first for 23 years.

2 The late Senator Pat Giles, from Western Australia, was part of the organising group in that state. She, in true feminist fashion, sought to include less prominent women in the delegation to attend in 1975. Ten years later she headed the Australian delegation to Nairobi: a true consciousness raiser whose attendance in 1975 served to enhance not only her own consciousness of what feminism could achieve on the national stage but built a bridge for others.

Tribune' and 'Unceremonious Closing'. These titles resonate with the challenges which remain for women when feminist principles must take into account that, while having so much important in common, women are also responding to different backgrounds, experiences, aims and needs. Consciousness raising indeed!

Ten pages explain the notes, sources and theories Olcott uses to inform her work. Although at the end of the book, it is worth using the wealth of ideas and information in reading the text. Olcott considered using oral history, but eventually chose other methods. Nevertheless, her use of participants' archives provides valuable understandings. Journalists' accounts are sources of information and insights into the 'shaping of narratives of events both at the time and retrospectively' (254). Olcott also interrogates her sources and the nature of historical research and sources. For example, she discusses the editorial lines used by the various media outlets and their value in developing a knowledge of their own history and influence on the conference, how it was understood in the delegates' countries, and by the delegates themselves. Mexican feminist historians' reactions to events of 1975 are instructive – they largely ignored them, placing feminist activism with counter conferences and the later Cairo (1994) and Beijing (1995) UN Conferences. At the same time, the wealth of ideas generated by the numerous countries represented and whose representation was considered legitimate by feminist historians cannot be overridden by disagreements about what the Mexico Conference achieved.

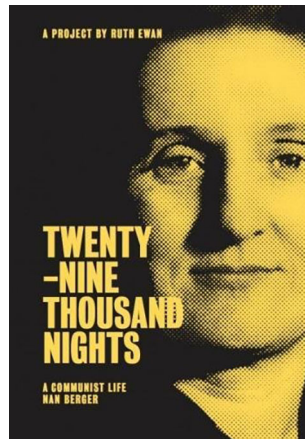
In the context of the current debate over the importance of women's places the chapter describing Betty Friedan's work to explain the ludicrous nature of men's prominent role in the proceedings is instructive. Some women congratulated the male presence and status. Some criticised American feminists' experience, accusing the American delegation of being 'inadmissible, racist and discriminatory' (133). This chapter is such an excellent read, exposing the problems women had, and have, in weaving between diplomacy and taking their place in a patriarchal world and their commitment to women's equality and feminist philosophy. Similarly, first world problems compared with those of the third world are taken up even more vigorously in Scene 9.

'Unceremonious Closing' highlights two aspects of the enthusiasm women's conferences engender. The closing ceremony included the Tribune Margarita Maza de Juarez Women's Movement meeting on the esplanade with petitions and music. Here, the common theme was the adamant protest that women were present to concern themselves with human rights 'not just women's rights' (216). In contrast, government delegations debated and strategised. Some resolutions were waved through; others carried with minor amendments; dissention erupted around others. The obvious differences between the women celebrating on the esplanade, and those debating resolutions could be depicted as bolstering the photograph that early in the conference portrayed women as inevitably at war. However, for those whose consciences were raised through the IWY Conference and aftermath, and those who think about its ramifications as they read and consider the women's conferences they have attended since 1975, the response might be quite different. Olcott's book helps us understand the differences and value of these, as well as the strength of sisterhood arising from International Women's Year and its Mexican conference.

Ruth Ewan, *Twenty-Nine Thousand Nights: A Communist Life, Nan Berger*, London: Book Works, 2017. £19.47, ISBN 97819066012861 (paperback), pp. 191

Reviewed by Paula Bartley

Independent scholar



Nan Berger (née Whittaker) was born on 8 March 1914 into a prosperous Mancunian industrialist family. They had servants and a chauffeured Bentley. When she was twenty-one she moved to London and joined the Communist Party. After being dismissed by the Bank of England because of her political beliefs she became a civil servant and worked as a statistician for the Ministry of Fuel and Power. In 1948, aged 33, she was awarded an OBE for her

post-war work in getting fuel fairly and rationally distributed and averting a major crisis in Britain's coal supplies during the frozen winter of 1947. She later became a free-lance journalist, edited a hotel and catering management journal, wrote books on education and women's rights and engaged in left-wing and feminist politics. She died in 1998, aged 84.

Now Berger is the subject of an innovative project by Ruth Ewan, a Scottish artist who creates radical art-works based on historical research and oral testimony. Her work explores generally overlooked areas of political and social history, particularly recovering those people, ideas and movements that have been lost in time and focussing on topics which challenge the status quo in one way or another.

Twenty-Nine Thousand Nights is part of a Beyond Words project, organised by Hull's Freedom Festival Arts Trust. It is one of ten books which together explore the themes of freedom, cultural history, identity, migration and the impact that individuals can have on society as a whole. Ruth Ewan stumbled over Berger's unpublished autobiography in the Women's Library while researching this project - and then went on to collect material from MI5 files, local archives and records from the Berger family to create a most original, imaginative and thought-provoking collection. Her skills as an artist are evident: the book looks like an art-work rather than a history piece. We are led into a personal journey through her subject's writings, government intelligence reports and newspaper articles many of which are reproduced in the book and make for utterly fascinating reading.

From the extracts of Berger's autobiography contained within the book, we read about her subject's political awakening. It was 1933: the Nazis had gained power in Germany, set fire to the German Parliament and proceeded to blame the arson on the Communists. The Reichstag fire, Berger wrote, 'changed my choice of friends and it changed my outlook' (51). From that time on she turned her back on 'being one of thousands of girls in the town who led useless, pleasure seeking lives' (51) into one of political, rather than social, engagement. Indeed her life took a completely different course as she became involved in campaigns to support the legitimate

government in the Spanish Civil War and other struggles, all the time consolidating her communist beliefs.

Unlike other middle-class rebels with a radical political conscience – Kim Philby say, or Guy Burgess – Berger did not ever become a spy. But she did not escape attention from the security services. The book provides facsimiles of secret service reports from the mid 1930s through to the 1950s, which reflect the paranoid nature of the British State: spycatchers thought ordinary people who were communists, not those in the top levels of MI5, were the bigger threat to national security.

I loved the book. Ruth Ewan is not a historian, and the historical context is missing. But for me, her use of primary sources – ranging from police reports, Berger's writings and her choice of photographs, cartoons, diary entries and newspaper reports – make for an engaging and fascinating approach to how history is presented. Readers will come away from Ewan's 'biography' not only utterly entranced but with an understanding of why Nan Berger's life matters. It is a unique testimony to a life well-lived.

Clare Mulley, *The Women Who Flew For Hitler: The True Story of Hitler's Valkyries*, St Martin's Press, 2017. £20.00, ISBN 978-1-4472-7420-9 (hardback), pp xxiii + 470

**Reviewed by Nina Baker
Independent Scholar**



Two women who loved to fly and devoted their efforts to their beloved nation, Germany. One a blonde, 'perfect Aryan' and ardent Nazi, confident, loud, not ashamed to cheat or exploit contacts, but quick to take offence and highly sensitive to criticism. The other secretly of part-Jewish ancestry, serious, intellectual, devoted to an ideal of nationhood and duty, who hoped her war-work would save lives and was involved in a plot to kill Hitler. This book allows the

reader to follow the parallel lives of these two remarkable but very different women through the coming of the Nazis, the Second World War and its aftermath.

Hanna Reitsch and Melitta (née Schiller) were unique for their period, and indeed for decades after, as female test pilots flying and testing military planes, since it is not until this century that other women have taken full test pilot roles. Many women were pilots of military planes during and after that war and many others flew as test observers, especially at the UK's Royal Aircraft Establishment. However, none but Reitsch and von Stauffenberg undertook the dangerous and exacting role of the pilot who tests a plane to its ultimate limits. Arguably, even now, no female test pilots have undertaken such intensive work programmes as these two.

Although both spent their formative years in Hirschberg in eastern Germany they never met there and this was somewhat the pattern for their future lives, even when occasionally posted to the same place. Reitsch's role for her Nazi masters was as one of their most highly skilled and

daring test pilots for new planes whereas von Stauffenberg, with her graduate background (and ultimately a PhD) was both test pilot and design engineer. As their lives unfold in this meticulously researched book, the tale moves back and forth between the two women and their separate social and professional circles. We learn how Reitsch, despite her very high status with the hierarchy, resented what she saw as von Stauffenberg's pretence to intellectuality and did all she could to belittle her flying achievements. Von Stauffenberg, the other hand, all too aware that she needed to balance becoming essential to the war effort with avoiding drawing attention to herself and her family's Jewish ancestry, refrained from any comments on Reitsch.

The author clearly invites us to admire von Stauffenberg's attention to duty and despise Reitsch's cosiness with Hitler, but both women made astonishing achievements in their flying and contribution to aviation development at the time. Von Stauffenberg's thousands of plane dives during her work to develop safe ways to fly the dive bombers, were considered incredible by the top male pilots who thought they had been stressed if they had done a few tens of such dives. Her work resulted in new night-flying instrumentation which would have saved pilots's lives before radar became commonplace, whilst Reitsch was arguing with Hitler to develop a German form of the Kami-Kaze suicide attack planes. At the end of the war Reitsch was actively trying to rescue Hitler from Berlin but was captured and used her fame to reframe her story in various ways to make it more heroic. On the other hand, von Stauffenberg's valiant final efforts to help her husband and family after their plot against Hitler, ended with her being shot down and killed just three weeks before the war's end.

Knowing comparatively little about the period from a German viewpoint, that aspect of this book was of particular interest to me, as we get a feel for how the horror crept up upon them, whether as a welcome change, as for Reitsch, or as a worrying one which had to be dealt with as a patriotic duty, in von Stauffenberg's case. The book gives a great deal of detail not just about their political thoughts, from their diaries and interviews, but also about the technical aspects of their work and the social environments in which they moved. Both women received their nation's highest awards but von Stauffenberg's untimely death allowed her story to be largely hidden until now, whilst Reitsch undertook many interviews until eventually the increasing infamy of her uncritical views of the past led her to take her own life in 1979.

This substantial book will be of interest feminist historians generally but especially to those with an interest in the hidden stories women's technical contribution in war time. The author has written other successful biographical histories of this period, such as *The Spy Who Loved*, so it is no surprise that this book is so fascinating and readable.

BOOKS RECEIVED AND CALLS FOR REVIEWERS

The following titles are available for review, so if you like to review any of the titles listed below, please email Katharina Rowold, Book Reviews Editor, at bookreviews@womenshistorynetwork.org

You don't have to be an expert to review, if you have a general interest and knowledge of the relevant historical period or territory then that will count for a lot. The ability to summarise a work (within the word limit!) and write interestingly about it is the most important thing. Any suggestions for books to review are also welcome - just email the book reviews editor as above.

Takeuchi-Demirci, Akko, *Contraceptive Diplomacy: Reproductive Politics and Imperial Ambitions in the United States and Japan* (Stanford University Press)

Abrams, Jeanne E., *First Ladies of the Republic: Martha Washington, Abigail Adams, Dolley Madison, and the Creation of an Iconic American Role* (NYU Press)

Luis, Keridwen N., *Herlands: Exploring the Women's Land Movement in the United States* (University of Minnesota Press)

McConie, Honey, *Hildegard of Bingen: Rediscovering the Genius of the Medieval Composer, Theologian, and Visionary* (University of Illinois Press)

Gallagher, Julie A. and Winslow, Barbara (eds), *Reshaping Women's History: Voices of Nontraditional Women Historians* (University of Illinois Press)

Weiss, Penny A. (ed.), *Feminist Manifestos: A Global Documentary Reader* (NYU Press)

Gold, Carol, *Women in Business in Early Modern Copenhagen 1740 - 1835* (University of Chicago Press)

Bell, David, *Reds, Rebels and Radicals: Derbyshire, Leicestershire and Nottinghamshire* (Five Leaves)

Griffiths, Fiona J., *Nuns' Priests' Tales: Men and Salvation in Medieval Women's Monastic Life* (University of Pennsylvania Press)

Ryan, Louise and Ward, Margaret (eds), *Irish Women and the Vote*, new edition (Irish Academic Press)

Crossan, Rose-Marie, *A Women's History of Guernsey 1850s - 1950s* (Mor Media Ltd)

David, Miriam E., *A Feminist Manifesto for Education* (Polity Books)

Rouse, Wendy L., *Her Own Hero: The Origins of the Women's Self-Defense Movement* (New York University Press)

Hallett, Christine E., *Nurses of Passchendaele: Caring for the Wounded of the Ypres Campaigns 1914-1918* (Pen and Sword Books)

Titely, Brian, *Into Silence and Servitude: How American Girls became Nuns, 1945 - 1965* (McGill-Queen's University Press)

Leavitt-Alcantara, Brianna, *Alone at the Altar: Single Women & Devotion in Guatemala, 1670-1870* (Stanford University Press)

Willis, John Thabiti, *Masquerading Politics: Kinship, Gender and Ethnicity in a Yoruba Town* (Indiana University Press)

Duriez, Bruno, Rota, Olivier and Vialle, Catherine (eds), *Femmes catholiques, femmes engagées : France, Belgique, Angleterre, XX^e siècle* (Presses universitaires du Septentrion)

El-Azhari, Taef, *Queens, Eunuchs and Concubines in Islamic History, 661-1257* (Edinburgh University Press)

Holmes, Jennifer, *A Working Woman: The Remarkable Life of Ray Strachey* (Matador)

Altschuler, Daniel R. and Ballester, Fernando, *The Women of the Moon: Tales of Science, Love, Sorrow, and Courage* (Oxford University Press)

Hale, Julian, *Women in Aviation* (Shire Publications)

Fara, Patricia, *A Lab of One's Own: Science and Suffrage in the First World War* (Oxford University Press)

Thompson, Anne, *Parish Clergy Wives in Elizabethan England* (Brill)

Sheppard, Martin (ed.), *Love on Inishcoo, 1787: A Donegal Romance* (Matador)

Barman, Jean, *Invisible Generations: Living between Indigenous and White in the Fraser Valley* (Caitlin Press)

McCurry, Stephanie, *Women's War: Fighting and Surviving the American Civil War* (Harvard University Press)

Cramer, Lorinda, *Needle Work and Women's Identity in Colonial Australia* (Bloomsbury)

Godfrey, Jennifer, *Suffragettes of Kent* (Pen & Sword)

Celebrating a century of women in the professions: the 28th Women's History Network Annual Conference

Becki Hines

University of Worcester

The theme of this year's conference held at the Women's Library at the LSE was 'Professional Women: the public, the private and the political' to mark the 100th anniversary of the passing of the Sex Disqualification (Removal) Act. As someone whose research interests lie in a different area of women's history, I have to confess that I had next to no knowledge of this piece of legislation or in fact many of the areas being covered by the vast array of papers being given during the two days. A lack of knowledge about the Sex Disqualification (Removal) Act is something I can no longer lay claim to, especially after Mari Takayanagi's fascinating keynote, "Broken reed, dead letter – or sacred year?" which opened the first day and set the tone for the rest of the conference.

Panels over the two days covered a vast array of subjects. There were those which focussed specifically on women in professions such as law; accountancy; surveying; engineering; publishing; nursing; the arts; and broadcasting. Others addressed the gendered nature of women's work and how women have either used or attempted to subvert these gendered identities to carve out a professional space for themselves. The vast array on offer often made choosing which panel to attend a difficult decision but I had to accept that I could not hear everyone speak. Luckily for me I did have to not choose when it came to being able to listen to another great keynote, this time by Helen Glew. Her exploration of the marriage bar and the complex arguments around it and women's resistance to it was riveting. We were all left hoping that the woman doctor who was asked upon her marriage in 1931 to suggest her own replacement put herself forward.

The first day ended with a reception held in the stunning surroundings of Middle Temple where the exhibition 'Celebrating a Century of Women in Law' curated by Rosalind Wright CB QC is being held until the end of January 2020. It was also here that we were honoured to have Master Karen Shuman give a captivating and incredibly perceptive talk linking the themes of the Sex Disqualification (Removal) Act and her own legal career. Whilst highlighting all of the things she would not have been able to have achieved had it not been for the passing of the act, she also reminded us that there is still a long way to go before there is equality in hers and many other professions.

The second day featured a stimulating panel on women and professions which featured papers from Judith Hewitt from the Devil's Porridge Museum and Kirsty Parsons from the National Army Museum. These two women are the best advert available for their respective museums, both of which are now on my to visit list. The panel on women and broadcasting was also a highlight of day two for me, especially Kate Murphy's brilliant paper "Analytical chemist, naval architect, chauffeuse ... professional women and BBC women's programmes 1923-1968". Her use of BBC women's radio programmes gave me food for thought about how I could use transcripts of radio

programmes in my own research.

By the end of day two I found myself both physically and mentally exhausted but invigorated about my research again. There is so much inspirational research into women's history going on at the moment and it was also good to see some of that being done by fellow PhD students being showcased here. To anyone who has not attended the annual conference before, then please think about attending next year's one. It is to be held in the splendid setting of the WI's Denman College in Abingdon and I, for one, cannot wait.

Committee Report given at the September AGM

The Network has had another successful year. The centenary of women's partial emancipation in 2018 gave Women's History a high profile within Universities and the wider public and has contributed, a high number of entries for the prizes – 28 Community Prize entries - which alongside our new initiatives, such as the ECR and Independent Researcher's Fellowships, have led to an increased membership.

We have continued the practice of having two meetings outside the AGM each year, one in late November and one in April, with other matters dealt with via electronic communication in between. The healthy financial situation of the Network and new sponsorship has enabled us to undertake some new initiatives, introducing two ECR Fellowships, Independent Researcher Funding and have, after some careful planning, committed to revamping the website.

Our thanks to Claire Jones who for years managed the website and who having stepped down, has now been replaced by her partner. Hywel Jones has been undertaking a number of tidy-ups, updates, changes and developments to the site and the payment system which will culminate in the launch of a new look website this Autumn. We hope that this, and the higher profile it will give our active twitter account, increasingly extensive blog, and the Journal, will help to promote both the WHN and Women's History.

Broadening access to Women's History remains a key priority so we are pleased to be able to continue to provide bursaries to the National Conference. It is also pleasing to see that both the West Midlands and also the West of England and South Wales regional networks continue to hold conferences in their areas. We hope that the Conferences and activities funded through the Small Grants Scheme for Teaching and Research Staff, the Small Grant Scheme for a Postgraduate Conference and the new ECR Fellowships will also provide access to WHN events in other parts of the country, and may perhaps lead to the formation of further regional networks.

Finally warm thanks, for all their hard work, must go to those members of the Steering Committee who are leaving us this year: Sumita Mukherjee, (Treasurer), Penny Tinkler (Conference Organiser and Deputy Convener), Naomi Pullin (Journal), Stephanie Spencer (Publicity), Karen Sayer (IFRWH rep), and to Jenni Waugh who stepped down as Community Prize Co-ordinator last November. We wish them all well and look forward to welcoming the new elected members of the committee.

Date of next Steering Committee Meeting will be 30 November at the Women's Library

WHN Community History Prize 2019

Another highly successful competition was held again with a record breaking 28 entries- a testament to the high regard the competition is now held in. With entries coming from England, Wales and Scotland, the high quality field demonstrated the breadth and variety of projects being undertaken and was heart-warming for the panel to see. Once again, we would like to thank the History Press for their sponsorship of this valuable prize.

After a day of debate, coffee, more debate and deliberation, the Panel decided to have one winner, Glasgow Women's Library with their project *Vote 100: The Moving Story*. We were delighted to welcome to the conference Jo Gray, one of the volunteers who worked on the project who received the prize on their behalf.

The project: To celebrate the 100th anniversary of the Representation of the People Act, GWL has developed an animated web resource highlighting the forgotten heroines who have campaigned for women across the world to have the right to vote. 101 women have been animated by animation students from six colleges across Scotland.

The panel's comments: The panel were very enthusiastic about the excellent and permanent resource for the centenary and very moving project which was a great showcase for local talent. The project clearly instilled a sense of local pride whilst the breadth and reach of the project extends knowledge and

interest in the achievements of women. Congratulations! Four projects were highly commended:

- The staff and volunteers at the Dream Time Creative C.I.C. for their project *Forgotten Women of Wakefield-A Celebration of Women's Stories*.
- Colchester and Tendring Women's Refuge and Newham Asian Women's Project with *You Can't Beat A Woman*.
- Women's Archive Wales for *Century of Hope: Celebrating a Century of Women's Heritage in Wales*
- Equality Matters Marple for *Marple Women's Work 100 Exhibition*

Elsbeth King – Chair of the Community History Judging Panel
Vote 100: The Moving Story



Screen shot of part of the web resource created by the winners at <https://womenslibrary.org.uk/discover-our-projects/vote-100-the-moving-story/>

Getting to Know Each Other

Name

George Mind

Position

Collaborative Doctoral Partnership Student, University of Westminster/ National Portrait Gallery

How long have you been a WHN member?

I became a member earlier this year and attended my first WHN conference last month. I loved it!

What inspired your enthusiasm for women's history?

Coming into feminist consciousness inspired my enthusiasm for women's history. When I was 17 and studying for my A Level in English Literature, we read Alan Bennett's play *The History Boys*. A quote from Mrs Lintott, the acerbic history teacher (and only female voice in the play), lodged in my mind: "History is a commentary on the various and continuing incapacities of men. What is history? History is women following behind... with a bucket." Growing up I had observed women around me making compromises, forever cleaning up and having their contributions erased; I wanted to change that through scholarship and activism.

What are your special interests?

My PhD research focuses on commercial women photographers, specifically women who ran portrait studios in Britain in the period 1888 – 1914. I am interested in how gendered identities are constructed through portraiture and how artists – particularly women artists – negotiate their political and commercial investments in that process.

Who is your heroine from history and why?

This is a tough question! There are so many! I think I'll have to choose a photographer: Yevonde Middleton, known professionally as 'Madame Yevonde'. She was a suffragette and found her photographic calling after seeing an ad for a studio apprentice in *The Suffragette*, which she sold on street corners. Throughout her long career Yevonde was a very vocal advocate for women entering the photographic profession and was an early pioneer of the Vivex colour process. I have a large print of her portrait of the actress Vivien Leigh (another heroine!) in my living room... I've always felt that portrait is a lucky charm.

WHN Book Prize

This year eight books were eligible for the prize. The subjects ranged widely from a tightly focussed study of an elite family in the early modern period, to a study of witchcraft in Early Modern Germany through to an examination of how a trio of Caribbean and African American women travelled the world to fight colonialism, racism, fascism and sexism.

The judges were impressed by the quality of most of the research. However, it was felt that if we want women's history to have a wide readership then we must ensure that the history we write is accessible. Unfortunately at times the language used by a few of the authors was occasionally arcane, impenetrable to all but a few, and sometimes in a tone which would alienate non-specialist readers. The format and language of a doctoral thesis does not always easily translate into a readable book.

More positively, the judges were struck by the extensive and imaginative research of many of the authors, who not only discovered new sources but utilised their previously undiscovered material in new and exciting ways. It was an exceptionally talented year – indeed most of the books which were entered made a 'significant contribution to women's or gender history'.

Not surprisingly, the judges found it challenging to reach a decision. In the end, it was agreed that Imaobong Umoren's, *Race Women Internationalists* was the winner. Imaobong's book focuses on three women activists – the African-American Eslanda Robeson, the Jamaican, Una Marson and Paulette Nardal from Martinique. The judges thought *Race Women Internationalists* conceptually original, largely through its intersectional lens – the book is about the history of race, global freedom struggles and transnational history looked at through the perspective of gender. The research is breathtaking, ranging widely across geographical space – including both the Anglophone and Francophone African diaspora and uses sources in both languages.

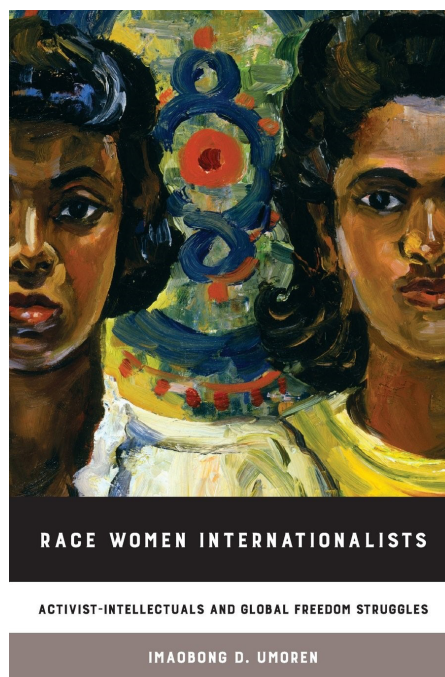
Two other books were highly recommended. The first was Eve Colpus' – *Female Philanthropy in the Interwar World. Between Self and Other*. The judges thought it was a thoroughly researched, original study of four prominent female philanthropists.

The second was Naomi Paxton, *Stage Rights! The Actresses' Franchise League, Activism and Politics, 1908–1958* was considered a thoughtful, well-written and original account an organization – that is the Actresses' Franchise League – often neglected in suffrage and theatre history.

Paula Bartley, Chair of the WHN Book Prize Judging Panel



Imaobong Umoren receiving her Book Prize presentation for Race Women Internationalists



WHN Tea Towel : Celebrating Black History Month

The WHN launched a competition to encourage young researchers to get inspired by the diverse and rich histories of Black Women. They created an artwork that celebrated either a group or an individual who they consider to be significant to black history. The tea towel features some of the wonderful entries that we received.

Tea towels are available for £3.99 at WHN Events and Conferences and can be ordered through the WHN website at £4.99 including P and P in the UK.

<https://womenshistorynetwork.org/product/whn-tea-towel-celebrating-black-history-month/>

To find out more about the competition read the WHN blog at <https://womenshistorynetwork.org/celebrating-black-womens-history-prize-winners/>



WHN MEMBERSHIP ANNOUNCEMENT

All members are kindly requested to check and update their web profiles on the updated membership system at:

<https://womenshistorynetwork.org/my-account/>

Please ensure that your e-mail address and personal information are up to date (and where possible please include a phone number).

PLEASE ALSO

Check that you are paying the right subscription
(See journal back cover for current rates)
Thank-you

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Back issues of *Women's History* (formerly known as *Women's History Magazine*) are available to buy in both digital and (in very limited quantities) print versions for:

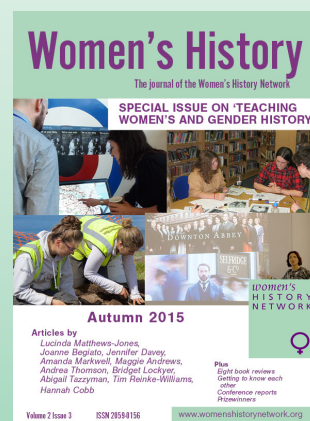
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www.womenshistorynetwork.org/category/magazine/editions/

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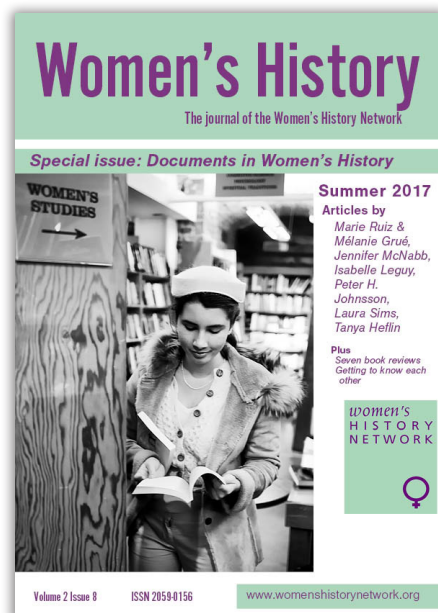
Publishing in *Women's History*

Women's History welcomes contributions from experienced scholars and those at an earlier stage in their research careers. We aim to be inclusive and fully recognise that women's history is not only lodged in the academy. All submissions are subject to the usual peer-review process.

Articles should be 3000-8000 words in length. Contributors are requested to submit articles in final form, carefully following the style guidelines available at:

www.womenshistorynetwork.org/whnmagazine/authorguide.html

Please email your submission, as a word attachment, to the editors at editor@womenshistorynetwork.org



Women's History Network National Steering Committee and Other Contacts - 2019

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chair@womenshistorynetwork.org.

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Sarah Frank - prizes and grants

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Kate Murphy - WHN Journal Editor

Zoe Thomas - Journal

Katharina Rowold - Journal Book Reviews Editor

For Journal submissions and peer review, journal/magazine back issues and queries please contact editor@womenshistorynetwork.org

To submit books for review please email the book reviews editor with details of the book to be reviewed. bookreviews@womenshistorynetwork.org

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*To join the WHN just go to
www.womenshistorynetwork.org/join-us/ and follow the instructions.
Payments and Gift-Aid declarations can all be
accessed online as well – see panel on page 19 for further details*

Why not join the Women's History Network?

The **Women's History Network** is a national association and charity for the promotion of women's history and the encouragement of women and men interested in women's history. Following our establishment in 1991 we have grown year by year and today we are a UK national charity with members including working historians, researchers, independent scholars, teachers, librarians, and many other individuals both within academia and beyond. Indeed, the network reaches out to welcome women and men from any background who share a passion for women's history. The WHN is controlled by its members who elect a national steering committee who manage our activities and business.

Conference

The annual WHN conference, which is held each September, is a highlight for most of our members. It is known for being a very friendly and welcoming event, providing an exciting forum where people from the UK and beyond can meet and share research and interests. Each year well known historians are invited as plenary speakers and bursaries are offered to enable postgraduate students or those on a low income to attend.

Prizes and Grants

The WHN offers annual community history and book prizes, grants for conferences and ECR and independent researcher fellowships.

Networking

Of course, talking to each other is essential to the work and culture of the Women's History Network. We run a members' email list and try to provide support for members or groups who organise local conferences or other events connected to women's history that bring people together.

Publication

WHN members receive three copies of our peer reviewed journal, *Women's History*, each year. The content of the journal is wide ranging from articles discussing research, sources and applications of women's history, to reviews of books, conferences, meetings and exhibitions, as well as information on calls for papers, prizes and competitions, and publication opportunities. The journal is delivered electronically in PDF form to all members via email, but members, can elect to receive a printed hardcopy of *Women's History* for an increased membership fee.

WHN membership

Annual Membership Rates (/ with journal hardcopy / with journal overseas delivery)

Student or unwaged member	£15 / £20 / £30
Low income member (*under £20,000 pa)	£25 / £30 / £40
Standard member	£40 / £45 / £55
Life Membership (includes journal hardcopy)	£350
Retired Life Membership(includes journal hardcopy)	£175

The easiest way to join the Women's History Network is online – via our website – go to
<https://womenshistorynetwork.org/join-us/>