The Passing of the Night Watch: Night Nursing Reform in the London Teaching Hospitals, 1856-90*

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Abstract. At the beginning of the nineteenth century a separate team of women called the "night watch" was responsible for the night nursing in the London teaching hospitals. Rough, uneducated, and frequently the "scrubbers," or charwomen, who cleaned the halls and stairways in the hospitals in the daytime, the night watchers came to be closely identified with Dickens's Sarah Gamp. As the century progressed, the expanding capabilities of the new academic medicine forced an improvement in the standard of nursing. The difficulty in finding clinically experienced nurses who were willing to work nights at an affordable price, however, made it possible for the night watchers to remain in the new professionally organized hospital long after such unskilled and undisciplined workers had been phased out of other areas of the late Victorian workforce. By the end of the century when hospitals began rotating partially trained probationer, or student, nurses onto nights, the night watchers finally disappeared from the teaching hospitals.

Résumé. Au début du XIXe siècle, un groupe particulier de femmes appelé «la garde de nuit» était responsable des soins infirmiers de nuit dans les hôpitaux universitaires londoniens. Ces «gardes de nuit», rudes et illettrées qui, le jour, telles des femmes de ménage, nettoyaient l’entrée et les escaliers des hôpitaux, étaient souvent identifiées à Sarah Gamp, de Charles Dickens. Au fil des ans, les progrès de la nouvelle médecine académique exigèrent le réexamen des standards en soins infirmiers. La difficulté de trouver des infirmières expérimenterées en soins cliniques, acceptant de travailler de nuit pour un salaire...
raisonnable, permit aux «gardes de nuit» de demeurer au sein d’hôpitaux organisés selon les exigences des professions, alors que de telles employées, sans formation et indisciplinées, avaient été écartées depuis longtemps des autres domaines d’activité à la fin de l’ère victorienne. Lorsque les hôpitaux adoptèrent, à la fin du siècle, la rotation partielle des horaires des infirmières en période de probation ou des étudiantes en soins infirmiers, les «gardes de nuit» disparurent finalement des hôpitaux universitaires.

INTRODUCTION

"There is no part of hospital administration in which the public has evinced a deeper interest than in that which relates to the care of the sick at night,"¹ the Lancet, a leading English medical journal, stated in 1871. And rightly so, the editor continued, for in the daytime, there were a thousand safeguards against neglect—the visits of the medical officers, the chaplain, and friends and relatives as well as the sympathy of the other patients. In addition, there were the vigilant eyes of the nursing sister, ever on watch. But at night, the situation was different; the restless patient was surrounded by many who were asleep and whom he did not wish to disturb. In these circumstances a good night nurse had to take the initiative rather than waiting for the patient to call her. Because of its overriding importance for patient care, the editor had established a special Lancet Commission to enquire into the arrangements for night nursing in the London hospitals. The editor did not expect to uncover any sensational instances of neglect. "The sleepy, drunken Sarah Gamps are, happily, persons of the past," he wrote. Rather, the point of the investigation was to assure the public that the night nursing arrangements were indeed satisfactory, and, he added, "a comparison between the practice at the various establishments can scarcely fail to improve our knowledge and to eradicate defects."²

The Lancet Commission was to find the most dramatic changes in the night nursing in a number of the 12 London teaching hospitals. These 12 hospitals were St. Bartholomew’s and St. Thomas’s which were medieval foundations, the Westminster, St. George’s, Guy’s, the London, and the Middlesex Hospitals, founded between 1719 and 1745, and the Royal Free, University College, Charing Cross, King’s College, and St. Mary’s Hospitals which were established between 1828 and 1849. Each of these hospitals had a different constitution and a different funding base, each had a medical school, and by the end of the nineteenth century, each had a training school for nurses. All 12 were voluntary hospitals, that is, they received all of their funding from their endowments, gifts, and subscriptions. St. Thomas’s, St. Bartholomew’s, and Guy’s were wealthy foundations and were often referred to as the “endowed hospitals,” but most of the others, particularly the newer hospi-
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.. did not have a stable financial base, a factor which was to be a major influence on the way in which the new nursing developed.

While all of these hospitals were making steady efforts to upgrade their nursing staffs throughout the nineteenth century, the most important changes occurred in the generation between 1856 and 1881. In 1856 the Sisterhood of St. John's House, a lay Anglican order devoted entirely to nursing, took over the nursing at King's College Hospital. Founded in 1848, St. John's House provided a training institution for both the ordinary, working-class nurses and for upper-class ladies who were to be the unpaid head nurses and Lady Superintendents. Because they formed a religious sisterhood, the Sisters called the apprentice or pupil nurses probationers. St. John's House developed a centralized nursing department with the nurses reporting to the Sisters and the Sisters to the Lady Superintendent. In 1881 the London Hospital became the last of the 12 hospitals to introduce the new training system; Christopher Maggs therefore uses this year, 1881 as the beginning of the first generation of trained nurses. The new "trained" or "efficient" nurse who emerged as a result of these changes was to remain the standard model throughout the English-speaking world for 100 years. She was in large part the creation of the revolution in clinical medicine which took place in these great hospitals.

This article describes one part of these nursing reforms, the reform of the night nursing to which the Lancet referred in 1871. One of the most important reforms which the Sisters of St. John's House introduced was the abolition of the night watch, a separate team of women who had traditionally done the night nursing and whom the Lancet characterized as the sleepy, drunken Sarah Gamps of the past. In its place, the Sisters rotated their regular day nurses on and off nights on a regular basis. By the early 1890s, when a Select Committee of the House of Lords investigated the London hospitals, all the teaching hospitals were using the rotating system.

The story of the night watchers and their gradual disappearance from the London teaching hospitals provides us with a lens through which we can view the complex patterns of historical change in the nineteenth-century medical world. Created by Charles Dickens in 1849 as a character in his novel *Martin Chuzzlewit*, Sarah Gamp came to be closely identified with the night watchers; she was immediately taken up by both the medical profession and the public at large as the epitome of the worst of the old nurses. By the 1890s the night watchers, or "gamps," who had been so characteristic of the organizational culture of the hospitals at the beginning of the century, had become anachronistic, a remnant of a pre-industrial, less educated, less orderly society; they were no longer acceptable in the new, professionally organized hospital.
Unfortunately the night watchers cannot speak for themselves. There were few among the labor pool from which they came who could be expected to be literate, and they have left no records of their own. Nor did hospitals in the earlier part of the century preserve their nursing records. As Barbara Craig, a distinguished hospital archivist, points out, it is usually an indication that a department has become part of the official authority structure of an institution when its records become a part of the official archives. It was not until about 1890 that the new trained nurse matrons became firmly established as the heads of independent departments within the hospital, and it is precisely at this time that hospitals began to systematically keep the records of their nursing department. As a result, the sources available to us now depict the night watchers from the perspective of the hospital administrators, doctors, and nurses who worked with them. As well, there are numerous complaints from the patients whom they served. The hospital personnel present the night watch from the standpoint of the increasingly professionalized hospital staff while the patients' viewpoints demonstrate a public with rising expectations of hospital nursing services. All of these sources give us a great deal of information about the night watchers; all indicate growing dissatisfaction with their nursing skills and work ethic. Unfortunately these sources cannot give us the perspective of the watchers themselves.

THE OLD NIGHT WATCH

The Matron and the Sisters

Prior to the mid-century reforms, hospital nursing staffs consisted of a matron and three different teams of women, the sisters, the day nurses, and the night watchers. None of these women were required to have any previous training or experience before beginning their duties in the hospital. The matron was essentially a housekeeper, in charge of the female staff and hospital inventory. She hired the domestic staff which consisted largely of the day nurses, although in the larger hospitals there were a few women, known as "helpers" or "scrubbers," who did nothing but clean the halls and stairways. Because she was not a nurse, the matron was not responsible for the nursing care of the patients; this responsibility fell upon the medical staff and the sister or head nurse of the individual ward. For patient care purposes, each ward formed an essentially autonomous unit within the hospital with the doctor of the ward in charge. For this reason, the old decentralized nursing system was known as the "ward system" in contrast to the new "central" system which St. John's House introduced.
Of the three separate teams of nurses, the sisters, or head nurses, were the most important in terms of patient care. Although they were hired by the hospital administrators, by mid-century the sisters were reporting to the doctors for the nursing care of the patients while they were accountable to the matron for "orderly discipline," regularity, and comfort of the wards and for the sobriety and good behavior of the patients, nurses, and visitors.10

Unlike the Sisters of St. John's House, the old-style sisters were not ladies; Florence Nightingale described them as mostly widows of servants and tradesmen.11 In 1857 Mr. South, the Senior Surgeon at St. Thomas's, explained that only the sisters should be called nurses because they were the only women in the hospital who had real nursing expertise. But although a sister received some on-the-job training, her real nursing education depended on the individual physician or surgeon in whose ward she worked. If he was not interested in training her, the sister rarely became what the Victorians called a "skilled" nurse.12 Indeed, in 1877, when St. Bartholomew's became one of the last of the teaching hospitals to give up the old nursing system, it was the doctors and medical students, not the sisters or nurses, who taught the probationers what we now consider basic nursing duties. They showed them how to put on splints, to bandage, and to make and apply plasters. One of the assistant physicians would take the probationers into the wards and give them lessons on bed-making, poultice-making, or on the contents of the doctor's cupboard, or even on the best way to get the patients in and out of the bath.13

The Day Nurses

The day nurses composed the second team of women in the nursing department. Benjamin Golding, a young doctor who had just qualified at St. Thomas's, referred to the nursing staff at St. Thomas's in 1819 as "female domestics"; he used the term "menial" interchangeably with "nurse."14 Forty years later Mr. South still shared this view. He thought the day nurses would be better termed ward maids because they did all the usual duties of a housemaid such as cleaning and bed-making. It is noteworthy that the Lancet did not even consider the day nurses worthy of mention when describing those who looked after the patients during the daytime. Few day nurses were promoted to the position of head nurse or sister for the simple reason that few were competent to fill the position.

The day nurse "makes and applies poultices and the like in less important cases" [emphasis added], Mr. South said, and "attends to the wants of the patients confined to their beds or requiring such assistance as she can render; and washes such children as may chance to be
in the ward." It was the medical students who nursed the more important cases, both during the day and the night. In acute cases it was the duty of the dresser (the medical students who were studying surgery) "to be on watch at the bedside so long as the surgeon thinks needful."15

Mr. Bell, a distinguished surgeon who had begun practising at the Edinburgh Royal Infirmary in the 1840s, described the old day nurses as domestic servants or widows who for various reasons could not make good in ordinary domestic service and therefore were forced to accept work in hospitals.16 They tended to be rough and what the Victorians called "unrespectable." They were always the first to be suspected when anything was stolen. For example, in September 1866 a patient at Charing Cross reported that her purse, containing more than £3, had been stolen from her bag which she had left in the bathroom. When the Secretary investigated, he found that four nurses and another patient had been drinking gin together in the bathroom when this event occurred. Two of the nurses resigned while the other two were reprimanded by the Board.17 It was also standard practice for nurses to demand money from the patients for their services.18 Florence Lees, one of the early nursing leaders, reported in 1874 that some of the patients at St. Bartholomew's complained that the nurses treated them unkindly. One patient told Lees that the only way to get good treatment from them was to tip them. She said she "would rather bear anything than go to St. Bartholomew's again. The Doctors and the food was well enough, but the Nurses was awful!"19

In fact, none of this was surprising for in the first half of the century nursing offered one of the few employment opportunities for poor, uneducated women who either had no money for apprenticeship fees, or who were too old to be apprenticed. Untrained women in London had few opportunities for steady work apart from domestic service which employed the largest number of women in the country. Beyond that, street selling, prostitution, and the various lower levels of the needle trade were the principal choices, and they were usually irregular work. Charring, which means literally odd jobs or housecleaning by the day or hour, made up the largest part of the day nurse's work. It was the lowest order of domestic service, usually supplied by women over 40 who had failed to maintain their position in private families or who were widows or deserted wives. It was normally an indication of downward mobility. Similarly, nurses tended to be single mothers or widows.21 In 1857 when Dr. Steele, the very able professional administrator at Guy's, recommended half wages for nurses when they were sick, he argued that "It would be but fair to this useful class of women, many of whom have children depending on them for subsistence."22 It is notable that he used the term "subsistence" rather than
support. The term "women's work" in general meant unskilled and low paid work, frequently involving, as did nursing, heavy physical labor, and long hours. Nurses normally worked from 6 in the morning till 10 or 11 at night, and Mr. South pointed out that they rarely sat down for five minutes together during the whole day.

Mr. South's preference for the name "ward maid" was perfectly reasonable for few people in the first half of the nineteenth century distinguished between domestic service and hospital nursing. For example, Elizabeth Davis, one of the trained hospital nurses who went to the Crimea in 1854, had been in domestic service since the age of nine. As well as working in families, she had also served as a stewardess on board a ship where she delivered a number of babies. In the 1840s she worked as a housekeeper for some years for a lawyer whose health was poor; she described herself as his nurse as well as his housekeeper. Following the death of this particular employer in 1849, she worked as a nurse at Guy's Hospital for about a year. "Having been accustomed to the sick, and to all sorts of casualties, I engaged myself, as a nurse, at Guy's hospital," she wrote. When the doctors asked her to replace one of the night nurses "who had behaved ill" she left the hospital because she did not wish to work nights. "I next took to nursing private patients, being recommended by surgeons and physicians to whom I was well known," she said but she found she did not like nursing as well as domestic service and returned to housekeeping.

However, a few years later, in 1854, Davis volunteered to go to the Crimea as a nurse. In the Balaclava General Hospital she exhibited her nursing expertise, washing and opening the wounds of the soldiers from which she removed maggots by the handful, applying fresh poultices, arranging for beds and bedding, and seeing that the orderlies washed, combed, and changed the clothes of the men. Yet after six weeks she was taken from the wards and put in charge of the kitchen because the cook seemed to have absconded. Here she remained for the rest of her stay in the Crimea. Although she went out at night with Mrs. Shaw Stewart, the Lady Superintendent, to take lemonade and other drinks to the sick and wounded in their huts, she was essentially the cook of the hospital.

The Old Night Watch

While the day nurses did do some minor nursing duties for the patients as well as all the cleaning, the third team of women, the night watchers, as their name implied, had originally been hired to watch rather than to nurse the patients. They were often the "scrubbers," or women who were hired to clean the halls and stairways, and were normally paid about half to three quarters of what the day nurses received.
For example, in 1819 day nurses at St. Thomas's were making £25 a year and the night watchers £19.10.0.31 The lower wage of the night watch reflected the lower expectations of them.

Some of the day nurses lived in the hospitals while others came in from the outside, but the night watchers typically lived out. “The night nurses, or watches,” Golding wrote in 1819, “do not reside in the hospital, but are women of good character, who are hired to sit up at night in the wards, and towards morning are permitted to return to their homes for the day.”32 Despite attesting to the good character of the night watchers, however, Golding then went on to complain, “how often, however, have we to deplore that the directions which have been given in the day are disregarded or circumvented by a negligent or officious nurse during the night; and that notwithstanding our endeavours, the patient is lost by fatal mismanagement.”33

The night watchers’ job description was usually almost the same as that of the day nurses, with the addition that, in the absence of the sisters, they gave medicines and nourishments. They were also warned not to lie down or sleep on pain of dismissal.34 But there was a major discrepancy between the job description and the way the night watchers actually behaved. Lionel Beale, a physician who had been at King’s College Hospital before the Sisters of St. John’s House introduced the new nursing system in 1856, described the night watcher as a poor, tired, old charwoman who after a hard day’s work, got her supper and a shilling to sit by the fire and be a “night nurse.”35 Mr. Bell described the difference between the day and night nurses as “the day nurse was cook and housemaid as well as nurse; the night one was drudge, scrubber, and only incidentally had to take the most difficult and trying post of nursing twenty sick and dying men during the long hours between eleven and seven”36 when the sister was not on duty.

The abolition of the night watch was one of a number of quite revolutionary changes in the new nursing system which St. John’s House introduced at King’s College Hospital in 1856. The Sisters’ system represented a real break with the past for its aim was to professionalize nursing. As well as the apprenticeship training on hospital wards which was required of everyone on the St. John’s House staff, ladies and working-class nurses received formal lectures in medicine and surgery from the physicians and surgeons and classes on nursing from the Sisters. In addition, the Sisters insisted on far better living and working conditions than nurses had ever had, including hiring charwomen for the wards so that the nurses could devote themselves exclusively to patient care. When they negotiated their contracts with the hospitals, the Sisters insisted that the Lady Superintendent have exclusive control of her staff; the medical officers and the hospital adminis-
trators were to have no authority over the St. John's House staff apart from the doctors' orders for patient care. In 1862 another Anglican sisterhood, the All Saints Sisterhood, secured the contract for the nursing at University College Hospital; they used the St. John's House nursing system in every detail. And in 1866 St. John's House took over the nursing at Charing Cross. The immense successes of the Sisterhoods in these three hospitals led one after the other of the other nine teaching hospitals to gradually introduce features of the Sisters' system in a variety of modified forms over the next 25 years.

But what these hospitals called the new training school system was very different from the St. John's House method. Most hospital administrations were not prepared to spend the kind of money on their nurses which the Sisterhoods spent, and equally important, they were not prepared to give the Lady Superintendent so much independence. Furthermore, they did not see the Sisters' successes as arising from their goals of professionalizing nursing but rather attributed them to three other factors. First, the Sisters were ladies, and therefore knew how to control staffs of servants; second, they were trained nurses themselves; and third, they provided better food and accommodation for the nurses with less menial work.

When administrators in the other nine hospitals introduced what they called the St. John's House system into their hospitals, it was the presence of a Lady Superintendent who was a trained nurse herself and therefore able to give some classes to the new nurses, and some improvements in living and working conditions which they identified as the new system. One of the factors which made the biggest difference in the nursing between these hospitals and those nursed by the Sisterhoods was that although the Sisters invited the old nurses and sisters who could meet their standard to stay on, they also brought in a large number of their own trained staff. In the other hospitals, the only real change in staffing was the replacement of the old matron by a Lady Superintendent who was a trained nurse. The old sisters continued to staff the hospital, as did the old day nurses and night watch, so that despite the fact that the other hospitals said they were using the new system, the old nursing personnel remained and were only very gradually replaced. At St. Thomas's the Nightingale Fund did not even succeed in securing a trained nurse Lady Superintendent. The original contract provided for the old matron, Mrs. Wardroper, who was neither a lady nor a nurse, and the old sisters to teach the probationers. The probationers were to consist of 15 of the 37 nurses then working in the hospital. It is ironic that although St. Thomas's has traditionally been considered the leader of nursing reform, it was the last
hospital to introduce a trained nurse as Lady Superintendent, A. L. Pringle who took over from Mrs. Wardroper in 1887.

As a result, change in the hospitals where the nursing was controlled by hospital administrators was more gradual and proceeded at an uneven pace. Alice Terton's experience at the Middlesex provides a good illustration of the way the old nursing continued with only minor modifications although the administrators said they had introduced the new, centralized training institution system. Terton was a lady who was widowed while still a young woman. Because she wanted to do some kind of work which was paid to show herself that she was worth having she entered "a large London hospital" as a supplementary nurse. She does not identify the hospital or the date, but it would appear to have been the Middlesex in the late 1860s. The hospital had a Lady Superintendent and a new nursing home but the old staff remained and there was no instruction for the new nurses. In 1902 Terton characterized the nursing system in the late 1860s as the "old system," but in the context of that time, the Middlesex was a leader in nursing among the hospitals which the Sisterhoods did not nurse. In 1871 the Lancet Commission perceived it as a prime example of the new nursing. Terton described her job as essentially that of a charwoman from 7 in the morning until 10 at night, but she was constantly changed from day to night duty on short notice. A few hours of sleep were considered adequate for the assistant nurse before sitting up all night with a delirious patient.

Florence Nightingale decried this system. "Extra watching is most injurious to the health of all wasd-servants. In she said, "and to the sobriety, and therefore morality, of many paid ward servants."

The sobriety of the hospital staff was a major problem of long standing in the hospital world and was particularly associated with the night nurses, but it was also a problem in English society at large. In his survey of modern English history R. K. Webb describes drink as the national vice of the English in this period. In 1796 Sir William Blizard, later the distinguished senior surgeon at the London and a President of the Royal College of Surgeons, spoke enthusiastically of the excellence of alcohol in sustaining and curing individuals, but warned that it was very important to see that the patients were not robbed of their allowance by others in the hospital, and particularly by the "nurses and watchers, who are, in general too fond of strong liquors." In 1848 the doctors at King's College were complaining that the nurses were frequently addicted to alcohol, in part because they had easy access to it at the expense of the patients.

The patients expected the nurses to be drinkers. Rebecca Strong, who entered St. Thomas's as a probationer in the mid-1860s, said that if a
probationer scolded a visitor for failing to bring pajamas or towels which the patients were expected to supply for themselves, a typical answer intended to be placating, was "Here's threepence for a drop-o-gin." In 1880 a lady nurse at Guy's complained that since the hospital did not provide meals for the night watchers they often helped themselves to the patients' food as well as their stimulants. It was standard practice and not limited to the night nurses. In 1867 the House Surgeon at the Middlesex complained that one of the sisters was drinking the wine and beef tea prescribed for the patients.

One of the reasons Dr. Steele, the administrator at Guy's, recommended giving the nurses full board as well as their regular pay in 1857 was to keep them from eating and drinking the patients. He kept a very close eye on the amount of alcohol consumed in the hospital every week, originally counting by the ounce—3,146 ounces of port wine, 530 ounces of sherry, 331 ounces of brandy and 254 ounces of gin for one week. Later he did the count in gallons—91 gallons of port, 15 gallons of sherry, 11 gallons of brandy, 8 gallons of gin and 1,748 gallons of porter.

F. D. Maurice, the great Anglican theologian, suggested that drink was more of a problem with the night watch when he urged his lady pupils not to be contemptuous of the paid hospital nurse:

She may be often drunken, (I mean especially the night-nurse,) sometimes, but I believe rarely, without feeling for the patients. These are enormous abuses and scandals, no doubt. But the temptations to these evils among persons brought up as they are, are also enormous; and I suspect you will have quite as often occasion to wonder at their tenderness and skill, and to ask how such gifts have come to them, as to lament over their deficiencies and offences. These women have never had a fair chance. The atmosphere of a hospital is less favourable to them than to any persons connected with it.

Maurice was Chaplain at Guy's Hospital from 1836 to 1846 and had an intimate knowledge of the hospital world.

Although excessive drinking was particularly associated with the night watchers, it was by no means confined to them. Even after the Merryweather sisters began introducing the new nursing system at the Westminster Hospital in 1873, two teetotaller lady nurses who trained in the later 1870s wrote that every one had told them they would not be able to "stick it" without the support of alcohol. They were the only two abstainers among the 30 young women in their class of whom 10 others were ladies. They described how the Sisters would get the surgeons to order the nurses a glass of wine when they had an exceptionally unpleasant dressing to do, and said that the temptation to take stimulants or some "beer warmed up for a little comfort before going on duty" was especially strong on nights. The prevalent belief that it
was necessary to take a little spirits before or after laying out the dead, they said, was a fallacy. They believed that alcohol was one of the most frequent causes of the cruelty which still existed in the nursing world. Yet the system encouraged drinking for beer was the only beverage provided for the nurses, and it was not until a number petitioned the House Committee that the hospital provided milk as an alternative.\textsuperscript{52}

The cruelty in the nursing world which the two Westminster nurses mentioned was believed to be widespread. Arthur Brinckman, a clergyman and hospital chaplain, wrote in 1879 that the old-style nurses would say when a patient is dying, "he is making his place," and therefore they refused to move him in any way, regardless of how uncomfortable he might be. "It is an old tradition, still alive," Brinckman continued, "that when patients are dying in a hospital, the nurses smother them with the pillows to save trouble!" Brinckman didn't really believe it was true, but he had been assured by more than one patient who had been in a certain London hospital that it was indeed true.\textsuperscript{53}

Bad as the average day nurse was in Mr. Bell's opinion, he thought the night watchers were far worse. "But if the rank-and-file of even the day nurses were inefficient, who shall tell the delinquencies of the poor old charwomen, and scrubbers, who were by courtesy called night-nurses?" he asked.

Worn-out, to begin with, underfed, underpaid, allowed only five or six hours' rest after a day of scrubbing, before beginning a night of watching, what wonder was it that the watching was a farce; and that the poor old drudge drowned her cares in whiskey or laudanum, and rested her weary back in any unoccupied bed in the ward?\textsuperscript{54}

What he remembered most clearly was having to rouse them and having to nurse the critical cases himself. When he was a house surgeon (the equivalent of the modern senior surgical resident although nineteenth-century medical students had normally finished their training by the age of 21) he found that "one of the duties of a really active and interested house-surgeon was to go round the wards about the mid-watch and rouse the night-nurses. Hence for really urgent and severe surgical cases, the dressers and house-surgeons had to take the night-nursing in their own hands."\textsuperscript{55} He pointed out that when young lads of 21 had to appoint and dismiss the nurses, "with none to select from except washerwomen who had not succeeded, or night-nurses who had probably been dismissed from another ward the day before; what wonder that they did not have much satisfaction in their selection? And when the surgeon, if driven by desperation to dismiss a day-nurse, had only the least bad of the night-nurses to choose from, no wonder we were afraid to meddle, and had to wink at much evil and neglect."\textsuperscript{56} This was standard practice. At the London Hospital in 1880
nurses who didn’t work out on one ward were simply sent to another rather than being dismissed.\textsuperscript{57}  

A. L. Pringle, who entered the Nightingale school in 1868, also thought the night watchers’ behavior entirely understandable. Her experience was that the night watchers usually worked in the hospital in the daytime as scrubbers. Their hours were hence eleven at night till five the next afternoon. The small allowance of food they received was usually uncooked, and they had to prepare it without any accessories and eat it at the ward fire or in the scullery. “What with long hours, sore drudgery, comfortless surroundings, what wonder if they fell asleep at their post or resorted to drink for consolation?” she asked.\textsuperscript{58}

Because they had worked during the day these women did not just fall asleep at their post but often planned on using the “watch to sleep. At St. Mary’s Hospital the night watch prepared for the night by placing large clothes horses in a semi-circle around the fire, hanging the ward sheets over them to air. It was of course an essential part of sanitary practice to air the sheets, but this practice also made snug, bower-like places for sleeping. Miss Wright, the matron at St. Mary’s, installed time punch clocks which the nurses were to punch every hour to prove that they had been awake, but they soon learned how to operate them with a bent pin in the morning so that it looked as if they had been punched regularly during the night.\textsuperscript{59}

The Lancet commissioners found a similar situation at the Royal Free Hospital in 1871, after nursing reform had begun there. The wards were remarkably long with the fireplaces at one end, and there was usually a high screen in front of them. The probationer on night duty sat by the fire behind the screen—“a situation we should have thought most conducive to sleep,” the Lancet commented—fully 70 to 80 feet away from some of her patients, and “totally unable either to hear or see accurately any slight disturbance occurring in the dim obscurity of the far end of the ward.”\textsuperscript{60} As well as counting on the watch for sleeping, it was also standard practice for the watchers to do their personal washing during the night and to use the ward as their drying ground. Hospital rules typically forbade washing and drying in the wards throughout the century.\textsuperscript{61}

While most hospitals were giving the day nurses one to two weeks vacation a year by the second half of the century, the night nurses received none. This was the practice at the London, St. George’s, St. Bartholomew’s, the Middlesex, Guy’s, and St. Thomas’s when Miss Swift, the matron at the London, made enquiries in 1877,\textsuperscript{62} and reflects the origins of the night watch as casual labor. It was common for those who worked regularly if they were ill or wished to take a short holiday, to hire a friend to take their place.\textsuperscript{63} And many night watchers
remained true casual labor. Miss Eva Lückes, who had been Night Sister at the London Hospital for a few months in 1879 and became the Lady Superintendent in 1881, told how every evening a group of five or six of these women would appear in the lobby of the hospital and sit on the benches waiting to see if there was any work for them. She described them as middle-aged or old women of the scrubber class who came along on the chance of being hired for night duty. They were known as “night-extras.”

Sister Casualty, who entered St. Bartholomew’s as a probationer in 1877, differentiated between the regular night nurses and the extras. She described the night nurses as drunken, disreputable, and illiterate, but thought “the worst women we had were those who used to come in to look after very bad cases, more particularly at night.” They applied to the hospital for work as women apply for charring, she said scoffingly. Of course they applied for work as women applied for charring, because that is precisely what they were, charwomen who, as Mr. Bell wrote in 1876, occasionally were put in charge of a whole ward of critically ill patients at night.

Dr. Oliver Sturges, physician to the Westminster Hospital, wrote in 1880 that the night watchers represented the worst of the many defects of the old nursing. He spoke of his “memory (if it be altogether a memory) of the cruelty of negligent and inefficient nursing—of its extreme cruelty during the long cold watches of the night when temptations to neglect are the strongest.” He believed that in the absence of good nurses hospitals were mere places of torture.

THE CHANGING ROLE OF THE HOSPITAL

By the middle of the nineteenth century when the major nursing reforms began, the older teaching hospitals had undergone substantial changes. The medieval foundations, St. Bartholomew’s and St. Thomas’s, had not been established exclusively for the care of the sick, but served to accommodate “blind, maimed, sick and helpless objects.” Their mission of relieving the sick and suffering poor was designed in part to maintain social order by suppressing vagrancy and begging. In the first half of the eighteenth century, however, the concept of hospitals as institutions which were primarily for the care of the sick came into being as groups of philanthropists, usually led by doctors, established five new hospitals, the Westminster, Guy’s, St. George’s, the London, and the Middlesex. The new hospitals, however, maintained the traditional mission of improving the “moral economy of the community,” as Sir William Blizard described it.

In 1796 Blizard was complaining that hospital governors laid too much emphasis on the role of the hospital as a refuge and not enough
on its function of teaching scientific medicine. While the charters of the new eighteenth-century hospitals made provision for medical students, he thought the founders were more moved by the sufferings and distress of the poor than by the anticipation of the great advantages which academic medicine was able to provide.\(^6^9\) By the middle of the nineteenth century, however, academic medicine had moved to the fore and was gradually taking over the hospitals because they provided such ideal opportunities for research and teaching. As a result, five more hospitals were founded, the Royal Free Hospital and four which were dedicated primarily to providing clinical experience for medical students, University College, Charing Cross, King’s College, and St. Mary’s Hospitals.\(^7^0\) By 1880, few would have disagreed with Mr. Bell when he wrote that “the great primary object of an hospital” was medical, “the care and cure of the sick and injured poor.”\(^7^1\)

The change in the hospital’s role was a slow and gradual process, however, and at the beginning of the nineteenth century patients were still usually admitted for a period of rest and relief rather than for an operation or a course of medical treatment. Many were ambulatory and able to leave the hospital although they were not supposed to do so without special permission.\(^7^2\) “If any Patient be found strolling about the Streets, or frequenting Publick Houses, or Brandy Shops, they forfeit their next Day’s Diet,” the Rules and Orders at Guy’s stated.\(^7^3\) Yet John Howard reported in 1789 that the patients at Guy’s and St. Thomas’s frequently went out, and as he tactfully put it, “the adjoining gin-shops often prevent the efficacy of medicine and diet.”\(^7^4\) At St. Thomas’s patients could leave the hospital for a few hours, or even the greater part of the day, if the medical officers and the steward gave them leave, and they frequently used this opportunity not only to go carousing themselves, but to buy spirits to take back into the hospital with them. While patients could be dismissed if they were found intoxicated, even the utmost attention of the porters was insufficient to prevent spirits being smuggled into the hospital; the temptation was simply too great.\(^7^5\)

In this less-than-decorous hospital setting at the beginning of the century when there were relatively few critically ill patients, the old-style night watchers had been acceptable, if not desirable. In 1823 the medical staff at the London expected not only to be finished seeing the out-patients, but also to be finished with cupping and bleeding and dispensing for the in-patients by 5:00 in the afternoon at which time they expected to have their dinner served.\(^7^6\) By mid-century, however, the routine of the medical staff had changed quite dramatically. The old “lowering” or depletion therapies were going out of style, and in place of violent purgatives, emetics, diuretics, salivating, and bleeding,
doctors were prescribing more labor-intensive, supportive treatments which required regular, around-the-clock attendance.

With the new therapeutic regime, the importance of "general management"—nursing, diet, cleanliness, fresh air, all matters falling within the province of the nurses—became paramount. Food and drink were frequently ordered for the patients as often as every half hour to hour throughout the night and the doctors expected to be informed of any changes for the worse in the patient's condition. Good nursing was second, and second only, to having the best medical skill, the Lancet commented in 1864. A patient could often be saved by skilled nursing when everything else had failed. For example, a febrile erysipelas patient with a fresh tracheotomy simply could not be left to the care of a woman who might be doing h-...
wards. These wards were staffed with one sister and two nurses who, the doctors found, were overburdened. They were granted their third nurse, and by 1821, they were rotating each of the nurses onto nights every third night. In the single wards, however, because of lack of space to partition off a sleeping room, the night watchers continued to be brought in from the outside.

In 1847 the London revised its night nursing system on the recommendation of the apothecary. He pointed out that “the general disorder of the health of the Assistant Nurses is brought on by excessive fatigue,” induced in part by having to perform night duty “with but a short and hurried interval of rest, between those periods of attendance in the wards.” This was the system which persisted at the Middlesex in the 1860s when Alice Terton worked there. There were only two permanent night nurses at the London in 1847; 14 more were needed. The matron advised that the hospital could not pay less than £0.1.6 a shift (£0.10.6 a week or approximately £27 a year) if it wanted “respectable, intelligent women.”

By the 1850s the physicians and surgeons were pressing hard for more and better nurses on both days and nights while hospital administrators were struggling to stay within their budgets. As patient care demands increased, one solution was to extend the night watch’s shift. At the newly founded St. Mary’s Hospital in 1851 the night nurses were required to stay on after the day staff arrived to assist the sisters with the morning poultices, dressings, and breakfasts and to wash the bandages and poultice cloths. By 1857 the night watchers at St. Thomas’s could no longer go home towards morning but had to remain on duty for five hours after the day nurses arrived at 6:00 a.m. so they could help the day nurses with the cleaning of the ward. Mr. South commented that the calibre of the night nurses had been considerably improved by insisting that they live in the hospital, a policy which Mrs. Wardroper had tried to implement on becoming matron in 1854.

St. Bartholomew’s was the wealthiest of the teaching hospitals and could afford to enlarge its regular staff in the double wards in 1818. But most of the other hospitals did not have the resources to do this. Instead they relied on the “extra” nurses. At University College Hospital in the 1850s the doctors were hiring so many extra nurses that even at their lower rate of pay, they were breaking the budget. In April 1851, a UCH medical student sent the Committee of Governors a letter, enclosing a donation of £50 from Mr. Samuel Gurney, the wealthy Quaker banker and philanthropist, and brother of Elizabeth Fry. The medical student suggested that the money be used to hire an additional regular night nurse for two years in the Male Accident Wards. In May Gurney donated another £50, enabling the Committee to hire two night nurses.
for the Male Accident Wards. The name of the young medical student who had secured Gurney’s contributions was Joseph Lister.

Although the hospital administrators objected to the expense, the doctors continued to hire extra nurses. In March 1853, the Resident Medical Officer was told that he must submit a certificate to the Committee of Governors explaining the reasons why he had ordered extra nurses (The reason usually given was the large number of “heavy and serious operated cases.”) In April the Resident Medical Officer was made to attend the Committee in person to explain why so many extra nurses had been hired. The Governors insisted that this large expense must be checked. In the past six months, they said, the hospital had spent almost half as much on extra nurses as on the the wages of the regular day and night nurses.

In August of the same year (1853) Joseph Lister, now a physician’s assistant, offered a donation of £50 a year for the next two years if a regular day and a regular night nurse could be provided in every ward. A Sub-Committee was struck to consider enlarging the regular nursing staff. It recommended that permanent day and night nurses at a wage of £20.8.0 a year with no board, replace the extra nurses. It was stressed, however, that these new nurses were to be the total staff. There were to be no more extra nurses.

At precisely the same time as Lister was pressing for regular night nurses, Florence Nightingale was Lady Superintendent at the Institution for Sick Gentlewomen on Harley Street. She shared the original view of the University College Hospital administrators—that night nurses and extras were an unnecessary expense. Although she had a number of operated and other heavy cases she spent only £0.7.6 on extra nurses and nothing on night nursing in one quarter.

THE REFORM OF THE NIGHT NURSING

The Crimean War has traditionally been viewed as the watershed in nursing history between the era of the old untrained nurses and that of the new trained lady nurses, who according to the received wisdom, Florence Nightingale introduced in Turkey and the Crimea, and later, in 1860, at St. Thomas’s. In fact, recent scholarship has indicated that the interest in better nursing long antedated Nightingale’s work, that hospitals were gradually making improvements throughout the century, and that the Anglican Sisterhoods were more central in reforming hospital nursing services than Nightingale and the school at St. Thomas’s.

Yet the Crimean War does mark a major turning point in nursing history for two reasons. First, it was the first time that literate and articulate ladies from the upper classes actually worked side by side with
paid, working-class hospital nurses. Besides the famous hospitals at Scutari, female nurses worked at a number of other British military hospitals; these hospitals were in Koulali, Renkioi, and Smyrna in Turkey, and the Balaclava General, the Monastery, and the Castle Hospitals in the Crimea. There were Lady Superintendents at each of these hospitals, some of whom have provided us with with the first systematic comments on the paid hospital nurses. Second, the war witnessed the beginning of methodical, supervised night nursing by these ladies. Anne Summers writes in her study of British military nursing, *Angels and Citizens*, that this was one of the ladies' two major contributions to nursing, the other being small personal attentions for which the orderlies had no time.

Although she claimed to be in charge of all the hospitals in Turkey from the beginning, Nightingale was only securely in charge of the two hospitals at Scutari for most of the war. In these hospitals, she expressly forbade night nursing. She alone, or accompanied by her maid, was the lady with the lamp, making formal rounds in the wards around 10 at night. Indeed, one of the reasons she dismissed four of the St. John's House trained nurses was because they ventured into the wards at night. "They run scampering over the wards by themselves at night, feeding the men without medical orders," Nightingale wrote. Mrs. Bracebridge, Nightingale's friend and assistant, described them as "respectable women," but they were sent home within a month of arriving in Turkey for failure to obey Nightingale's orders.

The other lady nurses realized immediately how critical the night nursing was for their patients. "We would gladly have nursed at night," Fanny Taylor, one of the lady nurses at the Koulali hospital wrote at the beginning of her stay there, but at first they were too short-staffed. A little later, however, one of the Anglican Sisters, Sister Anne of St. Saviour's Home, who was an experienced nurse, developed a system for night nursing. The nurses could not be trusted without supervision, so she established the rule that at night, as in the day, there should always be a lady working together with the paid hospital nurse. Night nursing was sometimes required for one acutely ill patient, but generally, it was established for those patients who could not be left for a whole night without their medicines and cooling drinks. "Many lives, humanly speaking, were saved by night-watching, for had the care been relaxed, they must have lost by night what they gained by day," Taylor wrote.

When there was a very malignant typhus outbreak at the Smyrna hospital, Henrietta LeMesurier, the Lady Superintendent, and her sister Charlotte together with two of the nurses, Mrs. Ross and Mrs. Church, took turns doing the night nursing so that each had only to do
it every fourth night. Elizabeth Davis also documents night nursing at the Balaclava hospital, commenting: "I know that the lives of many poor fellows were saved by careful attention in feeding and nursing them night and day. Many must have died without proper attendance at night." It was obvious to frontline nurses, both ladies and working class, that acutely ill patients needed the same care at night as in the day.

THE END OF THE NIGHT WATCH

Experiments with Night Nursing in the London Hospitals

As these innovations were being introduced in military hospitals in the East, the London teaching hospitals continued their experiments with the night nursing. Like Elizabeth Davis and the lady nurses in the Crimea, the Sisters of St. John’s House took an entirely different view of the night nursing from that of Florence Nightingale. Although some hospitals had made real improvements by 1856, the Sisters thought it best to completely get rid of the untrained women who did the night watching at King’s College Hospital. They replaced them with their regular trained nurses and probationers whom they rotated on to nights on a regular basis. Sister Caroline Lloyd, the Lady Superior of St. John’s House in 1874, believed that of all the improvements which St. John’s House made, the abolition of the night watch was the most important. It was what made the St. John’s House system the most different, she said. St. John’s House selected all their probationers and nurses with the greatest care, and used no separate or lower grade of person as night nurses. They did not hire casual night nurses, or women who, if attached to the hospital, were only charwomen or scrubbers. In Sister Caroline’s view, by using the same nurses at night as in the day, St. John’s House avoided the worst evils of the old nursing.

Administrators and doctors at the other teaching hospitals rapidly became aware of the tremendous difference which even responsible supervision alone made. During the cholera epidemic of 1854 St. John’s House took charge of the men’s cholera ward at the Westminster Hospital "day and night." During the epidemic of 1866 the All Saints Sisters took on the supervision of the night nursing in the cholera wards at the London Hospital. The Governors of the London sent the Lady Supervisor a letter thanking her for "the very efficient services of their Sisters, who attended nightly in the cholera wards during the period of greatest pressure, and assuring her that their kind attention to the wants of the patients and their responsible supervision of the night nurses were of great value to the Charity." "The nursing by ladies
Night Nursing Reform in the London Teaching Hospitals, 1856-90

[who at this point were all Anglican Sisters] is the very best that England has ever seen," the Lancet declared in 1866. The cholera epidemic had brought its advantages into prominence and settled forever the question of the unpaid lady nurses' capabilities.113

The successes of the Sisterhoods made the doctors in the hospitals with the old-style nursing progressively more impatient with it. Reporting on how well the nurses were performing became a standard duty of the newly formed Medical Committees at Charing Cross and the Middlesex Hospitals.114 In January of 1864 one of the patients complained to the Medical Committee at Charing Cross that the Sister of the female ward showed utter ignorance of matters regarding the welfare of the patients while the night nurse in that ward had to be discharged for misconduct.115 In March of the same year the Resident Surgeon reported that the night nurse in the male ward was very incompetent; the day nurse had to be called up in the middle of the night to do some of her duties.116 In December the Medical Committee was still complaining of the poor night nursing in the male ward and the fact that extra help was frequently required as a result.117 There were also many complaints about the day nursing and in March of 1865 the Board began discussions with St. John's House.118 By the summer, they had decided to have St. John's House take over the nursing.119

At the Middlesex there were similar complaints about the nursing. One of the complaints which the Medical Committee brought forward in July of 1866 illustrates three of the four classic failings of the night watcher—drink, sexual impropriety, and sleeping on the job. Cruelty did not seem to be a problem. Mr. John Donaldson, a patient in Forbes Ward, complained that Night Nurse Deans had been misbehaving with the patient in Bed No. 19. At about 6:00 in the evening two young men had brought No. 19 a bottle of brandy-colored liquor which he whipped at once to his mouth. At 9:00 p.m. the same evening Nurse Deans brought No. 19 two things hidden in her dress. When she set them down on his locker they clinked in exactly the same way as bottles clink. At 1:00 a.m. she climbed into bed with No. 19 and remained there until 3:00 a.m. when she got up, went to Bed No. 7 which was empty and went to sleep. At 5:00 a.m. she got up and went about her duties.120

The standards of sexual behavior, discipline, and efficiency which the doctors found lacking in Night Nurse Deans, however, were the hallmarks of the new upper-class lady nurses and could be counted on even at night. The Middlesex Board therefore asked Mrs. Jarrow, the old-style matron to either resign or to accept a lesser position as a housekeeper,121 and in September of the next year, a Lady Superin-
tendent, Miss Catherine Martyr, was brought in to introduce the modern system of nursing. 122

The Lancet Commission’s Survey

Accountants like to refer to their audited financial statements as “snapshots” or still lives of a given day in the dynamic and ongoing fiscal processes of the corporation. The Lancet Commission’s survey of night nursing in the London hospitals in 1871 provides us with a similar snapshot of a given moment in the ongoing efforts of the teaching hospitals to reform the night nursing in the days before the new nursing system became rigidified, and in Monica Baly’s words, ossified into what the nursing leaders thought was the Nightingale system. 123 The snapshot indicates that some of the so-called “unreformed” hospitals—those still using the old ward system—had established standards of night nursing as high as those with training institutions and the new central system. Of the 12 teaching hospitals, only St. Bartholomew’s refused to receive the Commissioners, a refusal which the Lancet interpreted to mean that the night nursing at Bart’s must be very bad. 124 Apart from the three hospitals which the Sisterhoods nursed, four of the remaining eight hospitals—the Royal Free, the Middlesex, St. George’s, and St. Thomas’s—had introduced what they called the new training system. The British Nursing Association, a secular nursing agency with a Lady Superintendent, was in charge of a centralized nursing system at the Royal Free, and the Middlesex had a Lady Superintendent who had been trained by the All Saints Sisters at University College Hospital. St. George’s established a Committee of Nursing consisting of governors and medical staff to direct their nursing system, and appointed a Lady Superintendent in 1868, while St. Thomas’s was in a class by itself because of its arrangements with the Nightingale Fund.

Three of the 11 hospitals had introduced a new nursing officer, the Night Superintendent or Night Sister. There had been a Night Superintendent at St. George’s since the 1850s 125 who was “a person of a superior class to the nurses,” 126 which suggests that she was not necessarily an experienced nurse. The Middlesex appointed a Night Sister who was a trained nurse, “a paid official with a superior knowledge of her business,” and “a forewoman among the nurses” 127 in 1868. 128 The London had introduced this position as well, 129 although the London’s night sisters were not trained nurses. 130 Because they had no experience in nursing, the day sisters were required to serve a probationary period before being assigned to a ward; they remained on probation until one of the day sisters resigned at which point the most senior of them took over her job. The London used the probationary sisters as Night Sisters, and also required them to teach the ordinary probationer
nurses, a job for which they were obviously not qualified. One of the probationary sisters complained in 1880 that almost every night nurse knew more than the Night Sisters.131

In fact, Miss Lückes wrote, any knowledge of nursing was considered superfluous when this position was first introduced. Lückes had been a Night Sister herself at the London in 1879 and became the Lady Superintendent in 1881. “At one time,” she said, “any trustworthy person was considered competent to walk through a hospital as night superintendent, the chief duty attached to her appointment being to see that the nurses were awake and apparently attending to their duties” and not wandering around the building.132 Later, however, it became the duty of the Night Sister to establish liaison between the day and the night nurses, between the medical and the nursing staffs, and to see that the medical staff’s orders for the patients were carried out.133

When they were first introduced, the new Night Sisters did not have an easy job. The sisters and nurses deeply resented them, Alice Terton wrote: the sisters considered them intruders in their wards while the nurses felt they were spies, “anxious to catch them asleep or indulging in the free and easy practices to which night nurses are prone.”134 As well, they tended to stay only a very short time. Miss Minet left the Middlesex after barely three months as Night Sister in March of 1871; she was followed by Mrs. Burslem who left in July of the same year, and she was followed by Mrs. Holterman who left after eight months. Three months later the hospital raised the salary of the Night Sister to £50 in an effort to keep her for a longer period.135 Rachel Williams, the Lady Superintendent at St. Mary’s suggested the same strategy in 1877—raising the wage of the Night Sister from £35, which was the same wage the day sisters received, to £50. Williams felt that considering the nature of her duties, the Night Sister was not adequately paid.136 When Eva Lückes left the London after only three months as Night Sister in 1879, the matron, Miss Swift, was so discouraged that she suggested that perhaps a different system of night superintendence should be tried because it was so difficult to keep Night Sisters for any length of time.137

Despite difficulties in retention, the Night Superintendent was a highly valuable officer. The Lancet found the best night nursing at St. George’s and the Middlesex where these nursing officers visited the wards at least three times a night and made rounds with the medical officers the last thing at night before they went home. The Middlesex rotated its nurses from days to nights on a regular basis and the Lady Superintendent said they did not use probationers on nights, although Alice Terton’s experience would suggest otherwise. St. George’s, on the other hand, maintained a separate team of night nurses, who, the
Lady Superintendent said, were all fully trained before they were hired. Not only was there a Night Sister in these two hospitals, but there was an excellent nurse to patient ratio of 1:17.\textsuperscript{138}

The Commissioners found the style and appearance of the nurses at University College Hospital "most excellent—superior to most and excelled by no other hospital in London." There was a good nurse-patient ratio, 1:14, and the Sister Superior said that for cases requiring special attention, she put on extra nurses. The ratio was even better in the children's wards where there were two nurses for 14 children. As well, the night nurses received a substantial meat supper with tea or beer before going on duty at 9:00 p.m.\textsuperscript{139}

The Commissioners thought there was a good nurse-patient ratio at King's College but two thirds of the staff were probationers which they thought was too many. The Sister-in-charge at King's College, and at Charing Cross, the Lady Superior, made unexpected occasional visits at different hours of the night to check on the nurses, but all in all, the Commissioners felt that the St. John's House night nursing was not as satisfactory as that at St. George's and the Middlesex.\textsuperscript{140} At the Royal Free the night nurses were all young probationers with less than a year's experience which the Lancet found unacceptable. As well, the arrangements for "bower-like places" which the old night watchers at St. Mary's made persisted at the Royal Free.\textsuperscript{141}

The Lancet's investigators found the night nursing at St. Thomas's unsatisfactory: there was too much attention to theory of nursing and not enough to nursing practice. Mrs. Wardroper insisted that all of her sisters were of a superior social standing to the nurses which she said was the most essential factor, but the Lancet felt the sisters' superior social status did not improve the nursing. The night nurses were not probationers but they seemed quite incompetent; they could not answer simple questions such as what to do in the event of a severe hemorrhage. There was no Night Superintendent although Mrs. Wardroper claimed one was soon to be hired. In addition, the Commissioners found the wards understaffed.\textsuperscript{142}

The old ward system of nursing prevailed at the remaining four hospitals—Guy's, St. Mary's, the London, and the Westminster—but with the exception of the Westminster, the Commissioners found significant improvements in the night nursing; in fact, it was far superior to the old night watch. At the Westminster there were no signs of the new nursing. Each nurse was responsible for about 33 patients and worked 16 hour shifts, from 10:00 p.m. until 2:00 p.m. the next day. One of the nurses who had come from St. Bartholomew's nine months previously told the Commissioners it was "somewhat trying" but better than at Bart's where she had often been on duty for 25 hours at a stretch. In ad-
dition, the Westminster nurses did far more scrubbing and cleaning than nurses in the other hospitals.143

At Guy's the Commissioners found the night nursing very good. There was no Night Superintendent, but it was noted the Sisters took charge of the night supply of stimulants and nourishment. Several of the Sisters were still up and working in their wards although the Commissioners arrived between 11:00 and 12:00 at night. The Lancet did note, however, that their visit had been expected.144 When Margaret Burt, the new St. John's House trained matron arrived at Guy's in 1879, eight years later, she did not share the opinion of the Commissioners. She said that the night nurses took the food and stimulants which were provided for the patients because none was provided for them between 10:00 p.m. and 7:00 a.m. She also objected to the way the Sisters and night nurses did not give each other regular reports at the change of shift.145 It would appear that the expectation of the Commissioners' visit had had much to do with the arrangements made on that particular night.

At St. Mary's there was a separate team of thoroughly trained night nurses who had all had three or four years' experience and were fully as competent as the day nurses. They were paid the same wages as the day nurses,146 which is undoubtedly proof that they were as competent. It is important not to confuse these clinically experienced but unsystematically taught, "thoroughly trained" or "skilled" nurses at St. Mary's with what Florence Lees and later nursing leaders considered the real trained nurses, those "certificated" nurses who had completed a formal course of training with classes and examinations given by both the senior nurses and the physicians and surgeons in a hospital with one of the new training schools. These nurses held a certificate attesting to their formal training, and by 1900 they were the nurses whom people meant when they used the term "trained nurse." The term, however, was widely used in the second half of the nineteenth century to indicate an experienced hospital nurse whose training really consisted of "picking up" what she could,147 without any formal teaching or supervision. For example, when in 1880 the London Hospital decided to introduce the new nursing system they realized they must provide "skilled general supervision" for their probationers.148 What they meant by "skilled general supervision" was supervision by an experienced nurse as opposed to someone like their Night Sisters who supervised the night nurses but had neither formal nor informal training in hospital nursing themselves.

By 1900 certificated nurses dominated the supervisory positions in the teaching hospitals, but the academic side of their training was more haphazard and taken less seriously than the new nursing leaders liked
to admit. Rachel Williams had been one of the best pupils at St. Thomas's, but as Lady Superintendent at St. Mary's, she gave classes only once a week on "general details of nursing," while members of the medical staff lectured the nurses "from time to time." It was only in 1883, after she had been Lady Superintendent for six years, that Williams decided this was inadequate and wanted to establish a systematic course of instruction in medical and surgical nursing to be given by the physicians and surgeons. The plan which the Medical Committe submitted in response to this request consisted of six to eleven lectures a year covering elementary anatomy and surgical nursing, elementary physiology and medical nursing, and obstetrical nursing. At St. Thomas's Mr. Whitfield, the apothecary, was supposed to give the probationers their medical lectures but frequently failed to do so. After he was forced to resign in 1872, the lectures were given systematically, but the probationers often could not attend because they were needed on the wards and Nightingale said that they were often so tired that they fell asleep in them. In actual fact, there was less difference between those trained in the training schools and those who simply picked up what they could than the new lady nurses acknowledged. What was different, as Monica Baly points out, was the degree of supervision and discipline which was exerted.

In spite of their concern for evaluating the quality of the night nursing in the London hospitals, the Lancet Commissioners revealed a rather warm spot in their hearts for those night nurses who retained many characteristics of the old night watch. At the London Hospital, they wrote, "the nursing arrangements bore the stamp of age."

The authorities have been proof against the allurements of the wimple and stole [a reference to the nursing sisterhoods] and still adhere to a stout and comfortable type of nurse. The night-nurses are not apparently bound to wear any distinguishing dress, so that their appearance is hardly so neat and trim as it might be.

They did their cooking in the lobbies attached to the wards so that in one ward the smell of cabbage-water was even more pronounced than that of carbolic acid while another ward was strongly pervaded with the odor of a raw onion which the night nurse was eating as a relish with her tea.

Despite their lack of style, the Lancet found the London's old-style night nurses competent and preferable to the probationers who did the nursing at some of the other hospitals. They tended to be permanent, and as a result, had had many years of experience so that the patients were not left in the hands of an ever-changing stream of inexperienced probationers. The nurse-patient ratio was less good than at some of the other hospitals—1:25—but extra nurses were provided for critical cases
and there was a paid superintendent of night nursing. Both the rotating and the separate team systems have great advantages, the Commissioners commented, "but we think the authorities [at the London] do wisely not to hastily abandon the one which retains experienced nurses permanently in the hospital."153

Like Miss Burt at Guy's, Miss Lückes was less pleased than the Lancet Commissioners with the London's night nursing system when she became Lady Superintendent in 1881. She deplored the custom of putting the least efficient and least dependable nurses on night duty. She said this custom had come about partly because of the difficulty of finding people willing to work at night, and partly because culpable neglect of duty was less likely to be discovered at night.154

The New Organizational Culture: Good Order, Propriety, and Respectability

In 1874 Mr. Nixon, the House Governor (a position roughly equivalent to the modern Chief Executive Officer) at the London Hospital, expressed his distrust of the working classes with their propensity to disorder, and his distress about their manners. He proposed that the matron's quarters should be placed very close to the nurses' dining and recreation room in the new wing which the hospital was then building. The matron could then, "incidentally and without any appearance of intrusive watchfulness," guarantee "propriety of conduct which (without maligning nurses as a class) I think we ought to possess,—under an arrangement by which we should bring together in their hours of recreation large numbers of women who are necessarily drawn from the working classes,"155 he explained. The following year the housekeeper's job description was changed to include making her responsible "for preservation of order by the Nurses during Dinner-time and [she] shall preside at the dinner of the Sisters."156

The new night supervisors were expected to continue the assault on the working-class culture of the nurses. They not only had to see that the nurses performed their duties during the night but they were responsible for their behavior in their off-duty time. For while the doctors were pressing for more professional nursing expertise, hospital administrators as well as the nursing leaders were pressing for a better mannered and more presentable group of nurses. The rules for the Night Superintendent at the Middlesex stated that she was to preside at the nurses' breakfast at 7:00 and 9:30 in the morning and at their dinner at 9:00 p.m. She was to see that the night nurses appeared neat and tidy at their meals, and that they got to bed on time.157 St. Bartholomew's introduced the new rotating system with two Night Superintendents in 1877. In addition to her duties supervising patient care at
night, one Night Superintendent was always to be present at the meals of the night nurses to see that good order and decorum prevailed.\textsuperscript{158}

The "tone" and discipline of the staff were characteristically Victorian concerns, and the doctors, although more tolerant of the old style, were not immune to it. The new trained nurses had "a most salutary influence on the whole tone of ward life—on patients—even on [medical] students," Mr. Bell wrote. "The coarseness, levity, and hardness, which used unconsciously to leaven the manners and atmosphere of the wards, has in most been greatly modified and softened."\textsuperscript{159} Rachel Williams, shortly after taking up her post at St. Mary's, told the medical staff that she had been trying for months "to remedy the unbecoming method of dealing with the patients." She wanted to "raise the tone and feeling" of the nursing staff, the right order and conduct of which was her responsibility,\textsuperscript{160} and she was also concerned by the manners of the medical staff. In 1880 Dr. Steele told the Governors at Guy's that one couldn't get respectable women to do night nursing. The night nurses were "unpresentable looking women" and inferior to the day nurses before Miss Burt began introducing the St. John's House system in 1879. Now, he explained proudly, one has only to go into the chapel or dining hall to see that they were a younger, more respectable-looking class of people.\textsuperscript{161}

The New Night Nursing System

The \textit{Lancet} Commission documented changes in the night nursing which had occurred in some of the London hospitals by 1871. In the next two decades the increasing capabilities of medicine forced further erosion of the old night watch which was already disappearing from the formal organization of the hospital when the Commission made its survey. But the night watchers, in the form of "extras" who were called in on a casual basis as the \textit{Lancet} survey indicated, remained very much a part of the hospitals' informal organization, for with the greatly increased capabilities of medicine, the demand for nurses escalated and there developed an acute shortage of hospital nurses. Miss Swift reported in 1875 that she could not ever remember so much difficulty in getting nurses at the London. Many were on the sick list from overwork and there were many vacancies which she could not fill. In one ward of 36 patients where normally one sister, two day and two night nurses were sufficient, she was currently employing 14 persons, including two male attendants, to do the day and night duty.\textsuperscript{162} Dr. Steele reported the same thing in 1880: "The old class of Nurses, as a rule, were taken from other Hospitals, or were people in domestic service, or were frequently poor widows without children. . . . The fact is the supply of the raw material for making Nurses out of was diminishing
Night Nursing Reform in the London Teaching Hospitals, 1856-90

rapidly in London during the last few years." In the 1850s, the situation had been different. Steele had reported in 1857 that it was from the night nurses that "we usually select day nurses, and it is only from inability that a night nurse fails to be promoted." He had also referred to the fact that many of the nurses had children whom they had to support.

Domestic service had been the traditional recruiting ground for nurses; it had also been the traditional route for the constant movement of women from the country into the city. By the 1870s, however, the labor market for women had shifted markedly. Even in farming, women's work was easier and less back-breaking. The agricultural gang labor which had depended so heavily on women and children, gradually disappeared after the sensational exposures of the 1860s, and even women brought up in rural poverty were no longer as accustomed to the brutal working conditions of the hospitals. Despite high unemployment in 1879, 1886, and 1893, wages remained fairly stable in the last quarter of the century while prices fell causing a rise in real wages. Unskilled women were finding other job opportunities in the new hardware, clothing, and food processing industries while for those with some education, there was a whole new level of occupations as clerks and shop assistants in offices and the retail trades. Education as well as living conditions had improved dramatically for the working classes over the course of the century. In 1880 elementary education was made compulsory and schoolteaching became an occupation which attracted a rapidly growing number of women. Domestic service remained the largest single occupation for women, but its numbers were shrinking. By 1880 fewer women were willing to accept the long hours and wretched living quarters and food which the hospitals had traditionally offered because they had the choice of other occupations where living and working conditions were less harsh and crude. As a result hospitals were forced to make some improvements in the nurses' accommodation and the amount of cleaning which was expected of them.

At the same time that women were finding a greater variety of jobs which were less physically demanding and far pleasanter, hospitals were admitting more patients and more of them were critical and infectious cases. The sisters and nurses were severely overworked, and the matrons responded by hiring extra nurses when they could get them, but these women also were not anxious to work with difficult and infectious patients, and it was often only the least well qualified and most desperate of the extras who were willing to accept this work. There were now what were called "special wards" which corresponded in many ways to the modern intensive care units. They were
an answer to the demands of the physicians and surgeons for constant supervision of their acute cases.\textsuperscript{167} The special wards yielded excellent results in terms of treating ovariotomies, temporary insanity, or erysipelas, for example, the Sub-committee on the Nursing Staff at the Middlesex reported in 1889, but they always required a heavier nursing staff. The outside or extra nurses were not always satisfactory, reliable, or even available,\textsuperscript{168} but hospitals were forced to use them, particularly on the night shift.

It was this continuing presence of the night watchers in the form of the extras at most of the teaching hospitals to which Dr. Sturges referred when he asked whether the negligent, cruel, and inefficient night nursing was really a memory of a world long past. The Merryweather sisters had introduced the training school method into the Westminster in 1873\textsuperscript{169} so Sturges was talking of a system which had been developing for only seven years, but in 1886, 19 years after the Middlesex had begun reforming its nursing, Sir John Bland-Sutton, a surgeon at that hospital, described a true gamp.

He had admitted an old cabman with a compound fracture of the leg. The cabbie developed erysipelas and was therefore transferred to the Erysipelas Ward, a room in the basement of the hospital among the store-rooms, kitchens, the carpenter's shop, smithy, laundry, and coal-cellar. The surgical nurses did not look after the erysipelas patients, Bland-Sutton said, but rather "untrained women called emergency nurses—real gamps—were employed." The ward was dark, ill-conditioned, and ill-ventilated and the "special" nurse sat half asleep in an armchair smelling strongly of gin while the patient was delirious and thought he was driving his old mare. Bland-Sutton proceeded to inspect the broken leg which aroused the "nurse" and without rising from her chair the snuffy, drunken woman exclaimed: "Now, young man, if you know'd what's the matter with that poor old cabby you wouldn't dress 'is leg, and it isn't safe to go near the bed." Bland-Sutton dressed the leg and made the old man comfortable, but he died later that night. The episode "ended the career of this special nurse so far as the Middlesex Hospital was concerned."\textsuperscript{170} Sturges and Bland-Sutton were not remembering the old night watchers long after the fact; as Brian Abel Smith and Monica Baly indicate, the old untrained nurses remained in the hospitals long after the transitional stage from the old system of nursing to the new.\textsuperscript{171}

The \textit{Lancet}'s statement in 1871 that the sleepy, drunken Sarah Gamps were persons of the past was by no means accurate as Alice Terton, Miss Burt, and Miss Lückes all indicated. Once the Sisterhoods had demonstrated so effectively the superiority of using the same nurses on nights as on days, doctors, hospital administrators, and both the old-
style matrons and the new Lady Superintendents were not anxious to admit they were using night extras. Their efforts to cover up their continued reliance on the night watchers in the increasingly professional hospital lie at the root of the debate among students of nursing history as to whether Mrs. Gamp was a caricature or a reality. For in fact, the teaching hospitals were forced to use the old night watchers, partly because they could not get alternate night staff, and partly because they could not afford either permanent, clinically experienced nurses or the new trained nurses. They had both become very expensive, largely as a result of the improved living conditions which hospitals were now forced to offer in order to recruit and retain women in the face of competition from other occupations. By 1889 the Middlesex was estimating the cost of a regular nurse at £76.4.10 a year. St. John’s House estimated the cost of a trained nurse at £50, including room and board, but, unlike the Middlesex, they did not maintain a separate, expensive nurses’ home at either King’s or Charing Cross Hospitals.

While the value of money remained relatively constant throughout the eighteenth and nineteenth centuries, the consistent shortage of women who were willing to work at night had led to a steady rise in their pay both in absolute terms and relative to the day nurses. By the 1870s, the shortage of clinically experienced night nurses had led some hospitals to pay their night nurses more than the day nurses. St. Mary’s and the London were paying their night nurses up to £26 and £27 a year, £2 more than their day nurses. The £2 premium was an indication of their value to the hospital and of the fact that it was difficult to find what Victorians called “skilled nurses” who were willing to work nights. Twenty-six to twenty-seven pounds a year, as women’s wages went, was a very fair wage. Charles Booth thought that women with regular jobs could expect to earn from 10 to 20 shillings a week, or £26 to £52 a year. Booth was referring to women who did not live in, and room and board was a significant cost. The regular night nurses were provided with their housing and some board at most hospitals, although usually far less comfortably than at the Middlesex.

Even so, the strategy of paying the night nurse more than the day nurses was not successful at Guy’s, according to Dr. Steele. In 1872 the hospital was paying its night nurses an average of £35 a year while the day nurses received £33.10.0, but it was still not possible to get “respectable” women to do the night work. Both day and night nurses received board and lodging as well, so that it was an excellent wage as working-class women’s wages went. “Would any amount of extra pay make up for the disadvantage of working nights?” Lord Cottesloe, one of the governors, asked in 1880. Steele did not think so because of the experience 10 years earlier.
In fact, the system of using the same calibre of nurse on nights was creating a major financial problem for hospital administrators. The regular experienced night nurses were far more expensive than the old night watch and hospitals were using more of them. By 1892 the nurse-patient ratio in the teaching hospitals at night had almost doubled, ranging from 1:10 to 1:18, rather than 1:17 to 1:33 as it had been 20 years previously when the Lancet made its survey.\(^{180}\) Already in the 1860s the successes of the new medicine and its increasingly sophisticated treatments had been causing major budgetary crises in the teaching hospitals. Most were severely underfinanced and a few were on the verge of financial collapse. The growing nursing staffs were one of the major causes of these hospital deficits.\(^{181}\) By the 1870s, with the severe nursing shortage, the situation was becoming desperate. It was made worse by a fall in the revenues of hospital endowments caused by the agricultural depression, traditionally dated 1873-96. For example, the endowment at Guy's, which was largely invested in real estate, provided enough income to maintain 650 beds until 1875 when the hospital was forced to begin borrowing money. The net rentals from the lands which the hospital held in Essex, Herefordshire, and Lincolnshire dropped from £40,000 a year in 1880 to £20,000 in 1894; the hospital was forced to close 100 beds as a result.\(^{182}\)

In the face of these intractable financial problems hospital administrators moved to an increasing use of probationers. For a brief period in the late 1880s and the 1890s, the prestigious London teaching hospitals began to receive more applications than they had places for probationers, in part because of the somewhat better living and working conditions which they had been forced to introduce in order to recruit probationers. As well, paid work was becoming more acceptable for middle-class women and the Nightingale propaganda was creating an image of nursing as an exciting and romantic vocation for idealistic young women.\(^{183}\) The numbers were somewhat misleading for many women applied to several hospitals, and the matrons complained of the quality of the applicants. Miss Lückes said in 1905 that she had to interview 516 applicants in order to get half that many probationers. The women were either too old or too young, or too uneducated or not strong enough.\(^{184}\) "Our trial is not Crucifixion but fashion," Nightingale wrote in 1892. "Nursing has become the fashion and it brings in all sorts of amateur alloy...."\(^{185}\) Retention remained as severe a problem as ever for many women dropped out; the wastage rate at St. Thomas's was always around 40 percent.\(^{186}\) Even so, despite their dissatisfaction with the calibre of the applicants, the matrons were able to fill their places with pupil nurses who fitted the Victorian ideal of efficient, well-disciplined, and more respectable employees. Equally or more important,
they cost less than even the old night watch. The new probationers who were doing the night nursing in 1892 were paid on the average £10 a year. At Charing Cross and King's College Hospitals they received no payment in their first year.\textsuperscript{187}

St. John's House had used probationers at night from the beginning in 1856, but in combination with experienced nurses. With the new abundant supply of probationers and the institution of the Night Superintendents, however, the teaching hospitals were able to phase out the more expensive, clinically experienced night nurses, and they no longer needed to call on the old night-extras. By the 1890s all the teaching hospitals had Night Sisters and were rotating probationers on to nights. The excellent teams of permanent night nurses at St. George's and St. Mary's, which the \textit{Lancet} had commended in 1871, were gone by 1892; there were only four permanent night nurses left at St. George's and at St. Mary's there were none.\textsuperscript{188}

No one mourned the passing of the night watch but the doctors were not completely happy with the new arrangements. They did not miss the rough, unskilled night watchers but they did miss the old-style, clinically experienced nurses, and they objected to using probationers, some of whom had had only three to six months' experience when they were put on nights.\textsuperscript{189} The doctors had always been more willing than the administrators and nursing reformers to put up with the old rough, stout, raw onion-eating nurses as long as they were clinically experienced and competent. They appreciated the value of a permanent staff rather than "a succession of probationers, who, as soon as competent, are sent away to give place to additional raw recruits."\textsuperscript{190} Nevertheless, as Sir James Paget put it, the nurses had relieved the doctors of a very anxious part of their work,\textsuperscript{191} sitting up at night with their critical cases. Paget, one of the great nineteenth-century surgeons, entered St. Bartholomew's as a medical student in the 1830s so that his career spanned both the old and the new nursing.

Despite the doctors' reservations, from the patients' point of view there was no question that the probationers provided better nursing care than the old night watch. And if the new probationers were not as knowledgeable as the teams of permanent night nurses at St. George's, St. Mary's, and the London in 1871, they were reliable, sober, in the process of being trained, and closely supervised.

For the nurses themselves the situation was much less satisfactory. What happened to the sleepy, drunken Sarah Gamps who had done the night watching and later become the night-extras? Bland-Sutton saw to it that the extra in the Erysypelas Ward was fired, but where could she go? and how could she eke out a living without this means of supplementing her income? Just as the nurses dismissed from one
ward at the London or at the Edinburgh Infirmary simply went to another ward, Bland-Sutton implies that she may have gone to a different hospital when he writes that her career was finished “as far as the Middlesex Hospital was concerned.” Possibly she went to the workhouse where many nurses—both gamps and respectable—ended their days. Emma Fagg, one of the four “respectable” trained nurses whom Nightingale sent home from the Crimea in 1855, landed in the Isle of Thanet Union Workhouse in 1885 and there she remained at the age of 81 in 1907, embroidering tales of her experience in the Crimea.

If the old night watch had been exploited as Mr. Bell pointed out, worn out to begin with, underfed, underpaid, and allowed only five or six hours of rest before beginning a night of watching, the raw probationers who took on the night nursing were even more harshly used. They were exploited far more efficiently than the old system had exploited the night watchers. They were paid less and were closely supervised so that they were worked very much harder. They were certainly more efficient as a result, and they looked younger and more respectable sitting in the chapel, as Dr. Steele said. But the chaplain at the London was more impressed by how tired and unwell they looked. He thought one had only to look at the nurses’ faces sitting in the chapel to see that they were being worked when they were not fit for it.

One of the St. Mary’s Governors on house visiting duty was shocked by how tired the nurses looked. “I was quite struck with the pale, wearied and overworked look of much of the Sisters and Nurses whom I met,” he wrote Williams in 1881, some five years after she had introduced the new system. He added apologetically, “Being an outsider at present perhaps it struck me more than it would otherwise have done had I been more of a visitor of late.” The new atmosphere of the hospital was as unfavorable to the new efficient nurses as it had been to the old nurses with whom Maurice had worked in the 1830s and 1840s.

Sister Cecilia, who had worked at University College Hospital as a nurse for 21 years and was Lady Superintendent for nine years, said that nursing took 10 years off a woman’s life. It is interesting that modern research is substantiating this claim, demonstrating how switching back and forth from day to night upsets the normal circadian body rhythms and makes shift workers more susceptible to gastrointestinal and cardiovascular disease, insomnia, and psychosomatic complaints. Dr. Steele told the Lancet Commissioners that at Guy’s they did not rotate their nurses from days to nights on the principle that the art of keeping awake at night and sleeping in the daytime is not easily acquired, and that it was unwise to make frequent changes from day to night duty. At the same time, the Guy’s administration felt it was not right to keep women continually on nights for years.
In 1880 the London allowed a night nurse to move to the day nurse position if her health was failing or at the end of a six-year stint, and keep her £2 extra pay. But with the new system, the probationers did not have these options.

Charles Booth's *Life and Labour of the People in London*, written in the 1880s and 1890s, concluded that the new trained nurses were bought at too high a social cost. Hospitals, this massive and carefully researched statistical study stated, require the services of nurses for a few years only, and the supply of probationers is abundant, but it can hardly be doubted that the long hours exacted during the period of training are injurious to after-vigour of mind and body. And thus though the hospitals themselves may be well and economically served, the nurses and ultimately the community as a whole, pay the penalty.

**CONCLUSION**

The story of the disappearance of the night watch upholds F. B. Smith's contention that Florence Nightingale neither invented the new nursing nor even the idea of nursing as a calling. Nursing reform began long before she entered the field in 1853 and was driven by the doctors and the need for skilled nursing which the revolution in clinical medicine demanded. In terms of the night watch the introduction of medical teaching and research into the hospital combined with the increasing technological sophistication of medicine and the escalating acuteness of the patient load had made a competent and reliable nursing staff essential 24 hours around the clock.

Nightingale failed to appreciate this need at the Institute for Gentlewomen in Harley Street in 1853-54. In Scutari where the lack of night nursing was so apparent to nurses such as Fanny Taylor, Henrietta and Charlotte LeMesurier, the St. John's House nurses, and Elizabeth Davis, she expressly forbade it. She was also clearly not an innovator. She was not impressed by the new position of Night Superintendent at St. George's in 1858. Experienced hospital authorities spoke of this new office "with approbation and envy," she said, but she thought that in a civil hospital, "the benefits of this Night Matron may be perhaps more imaginary than real." She preferred the old system of having the Head Nurse sleep in a room adjoining the ward where she could be on call to the night watcher.

Thirteen years later, the *Lancet* Commissioners found the Night Sister a key to better nursing. In the context of 1871, they considered the night nursing at the Middlesex, with its trained nurse Night Sister, "very near perfection." This was also apparent to lay people. "A night sister ought to be in every hospital," Arthur Brinckman wrote. He believed everything would go better "if it was felt that everything
was as much under supervision at night as in the day.” The Lancet survey also makes it clear that clinical experience and supervision were more important in developing good night nurses than the scanty and haphazard education provided by the new training schools. They found the night nursing at the London, St. Mary’s, and Guy’s, where there were no training schools in 1871, was superior to that at St. Thomas’s and the Royal Free.

The emphasis which the lady nurses in the East and the new training schools placed on good order, respectability and close supervision was a first step in establishing better night nursing. The ladies in the Koulali hospital met the night nursing problem by working in teams with the paid nurses. In the London hospitals, the Night Sister was an analogous but less labor-intensive solution. Supervision was essential because it was simply not possible to think in terms of improving the night nursing until one could ensure that the nurses were actually doing it rather than their washing, drinking themselves unconscious or sleeping. The night watchers were no different from other members of early and mid-Victorian workforces which were, from the point of view of the employer, extremely unreliable. The real problem for managers in the first part of the century was getting the workers to come to work regularly in a sober condition, and to get them to actually do the work. Only after this problem was solved was it possible for concepts of efficiency and productivity to develop. This was not until the 1870s, precisely the period when most of the teaching hospitals were trying to phase out the old night watch and introduce more strictly disciplined and efficient nurses.

The new industrialized society demanded an orderly, reliable, and skilled workforce. As well, employers increasingly expected their workers to be better mannered and more respectable. The Victorian construct of respectability included not only knowing how to work hard and be law-abiding, but it meant being deferential to one’s social superiors, and not speaking to distinguished surgeons as the night-extra spoke to Bland-Sutton. The ability to obey orders promptly and without argument was an integral requirement of the new industrial discipline and was particularly important for the new medical treatments. Supportive treatment depended on regular and precise administration of medicines and food around the clock. The increased time required to carry out these therapies meant that it was no longer possible for the sisters to give all the skilled nursing care; the work had to be shared with the ordinary day nurses and required them to have some professional expertise. The care which they gave was changing from primarily charring and some of the less important technical parts of patient care to a kind of care which required skilled observation of
symptoms. "A Nurse should accustom herself to strict military obedi-
ence," declared *Hints for Nurses*, a little pamphlet which St. John's
House put out. The pamphlet pursued the metaphor of the soldier on
guard. The nurse was the sentinel who watched the sick man who had
been attacked by disease; it was up to her to know and recognize spe-
cific signs and symptoms and report any dangerous changes immedi-
ately so that help could be summoned. The efforts of a vigilant nurse
were most useful in saving lives.\(^{206}\)

In the surgical area, skilled round-the-clock observation was equally
important. In 1871 the *Lancet* Commissioners expected the night nurses
to be able to recognize early signs of secondary hemorrhage but were
not at all sure that some of them could; by 1890, however, Sir James
Paget felt the nurses could be relied on at night without the supervi-
sion of the medical staff. With the rapid development of surgery and
the spreading acceptance of antiseptic technique in the late 1880s and
1890s, the scope of nursing practice expanded. Standard nursing care
required knowledge of the principles of antisepsis, and later asepsis, as
well as traditional assessment skills. "The importance of training
nurses in the principles of antisepsis is appreciated by surgeons,"
Bland-Sutton wrote. "Nowhere in surgery does the maxim, 'Preven-
tion is better than cure', apply more forcibly than in the treatment of
post-operative erysipelas." Skilful nursing, diligence and watchfulness
were as important as surgical supervision, drugs, and antiseptics in his
opinion.\(^{207}\) Nursing was beginning to demand a wider scientific foun-
dation than the basic rudiments of anatomy and physiology. All of
these factors made the old night watcher a less and less appropriate at-
tendant on both medical and surgical patients.

The passing of the night watch also indicates that Sarah Gamp was
both a fictional character and a reality. Ironically she was not a hospital
nurse but a "monthly nurse" who looked after what were called domi-
ciliary cases, people in their own homes: "She went to a lying-in or a
laying-out with equal zest and relish,"\(^{208}\) and she also looked after both
acute and chronic patients. It was her friend, Mrs. Betsy Prig who was a
St. Bartholomew's Hospital nurse, and undoubtedly one of the casual
extras, for otherwise she would have been working seven nights a
week and such long hours that she would not have been free to help
Mrs. Camp with her private cases. Dickens felt strongly that nurses
needed to be improved as a class, and did not intend either as a carica-
ture. "The Hospitals of London are, in many respects, noble Institu-
tions; in others, very defective," he wrote in 1849. "I think it not the
least among the instances of their mismanagement, that Mrs. Betsy
Prig is a fair specimen of a Hospital Nurse. . . ."\(^{209}\)
Mrs. Prig is less strongly drawn than Mrs. Gamp and plays a less important part in the novel, but she does match perfectly the heavily documented characteristics of the worst of the old night watchers. She did not take snuff as did Mrs. Gamp and Bland-Sutton's nurse, but she was equally fond of food, drink, and her comforts; she was of the Gamp build but not quite so fat, had a beard and her voice was deeper and more like a man's;\textsuperscript{210} she could be extremely fierce and had a diabolical laugh.\textsuperscript{211} She was highly annoyed when a perverse patient died unexpectedly and delayed her tea.\textsuperscript{212} She had the cruel streak which was mentioned so often in reference to the night watchers. Her method of calming delirious patients was to give them a dozen or two hearty shakes backward and forward by the scruff of the neck\textsuperscript{213} while her technique, and the St. Bartholomew's technique as well, for nursing fractious lunatics was to put them as close to the fire as possible, and if necessary push them into it.\textsuperscript{214}

Nevertheless, it was Mrs. Gamp whose name stuck to the myth. The power of the myth and its continuing currency was due in part to Dickens' superb skill at characterization. Equally or more important, however, was the reality that this group of unskilled, lower domestic servants persisted into the new world of the professionalized hospital when they had all but disappeared from the rest of the late Victorian workforce. Their survival was due to the fact that it was difficult to find people who were willing to work nights as Miss Lückes said, and other nurses were less willing to accept the difficult and highly contagious patients whom they watched. Even so, as the Middlesex administrators noted in 1889, the night-extras were not always available.

The unwillingness of most women to work the night shift is a constant in the story of the night watch. Elizabeth Davis was not alone in abandoning her job at Guy's rather than agreeing to work nights. The process of upgrading the night staff began long before the Crimean War but made slow progress for this reason. It had made some headway, as at Bart's where some day nurses had been rotating on to nights on half of the wards since 1821. The London had achieved a better standard of night nursing in 1847 when the administrators agreed to pay a better wage. University College Hospital made efforts to develop a team of regular night nurses in 1851 and 1853. In the Crimean War the lady nurses used the same nurses on nights as on days because they had little other choice, but they supervised them closely. Doctors and nursing reformers were struggling to create a reliable and orderly nursing service out of what was essentially an undisciplined and frequently unskilled workforce in which many women like Dickens's Sarah Gamp and Betsy Prig existed.

It was the Sisters of St. John's House, however, who were the first to completely get rid of the old night watchers and insist on using the
same nurses on nights as on days. Sister Caroline thought this was not only the most distinctive characteristic of the St. John's House system, but also their greatest contribution to nursing reform. By the 1860s the sisterhoods had thoroughly demonstrated the superiority of this system in three London hospitals, and by the 1870s all the other hospitals were making a major effort to replace the old night watchers in one way or another. Some used the new central and rotating system, while others used separate permanent teams of clinically experienced nurses. By the mid-1870s the stress on "order and regularity," if not the academic instruction of the new training schools, was achieving strikingly effective results in a number of hospitals. In 1876 Miss Pringle, one of the most successful matrons the Nightingale School produced, had been Lady Superintendent at the Edinburgh Infirmary for three years. The improvements which she made in the nursing in those three years led Mr. Bell to think it was completely unreasonable to expect charwomen with no training in hospital nursing to be able to cope with a ward of twenty acutely ill patients. At the beginning of the century, however, when the patients were less acutely ill and there was little difference between the day nurses and charwomen, it was not unreasonable. "With the improvement in therapeutics the function of the nurse has risen in importance," the Lancet wrote in 1868.215

But at precisely the same time as the function of the nurse was rising in importance, the financial limitations under which the voluntary teaching hospitals operated became even more constrained and further restricted the choices which the hospitals had in the ways they could reorganize their nursing workforces. While their lack of reliability, respectability and nursing expertise made the old night extras unattractive to the hospitals, they were at least much less of a drain on severely curtailed hospital budgets, another factor which enabled them to persist as long as they did in the new professionally-organized hospital.

In their search for a reliable and respectable night nursing team, the London teaching hospitals had moved from the old night watch to teams of permanent, clinically experienced night nurses who were largely informally trained, or to rotating the regular day nurses on to nights. By the end of the century, in the interests of cost-efficiency they were rotating partially trained pupil nurses on to nights. The system of using probationers with Night Superintendents had severe failings, but it was, nevertheless, a marked improvement on the old night watch, and if the Victorians were not successful in solving the problem of night nursing, neither have we been in the twentieth century. The rotating system which they instituted remains, and, like many other reforms, has created its own set of problems. Recruitment and retention remains a major difficulty for nursing and has been much exacerbated
in recent years as the nursing workforce has become predominantly a married workforce, forcing nurses to try to lead a semblance of a normal family life while working constantly changing shifts.

NOTES

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2 Lancet, 4 November 1871, p. 642.
8 Different hospitals used different terms for the nursing staffs which can be confusing. At the medieval hospitals and Guy's, the nurse in charge of the ward was called the sister of the ward. The governors at St. Thomas's had tried to introduce the term nurse for the sisters in the mid-eighteenth century and the term “helper” for the ordinary day nurses, but without success (Golding, St. Thomas's Hospital, p. 206-7). At the London Hospital, the head nurse sometimes bore the title of matron. At Charing Cross, the sisters were sometimes called the dames of the ward, while at St. Mary’s, the newest of the 12 teaching hospitals, the nurse in charge of the ward was called either sister or head nurse or sometimes simply “nurse.” The term “head nurse” was also sometimes used for the most senior of the ordinary day nurses, and after the new nursing came in, it was often applied to the most senior of the probationers. The ordinary day nurses were called nurses at some hospitals, at others, under-nurses, supplementary nurses or, at St. Mary’s, there were first-class assistant nurses who were essentially the ordinary day nurses, and second-class assistant or “diet nurses” who were primarily cleaners.
10 Abel-Smith, Nursing Profession, p. 5-9; Benjamin Golding, An Historical Account of the Origins and Progress of St. Thomas's Hospital, Southwark (London: Longman, Hurst, Rees, Orme, and Brown, 1819), p. 203-15; London, Greater London Record Office (hereafter cited as GLRO), Report of Charity Commissioners, 30 June 1837, p. 54-56, 686, 737-38, H9/GY/ A71/1; and London, Archives of Charing Cross Hospital (hereafter cited as CCH), Standing Orders, Minutes of Board of Governors (1834-45), p. 75-79.
11 Florence Nightingale, “Introducing Female Nurses into Military Hospitals,” in Lucy
Ridgely Seymer, ed., *Selected Writings of Florence Nightingale* (New York: Macmillan,
1954), p. 34 (hereafter cited as “Female Nurses”).
12 John F. South, *Facts Relating to Hospital Nurses* (London: Richardson Brothers,
1857), p. 8-17.
38.
14 Golding, *St. Thomas’s Hospital*, p. 203 and passim.
15 South, *Hospital Nurses*, p. 10-12.
16 Joseph Bell, “Nursing in the Edinburgh Infirmary,” *Edinburgh Medical Review* (here-
after cited as EMR) (April 1876): 930.
17 Minutes of Weekly Board (1856-65), 4 September 1866, CCH.
18 For example, see London, Archives of St. Bartholomew’s Hospital (SBH), Minutes of
Board of Governors (1815-26), 3 July 1821, Ha1/17; and London, Archives of the
London Hospital (LH), Minutes of House Committee (1814-20), 28 November 1815,
A5/16. When patients were discharged by the Weekly Board or Taking-in Com-
mitee it was standard to ask whether any one in the hospital had demanded any
money of them (Minutes of Weekly Board Meetings 1846-55, passim, CCH).
19 Rough Copy of Miss Lees’ Report, “Nursing in the London Hospitals,” 1873,
21 Theresa McBride, *The Domestic Revolution: The Modernisation of Household Service in
Nightingale*, 2 vols. (London: Macmillan, 1913), Vol. 1, p. 445; and Margaret Good-
22 Mr. Steele’s Recommendations for Improvements in the Nursing, Officers’ Reports
1853-57, 5 August 1857, GLRO/H9/GY/A67/1.
24 See for example, By-laws of 1810, LH/A1/5; Standing Orders 1874, p. 97-101,
GLRO/H9/GY/A53/1.
25 South, *Hospital Nurses*, p. 12.
31 Golding, *St. Thomas’s*, p. 210-12. At St. Bartholomew’s in 1821 the night watchers
who came in from the outside were receiving sixpence a night, or three shillings six-
pence a week. Their wage was raised to nine pence a night, or five shillings three-
pence while the day nurses received seven shillings a week. Minutes of House Com-
mitee (1815-26), 3 July 1821, SBH/Ha1/17. Annualized, the night watchers would
have been originally making £9.7.0 and were raised to £13.13.0 while the day nurses
made £18.2.0.
32 Abel-Smith, *Nursing Profession*, p. 6-7; and Golding, *St. Thomas’s Hospital*, p. 212-14.
33 Golding, *St. Thomas’s Hospital*, p. 214.
34 Golding, *St. Thomas’s Hospital*, p. 213-14.
37 For a fuller discussion of the radical nature of the St. John’s House reforms, see Carol
Helmstader, “The First Training Institution for Nurses, Part I: St. John’s House and
Nineteenth Century Nursing Reform,” *Royal College of Nursing History of Nursing So-


39 The Middlesex and St. George's were the first to establish nursing homes in the late 1860s, followed by the Westminster in the 1870s. In all of these cases, the hospital administrators at the time would have said that they had introduced the "new" system of nursing because they hired Lady Superintendents at the same time. Terton mentions that the Night Superintendent was a new position. In 1871 the only three hospitals with this nursing officer were the Middlesex, the London, and St. George's. St. George's had had a night superintendent since the 1850s while the Middlesex introduced this position in 1868 (London, Archives of the Middlesex Hospital [MH], Minutes of General Court and Weekly Board [1867-70], 14 January 1868). The London did not have a nurses' home until the mid-1880s.


42 Nightingale, "Female Nurses," p. 105.


46 Rebecca Strong, "St. Thomas's Temporary Hospital in Surrey Gardens as I Knew It in the Middle Sixties," undated typescript, GLRO/H/ST/NTS/Y52/1.


48 Minutes of Medical Committee, 12 January 1867, MH.

49 Mr. Steele's Recommendations, Officers' Reports (1853-57), 5 August 1857, GLRO/H/ST/GY/A67/1.

50 Officers' Reports (1853-57), 15 October and 5 November 1856, GLRO/H9/GY/A67/1. Porter was a kind of very strong beer which hospitals provided as the standard drink for the staff as water was generally unsafe for drinking in the first half of the century.


52 Hospital Nursing without Alcoholic Drinks by Two Lady Nurses. Tract for the National Temperance Public Depot. (London, c. 1882); and Minutes of House Committee (1874-77), 2 May 1876, GLRO/H2/WH/A1/45.


58 "Nurses and Doctors. Systems of Nursing, By a Nurse," EMR (May 1880): 1049.

59 St. Mary's Hospital Gazette, December 1902, p. 154.

60 Lancet, 11 November 1871, p. 680.

61 Minutes of House Committee (1814-1820), 19 December 1818, LH/A/5/16; Golding, St. Thomas's Hospital, p. 206-7; and Minutes of Board of Governors (1834-45), p. 78-79, CCH; Lonsdale, "Present Crisis," p. 678-79.

62 Letter from Miss Swift, 3 July 1877, LH/A17/46.
68 Blizard, Improvement of Hospitals, p. x.
69 Blizard, Improvement of Hospitals, p. 3-5.
70 Abel-Smith, The Hospitals, p. 16-19.
71 Joseph Bell, "Edinburgh Infirmary Nursing, By One of the Staff," EMR (May 1880): 1051.
73 H. C. Cameron, Mister Guy's Hospital (London: Longmans Green, 1954), p. 76.
74 Abel-Smith, The Hospitals, p. 11.
75 Golding, St. Thomas's, p. 202, 239-40.
76 Minutes of Quarterly Meetings of Physicians and Surgeons, 11 January 1823, LH/A10/6.
78 "Hints for Nurses," no date but probably c. 1870, GLRO/H1/ST/SJ/A39/7.
79 Lancet, 3 September 1864, p. 271-72.
80 See, for example, Robert Bentley Todd, Clinical Lectures on Certain Acute Diseases (Philadelphia: Churchill, 1860), p. 133.
83 Lancet, 31 May 1879, p. 785.
84 Minutes of General Court of Governors, 3 March 1880, GLRO/H9/GY/A225/1.
86 Minutes of House Committee (1815-26) 11 July 1818, SBH Ha1/17.
87 Minutes of House Committee (1815-26), 3 July 1821, SBH Ha1/17. There were 12 double and 12 single wards at St. Bartholomew's in 1821. The Charity Commissioners reported in 1837 that the hospital had 75 nurses, 50 of whom rotated on and off nights. Report of Charity Commissioners, 1837, p. 54, GLRO/H9/GY/A71/1.
88 Minutes of House Committee (1847-50), 16 November 1847, LH/A5/25.
89 Minutes of House Committee (1847-50), 23 November 1847.
90 London, Archives of St. Mary's Hospital (SM), Minutes of Board of Governors (1849-51), 6 June 1851, SM/AD/1/2.
91 South, Hospital Nurses, p. 11, 17.
93 PP, 1892, Vol. 13, p. ix-x.
94 London, Archives of University College Hospital (UCH), Minutes of Committee of Governors (1844-55), 9 April and 21 May 1851, A1/2/1.
95 Minutes of General Committee (1844-57), 30 March 1853, UCH/A1/2/1.
96 For example, see Minutes of General Committee (1844-57), 2 February 1853, UCH/A1/2/1.
97 Minutes of General Committee (1844-57), 13 and 27 April 1853, UCH/A1/2/1.
98 Minutes of General Committee (1844-57), 3 August, 2 and 16 November 1853, UCH/A1/2/1.


101 Summers, Angels and Citizens, p. 31-32.


103 Smith, Florence Nightingale, p. 32-33, 63.


105 Reprint of Nightingale letter to St. John’s House in newspaper clipping, 21 December 1907, GLRO/H1/ST/NC3/SU54-55. Original date of letter not given but probably 1855.


108 Boston, Boston University Nursing Archives (BUNA), Letter from Henrietta LeMesurier to Lady Cranworth, Smyrna, 4 April 1856, LeMesurier Collection.


111 Birmingham, Archives of the Community of the Sisters of St. John the Divine (hereafter cited as CSSJD), Minutes of Seventh Annual General Meeting, 1855.


114 Minutes of Medical Committee (1863-67), 22 December 1863, CCH; and Minutes of Medical Committee (1866-69), passim, MH.

115 Minutes of Medical Committee, 26 January 1864, CCH.

116 Minutes of Medical Committee, 29 March 1864, CCH.

117 Minutes of Medical Committee, 20 December 1864, CCH.

118 Minutes of Sub-Committee to confer with St. John’s House, Board of Governors Minute Book (1865-68), 14 March 1865, CCH.

119 Report of Special Committee to investigate introducing Hospital Sisters and Nurses from St. John’s House or some similar institution, Board of Governors’ Minute Book (1865-68), 3 July 1865, CCH.

120 Minutes of Medical Committee (1866-69), 4 August 1866, MH.

121 Minutes of Sub-Committee on Nursing, Middlesex Hospital Sub-Committees Minute Book (1867-92), 5 April 1867, MH.

122 Minutes of General Court (1867-70), 3 September 1867, MH.


124 Lancet, 4 November 1871, p. 642.

125 Seymer, Florence Nightingale’s Nurses, p. 36-37. See also Nightingale, “Female Nurses,” p. 106.

126 Lancet, 30 December 1871, p. 929.

127 Lancet, 18 November 1871, p. 730.

128 Minutes of General Court and Weekly Board (1867-70), 14 January 1868, MH.

129 Lancet, 18 November 1871, p. 730.

130 Minutes of House Committee (1876-78), 9 and 23 January 1877, LH/A5/38.
131 Minutes of House Committee (1880-82), 30 November 1880, LH/A5/40.
133 See, for example, Minutes of Medical Committee (1868-80), 7 May 1877, SM/AD12/2.
134 Terton, Lights and Shadows, p. 11-15.
135 Minutes of General Court (1870-74), 29 November 1870, 7 March and 25 July 1871, 26 March and 25 June 1872, MH.
136 Minutes of House and Finance Committee, 12 December 1877, SM/AD/7/5.
137 Minutes of House Committee (1878-80), 25 February 1879, LH/A5/39.
139 Lancet, 30 December 1871, p. 930.
140 Lancet, 11 November 1871, p. 681.
143 Lancet, 30 December 1871, p. 930.
144 Lancet, 2 December 1871, p. 785.
146 Lancet, 30 December 1871, p. 929.
147 Florence Lees, Nurses' Work and Nurses' Training, 1874-75, p. 35-40, GLRO/H1/ST/A/NFC/22/4.
149 Minutes of Medical Committee (1881-92), 5 November and 3 December 1883, SM/AD/13/3.
151 Baly, Florence Nightingale, p. 175.
153 Lancet, 2 December 1871, p. 784-85.
155 Mr. Nixon's Report, Minutes of House Committee (1874-76), 17 November 1874, LH/S5/37. See also Baly, Florence Nightingale, p. 49, where Nightingale expresses the same feelings about the need for the probationers' accommodation to be placed close to that of the matron so that they could be "under the matron's immediate hourly direct inspection and control."
156 Minutes of House Committee (1874-76), 1 June 1875, LH/A5/37.
157 Minutes of General Nursing Committee, 3 April 1869, Middlesex Hospital Sub-Committees Minute Book (1867-92), MH.
158 Minutes of Treasurer and Almoners (1874-77), 5 April, 17 and 31 May 1877, SBH Ha/3/12.
159 Bell, "Nursing in the Edinburgh Infirmary," p. 932.
160 Minutes of Medical Committee (16&80), 2 April 1877, SM/AD/12/2.
161 Minutes of General Court, 11 March 1880, p. 166-70, 176-78. GLRO/H9/GY/A225/2.
162 Minutes of House Committee (1874-76), 9 February 1875, LH/A5/37.
163 Minutes of General Court, 11 March 1880, p. 176-78, GLRO/H9/GY/A225/2.
164 Mr. Steele's Recommendations, Officers' Reports, 5 August 1857, GLRO/H9/GY/A67/1.
166 See, for example, Minutes of House Committee (1874-76), 26 October 1875, LH/A537; Minutes of House Committee (1876-78), 10 July 1877; Matron’s Reports (1877-88), 7 and 21 May, 19 August 1880, 10 February and 7 July 1882, 27 April and 5 October 1883, 25 January 1884, SM/NR/1/1/1/1.
167 Minutes of House and Finance Committee (1874-82), 13 December 1876, SM/AD/7/5.
168 Minutes of Sub-Committee on the Nursing Staff, 11 February 1889, Middlesex Hospital Sub-Committees (1867-92).
169 Minutes of Board and House Committee (1871-74), 18 March 1873, GLRO/H2/WH/A1/44.
172 They calculated this figure as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average wage of a nurse</td>
<td>£20.14.0</td>
</tr>
<tr>
<td>Board</td>
<td>26.0.0</td>
</tr>
<tr>
<td>Uniform</td>
<td>3.10.0</td>
</tr>
<tr>
<td>Lodging (rent, rates, insurance, light, and heat of Nurses' Home)</td>
<td>26.0.0</td>
</tr>
</tbody>
</table>

**TOTAL**

£78.4.0

Minutes of Sub-Committee on the Nursing Staff, 11 February 1889, Middlesex Hospital Sub-Committees Minute Book (1867-92).
173 Minutes of Board of Governors (1856-65), p. 7-8, CCH. Although entered in the Minute Book for 1856-65 this figure refers to the years 1871 and 1875.
174 At most hospitals the nurses slept in dormitories which were separated into cubicles by wooden partitions with a curtain at the end (*Lancet*, 10 September 1864, p. 298-99; "The Middlesex Hospital Home for Nurses," *Lancet*, 11 July 1868, p. 91-92). See also Honnor Morton, How to Become a Nurse and How to Succeed, 3d ed. (London: A. & C. Black, 1893), p. 16-36. Generally, room and board was calculated at about the same cost as the nurse's wage. The night nurses at Guy's made £26 a year in 1857 as compared to £30 for the day nurses, but when Dr. Steele proposed providing them with full board, he suggested dropping their wage to £12 (Mr. Steele's Recommendations, Officers' Reports [1853-57], 5 August 1857, GLRO/H9/GY/A67/1).
175 By the 1850s the night watchers at King's were being paid a shilling (12 pence) a night plus dinner. A shilling a night works out to £18.5.0 a year (Beale, Hospital Patients, Doctors and Nurses, p. 19-20). The £27 which the London Hospital paid its night nurses in 1856 was less than the £26 rising to £32 over six years which it paid its day nurses (Standing Orders of House Committee 1856, LH/A1/16). At St. Mary's in 1861 the night nurses were paid £18.19.0 a year, also less than the day nurses and sisters who received £20 to £24 (Minutes of House and Finance Committee, 23 October 1861, SM/AD/7/3).
176 In 1876 St. Mary's was paying their night nurses £20 a year, rising to £26 after six years, two pounds more than the day nurses who made £18 to £24 (Minutes of House and Finance Committee [1874-82], 6 March and 1 November 1876, SM/AD/7/5). The London paid £24 to £27 in contrast to the day nurses' wage of £22 to £25 in 1880 (Standing Orders, June 1880, LH/A17/47).
178 Minutes of General Court, 11 March 1880, p. 166-70, GLRO/H9/GY/A225/2; and Salaries and Wages, 25 March 1872, Table III, H9/GY/D40/21.
179 Minutes of General Court, 11 March 1880, p. 166-70, GLRO/H9/GY/A225/2.
182 Treasurer's Report 1887, p. 1-2, 11, GLRO/H9/A93/1; and Annual Report, 1894, p. 11-12, 18, GLRO/H9/A94/1.
183 Martha Vicinus, *Independent Women: Work and Community for Single Women 1850-1920* (Chicago: University of Chicago Press, 1985), p. 102; and Abel-Smith, *Nursing Profession*, p. 29. For example, Guy's received 2,500 applications and ac-
accepted only 50 probationers and 20 lady pupils, or the Middlesex turned down several applications daily. See Honnor Morton, How to Become a Nurse, p. 20-22.

185 BUNA, Nightingale Collection, Nightingale to Miss Marsh, Folder 10, 1892/132.
190 Lancet, 2 December 1871, p. 784-85.
191 Lancet, 24 May 1890, p. 1157.
192 Newspaper clippings, 21 December 1907, GLRO/H1/ST/NC3/SU53.
194 Matron’s Reports (1877-88), Letter from Governor T. Macfarlane to Miss Williams, 29 January 1881, inserted in front of book, SM/NR/1/1/1.
197 Lancet, 2 December 1871, p. 785.
198 Minutes of General Court, 11 March 1880, p. 166-70, GLRO/H9/GY/A225/2.
199 Standing Orders, June 1880, LH/A17/47.
201 Smith, Florence Nightingale, p. 155.
202 Nightingale, “Female Nurses,” p. 106.
203 Lancet, 18 November 1871, p. 730.
204 Brinckman, Care of the Sick, p. 180-81.
206 Hints for Nurses, St. John’s House, King’s College Hospital, no date but probably c. 1870, GLRO/H1/ST/SJ/A39/7.
207 Bland-Sutton, Story of a Surgeon, p. 80.