

The Age of Transition: Nursing and Caring in the Nineteenth Century

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The history of nursing is inextricably linked with caring activities — indeed, much of the early literature on nursing uses these terms interchangeably. Over the past 150 years, this relationship has been both exploited and actively rejected by nurses. For example, the Queensland Nurses' Union's recent campaigns have pivoted around the slogan, 'Nurses Care'. However, during the latter part of the nineteenth century, nurses as a group of emerging professionals sought to distinguish themselves from carers. This paper will examine the relationship between nursing and caring throughout the nineteenth century, as it was during this period that differences between these two concepts became evident. In particular, those groups of people who undertook nursing and/or caring activities in Australia will be explored. The groups identified include convicts, early hospital workers, families, neighbours and charity workers, as well as untrained, trainee and trained nurses. In keeping with this broad overview, both community and hospital locations will be explored.

The relationship between nursing and caring was particularly blurred throughout the nineteenth century. As Dingwall, Rafferty and Webster¹ observe, there was little delineation between the various groups of health providers, and it was conceivable for one person to move between the groups as his or her circumstances altered. Indeed, Pearson and Taylor² note the difficulty of distinguishing 'nursing work' as carried out by carers from work done by nurses. For the purposes of this discussion, a distinction is made between nurses and carers, although it is recognised that, during the nineteenth century, many activities within the two categories were identical. Nurses were those who had gained nursing knowledge and skills, either formally or informally, and who were paid for their services. Carers are defined here as those who undertook nursing-type activities, but who had little prior knowledge and who received no remuneration for their efforts. Groups included in this latter category are inmates and the domestic household. These definitions incorporate most of the groups who were involved in nursing activities, with the single exception of trained nurses who were members of religious orders. This latter group of women usually underwent a period of training, but did not receive wages *per se*. In many respects, it is helpful to visualise those who provided nursing-type activities as part of a health providers continuum, with nurses and carers at the extremes. Maggs³ suggests that the documentation of nursing history has been restricted in its approach, tending to focus on the professional end of the spectrum of health provision. In particular, the literature dealing with nursing since the middle of the nineteenth century has almost entirely focused upon the professional nurse. This approach has marginalised the caring roles undertaken by many women and men in Australia, and throughout the world. This caring role has often been credited with forging the foundations of professional nursing.⁴ Whether it is appropriate to

make this claim regarding nursing and caring is unclear, with some authors suggesting that professional nursing is essentially a modern invention, commencing in the nineteenth century.⁵ However, it must be acknowledged that a relationship has existed between nurses and carers for at least a century, and it is a relationship that has recently gained more attention with the increasing prevalence of untrained assistants in nursing.

Dingwall et al.⁶ identify four separate groups who undertook nursing and caring roles in Britain at the beginning of the nineteenth century. These included members of a domestic household; handywomen, or paid nurses drawn primarily from the working classes, often characterised as the notorious Sairey Gamp;⁷ private nurses, who undertook nursing duties for the more privileged classes; and treatment assistants, who could have been considered as medical apprentices within hospital settings. In addition to these groups, Norton⁸ adds a further group of carers — inmates of poorhouses tending each other. Religious orders also re-emerged within nursing and caring domains throughout the nineteenth century in Britain. By the end of that century, treatment assistants had been virtually replaced by formally trained, female nurses. As Australia had a large influx of immigrants from Britain from the end of the eighteenth century, similar social structures and health systems were established in this country.

Carers: inmates and domestic households

One of the first activities of the newly arrived immigrants at Sydney Cove in 1788 was the erection of tents to form a hospital.⁹ These tents were able to hold up to four people. Resources were thinly stretched. When the Second Fleet arrived two years later with its cargo of ill and dying people, patients within each tent were forced to lie on the grass and share one blanket.¹⁰ As the settlement was designed to be a prison, it is likely the system of inmates tending each other, as occurred in the poorhouses and workhouses of Britain,¹¹ was carried on in Australia. Although evidence of this system of 'nursing' is limited, it is occasionally mentioned in the early accounts of life in the new colonies. For example, James Backhouse¹² visited Brisbane in the early part of the nineteenth century, noting the women prisoners of the Penitentiary of Female Prisoners were engaged in washing, needle-work, picking oakum and nursing. Pearson and Taylor¹³ also note that the first 'nurse' of the early hospital at Port Phillip was a male convict. While these accounts use the terms 'nurse' and 'nursing', what is described would appear to be more indicative of the group of carers earlier outlined by Norton. That is, inmates tending each other who had neither prior knowledge nor experience in 'nursing', nor were they being paid as 'nurses'. Furthermore, Cushing¹⁴ surmises that there was a lack of effectiveness in the care being provided based on the large number of deaths and lack of cleanliness noted during the colonial period. Consequently, the activities would have consisted of basic physical care, as occurred in equivalent British institutions.¹⁵

Similarly, family members would have tended to each other when ill, as had been the tradition in Britain.¹⁶ However, the same level of support may not have been available to the new inhabitants of Australia, due to a number of factors. Firstly, the bulk of the new arrivals were either convicts with no family support, or free settlers seeking their fortune in a new land. As immigrants, neither group

would have had access to an extended family, nor would they have had a large household with servants as they may have had in Britain. Indeed, Rachel Henning, an upper-middle class woman who emigrated to Australia during the mid nineteenth century, frequently lamented the difficulty of obtaining suitable servants.¹⁷ Dingwall et al.¹⁸ suggest a significant source of 'nursing' care would have come from the servants employed within the British household. Furthermore, Pearson and Taylor¹⁹ outline the intimate relationship between 'nursing' and menial domestic duties within the nineteenth century, further illustrating the lack of delineation made between nursing and caring during the early nineteenth century. Rachel Henning's letters written at this time also seem to make little distinction between 'nurse' and 'servant'.²⁰ While it is likely that in Australia the bulk of health provision was provided informally by family members, as in Britain, it is necessary to extend the definition of 'family' to include neighbours, friends and companions. The nineteenth century in Australia was a period of gold rushes, droving and shearing runs. Many men and women moved frequently or lived in relative isolation in the bush. How these people were attended to during times of illness or injury is not well documented; however, glimpses are available through the popular literature of the time, such as bush ballads and short stories.

The images of 'nursing' presented within fictional literature are not ideal historical sources. However, fiction has preserved many accounts of nursing history. One only has to consider the impact Charles Dicken's character Sairey Gamp has had with regards to describing handywomen, or the image of Jane Austin's Nurse Rooke, to realise the way these images have influenced the mythology of nursing in the nineteenth century. Bernard²¹ observes that the role of novels within nursing research is not to provide facts. Rather, it is to illustrate a point that can be verified by primary sources and to provide insight into the social and intellectual world of the writer. Indeed, the images presented in the poems and short stories here are by no means contradicted by the data provided in documentary evidence such as diaries and letters, suggesting such fictional portrayals of carers may well be representational of this group of health providers.

Within Australian literature, the portrayal of carers undertaking 'nursing' activities is closely tied to the image of independence, isolation and the harshness of the Australian bush. Henry Lawson briefly depicts carers on a number of occasions, including the matter-of-fact manner of Mrs Spicer while she cleaned the house of an ill woman in *Water Them Geraniums*.²² Lawson describes a drover's wife, left to give birth by herself, praying for assistance.²³ On a lighter note, in *The Shanty-Keeper's Wife*, Lawson²⁴ relates the tale of a group of travellers being duped by an innkeeper on the premise that his wife was ill. This poem is significant because it accepts as normal the responsibility of a husband to tend his ill spouse.

Barbara Baynton's images of caring were not quite as traditional as those of Lawson. Baynton's work towards the end of the nineteenth century was noted as outspoken and realistic.²⁵ In *Squeaker's Mate*, Baynton²⁶ depicts the moving story of a strong, independent woman whose back is broken by a falling tree, resulting in paraplegia. She is left unattended by her male companion, who moves her into a shed when he brings home a new woman. These images suggest that neighbours were generally willing to take on the role of carer in the absence of a trained nurse

or doctor, and used whatever resources were available. However, Baynton's story also suggests the knowledge of appropriate 'nursing' may have been limited in some instances. These images may represent a group of people without the benefit of remedies and traditional treatments as handed down from generation to generation within family and community groups as suggested by Dingwall et al.²⁷

These fictional representations may not have been far removed from the real experience of many women and men in Australia who were called to care for their neighbours and friends during times of ill health. Rachel Henning's²⁸ letters outline a number of instances where she (or one of her family or companions) was called upon to attend someone who was ill or injured. Similarly, Godden²⁹ relates the letters of Nora Barton indicate middle-class women cared for sick family members. Furthermore, Summers³⁰ outlines evidence from Daisy Bates of Aboriginal women assisting with childbirth in South Australia during the nineteenth century. Summers³¹ also cites the diary of Mary Thomas as evidence of the expectation for married women to assist with childbirths among their family and neighbours.

Vera Whittington's³² research into the conditions of the goldfields of Western Australia during the rushes of the 1890s further supports that friends and neighbours attended to each other. Whittington identifies a number of women who undertook caring activities in conditions of limited shelter and hygiene. For example, Whittington³³ describes one Mrs Sloss, who tended three men with typhoid. Two were cared for in nearby tents, while the other was housed in her bough shed. Mrs Sloss, although pregnant, tended to these men, no doubt being guided in her activities by a nurse who visited on a daily basis. Whittington³⁴ also notes the efforts of one Mrs Riddle of the Wesleyan Methodist Church in Coolgardie, who undertook 'nursing' duties for those unable to find hospital beds.

The role of servants, friends and family in undertaking 'nursing' activities would appear to have been considerable in both Australia and Britain. As a result, a number of publications became available during the nineteenth century that were aimed at the untrained carer.³⁵ Such publications were likely to have emerged from a tradition of domestic manuals for the British lower middle-class wife, who managed housework, servants and the household accounts.³⁶

Nurses: trained and untrained

Along with the carers who tended the sick on a voluntary basis, it was possible in the nineteenth century for women to seek employment as nurses, although they may not have had any formal training or even experience. Summers³⁷ reports that these women were probably middle-aged or elderly married women or widows who undertook nursing as a means of gaining an independent income to support their families. The range of nursing activities included midwifery and other nursing duties. Summers³⁸ suggests that these women gained their knowledge through experience, association with doctors, or through a tradition of handing down knowledge and remedies from woman to woman. Summers³⁹ also suggests that these women usually worked and lived within the same community. The British counterparts of these women were the handywomen and private duty nurses as described by Dingwall et al.⁴⁰ However, it is possible that these women were quite inexperienced and only undertook nursing as a means of gaining an

income during a time when suitable work for women was limited. Such women were noted by Whittington,⁴¹ who suggests that society girls from Melbourne came to the gold fields of Western Australia during the 1890s. They sought work as nurses because their families had become financially unviable and they did not want the embarrassment of working in their own home towns. Summers⁴² also observes that few women set out to be midwives, but began such work due to a change in their own circumstances, such as the death of a spouse.

Within nineteenth century hospitals across Australia, nursing duties were undertaken by untrained men and women until they were gradually replaced by the trained and training female nurses during the latter part of the nineteenth century.⁴³ Indeed, as Pearson and Taylor⁴⁴ relate, hospitals in colonial Victoria were mostly staffed by male nurses prior to 1870. Nursing activities were performed by men and women alike, although those nursing activities carried out by men gradually became marginalised and confined to mental asylums until well into the twentieth century.⁴⁵ Bashford⁴⁶ suggests that the feminisation of nursing from the mid-nineteenth century was influenced by wider societal changes relating to sanitation and the role of women in society. This is illustrated in the following quotation from Dr Drying's lecture:

To most ladies it appears a perfectly natural thing that they should nurse. It appears to be so eminently suited to her soft, yielding and sympathetic nature that men have unanimously and unreservedly withdrawn from the position in her favour ... It requires but a moment of thought to decide as to the preferability of the soft soothing hand of the woman to the rougher — although it may be intended to be as sympathetic — touch of the man. Apart, too, from the actual physical qualities, such as lightness of touch, neatness in arranging the room or bedding, there are others which must be regarded. A man is eminently a thoughtless being, and ladies are in cases of sickness pre-eminently thoughtful.⁴⁷

A number of authors suggest that Nightingale's linking of nursing with the ideals of womanhood — including the 'naturalness' of domestic duties, subservience to males and philanthropy — was extremely attractive to hospital administrators,⁴⁸ and hence contributed to entrenching these ideals within professional nursing for most of the twentieth century. While much of the feminisation and expansion of nursing was influenced by the trained female nurses, Edwards⁴⁹ points out that unqualified nurses continued to gain employment throughout the twentieth century under various titles, such as 'nurses' aide' or 'assistant in nursing'. However, trained nurses gained prominence towards the end of the nineteenth century. These women undertook a defined period of training within a training hospital. As each colony became convinced of the benefits of female nursing staff, more hospitals strove to become training hospitals, such that by the turn of the nineteenth century, the bulk of hospital training was carried out under the Nightingale system.

Florence Nightingale is often associated with the beginning of trained, professional nursing in Britain and Australia, as she is elsewhere in western societies.⁵⁰ However, in both of these countries in the nineteenth century, it was possible to undertake formal training in nursing before Nightingale opened her training school at St Thomas Hospital in London in 1860. The bulk of this training occurred within the confines of the Roman Catholic religious orders, particularly

that of the Irish Sisters of Charity.⁵¹ The Sisters of Charity arrived in Australia in 1838,⁵² some thirty years before Lucy Osburn and her 'Nightingale' companions.⁵³ This order opened and operated a number of hospitals, such as St Vincent's in Sydney, which commenced in 1857.⁵⁴ Although trained, it should be noted that these nurses were likely to have been unpaid. Bullough and Bullough⁵⁵ observe a similar situation in the United States of America, and suggest these Roman Catholic religious orders were the only ones who provided systematic nursing attendance until well into the nineteenth century. By the end of the century, Protestant nursing orders were also evident, such as the Sisters of the People Missions, who undertook nursing duties and ran hospitals during the typhoid epidemics on the Western Australian goldfields.⁵⁶ These nurses were somewhat different from their Roman Catholic counterparts; they were formally trained or experienced nurses who could come and go from the order as they chose. Both groups, however, undertook their duties without salaries, being provided with board in return for their services.

Within a few years of Florence Nightingale opening her nurse training school in 1860, New South Wales Colonial Secretary Henry Parkes wrote to Nightingale expressing a wish to establish a similar system of nursing at the Sydney Infirmary.⁵⁷ The result was the appointment of Lucy Osburn as Lady Superintendent in March 1868.⁵⁸ Osburn arrived with five other 'Nightingale' trained nurses, some of whom later took up positions of authority in hospitals of other colonies.

The Nightingale system of nurse training was active in Australia from the 1860s until the 1980s, when nurse education moved into the tertiary sector.⁵⁹ Nightingale's system consisted of female nurses being employed by the hospital for a period of time under the supervision of a trained nurse, known as a 'sister'. The trainee nurses undertook most of the work within the wards, including such direct patient interventions as bathing, feeding and attending elimination needs, and general ward cleaning. In exchange for their labours, the hospital provided uniforms and board, a meagre wage and, eventually, a certificate allowing the nurse to practice as a trained nurse.⁶⁰ The gaining of knowledge was generally *ad hoc* and mostly from hands-on experience, with informal input from the sister of the ward or more advanced students. However, towards the end of the nineteenth century, a more organised structure was evident in some hospitals. For example, at the Brisbane Hospital from 1886 to 1890, Matron Weedon ensured nursing students completed eighteen months of training. This training included lectures from the Medical Superintendent on medicine, surgery, anatomy and physiology, and bandaging, first aid and practical nursing lectures from the Matron.⁶¹

Once a certificate in nursing was attained, the trained nurse could then find employment as a private duty nurse or as a sister in a hospital. Private duty nursing was the main employment option taken. This work involved undertaking nursing duties in the patient's home, and being directly employed by a patient or family for a specific period of time. Work would be gained either through introductions from doctors or through a Nurses' Home, where the nurse could live when not 'assigned'.⁶² While this was the preferred work for trained nurses, they often found their employment options undermined by the cheaper rates charged by their non-trained contemporaries. In addition, during the nineteenth century, it was

customary for some private hospitals to allow trainee nurses to undertake private duty nursing during less busy times. Such competition was influential in moves within the nursing profession to regulate nursing at the expense of the untrained nurses and carers. However, the situation also illustrates the lack of distinction the public made in regards to nurses and carers during the nineteenth century. Indeed, Saunders and Spearritt⁶³ suggest the essential difference between the untrained and trained nurse of the nineteenth century was the willingness of the former to take on domestic chores as part of the duty fee. This view was certainly not shared by the trained nurses of the time, who felt that training was essential for efficient and effective nursing duties. The push for regulatory nursing bodies and the rise of professional nursing, and the accompanying rise in social status of trained nurses, has been the subject of a significant number of nursing history studies.⁶⁴

While caring activities have been an integral part of any society over the ages, and have often been credited as the foundation of nursing, the nineteenth century witnessed a unique integration of nursing and caring within Australia. It is not unreasonable to conclude that the nineteenth century was certainly an age of transition with regards to health provision as nurses increasingly distinguished themselves from carers. However, the legislative and professional boundaries trained nurses surrounded themselves with did not eliminate their untrained 'competition'. Carers remain a prevalent part of our society, working alongside the professional nurse in many instances. Furthermore, while carers can no longer be substituted for nurses as they were in the nineteenth century, many activities formerly undertaken by nurses throughout the twentieth century are now being carried out by carers as the pool of registered nurses diminishes. In the light of these circumstances, it is worthwhile examining the historical relationship between nurses and carers as the nursing profession responds to the significant shortages in nurse numbers at the beginning of the twenty-first century.

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Wendy Madsen

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