

Editorial

Das Institut für Geschichte der Medizin der Robert Bosch Stiftung hat seit vielen Jahren bereits einen Schwerpunkt seiner wissenschaftlichen Arbeit auf die Pflegegeschichte gelegt. Das spiegelt sich auch in der Beiheftreihe zu dieser Zeitschrift wider, in der bereits einige Dissertationen zur Geschichte der Krankenpflege sowie eine Quellenedition erschienen sind. Zum ersten Mal hat nun das Jahrbuch des IGM einen solchen Themenschwerpunkt. Auch in der Geschichte war das Verhältnis von Krankenschwestern zu ihrem Arbeitgeber nicht frei von Konflikten, wie Stuart Wildman am Beispiel Englands im Zeitraum von 1880 bis 1914 aufzeigt. Interne Hierarchien konnten ebenfalls zu Streit im Pflegebereich führen, wie Annelies van Heijst für die Niederlande deutlich macht und dabei zudem die katholische Krankenpflege in den Blick nimmt. Marion Baschin geht der Frage nach, welche gesundheitlichen Folgen die private häusliche Krankenpflege für die Ausübenden haben konnte. Elisabeth Malleier ermöglicht uns einen Blick in die nicht weniger konfliktreiche Welt eines jüdischen Krankenhauses in Wien um die Wende vom 19. zum 20. Jahrhundert. Wenig bekannt war bislang auch, wie die Gemeindepflege um 1900 aussah. Diese Lücke schließt jetzt die Studie von Bettina Blessing. Sylvelyn Hähner-Rombach untersucht die Arbeit einer wenig bekannten Gruppe von Krankenschwestern, der Tuberkulosefürsorgerinnen, die im ersten Drittel des 20. Jahrhunderts noch eine wichtige Rolle in der Bekämpfung einer weitverbreiteten »Volksseuche« spielten. Die Zeitgeschichte der Krankenpflege ist mit einem Beitrag von Kristina Matron vertreten. Sie skizziert am Frankfurter Beispiel die Entwicklung der offenen Altenhilfe von der unmittelbaren Nachkriegszeit bis zu Beginn der 1970er Jahre.

Außerhalb des Themenschwerpunkts sind zwei Beiträge angesiedelt, die einen patientengeschichtlichen Fokus haben. Jürgen Schlumbohm wertet eine bislang unbekannte Quelle zur Geschichte der Geburtshilfe im späten 18. und frühen 19. Jahrhundert aus und verweist auf die Möglichkeit zur anonymen Geburt in dieser Zeit. Claudia Prestel zeigt auf, wie jüdische Familien vor 1933 mit ihren geistig zurückgebliebenen Kindern umgingen und welche Versorgungsmöglichkeiten es für diese Randgruppe gab. Auch wenn Gehörlose sich nicht als Patienten sahen, sondern als eine kulturell anders lebende Minderheit, so passt gleichwohl der letzte Beitrag zur Sozialgeschichte der Medizin von Ylva Söderfeldt in diesen Kontext, nämlich der Gesundheitsfürsorge im Judentum.

Die zweite Sektion dieser Zeitschrift, die traditionsgemäß Aufsätze zur Geschichte der Homöopathie und alternativer Heilweisen vorbehalten ist, weist diesmal nur einen, dafür aber sehr substantiellen Beitrag auf, nämlich die vergleichende Untersuchung von Stefanie Jahn zur homöopathischen Behandlung von Opfern der sogenannten »Spanischen Grippe« am Ende des Ersten Weltkriegs.

I. Zur Sozialgeschichte der Medizin

Themenschwerpunkt: Pflegegeschichte

“Docile bodies” or “impudent” women: conflicts between nurses and their employers, in England, 1880-1914

Stuart Wildman

Zusammenfassung

»Gelehrige Körper« oder »dreiste« Frauen: Auseinandersetzungen zwischen Krankenschwestern und ihren Arbeitgebern in England, 1880 bis 1914

Wenn Historiker über Konflikte in der Krankenpflege im England des 19. Jahrhunderts schreiben, konzentrieren sie sich auf die großen Auseinandersetzungen, die in London zwischen Ärzten oder Schwesternschaften und Krankenhausgremien ausgetragen wurden. Im frühen 20. Jahrhundert richtete sich das Interesse an Konflikten oft auf die aufkommenden Gewerkschaften bei den Angestellten der Nervenanstalten und die Einführung von Streiks als Mittel zum Erzwingen besserer Arbeitsbedingungen. Das Interesse an Auseinandersetzungen, die sich auf die alltägliche Routine im Krankenhaus zur damaligen Zeit bezogen, hält sich dagegen in Grenzen.

Krankenschwestern wurden von Organisationen ausgebildet und angestellt, die über strenge Vorschriften verfügten, lange Arbeitszeiten, Arbeitspläne und pflegerische Tätigkeiten rund um die Uhr diktierten und absoluten Gehorsam verlangten. Im späten 19. Jahrhundert konnte man von Krankenschwestern tatsächlich im Foucaultschen Sinne als »gelehrigen Körpern« sprechen. Von den überlieferten Aufzeichnungen beziehen sich viele auf Disziplinierungsmaßnahmen, aber wenige davon betrafen Krankenschwestern – besonders als Gruppen, die Beschwerden vorbrachten oder Entscheidungen der Obrigkeit in Frage stellten. Es gab Auseinandersetzungen, aber sie wurden gewöhnlich nicht systematisch dokumentiert. Die Fälle, die in den Akten von Einrichtungen festgehalten wurden oder sogar in die fachliche oder allgemeine Presse vordrangen, beziehen sich auf Gruppen von Krankenschwestern, die sich der Obrigkeit widersetzen und gegen Entscheidungen, Misshandlung, Diskriminierung oder unzumutbare Arbeits- oder Lebensbedingungen protestierten.

Basierend auf den Aufzeichnungen mehrerer Organisationen und auf Berichten in Fachzeitschriften und Zeitungen untersucht der Beitrag die Zeit bis zum Ersten Weltkrieg. Dabei identifiziert er eine Reihe von Konflikten und analysiert die Vorgehensweise der Krankenschwestern sowie die Reaktionen ihrer Arbeitgeber. Vergleiche zwischen Krankenschwestern und anderen weiblichen Arbeitskräften werden diskutiert. Zum Teil können diese kleineren Auseinandersetzungen als Wegbereiter der Gewerkschaften und Arbeitskämpfmaßnahmen gesehen werden, die in den 1920er Jahren aufkamen. Insgesamt zeigen diese Konflikte, dass es Krankenschwestern gab, die es – anstatt passiv zu bleiben – in Kauf nahmen, als »dreist« abgestempelt zu werden, weil sie ihrer Unzufriedenheit Ausdruck verliehen und sich für bessere Bedingungen einsetzten.

Introduction

Conflict is a constant feature that appears in narratives of nursing reform during the nineteenth century. The first are concerned with the old style nurses in hospitals and in particular with their conduct before and during the Crimean war. Later, much attention has been given to major disputes between nursing sisterhoods, doctors and hospital managers in London.¹ Discussion of conflict in the early twentieth century has often centred on the rise of trade unions amongst mental asylum workers and the advent of the strike as a means of demanding better conditions of service.² Little attention has been given to disputes about everyday life and work in hospitals and nursing associations in this period. There are many examples, in surviving records, of individuals being subjected to disciplinary action for misdemeanours but few concerning nurses airing grievances or disputing decisions made by those in authority. This exploratory paper examines the period up until the First World War. This paper examines the nature of nursing reform and its influence upon the everyday working conditions and quality of life of nurses in a variety of institutions. It identifies and discusses a number of disputes between groups of nurses and their employers across the time period. Reasons for the occurrence of conflict will be put forward and discussed in the light of changes within society. The reaction of employers, the leaders of the nursing profession and the nursing press will be addressed and conclusions that compare nurses with other female workers put forward.

In order to progress it is necessary to describe the nature of the institutions that are included within this study. During the nineteenth and early twentieth centuries health care in Britain differed for the social classes. The rich purchased medical and nursing care in the open market, and received that care in their own homes. For working people there were different systems. Some could subscribe to clubs or friendly societies that provided medical care in times of need. Many treated themselves by consulting medical and home care manuals. For the poor there were two systems. For the respectable working poor a network of voluntary or charitable hospitals, dispensaries and nursing societies founded by philanthropists provided either care in the hospital or in the patient's own home, without charge. The employment and training of nurses was an integral part of this system. The indigent poor, those who had no job or were unable to work, were admitted to workhouses founded under the Poor Law system and funded by local taxes. This system was administered by paid officials and overseen by the guardians of the poor, elected by local tax payers and who met at least monthly to consider management issues. Workhouses offered medical care for those in need and from the late nineteenth century special wards and separate hospi-

1 See for instance: Waddington (1995).

2 See for instance: Carpenter (1988).

tals were constructed by local poor law authorities for the sick poor. By the early twentieth century a network of public hospitals had been established and these too moved towards employing trained nurses and establishing their own training schools. It is the voluntary hospitals and societies and the relatively new poor law or public hospitals which are the focus of this study.

Nurse Training and work

Nightingale's experience of supervising nurses in the Crimean war influenced her views regarding the future organisation of nursing. Between November 1854 and November 1855, 44 nurses out of a total of the 108 who had been recruited were dismissed, of these all 12 who were alcoholics and the 4 dismissed for impropriety were working-class nurses.³ The situation in the voluntary hospitals in Britain was said to be no different with nurses accused of drunkenness, the use of abusive language, failure to control tempers, leaving the wards and hospital without permission, stealing from the patients and the hospital, demanding payment from patients and relatives, cruelty to patients, and sexual liaisons with patients and medical students.⁴ This was accompanied by widespread condemnation of domiciliary nurses, typified in Charles Dickens's portrayal of Sarah Gamp, by those wishing to reform nursing. Although this stereotype has been challenged in recent years it had great resonance in mid-nineteenth century Britain.⁵ Nightingale thought that some of the best nurses in the Crimea were working-class women with hospital experience but many lacked the moral discipline to be able to practice without supervision. In order to reform nursing the hospital and its management systems needed to be transformed.

As part of her strategy for reform, Nightingale was convinced that there was a need for a trained female head of nursing within hospitals. She believed that the success of nursing depended upon:

The authority and discipline over all the women of a trained lady-superintendent who is also matron of the hospital, and who is herself the best nurse in the hospital, the example and leader of her nurses in all that she wishes her nurses to be.⁶

The position of the matron or Lady Superintendent was to become crucial in the reform and modernisation of nursing. A major achievement of the Nightingale reforms was to promote a female chain of command in the hospital, at the apex of which was the hospital matron with her expanded

3 Helmstadter: *A real tone* (2003), p. 12.

4 Helmstadter: *A real tone* (2003), pp. 17-22.

5 Summers (1989).

6 Nightingale (1883), p. 1039.

managerial role.⁷ This included responsibility for recruitment, training and supervision of nurses during their working day. According to Nightingale

Ward training is but half of training. The other half consists in women being trained in habits of order, cleanliness, regularity and moral discipline [...] and the probationers under the matron's immediate hourly direct inspection and control.⁸

A woman in a position of authority was expected to be able to 'exhibit in her own person' those qualities expected of a nurse and was required 'to cultivate them in those who are placed under her'.⁹

The hospital was seen as the place in which the nurse would develop knowledge, skills and a disciplined way of working. More than knowledge and skills the hospital was to ensure that nurse training would inculcate a disciplined way of working. Florence Lees, a Nightingale trainee and subsequent active nurse reformer felt that:

Hospital training in the full sense of the word, means careful discipline or drill. In other words, order, quickness, punctuality, truthfulness, trustworthiness, method, cleanliness, neatness, implicit and intelligent obedience to those in authority over them, an obedience so absolute and so well understood that a doctor can as fully depend upon his orders being carried out by the nurse as if he himself were present.¹⁰

Nightingale devised a system for observing the probationers' conduct and performance that asked for a report about the nurses' ability to undertake patient care but also about their character which included punctuality, quietness, trustworthiness, neatness, cleanliness, sobriety, honesty and truthfulness.¹¹ These views of the ideal qualities required by nurses were taken up by nursing associations and hospitals from the 1860s onward and were expected of both the new recruit and the established nurse.¹²

Thus the trainee or probationer was expected to 'act in complete obedience to the instructions of the Sister and Staff-Nurses' and to develop a work ethic that stressed punctuality, hard work and long hours.¹³ Nurses lived and were trained within hospitals which had strict regulations, timetables that dictated a nurse's activity throughout the twenty-four hour day and a regime that demanded absolute obedience to authority. According to Alison Bashford, nurses in the late nineteenth century could indeed be de-

7 Witz (1992), pp. 140-143.

8 Nightingale to H. Bonham Carter, 3 September 1865, cited in Baly: *The Nightingale nurses* (1986), p. 6.

9 Lees (1876), p. 7.

10 National Association (1875), p. 17.

11 Baly (1997), Appendix 1, pp. 229-230.

12 See the following for example: Lees (1876), pp. 1-27; Wood (n.d.), pp. 7-19; Stewart/Cuff (1889), pp. 4-5; Lewis (1895), pp. 1-7.

13 Blissett (1888), p. 140.

scribed, in Foucauldian terms, as 'docile bodies'.¹⁴ Monica Baly has described ways in which Nightingale advocated the design of both hospitals and the nurses' accommodation in such a way as to enable the hospital matron and her subordinates to keep the ordinary nurses and probationers under constant observation and discipline¹⁵ – a veritable panoptical regime.

This system of training and discipline was taken up by all hospitals and nursing associations, both voluntary and public. Historians have suggested that it was introduced to meet the challenges of the 1860s but did not change much until after the First World War. For Monica Baly this system prevented innovation in practice and education whilst Carol Helmstadter puts its survival down to economics because of a need to maintain the productivity of nurses and economy of expenditure in a period of severe underfunding of hospitals.¹⁶

Nurses and their employers

As a result of these strict disciplinary regimes it is not surprising that there were disputes within institutions between nurses and their superiors. In addition to discipline, nurses protested against poor living accommodation and food. Finding evidence of the existence of conflict is not easy. Most disputes happened within closed institutions which did not reveal problems to the outside world. In the main these conflicts have been identified in the pages of the professional nursing press which came into being with the creation of two journals – the *Nursing Record* and the *Nursing Mirror* in 1888. Between this time and 1912 instances of protests about living conditions, the quality of food and about overbearing discipline have been identified within the pages of the professional press.

However, some information can be found earlier in records of institutions. For instance, in 1876 the nurses of the Salisbury Diocesan Nursing Association objected to the Lady Superintendent's disciplinary regime within the nurses' home and forced her resignation. The management committee felt, that although she maintained a high moral tone within the home, she had failed to consider the comfort of the nurses and should have had more 'sympathy with the lesser and greater trials of their calling'.¹⁷ The nurses were informed of the outcome but were told that their behaviour would not be tolerated in the future. In subsequent years they made representations for wage increases but never challenged the decisions of the committee.

14 Bashford (1998), pp. 44-48.

15 Baly: *The Nightingale nurses* (1986), p. 6.

16 Baly: *Florence Nightingale* (1986), p. 219; Helmstadter: *Building a new nursing service* (2003), pp. 594-595; Helmstadter (1993), pp. 60-65.

17 Wiltshire and Swindon Record Office, J8/109/1: *Salisbury Diocesan Institution for Trained Nurses, Minute Book 1871-1876*, 26 February 1876.

The first publicised dispute occurred in 1888 in Sheffield and was referred to as the “Sheffield Nurses’ Strike”. During April of that year the Lady Superintendent complained about the inadequate and overcrowded accommodation in the Sheffield Nurses’ Home and in particular the way that the management committee occupied her own room for committee meetings once a week and the lack of quiet rooms for nurses who were ill. The committee insisted that she ‘address them in a more respectful manner’ and dismissed her complaint. She resigned and 31 nurses informed the committee that unless she was asked to remain they would leave with her.¹⁸ At the Annual General meeting the Lady Superintendent and the nurses were referred to as ‘impertinent and impudent’ and the subscribers present supported the committee’s stance. She was forced to leave the home one month early but enough local people and doctors believed she was hard done by and set up a rival charity in which she and the nurses could continue their work. She continued to run this Home well after 1900. To Mrs Bedford Fenwick, the self-styled leader of professional nursing and the owner of the *Nursing Record* this was a clear case of exploitation of nurses by a charity. They earned large amounts of money for the Home but received poor pay and accommodation.¹⁹ She and the British Nurses’ Association campaigned for nurses to set up co-operatives in which they would receive most of the profits from their labours rather than being exploited by private enterprises or charitable associations. *The British Journal of Nursing* likened many of these associations to ‘sweat shops’ in industry whereby workers were exploited and abused.

The only other dispute that has been found in the late nineteenth century was at the General Hospital, Birmingham in 1891 when one of the Hospital Visitors (a representative of the House Committee) was approached about both the quality of the food and the reaction of the House Governor, the most senior male administrator.²⁰ Some nurses had raised a petition against the quality of the food but they said they were threatened by the House Governor with dismissal and accused of being liars. The matron was also afraid to approach him because of his manner and abusive language towards her. His reaction was that the nurses were likely to make unreasonable complaints and that modern day nurses were ladies who had been accustomed to better food at home than the hospital could be reasonably expected to provide. The report of the House Visitor was acknowledged by the House Committee but apart from checking on the quality of the food for a period of a week no further action was taken. Thus the problem was

18 Sheffield Nurses’ Home, resignation of the matron and nurses. In: *The Sheffield and Rotherham Independent*, Wednesday May 16 1888.

19 Nursing echoes. In: *The Nursing Record* 1 (1888), no. 10, pp. 114-115.

20 Birmingham City Archives, MS 528927: ‘Report of Mr John Lee, hospital visitor’ 6 & 11 February 1891, in a Collection of leaflets, manuscripts, letters etc. relating to the General Hospital Birmingham, 1882-1899.