

# **THE PROFESSIONALISATION OF MENTAL NURSING IN GREAT BRITAIN, 1850-1950**

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## **Summary**

### **The Professionalisation of Mental Nursing in Great Britain, 1850-1950**

This thesis takes the form of an investigation into the lack of progress towards the professionalisation of mental nurses during the period 1850 to 1950 and concentrates on their failure to become a professional sub-group within nursing. The proposal is put forward that their relative failure to advance was due to the fact that mental nurses were controlled and dominated by other more powerful health care groups with their own agendas. These were the asylum doctors in the (Royal) Medico-Psychological Association ((R)MPA), and the doctors and general trained nurses in the General Nursing Council (GNC).

During the 1850s the (R)MPA's main concern was to raise the status of asylum doctors. The association aimed to achieve this by developing the care and treatment of the insane into another recognised speciality of medicine. To do this they needed to hospitalise the asylums, a process which would include transforming asylum attendants into qualified mental nurses. To this end a mental nursing textbook was published by the (R)MPA in 1885. This was followed by the inauguration of a national training scheme with certification for successful candidates.

In order to advance the goal of hospitalisation, female nurses were introduced into male wards in many asylums. It was also asserted that the care of insane male patients was improved, a claim which led to conflicts with the trade unions, which were totally opposed to female nurses on male wards. The impact of unionisation of mental nurses will also be discussed in relationship to the struggle for professionalisation.

Even when the Nurses' Registration Act 1919 was passed, mental nurses were caught in the middle of an internecine conflict over who controlled them: on one side was the GNC with its new supplementary register for mental nurses; on the other stood the (R)MPA, reluctant to give up their training and examination scheme under the conditions offered by the GNC. So a dual system of registration continued to exist until the introduction of the National Health Service in 1948. Even then mental nursing was still controlled by the general trained dominated GNC.

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## INTRODUCTION

Within the practice of nursing, mental nursing has always been perceived as a separate and subordinate branch compared to general nursing, a secondary position which has prevented mental nurses from obtaining equal status with general nurses. This dissertation will examine the effects of this evaluation in respect, first, of the activities of the asylum doctors and then, later, of the leaders of the general nurses.

However, the lesser status accorded to mental nurses was not only a historical phenomenon; it has also been observed in more recent times. In order to see how the happenings associated with the period under discussion have continued to influence more recent events, it is necessary to examine some of these developments. In May 1986, the successor to the General Nursing Council (GNC), the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (1) published its report, *Project 2 000. A New Preparation For Practice*, described as a radically new framework for preparation for practice (2).

Originally this proposed new training, which all nurses were to undertake in order to be eligible for registration, was to consist of a common foundation programme (CFP) lasting two years, which would emphasise the promotion of health rather than a preoccupation with illness. The course would also enable the nurse to teach self help, promote independent living and respect the desires and values of the individual clients or patients. In the third and final year, the student would opt to follow one of the five main branches: mental illness, mental handicap, the child, midwifery and the adult. The latter, nursing adults, was the largest in terms of numbers of nurses involved and therefore these practitioners constitute the most influential and powerful group.

Under this scheme there would be some specialisation allowed in the foundation course. However, those wishing to become mental nurses would be deemed fully qualified after just over one year's specialised training and able to give safe and competent nursing care to the full range of psychiatric conditions. This scheme was considered an adequate replacement for a three-year specialised training in psychiatric nursing. "Such a profound educational change has been argued would threaten the independent professional integrity of mental health nurses in the United Kingdom." (3)



In 1986, Altschul accepted that the new branches were “not to be equated with the present parts of the register. She believes that Project 2 000 makes it possible for nurses to respond... better than the present training does.” (4) However, in order for the new project to succeed most of what was included in the then current psychiatric training would have to be incorporated into the CFP.

Needless to say, the UKCC was equally as dominated by generalists as its predecessor, the General Nursing Council. The implications of the implementation of Project 2000 by the UKCC will be discussed later in this introduction, with particular considerations given to the ramifications for mental nursing.

The feedback from mental nurses regarding the UKCC proposals indicated that they would be willing to work within a branch framework: “three in four would prefer an eighteen month CFP and branch programme, or one year CFP and two year branch pattern.” (5) A fair number wanted to change the branch name to mental health, rather than mental illness, a preference subsequently endorsed when the new branch title was adopted. From the late 1980s the English National Board for Nursing, Midwifery and Health Visiting (ENB) began to use the term Mental Health Nurse and Learning Disability Nurse for the previous terms Registered Mental Nurse and Registered Mental Handicap Nurse. However, the UKCC still referred to such nurses by the statutory terminology. Students who passed the DipHE, or the degree course associated with Project 2000, were known as Registered Nurse (Mental Health) or Registered Nurse (Learning Disability).

This new reorganisation of nursing led to the abolition of the supplementary registers, which originally came into existence as part of the Nurses’ Registration Act, 1919. The subordination of the specialist branches of nursing is a recurring theme, as will be seen in this thesis, and has always been an aim of the general dominated profession. What makes the plight of psychiatric nurses peculiar is that despite the fact that their speciality contained large numbers of unionised male nurses, they did not become an effective pressure group able to lobby on their own behalf. Their apathy, which will be described in the thesis, was probably due to the fact that, throughout the period under study, mental nurses were controlled, firstly by the Royal Medico-Psychological Association (RMPA) and, later, by the GNC, and from 1979 the GNC’s successor the UKCC.

Previous reports have echoed this theme of a general dominated profession, attempting to maintain control over all aspects of its practices. The first instance to be considered is that of the Committee on Nursing, under the chairmanship of Asa Briggs. Two mental trained nurse served on the Briggs Committee, Mr Ian Adams (June to July 1970) and fellow mental nurse, Mr R.F. Kempster (from June 1971). Its report, published in 1972, recommended that all entrants to nursing "receive a sound basic education in nursing, leading to an initial statutory qualification" (6), to be called the Certificate of Nursing Practice. Further, after the certificate stage, which would last two years, "there should be a mainstream post certificate course leading to registration," which would last one year (7). These courses would be followed and supplemented by a variety of post registration courses.

The one-year post certificate registration course would include "three modules of education... the nursing students would study two modules in their field of choice and one balancing module." (8) The options provided were to be selected from general nursing, psychiatric nursing, community and mental handicap. Other specialist branches were ignored. Fever nursing was not included at all and paediatric nursing was only included "as one of ten options in a proposed new Higher Certificate after registration." (9)

The final example of this post-Second World War trend to be examined is the report of a Special Committee on Nurse Education set up by the Royal College of Nursing (RCN) and chaired by Sir Harry Platt, the president of the International Federation of Surgical Colleges. Mental nursing was better represented on the Platt Committee. Two principal tutors from mental hospitals were included: Annie Altschul from Bethlem Royal and Maudsley Hospital in London and Reg Salisbury from Fulbourn Hospital in Cambridgeshire, and John Greene, from Moorhaven Hospital in Devon, who was assistant chief male nurse representing training and service personnel. It was probably because of this strong mental nursing representation that the committee came to the conclusion that "the content of the basic syllabus... be so different that preparation for the two parts of the register. Mental illness and mental handicap must continue as separate courses of study." (10) In contrast, paediatric nursing, despite the presence on the committee of G.M. Kirby, Matron of the Hospital for Sick Children, Great Ormond Street, London, did not fare as well. It was stated that

“since the principles of paediatrics are those of general nursing applied to a special age group, it should be possible... to organise a course... which would prepare in three years for registration on both the General and Paediatric parts of the Register.” (11) This would have led to the ultimate demise of sick children’s nursing as a separate speciality. However, with the implementation of Project 2 000, this fate was to be shared with other specialist branches, for example, mental and mental handicap nurses.

Under Project 2 000, most nurses are now prepared for practice through one of the four branches of the Diploma of Health Education (DipHE) courses, including mental health and learning disability. Each course is structured by an initial eighteen-month Common Foundation Programme (CFP) shared by all students before they enter a chosen branch. DipHE courses are intended to prepare diplomates to work in both hospital and community settings (12). Further, Project 2 000 stated that “one of its principal educational aims is that the practitioner must be a thinking person with analytical skills.” (13) This view was reiterated by Nash, a Nurse Tutor from Dyfed, who proposed that “patients would be better served by nurses who were educated rather than trained, knowledgeable as well as skilful.” (14) Nash also approved of the specialised element of Project 2000. He said, that “It derived from a realistic appraisal of social and professional reality. It is educationally sound and it offered to the aspiring nurse a legitimate path of career development.” (15) He concluded by warning that “psychiatric nurses must not exclude themselves from the debate of professional education.” (16)

By the time Project 2000 was accepted by the government and implemented in the late 1980s, nursing education had changed. Schools of Nursing had been replaced by Colleges of Nurses and Midwifery/Health Studies and these were later incorporated into university departments. Mental nursing education was also absorbed into this higher education milieu. “At the same time, the relationship between education and service became subsumed respectively under the introduction of providers and purchasers.” (17)

Project 2000 aimed to change the emphasis for nurses to a “philosophy of health... rather than the traditional disease orientated approach.” (18) The traditional

hospital based general and specialist training was replaced by the Diploma in Health Education (DipHE) incorporating an eighteen-month common foundation programme and a choice of branch studies in adult, child, mental health or learning disability nursing. It also removed students from the clinical environment for their theoretical studies and gave them supernumerary status during clinical placements. A new type of support worker was introduced to supplement the reduced workforce and an appropriate National Vocational Qualification (NVQ) would be relevant to cater for the educational needs of this new care worker (19).

Another initiative associated with Project 2000 was the introduction of compulsory post-registration education for all qualified nurses. This Post-Registration Education and Practice (PREP) requirement was to be completed within the three-year registration period. An interesting aspect of PREP was the requirement that the nurse chose the content of their education.

The NHS and Community Care Act 1990 re-emphasised the importance of primary health care and encouraged a shift away from hospitals in health service provision. It had been “the policy thrust of successive governments for over thirty years to re-orientate mental health service provision away from the institution, toward...[a] community setting”, (20), a move begun in March 1961 by Enoch Powell, then Conservative Minister of Health. At a National Association for Mental Health (MIND) conference in Brighton, he announced that the country’s 150 000 mental illness beds would be reduced by half by 1975. This prediction, since acknowledged as overly optimistic, was nevertheless influential in that it set the scene for the direction of care (21).

This change of emphasis for mental nurses from care in the hospitals to care in the community should have given them a new status and a unique role for which they were especially suited but mental hospitals were discharging their patients into the community before adequate provisions and infrastructure were established. This increased burden was placed onto already over-stretched community services without adequate funding being made available. The mental hospital authorities were blamed for the many, sometimes tragic, failures and the community care staff were on the receiving end of much public disquiet. Instead of mental health nurses developing into accepted, mental, community care specialists, circumstances prevented this

transformation. They remained dispirited. Thus, despite the alterations brought about by the change in emphasis towards community care, the overall status of mental nurses has not progressed much further towards any level of independent professional status.

Another recent event which might have an impact on the role and status of the mental health nurse is the government *White Paper : Health of the Nation* (1992). "For the first time, targets were set to reduce disease. Strokes, heart disease, mental illness, cancers, HIV/AIDS and accidents were identified in quantifiable terms." (22) This concentration on the reduction of mental illness may raise the level of awareness, which in turn may have a beneficial effect on the status of mental nurses.

In conclusion, this thesis will examine the relationship between the state, the asylum doctors of the MPA (RMPA from 1925) and the attendants/mental nurses in the creation of occupational boundaries and autonomy. The research will focus on the attempts to control the sub-profession. First the dominant position of the MPA will be examined and then the rivalry for control between the RMPA and the GNC in the period between 1925 and 1948 will be considered. The discussion will focus on the setting up of training schemes, examinations and registration plans for mental nurses. and will be situated within the wider context of the aspirations of the MPA and the later battle for state registration. Finally there will be an account of the attempts at unionisation by mental nurses as they tried to take some control of their own affairs.

During the period under review in this dissertation, 1850-1950, mental nursing was almost entirely carried out in an institutional setting. The only exception were those cared for in their own homes. Therefore this thesis will concentrate on the endeavours of hospital based mental nurses from 1850 to 1950. Until the 1930s, the institutional care of the mental patients was shared between the asylums and poor law facilities. The author decided in the light because of the large amount of Poor Law records available, to concentrate on private and public asylums and leave the Poor Law involvement to a well deserved study in its own right.

## NOTES

1. The United Kingdom Central Council (UKCC) became the statutory authority which replaced the General Nursing Councils in 1979. It took over responsibility for the nursing profession.
2. UKCC (1987) *Project 2 000, a New Preparation for Practice*. London:UKCC.
3. J. McIntegart (1990) A Dying Breed. *Nursing Times*, vol. 86, no. 39, p.72.
4. Annie Altschul (1986) Branching Out: Project 2000 and the Future of Mental Handicap and Psychiatric Nurses. *Nursing Times*, vol. 82, 30 July, pp. 47-8.
5. UKCC(1986) Project 2000: Project Paper 7. *The Project and the Professions. Results of the UKCC Consultation on Project 2000*. London: UKCC.
6. Department of Health and Social Security (1972) *Report of the Committee on Nursing*. (Chairman: Asa Briggs) London: HMSO. p.79.
7. Ibid.
8. Ibid., p. 80.
9. Michael Arton (1992) The Development of Sick Children's Nursing, 1919-1939. Unpublished M.Phil. thesis, University of Bath, p.3.
10. Royal College of Nursing (1964) *A Reform of Nursing Education: First Report of a Special Committee on Nurse Education*. London: RCN, p.25.
11. Ibid. , p.25.
12. Ian Norman and Sally Redfern (1996) *The Changing Educational Needs of Mental Health and Learning Disability Nurses*. London: English National Board. pp.2-3.
13. UKCC (1987).
- 14 Paul Nash (1986) Mental Health Nursing: That Sinking Feeling. *Nursing Times*, vol. 81, 16 July, p. 58.
15. Ibid.
16. Ibid.
17. Norman and Redfern (1996), p.iv.
18. S. Lask, P. Smith and A. Masterson (1994) *A Curricular Review of the Pre- and Post- Registration Education Programmes for Nurses, Midwives and Health Visitors in Relation to the Integration of a Philosophy of Health: Developing a Model for Evaluation*. London: ENB, p.1.

19. National Vocational Qualifications (NVQs) were set up by the government in 1986, they “reflect the skills, knowledge and understanding an individual possesses in relation to a specific area of work.” (DataNews (1997/98) no. 6, Winter, p.2.) In October 1997 the Qualifications and Curriculum Authority (QCA) was established and brought together the “work of the NVQs with that of the School Curriculum and Assessment Authority to ensure that NVQ qualifications.... are broadly comparable across different sectors.” (Ibid., p.3.)
20. Norman and Redfern (1996), p.1.
21. E. White ( 1991) *The Future of Psychiatric Nursing by the Year 2 000; a Delphi Study*. University of Manchester, Department of Nursing, p.1.
22. Lask, Smith and Masterson (1994), pp.2-3.

**Chapter One**  
**MENTAL NURSING, 1850-1950:**  
**An Under-Recorded History**

Just as mental nursing has often been described as the Cinderella of nursing, so the history of mental nursing has been the Cinderella of nursing history. Alexander Walk, in his presidential address to the Royal Medico-Psychological Association (RMPA) in 1960, complained of the “almost complete neglect of mental nursing in recent histories.” (1) Austin (1957) does not even mention the topic in her *History of Nursing Source Book* (2). There were fleeting references in a few textbooks, such as Brian Ackner’s, who relegated it to one paragraph in the seventh edition of the RMPA’s *Handbook for Mental Nurses* (3), and Maurice Sainsbury only briefly mentioned the topic in his *Key to Psychiatry* (4). One of the few exceptions was Monica Baly who devoted two chapters to mental nursing in her *Nursing and Social Change* (5). There was also a comprehensive chapter entitled Mental Disorders and Mental Handicap in Robert Dingwall, Anne Marie Rafferty and Charles Webster’s *An Introduction to the Social History of Nursing* (6). Even Brian Abel-Smith in 1960 almost entirely omitted mental nursing from his *History of the Nursing Profession*, because, as he said, “it has a separate identity and would justify a study of its own.” (7)

The earliest attempt at a history of mental nursing which this author managed to discover was by Sarah Tooley written in 1906. In her *History of Nursing in the British Empire*, she wrote a reasonably comprehensive chapter on nursing in asylums for the insane (8). In 1920, R. Dods Brown dealt with the subject fairly succinctly in two articles he wrote on mental nursing for the *Nursing Times* (9), while a more global approach was taken in 1947 by Elvin Santos and Edward Stainbrook in ‘A History of



Psychiatric Nursing' (10). Richard Hunter discussed, in 1956, what he saw as 'The Rise and Fall of Mental Nursing' (11). and lamented the loss of mental nurses' key position. Elise Gordon, in 1971 (12) and 1977 (13), wrote about the early history up to about 1840. Frank Adams in 1969, (14) Betty Greene in 1975 (15) and later Mick Carpenter in 1980 (16) and 1988 (17) described the attempts at unionisation of the mental nurses. And in 1981 this author wrote an article on the history of psychiatric nurse education in this country (18).

However, as Roy Porter remarked recently, commenting on the state of the history of psychiatry, "there have been...striking changes." (19) There has also been a minor renaissance in the history of mental nursing. Anne Digby in her account of the York Retreat discovered what she called the "hidden dimension", i.e. the asylum attendant, and was lucky enough to come across the hitherto unknown diary of William Waller, a Victorian attendant who had worked at the Retreat from 1843 to 1856 (20). Also in 1985, George Clark recounted his experiences of 40 years as a mental nurse. He started in 1928 because he "had a keen desire to take up mental nursing." (21)

At this point mention must be made of Peter Nolan's recent contributions to the history of mental nursing. In 1986, his article titled 'Mental Nurse Training in the 1920s' was published, (22) followed in the same year by an article on John Thurnam and his influence on the Wiltshire County Asylum (23). Nolan used taped interviews to record 'Jack's Story.' Jack was a mental nurse for about 25 years, from the end of the Second World War (24). Nolan also in 1987, wrote about the relationship between the eighteenth-century poet, William Cowper and the madhouse doctor Nathaniel Cotton of St. Albans (25). His Ph.D. dissertation the following year was entitled 'Mental Nursing, past and present: The nurses' viewpoint', and contained a strong element of oral

history; (26) it formed the basis of his *History of Mental Health Nursing* published in 1993 (27). Nolan returned to mental nurse training with an article in 1992, which asked pointedly 'Trained for What?' (28)

The earlier period was dealt with by Camilla Haw, who wrote about John Conolly's attendants at the Hanwell Asylum between 1839 and 1852, (29) and by Len Smith, when he described 'Lunatic Asylum Keepers, 1800-1860', (30) and later he told the story of 'Eighteenth Century Madhouse Practices - The Prouds of Bilston' (31).

This relative paucity of background material when compared, say, with the extensive historiography on general nursing might tempt one to accept Mick Carpenter's view that "psychiatric nursing lacks glamour and as a result few historians have been interested." (32) Yet this would be too glib an answer to this phenomenon. Part of the reason for its low profile lies in the fact that mental nursing was never able to develop into anything like an autonomous, independent sub-profession within nursing during the period under discussion. In some measure, this fate also applies to the other supplementary, specialist divisions of nursing.

This thesis explores some of the reasons why mental nursing became and remained subordinated first to the Medico- Psychological Association MPA and then, following the traumas of the passage of the Nurses' Registration Act in 1919, to the dual control of both the doctors of the MPA and the doctors, lay administrators and the general trained nurses on the General Nursing Council (GNC). Of the 16 nurses on the GNC, only two were mental nurses; two were sick children's nurses a number later reduced to one and one a fever nurse. The two competing systems, organised by both the RMPA and the GNC, held sway until after the Second World War. When the National Health Service came into existence in 1948, the RMPA relinquished its hold over mental nursing and the GNC took over as the sole regulator (33).

In connection with this control of mental nursing, this dissertation will

examine the asylum doctors' desire for their medical (psychiatric) skills to be recognised by their hospital-based colleagues as equal in status to that of general medicine. Parry-Jones pointed out that the "mad doctors" had little social or professional status. Scull also supported this view when he pointed out that "at the close of the nineteenth century... the professional status of asylum doctors remained distinctly questionable... they shared with similar groups like workhouse doctors and public health officers at best a tenuous hold on social respectability." (34) The selection of the Rev. Dr. Francis Willis to attend King George III brought at least some professional respectability to the "mad doctors".(35)

In order for the asylum doctors to achieve their aim, an attempt was made to "hospitalise" the asylums. This included deliberately changing the names of the institutions into hospitals for the treatment and care of the insane. An aspect of this was to be the transformation of the attendants into a body of trained asylum nurses who would have the same relationship to these "hospitals for the insane" as general trained nurses had to the general hospitals. The MPA, set up in 1841 by a small group of progressive asylum doctors, was to be the organisation used to bring about these reforms, which necessitated the exercise of almost total control over all aspects of the lives of their nursing staff.

Over the hundred years that this study will cover there was a wide variety of terms used to describe these mental health workers. The earliest seemed to be that of keepers, a title which was applied both to male and female staff and dated back to medieval times. The keepers of Bedlam were described as exhibiting their charges as public entertainment. An often repeated example was how "the good citizens of London were admitted to... Bethlem to see the antics of the caged lunatics." (36) In the mid-eighteenth century, the term keeper

also referred to the proprietor of the asylum, or his agent, as in the case of King, Turlington's agent at the Chelsea house. It was King who revealed that the rule was to admit everyone who was taken there, and he further conceded that during the six years of his incumbency he had never admitted anyone as a lunatic (37).

There is very little hard evidence about what the early keepers were actually like. But there are several glimpses. In 1906 Tooley described the "old system of nursing in asylums... [as forming]... a blacker record even than the neglect of the sick and infirm. The female keeper ... was ... a woman of the lowest type, uneducated, coarse and brutal." (38) Her only idea of nursing was to terrify the patient. In her defence, she was working in accordance with the accepted methods of dealing with the insane. In Bethlem, "there were no more than five keepers for 120 patients and only two for sixty- six women." (39) Tooley also revealed that in some asylums, female patients, "during periods of excitement", were handed over to the charge of the male attendants.

A letter by Geoffrey Higgins, an advocate of the well-being of lunatics, written to George Rose, MP probably in April 1814, revealed the unsavoury behaviour of attendants at the York Asylum. He was demanding that something be done for the protection "of...[the]... unfortunate females confined... they have often been got with child in the York Asylum... as the law now stands... no female patient is safe... A young woman of irreproachable character... sent to the York Asylum...she was there got with child by the Head Keeper... and he paid the sum of £30. for the maintenance of the child." (40)

In France, Pinel drew a simple contrast between the enlightened modern governor and a less humane keeper. He described the latter as having "a coarse and unenlightened mind... [and] considers the violent expressions, vociferous and riotous demeanour of maniacs, as malicious

and intentional insults; rather than as manifestations of his condition.” (41)

From the 1840s, attendant became the preferred term. At the beginning of this period it referred to both male and female, but gradually the females began to be referred to as asylum nurses a development which can be seen as part of the process of hospitalisation referred to earlier. From about the first or second decades of the twentieth century, the term mental nurse began to emerge for both sexes. With the coming of the GNC and the publication of the Register of Nurses in 1923, this became the official title. From about 1940 the term psychiatric nurse began to be used and by 1960 this became generally accepted, although the statutory qualification referred then, and still does, to the Registered Mental Nurse (RMN). The author remembers that in the 1960s the term used was psychiatric nurse, although perversely some would refer to themselves, in conversation, as “lunatic attendants”. In this study the title used will reflect the contemporary terminology (42).

The principal event that acted as the stimulant to the development of mental nursing was the introduction of the non-restraint movement, an offshoot of a broader crusade to reform the care of the insane through moral treatment. Moral treatment reflected a general trend of the Enlightenment that favoured a gentler, more humane attitude towards the poor and deviant classes of society. From its inception, "reduction in the amount of restraint... was a central tenet of moral treatment... While insisting that humane treatment was incompatible with extensive use of physical treatments, earlier advocates of moral treatment never envisioned the complete abolition of mechanical devices." (43) Parry-Jones echoed this sentiment when he pointed out that, in the new prevailing social climate, the application of humane and enlightened methods to the treatment of the insane, previously based on the misuse of mechanical bodily restraint, became an important issue (44).

Tomes discussed the great restraint controversy in terms of the propriety of using mechanical restraint in treating the insane. She suggested that in England the profession "committed itself to reducing mechanical restraint to an absolute minimum, substituting primarily seclusion and manual restraint by attendants." (45) However, instrumental restraint was never totally abolished, but its use became infrequent and stigmatised. In contrast American asylum doctors retained a strong belief in the therapeutic value of mechanical restraint.

Non-restraint was seen by its advocates as a complete system of management of insane patients. A most important element in its success was to be the recruitment of a large body of "co-operative attendants, who would supervise the patients closely, in lieu of restraint." (46) When patients became violent attendants held them temporarily and conducted them to a safe room or padded cell, where they remained until the rage had passed. "If violence persisted, various measures might be employed; the shower bath, often accompanied by a powerful emetic; the wet pack, which consisted of wrapping the patient in a wet sheet; and sedation or 'chemical' restraint." (47) These methods were preferred to mechanical restraint. Moreover it was believed that patients found it less degrading to be held by attendants and put in isolation than to be trussed up in a straitjacket. "Seclusion was a much better therapeutic remedy because it allowed the brain to be isolated from extreme causes of additional irritation." (48)

In the late eighteenth century, there were two outstanding experiments conducted in the social treatment of the mentally ill: Pinel's work at the Bicêtre and the Salpêtrière in Paris, and the work of the Tuke family at the York Retreat (49). The treatment at the Retreat was in complete contrast to that at the York Asylum, where a female Quaker patient had died in distressing and unpleasant circumstances (50).

The Retreat was set up in opposition to the "current practices of purging and bleeding and intimidation, to strait jackets and muffs and leg locks... The Quakers wanted to start a small house where lunatics would be treated with soft and mild persuasion." (51) The system at the Retreat was also essentially social: William Tuke saw himself as "the head...[of] the family". Patients were encouraged to form relationships among themselves, and were expected to conform to the norms. "Bad behaviour was treated by exclusion from the group, a patient being shut up in his room to get calm." (52) Tuke's system of moral management involved treating a social group through the operation of the moral instincts. Jones has pointed out that it was based on a "rather judgmental kind of Christian morality, with clear cut views about 'good' and 'bad' behaviour." (53) Foucault claimed that Tuke and Pinel did not open the asylum to medical knowledge but to a personality, "whose powers borrowed from science only their disguise, or at most their justification." (54) He went on to assert that the doctors' powers were not based on medical science, but were "of a moral and social order." (55)

However, in his evidence to the House of Commons Committee William Tuke also admitted that restraints and seclusion had been used at the Retreat. "... sometimes a leather belt to confine the arms. Seclusion was resorted to when it was found necessary." (56) On the other hand Foucault believed that neither the regime of Tuke nor that of Pinel was liberating, but that each was equally as restraining as the previous situation. He accused Tuke of using "religious segregation for purposes of moral purification...[and] Pinel... by... practising a social segregation... would guarantee bourgeois morality." (57)

Other doctors, practising in the years before Tuke, had been experimenting with essentially similar approaches. John Ferriar of Manchester Lunatic Asylum and Edward Long Fox from Bristol "developed a system of ... mild management and allowed the elimination of most of

the 'barbarous' and 'objectionable' features found in most contemporary asylums." (58) According to Scull "Enlightenment circles relinquished the stereotype of the lunatic as wild beast...it yielded to the image of the madman as like a child, maladroit yet capable of education and training." (59)

The traditional ways of coping with lunatics in the madhouses, even such tactics as whips and chains to maintain order, practices which today would be regarded as cruel and inhuman, were once advocated by the most eminent physicians and cultured men of the day. These methods were well known at the time; and the doors of Bethlem were open to the public (60). "It was traditionally a favourite resort for sightseeing. Until around 1770 they simply turned up, Sundays excepted...Londoners such as Pepys... had all gone along; and provincials up in town would tour Bethlem, together with other shows ... such as the Lions in the Tower". (61)

So acceptable were deemed these physical modes of dealing with mental disorder that they were meted out to royalty. The treatment of George III included being "encased in a machine which left no liberty of motion. He was sometimes chained to a stake. He was frequently beaten and starved, and at best he was kept in subjection by menacing and violent language." (62) This traditional approach included "intimidation, threats and outright coercion, which were commonly used to cow and subdue the madman... Most madhouse keepers operated on the assumption that fear was the most effective principle by which to reduce the insane... on the grounds that it was a passion that diminishes excitement." (63) Attendants used a wide variety of tools for "coercing patients into straight thinking and accepting reason... vomits, purges... surprise baths, copious bleeding and meagre diets." (64) The eminent



novelist Daniel Defoe claimed that "private madhouses, mushrooming around London, had become far worse than a clandestine inquisition." (65) This view was supported by Conolly, who believed that "every lunatic asylum should be the property of the state and be controlled by public officers." (66)

At the beginning of his tenure at the Retreat, Tuke believed that the principle of instilling fear was of great importance in the management of the patients. It was only the experience of his Head Attendant George Jepson that later "led him to abandon the system of terror in favour of influencing patients through their understanding." (67) However, mechanical restraint still was the ultimate resort when other methods of moral management failed. But by 1815, the use of the strait jacket was superseded; when necessary patients were placed under restraint in bed (68). Moreover, the number of patients under restraint at the Retreat or in seclusion there was minimal. No more than two patients were found to be secluded at any one time between 1828 and 1834 (69).

Another advocate of non-restraint, Thomas Fallowes, who was the proprietor of the private madhouse at Lambeth Marsh, stated that "all the gentleness and kindness is absolutely necessary, even in all the cases I have seen... I have never us'd any violence to any patient." (70) Despite this, according to Hunter and MacAlpine, Fallowes was the first mad-doctor to be convicted for illegal confinement (71).

In 1824 the Newcastle Lunatic Hospital was described by the Newcastle on Tyne Common Council as "grossly overcrowded and ill ventilated. Chains were in use, there were iron bars on the windows and the cells resembled dungeons. There was no differentiation of the sexes and restraint and coercion were to be seen everywhere." (72) The hospital rules, which dated from 1766, however, stated that "the nurses and servants should behave themselves with tenderness to the patients and with civility and respect for all." (73) And in 1795 it had been reported

that "patients were treated humanely." (74) But within thirty years, humane treatment seemed to have given way to barbarous and inhumane methods. Le Gassicke did not explain this dramatic deterioration, except to record an increase in both the local non-inmate and the inmate populations.

Even though, as Strumpf and Tomes pointed out, restraint was regularly, though sparingly, used at the York Retreat during the 1820s, (75) Scull would still claim that "within a few years of the Retreat... obtaining national attention, such treatments would seem unthinkable." (76) For the nineteenth-century reformers, the lunatic was no longer an animal, stripped of all remnants of humanity. On the contrary, "he remained in essence a man... the qualities he lacked might and must be restored to him, so that he could once again function as a sober, rational citizen." (77) Tuke dissented from the eighteenth-century consensus when he contended "Neither chains nor corporal punishment are tolerated on any pretext... Less objectionable forms of restraint might be necessary to prevent bodily injury, but they ought to be the last resort." (78) The staff played a vital role in the process of re-education. They must "treat the patient on the fundamental principles of ... kindness and consideration." (79)

The Retreat was an outstanding success. It showed that the asylum could provide a comfortable and forgiving environment, where those who could not cope with the world could find respite. According to Scull, the Retreat's first fifteen years of operation seemed to show that moral treatment restored a large proportion of cases to sanity (80).

Strumpf and Tomes indicated that this apparent contradiction of the use of mechanical restraint, if to a much lesser extent than before, within a regime of moral management soon began to trouble physicians such as E. P. Charlesworth and Robert Gardiner Hill at Lincoln and later John

Conolly at Hanwell (81). Conolly and his followers evolved a philosophy of treatment whereby mechanical restraint was replaced by other methods, chiefly seclusion. Charlesworth and Gardiner Hill at Lincoln "gradually reduced their use of mechanical restraint until by 1838 Gardiner Hill dispensed with it altogether; and then in Hanwell where Conolly implemented non restraint in 1839." (82)

Tomes saw the insistence on the non-restraint system in the light of the tensions between the medical and the lay views and between the public and the alienists. Suzuki, on the other hand, emphasised that the non-restraint implemented at Hanwell, was part of the overall reform of the structure of asylum management, planned, initiated and executed by the lay magistrates of Middlesex. He also argued that "the spectacular success of non-restraint at Hanwell... turned out to be a disaster for Conolly, from the viewpoint of boosting the psychiatric profession... [He] deprived himself of any claim for the absolute necessity of a medical figure in the asylum system and degraded himself into just a cog of bureaucratic routine." (83)

It was Adams, a long serving member of the Asylum Committee, who initially recommended that Conolly visit Lincoln (84). Adams had previously visited there himself "and ... was enormously impressed by what he saw... and Adams urged him... [Conolly] to make himself acquainted with the new system. He did so and approved of what he saw. On taking up his duties at Hanwell... [he] immediately set out to abolish restraints there." (85)

There were two elements in the social policy of the Middlesex magistrates. First they were in the middle of a race with central government over improving institutions. "The non-restraint system must be the most advanced way of managing asylums. Secondly they had a duty to ameliorate the suffering of lunatics; lunatics should be pampered,

free from the irritation of restraint, as if to soothe the paternalistic scruple of inflicting pain on the body of the lunatic. The magistrates... represented non-restraint not only as a kind and humane way of treating the insane, but also as a system which would maximise order in an asylum." (86)

At the beginning of the nineteenth century, before the positive effects of a policy of non-restraint had become apparent, the condition of the insane was described "as most miserable. They were barely clothed, and they were crowded together in dark damp cells which were often infested with rats... They were chained to the walls, perhaps for years; they wore handcuffs or body belts to which their arms were chained; or their legs were restricted by arm hobbles." (87) Hunter described what happened prior to the 1830s, when "difficult, violent, delirious, or suicidal patients were automatically clapped into various restraining devices ranging in general from chains to strait- waist-coats, and in detail, according to the technical ingenuity of the physician. Patients were regularly bled, purged, vomited, blistered and drugged." (88) Added to this "were the filth, the inadequate comforts, the indiscriminate grouping of patients without regard for the degree of acuteness of illness, the frequent lack of sexual segregation and the brutality and ignorance of many attendants and keepers." (89)

However, as Suzuki pointed out regarding the non-restraint campaign, the real "target of this imposition of order was ... the keepers and attendants, whose vigilance was increasingly regarded as the linchpin of the success of the institution." (90) Their duties were defined in minute detail. The working timetable became more specific: they now had to take patients out of their rooms at 7.45 a.m., feed them at 8.00 a.m. etc. Conolly too devoted his energy to imposing discipline on the attendants (91). Both the committee and Conolly thought that

non-restraint was necessary for keeping attendants vigilant, just as they thought vigilant attendants were necessary for non-restraint (92).

Non-restraint was welcomed partly because it was thought it would maximise the vigilance of the attendants and hence order in the asylums. Conolly was more explicit in claiming that non-restraint was the most necessary condition to achieve a well-ordered asylum and highly disciplined attendants. He wrote, "Any contrivance which diminishes the necessity for vigilance, proves hurtful to the discipline of an asylum. Physical restraint has rendered all the vigilance nearly superfluous and caused it to fall nearly into disuse." (93) He also stated that the best security against violent attacks, serious accidents and even homicides was "seclusion in a padded room. Seclusion is also effected without violence, which the imposition of a strait-waistcoat can seldom be." (94) The general effect of non-restraint was that it became "predictable to examine the whole condition carefully and to decide on the best plan of medical treatment." (95)

Conolly was extremely successful in making the asylum as orderly as possible, maintaining discipline among the attendants and running the institution's well-organised machinery. According to Suzuki, "What he found himself incompetent [at] and, in the end, abandoned completely, was moral treatment." (96) Other medical men of the time, "like W.A.F. Browne and Ellis represented themselves as more skilled in the moral treatment than in dispensing medicines and blood letting." (97) Conolly almost entirely abandoned moral treatment. "He thought it best to leave violent patients... to themselves and seclusion." (98)

The Lunacy Commission, which began to operate from the mid-1840s, supported the principle of non-restraint, severely criticising any incidents of restraint which they found during their inspections (99). Physical restraints continued to be used "in so called exceptional cases,

usage became much circumscribed by bureaucratic scrutiny." (100)

The 1870 Lunacy Commission reported that 8 per cent of the public hospitals used neither restraint nor seclusion; 61 per cent used seclusion only; and 31 per cent used mechanical restraint (101). This meant that in 1850, over 90 per cent of public asylums used some form of restraint, that is if we accept Sutherland and Philip's (102) view of 1850, that any kind of seclusion in a padded or single room is only another kind of restraint (103). And a third were still employing mechanical restraint.

The report of the Lunacy Commission for 1870 also pointed out that even the advocates of the non-restraint system admitted the occasional necessity of restraining some violent lunatics, although this was achieved by "attendants laying hold of them" and not by manacles, leg locks, etc. The writers of the report doubted this method could "entirely supersede, in all cases, the use and aid of strong dresses." (104) Sutherland and Philip concluded that they would be deceiving the profession and the public if they claimed that "restraint can be abolished with advantage to the patient in all cases and under all circumstances." (105)

Moreover, the introduction of non-restraint was unevenly implemented in the asylums. At the Hull Borough Lunatic Asylum "mechanical restraint has been sparingly employed; it has not been altogether dispensed with." Mr Casson, the Medical Officer, was not "an advocate for its total disuse, having witnessed its beneficial effects." (106) On the other hand, "at Warneford Lunatic Asylum mechanical restraint had not been used in a single instance during the year... [1850] as an aid to treatment." (107) This was not seen as reflecting credit on the management, but as a simple fact.

According to Strumpf and Tomes not only was the incidence of restraint dramatically reduced, but at the same time instances of seclusion and sedation also declined. It seemed that with the introduction of a

non-restraint system, the overall level of violence and physical coercion in the asylum also declined (108). However, the system of non-restraint by no means ended the violence; incidents of rib-breaking and physical abuse of patients by attendants still plagued the asylums. *The Journal of Mental Science* reported in July 1870 two fatalities caused by broken ribs at Hanwell and Carmarthen Asylums; The journal suggested that these kinds of injury were due to the violence used by attendants to subdue patients. Physical restraint also had its drawbacks, especially with shortages of staff. The remedy proposed was "a staff of attendants sufficiently numerous to prevent struggles of man against man." (109)

The non-restraint system originated in the public asylums where the large majority of inmates were paupers. Strumpf and Tomes argue that "the physicians associated with public asylums had less to answer for if their patients suffered bruises and other mishaps under a non-restraint system." (110) Interestingly private asylums, with their higher ranking clientele, consistently used more restraint than county asylums. Conolly, on the other hand, believed that the principles of moral management had "been subsequently carried out, but with more difficulty in several private establishments... The chief obstacles... were the want of a sufficient number of efficient attendants and an indisposition to procure them." (111)

Parry-Jones's account would seem to contradict the views of Strumpf and Tomes. He stated that following the achievements of Gardiner Hill at Lincoln and Conolly at Hanwell, "non-restraint... constituted part of the frame of reference by which the older establishments, in particular the private madhouses were judged." (112) Moreover, sometime between 1806 and 1829, Edward Fox was among the first licensed house proprietors to practise humane methods of treatment at Brislington House, near Bristol. Parry-Jones has claimed

that Fox's achievement seriously rivalled that of Samuel Tuke (113).

Moral treatment had also been adopted at the Fairfield Retreat, Gloucester by 1851, when it was "both unpopular and unprofitable to do so, but it has since reaped a rich reward in the number of its cures and in happiness of its inmates ... At Westbrook House... [1845], treatment was affected with the least possible display of direct control and an entire absence of severity. At Castleton Lodge... every appearance of restraint was avoided." (114) Again, the principles of moral treatment of patients appeared to have been adopted at both Hook Norton and Witney (115).

Parry-Jones has proposed that it was likely that humane treatment was being applied in many private madhouses in the second half of the eighteenth century, although it was not possible to make any conclusive estimate of its extent. "The kindly methods used by the proprietors of... Hansom House, near Bristol was praised by John Wesley; and the poet, William Cowper recollected with warmth and gratitude... his stay... at Nathaniel Cotton's madhouse." (116) Nolan recorded that, the poet's initial treatment "consisted mostly of kindly supervision and encouragement to occupation. As he improved, Cowper noted that he entered into conversation with the doctor, laughed at his stories and told him some of my own." (117)

When the experiments of Conolly and Gardiner Hill had demonstrated that the total abolition of restraint was a practical proposition in asylums, the tide turned against those who advocated a combination of the moral approach with some personal restraint in certain cases. However, support for the use of restraint continued to be voiced. J. B. Steward, formerly physician at Droitwich Asylum, claimed that restraint continued to be used selectively in 1845 (118). Foucault also gave examples of apparent excessive use of restraint in the early-



nineteenth century. In about 1815, at Bethlem, "violent madwomen were chained by the ankles to the wall of a long gallery... At another hospital in Bethnal Green a woman ...was placed in a pigsty, feet and fists bound."  
(119)

Parry-Jones reported how, in 1844, the Metropolitan Commissioners in Lunacy revealed that in many private licensed houses, manual force and seclusion were being employed as part of the non - restraint regime (120). Mechanical restraint had often been resorted to primarily to prevent escape and its replacement by the vigilance and care of attendants must have created demands that frequently were difficult to meet. "At some private licensed houses, attendants were penalised for the escape of patients, if an element of neglect was found to be present."  
(121)

Several proprietors stated that restraint could not be abolished entirely and its use was recommended in suicidal cases, if the attendants were unreliable (122). However, in 1847 only 59 of the 3 862 patients confined in provincial licensed houses were under restraint (123). Nevertheless, in both private and public asylums, the attendants seemed to be at the receiving end of much of the pressures generated by moral treatment, a conclusion supported by both Tomes and Haw and one that will be discussed later in this chapter. Parry-Jones has pointed out that although acceptance of the abstract principle of non-restraint was not universal, the techniques of moral treatment had been adopted in the majority of licensed houses by the 1860s.

For those patients who remained violent, even under the "rule of kindness", manual restraint and temporary seclusion in a padded cell were used. If violence persisted, the shower, often accompanied by a powerful emetic, was used. Also the 'wet pack', which consisted of wrapping the patient in a wet sheet and sedation, or chemical restraint, was utilised (124). Naturally these treatments had their critics. It was said that the shower bath easily acquired a punitive meaning; and the wet

pack had reportedly been used as a form of restraint. Despite this, most superintendents believed that these alternative methods posed far fewer problems than did instrumental restraint (125). The majority view was that mechanical restraint was rarely needed simply to control patient violence (126).

However, the controversy still continued over the legitimacy of mechanical restraint as a therapeutic measure. Dr Shepherd, superintendent of the male side of Colney Hatch, wrote of the evils that had resulted from the too rigid application of non-restraint. He believed that superintendents resisted the use of mechanical restraint "when it was truly needed. In cases of persistent suicidal and homicidal impulses, valuable lives are frequently preserved by the temporary adoption of ... instrumental coercion." (127) His views were shared by Samuel Hill (North and East Ridings), Huxley (Kent), Yellowlees (Wales) and Lindsay (Scotland).

Although the reforms encountered resistance from many members of the medical profession, they won support from both the editors of *The Times* and the *Lancet* and from Ashley Cooper (later Lord Shaftesbury) (128). From the 1840s to the 1880s, the philosophy of non-restraint was very influential in shaping asylum practice. However, at the height of its success, most superintendents still did not agree with the total abolition of physical restraint (129).

The two most important elements in the system were "the recruitment of a large body of co-operative attendants who would supervise the patients closely in lieu of restraint and an extensive programme of employment which would reduce the inmates' disorderly propensities." (130) Referring to the Report of the 1816 Select Committee to Investigate the Situation of Lunatics and their Confinement, Donnelly commented that the conclusions criticised the insufficient number of

keepers in proportion to the number of patients in their care, a situation which "unavoidably leads to a greater degree of restraint than the patients would otherwise be under." (131) Associated with this was the attempt to eliminate some of the repressive features of the asylum building itself, since the "constant awareness of grated windows, locked doors and high fences undermined the good morale effect of abolishing restraint." (132)

In 1945, when she was Assistant Medical Officer at the York Retreat, Knight wrote a fanciful piece describing what the Retreat might have been like in the time of the Tukes. "You would notice," she wrote "that the attendants spoke to the patients in rather gentle tones." (133) Some might have considered that the attendants were taking grave risks in mixing so freely with the patients when so much freedom was allowed, and questioned whether order could be sufficiently maintained where corporal punishment was not allowed and threats could have no meaning (134).

According to Knight, William Tuke would explain that he and other Friends first planned the Retreat in the firm conviction that cruel and harsh methods were always wrong and contrary to Christian teachings. "Samuel Tuke emphasised the need for teaching and training the nurses as to the methods they employed... reminding them that the patients are really under the influence of disease and cannot be blamed for their actions, however unpleasant and vindictive they might be." (135) The article by Knight cannot be considered as an actual source for the period of Tuke's regime at the Retreat, but it does illustrate the veneration of the image of Tuke's memory by later generations of Retreat doctors.

Discussing the behaviour and conditions of the attendants at Hanwell in the mid-nineteenth century, Haw agreed that with the arrival of methods of moral management, the attendants became a key factor in the therapeutic effect of the institution and were seen as agents of potential cure for patients (136). The qualities required by prospective attendants included "understanding, benevolence, youth, activity and good temper,

and... were most often to be found among the upper servants... Attendants... should be no more than thirty years of age, or rather five and twenty. Male attendants, who were older, if they had been in the army... often prove valuable." (137) This assessment was supported by Nolan, who also pointed out that ex-servicemen "were very much liked by superintendents, because of their disciplined background and their ability both to lead and be led." (138) Most of the women "had previously been employed in domestic service... sometimes servants in the asylum were promoted to the status of attendant." (139)

According to Haw, the attendants accepted Conolly's reforms without organised protest, although their implementation brought changes which affected their work in several fundamental ways. Mechanical restraint had provided the attendant with a ready source of power over punishment for non-conforming patients. However, such restraint also "permitted gross atrocities to occur, such as had been reported in the asylum at the beginning of the nineteenth century." (140) Further, the use of mechanical restraints also made the attendants' work much easier. With their loss, the work became more demanding; the attendants really did have to look after their charges, otherwise they might escape, harm themselves or attack each other. The loss of mechanical restraint also placed the attendants in some physical danger, as unmedicated, severely mentally disturbed patients were unpredictable and might attack their keepers. Few effective sedatives existed in Conolly's time and he discouraged the house surgeons from prescribing them. "He wanted his attendants to humour and soothe their charges with kind words." (141)

Digby believed that moral management not only demanded high standards of conduct from the patients, but also assumed that attendants would provide the behavioural models. The rules at the Retreat were

explicit; they specified that attendants were to set "a good example to the patients in habits of cleanliness, regularity and order, and in neatness and propriety of dress and manners." (142) "Attendants were also encouraged to gain their patients' confidence by friendly treatment and by actively promoting their comfort and real enjoyment. In the rare cases of ill treatment or wilful neglect, the Commissioners were prepared to prosecute." (143) And in relation to penalties for maltreatment, Digby quoted the case of Fanny Onions, who was dismissed from the Retreat for striking a patient. She was subsequently prosecuted at York but, because of her previous good conduct, was given the minimum penalty of a 40 shilling fine (144).

Knight reiterating the views of Tuke, said there was "much analogy between the judicious treatment of children and of insane persons... It is highly desirable that attendants... should possess influence over their minds, but it will never be obtained by authority and rigor... The attendants... ought sedulously to endeavour to gain their confidence and esteem; to arrest their attention and fix it on objects opposite to their illusions; and to call into action as much as possible every remaining power and principle of the mind; and to remember that in the wreck of the intellect the affection not infrequently survives." (145) This view supported Scull's idea that the mentally ill were considered as children.

In 1841 when the non-restraint controversy was at its height, an acrimonious debate raged in the pages of the medical press (146). Dr Samuel Hitch very courageously wanted to unite those doctors, professionally concerned with the mentally ill, who were showing much dis-union, into one association (147).

Dr Samuel Hitch was the resident physician at the Gloucester General Lunatic Asylum. His views on restraint were recorded in the

management committee minutes for April 1840. "The avoidance of restraint, so far as compatible with security has always been a standing rule. We can not but agree that restraint is necessarily detrimental in all circumstances. We... believe that seclusion is more prejudicial to recovery... Also... moral restraint will eventually enable mechanical restraint to be discarded in large insttutions." (148) He had abolished all mechanical restraint at Gloucester by the mid-1840s.

The MPA was initiated on the 19 June 1841, "with a circular addressed to all medical men known at the time to be connected with the public Lunatic Asylums of the Kingdom." (149) It stated that medical men associated with lunatic asylums had long desired to be "known to each other" and should communicate to each other the results of their individual experience. Also, they should cooperate in collecting statistical information regarding insanity and above all should assist each other in improving the treatment of the insane. Dr Hitch sent his circular to 26 asylums and hospitals in England, 7 in Scotland and 11 in Ireland.

Apparently, according to Outterson Wood, out of 83 recipients of circulars, 44 responded in favour of joining the proposed association, but only four were in favour of attending a proposed meeting at Devonport. However, the Visiting Committee of the Gloucestershire Asylum invited the four to a preliminary meeting at Gloucester, as they planned to pass though that city on their way to Devonport. At this preliminary meeting six people were present, (150) and several important resolutions were passed. These included taking the decision that they did not need to proceed to Devonport and that they were themselves competent to establish the Association proposed in the circular.

The six went on to form an association for medical officers attached to hospitals for the insane; its objects were to improve the management of the institution and the treatment of the insane, and to acquire a more extensive and more correct knowledge of insanity. The new association

was called the Association of Medical Officers of Asylums and Hospitals for the Insane. The use of the term “hospitals for the insane” was an interesting one in view of the emphasis of this study. This point was further developed in the following objective of the Association, “That by the members of this Association the terms lunatic and lunatic asylums be abandoned, except for legal purposes... [later altered to “official” at a subsequent meeting], and the terms insane persons and hospitals for the insane be substituted.” (151) It was also resolved that as far as possible medical terminology and medical treatment were adopted by each hospital. Later in 1841 the name of the association was changed to the Medico-Psychological Association (MPA). The Association received a Royal Charter of Incorporation in 1926 to become the Royal Medico-Psychological Association (RMPA). Finally in 1971 a Supplemental Charter enabled the Association to become the Royal College of Psychiatrists.

In order to realise these “great objects”, annual visits would be made to one or more hospitals for the insane in the United Kingdom and at the meeting in Gloucester, the medical and moral treatment carried out at that hospital would be recorded. The chairman of the meeting would be the senior medical officer of the hospital visited. Dr Hitch was asked to be the Honorary Secretary and Dr Shute was appointed treasurer. It was also decided to include medical officers attached to private as well as public asylums (152). Walk has noted that in his 1896 article, Outterson Wood remarked that these principles remained fundamental for the association. Walk added that by the 1960s the objects would have had to be modified, “but only because of the increased extent of the Association’s interests.” (153)

At the first meeting held the following November at Nottingham, the

association was resolved that physical restraint was not to be used, even occasionally, and those present voted in favour of “those gentlemen who are now engaged in endeavouring to abolish its use in all cases.” (154)

Unfortunately, the subsequent early meetings do not appear to have been well supported. At the London meeting in 1843, under the chairmanship of Dr Conolly, there were only eight members present. At this meeting it was recorded that an Irish member, Dr R. Stewart of Belfast, was present; he was appointed Irish Secretary and served in that capacity for many years (155). They visited Hanwell, Kent, Surrey and St. Luke’s asylums. However, the Governors of Bethlem refused to allow them to visit, (156) and it was not until July 1851 that the (R)MPA officially visited Bethlem (157). The following year, the association met at the York Retreat. Only six members and five visitors attended. At this meeting it was suggested that the association publish its own journal. The inspiration for the idea to publish a journal came from Professor Damerow of Halle, editor of the *Zeitschrift für Psychiatrie* (158). He “expressed the hope ...that their English confreres would follow their example... by publishing a periodical.” (159) However, nothing came of this suggestion for a number of years. With this palpable lack of interest and static attendance, it became evident that the association was not flourishing, and its meetings became irregular. Apparently, the Association did not reconvene from 1844 till the Oxford meeting of 1847 (160).

Before the plans of the association to publish its own journal could come to fruition, Forbes Winslow pre-empted them by publishing his *Journal of Psychological Medicine* in 1848 which ran until 1876. There were no records from 1847 to 1849, when the association congratulated Mr Gaskell on his appointment as a Commissioner in Lunacy. The letter



of congratulation was signed by 31 members, which, according to Outterson Wood, "fairly represents the number of the members of the Association at that date." (161)

At the meeting held in London in 1851, 25 members were present including Dr Conolly (in the chair) Dr Kirkman, Suffolk; Dr Bucknill, Devon, whose name had first appeared in the letter of congratulation to Dr Gaskell the previous year, and Dr Forbes Winslow, Hammersmith. A letter was read from Dr Hitch resigning the post of Secretary. He was requested to continue his services as Treasurer to the MPA (162). The role of Secretary was split between Dr Williams of Gloucester who acted as General Secretary and Dr Diamond of the Surrey Asylum who took on the role of Metropolitan Secretary (163).

A slight revival occurred in 1851 when 26 members attended the meeting in London. In that year the association visited Bethlem, for the first time. They also went to Colney Hatch Asylum and Park House Asylum for Idiots. Forbes Winslow entertained members at his private asylum Sussex House in the Fulham Palace Road (164).

According to Hack Tuke, it was not until 1852 at the meeting in Oxford, that the decision was taken to publish the association's own journal and Dr Bucknill of Devon was appointed editor. The original aim of the journal was "to afford a medium of intercommunication between men engaged in the....management of asylums, in the treatment of the insane." (165) Therefore the topics were to be of interest not only to asylum doctors, but also to visiting justices, asylum architects and chaplains. Walk and Lindsay Walker (1961) recorded that Forbes Winslow, who had previously taken offence at the competition, apparently offered to cease publication of his journal, and "declared himself as completely reconciled and satisfied with what had been done." (166)

At the Annual Meeting in 1855 it was decided that the *Asylum*

*Journal* was to be published quarterly instead of every six weeks in a revised format (167). In 1854 it was resolved that the chairman of the annual meeting become president of the association for the year. "It also marked the close of Dr Hitch's long term of official service in the cause of the Association." (168) Dr Hitch was succeeded as treasurer by Mr Ley of Littlemore Asylum. The meeting held in London in June 1854 was the first to be reported in the journal. Although only 13 members attended, the full membership was much larger; 121 were named in the list printed in the journal in 1855 (169).

The *Asylum Journal of Mental Science*, as it was called until 1858, was first published in November 1853 and "gave to the association a stability and cohesion which it had not previously had," providing a means of communication between widely dispersed asylum doctors (170). It was this new venture that appeared to be the turning point in the fortunes of the association. An important milestone in the professionalisation of asylum doctors. The MPA went on to publish its "Red Handbook" in April 1885 and to develop its system of training and examinations for attendants and asylum nurses.

In 1865 the association changed its name to the Medico-Psychological Association and the membership was "extended to legally qualified medical practitioners interested in the treatment of insanity." (171) Looking back over nearly 40 years of the association's existence, Hack Tuke believed that the association had fully justified its foundation and had achieved its original aims; that alienists were better known to each other and did communicate more freely the results of their experience. They also co-operated in the collection of insanity statistics; he declared, "above all, they should assist each other in improving the treatment of the insane." (172) The publication of the Red Handbook and the inauguration of training and an examination scheme for mental

nurses will be discussed in depth later in this thesis.

Towards the end of the nineteenth century, changes were occurring in medical practice in asylums. Doctors were searching for an organic basis to mental illness and moral therapy was giving way to physical treatments. As Dingwall, Rafferty and Webster have stated, this change in emphasis generated a demand for attendants "with a better grasp of the underlying biological principles, so they could give more effective aid to the doctors." (173)

Experiments with the training of attendants had been carried out by individual superintendents before 1843, when Morison gave a set of formal lectures to attendants at the Surrey Asylum, but there is no evidence that these lectures ever established themselves as a permanent feature. Hack Tuke mentioned a book by Conolly entitled *Teachings for Attendants*, so it is fairly certain that even during Conolly's time at Hanwell some instruction was given, but even so it is doubtful that he provided any systematic training for his attendants. Walk stated that he had "not been able to trace this" text by Conolly (174). Moreover no record of this work appears in the British Library, or in the Oxford or Cambridge University Libraries.

As early as 1837 Browne was calling for some system of training for attendants and even praised the apprenticeship scheme in force in some French asylums. In 1851, he gave a course of lectures on mental diseases and their management to medical and nursing staff at the Crichton Royal. Following this, superintendents in other institutions started short courses for their staff, dealing with pathology, management and nursing.

In 1870, a correspondent, thought to be the Rev. Henry Hawkins, chaplain to Colney Hatch Asylum, suggested in a letter to the journal that the MPA should authorise the publication of a simple catechism

embodying what was required of an efficient attendant. This plea seemed to have been ignored as six years later, Clouston, Superintendent of the Royal Edinburgh Asylum, was complaining about the “constantly changing population of inexperienced attendants”. He also proposed a comprehensive scheme of training for attendants, but took a further six years for something to happen. Campbell Clark, from the Glasgow District Asylum, Bothwell, continued where Clouston left off. In a paper he presented at a quarterly meeting of the association at Edinburgh in 1883, he asked the MPA to renew its efforts to persuade the superintendents to combine “to teach and issue certificates; and that these certificates should be registered with the Association.” (175)

The MPA was genuinely interested in improving the standard of attendants, but the struggle of the asylum doctors to improve their status in the medical profession also provided a more covert motive for the training of the attendants. If the doctors could show that they controlled a disciplined body of attendants/nurses who were trained in a similar manner to the hospital nurses, and that the asylums were in reality hospitals for the treatment of mental diseases, this would enhance the status of the new speciality of psychiatry. So the MPA finally accepted that there was some advantage in training attendants. The aspirations of the asylum doctors to achieve specialised professional status is an ongoing theme of this dissertation. It will re-emerge at various points of this thesis as the effects of this aim on the activities of the attendants are considered.

In February 1884, Drs Campbell Clark, MacIvor Campbell, Turnbull and Urquhart were commissioned to prepare a handbook which would help attendants “to an understanding of the work in which they were engaged.” (176) The following year the *Handbook for the Instruction of Attendants on the Insane* was published and bound, as it always was

from then on, in red. The first volume was fairly slim, containing only 64 pages. While many doctors regarded the publication as a significant advance in the progress of mental nursing, there were some who regarded the "Handbook" with suspicion. One reviewer writing in the *Journal of Mental Science* questioned with overt sarcasm whether the attendants would be better equipped for their duties for being told that the brain consists of grey and white matter and cement substance. He could not see what was to be gained by superficial knowledge of that kind (177). However, the first edition sold 3 000 copies before the end of 1892. The MPA issued a revised edition in 1893, and "many improvements were made in rewriting defective sections, and adding engravings as required." (178)

By 1895, the MPA was arranging for a further re-issue of the work, with some additions, and the new edition was published in January 1896. Significantly, most of the additional material in the revised handbook related to general anatomy, physiology and general nursing. The handbook continued to be revised through seven editions until 1923, when the title was changed to the *Handbook for Mental Nurses*, reflecting the new designation for staff of both sexes, and this edition remained the standard work on the subject until 1954. In 1964, the ninth edition of the handbook appeared under the editorship of the late Brian Ackner, who enlisted specialists to write the different chapters. In 1978 the Royal College of Psychiatrists, as the RMPA had become, declared the book out of date and decided not to commission a further edition.

To generations of mental nurses the handbook was known as the 'Red Handbook', partially because of its red cover and partially to distinguish it from the Black Book - the St John's Ambulance Association's first aid manual, entitled the *Handbook Describing Aids for Cases of Injuries and Sudden Illness* by Dr Peter Shephard, a text which was also

used in mental nurse training for many years. The publication of the Red Handbook and the development of training for attendants and asylum nurses will be discussed in detail in Chapter 3 below. The effects of the publication of the Red Handbook and the subsequent training and registration on the development of mental nursing will also feature in Chapter 3.

The idea for the registration of nurses seems to have been first mooted in the third quarter of the nineteenth century. "In 1874, Dr Acland...stated that the Medical Act, 1858 asks no provision for the registration of trained nurses, however complete their education... This ought to be remedied." (179) First steps were taken in conjunction with the Hospitals' Association. But the type of register that Burdett, spokesman for the voluntary hospitals, wanted was very different from what Mrs Fenwick, a leading registrationist, had in mind. Thus in 1887, the Hospitals' Association held a meeting to discuss the formation of a nursing section of the association (180). The meeting was a stormy one and ended when Mrs Fenwick invited "the ladies who had been interested in forming a nursing section to her house." (181) There they formed the British Nurses' Association and the battle for state registration for nurses had formally begun. Thereafter, the struggle continued with Mrs Fenwick the leading advocate of a state register for trained nurses, rather than the voluntary one proposed by Burdett, which would have been an adjunct to his nurses' pension fund scheme (182). The activities of the BNA and its relationship to the mental nurses' registration fight for registration will be dealt with in chapter 4.

It soon became apparent that male and mental nurses were special cases; there would be no place for either on the proposed register. That was reserved for female general trained nurses only. "Therefore the registrationists accepted that there should be supplementary registers

for both male and mental nurses.” (183)

The British Medical Association (BMA) was generally in favour of registration and had given evidence to the Select Committee in 1904, supporting the idea. In its turn, the Select Committee went on to recommend that a register of nurses be kept by a central body and that no person should use the title Registered Nurse unless her name was on the register (184).

The BMA were still of like mind in 1915, when they stated that the remedy for the problem of the increasing number of insufficiently trained nurses (caring for the war wounded) was to continue to strive to obtain state registration of nurses.

In 1919, at the end of the moratorium on Private Members' Bills in operation during the First World War, both the main registrationists' organisations (Bedford Fenwick's Central Committee and the College of Nursing) introduced Registration Bills. So in Abel-Smith's words, "parliament witnessed the ugly spectacle of the two professional organisations airing their private feuds before the forum of public opinion." (185)

It is not surprising that Dr Addison, the first Minister of Health, finally decided to draft his own Bill and to appoint the caretaker council. "Paradoxically, far from conferring greater unity upon the profession, the Registration Act reinforced occupational segmentation by legitimating the status and hierarchy of the specialist branches of nursing." The very existence of the register "ran counter to the sacrosanct principle of a one portal system of entry promoted by the militant wing of the pro-registrationist movement." (186) Mental nurses were in favour of state registration, but not on the "take over terms proposed by the GNC... It...hoped that under state registration, the RMPA would have delegated powers of examination, but the GNC wanted to substitute its own

examination.” (187)

The RMPA refused to relinquish its certificate and continued to receive the support of the medical superintendents and the union (NAWU). This inability to reach an agreement led to 25 years of duplication of training, examinations and registration. One scheme was organised by the GNC, which particularly appealed to mental nurses who wanted to go on to general nurse training (the majority of whom were female); the other was an almost identical scheme run by the RMPA, which was attractive to those who wanted to make their career in the mental hospitals.

It was a great blow to the authority of the GNC that the examination for the RMN never attracted sufficient mental nurses as candidates during the lengthy period of the parallel and rival qualifications. Not surprisingly, this dual control and bad relations between the two rival organisations also led to a divided occupation. There was a lack of unity and leadership among mental nurses; if a homogeneous sub-profession were to be established, such division was the last thing that was needed.

Part of the difficulty stemmed from the perception by general nurses of the lower educational standards of mental nurses, a perception that was borne out by the Ministry of Health Working Party Report in 1947 on the Recruitment and Training of Nurses, which suggested that mental nursing did not enjoy as much repute as general nursing. Even though they required special gifts of insight, the “average intellectual calibre of nursing staff in mental hospitals is significantly lower than in other types of hospitals.” (188)

This unsatisfactory and divisive situation was to continue until after the Second World War, when the National Health Service was set up and the RMPA relinquished any further involvement in the running of the affairs of the mental nurses. The battle for registration and the effects on

This dissertation shows that the attendants were almost



completely under the control of the asylum doctors. This control had the effect of severely restricting the level of action available to the attendants. In addition this lack of activity was also aggravated by the attendants own apathy. This was illustrated by their poor response to the proposed to the negotiations between the MPA and the RBNA.. These proposed to admit trained mental nurses to the register of the RBNA. This apathy was to be a continuing element in the lack of professional achievement of mental nurses.

## Notes

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37. Sarah Tooley (1906) p.238.

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39. Alexander Walk (1961), pp. 1-17.

40. Letter from Geoffrey Higgins to George Rose M.P. Quoted in the *Journal of Mental Science*, vol.16, July 1870. pp.249-51. Higgins was responsible for revealing the abuses and cruelties at the York Asylum.

(Parry-Jones 1972, p.15.) He also had visited Pinel in Paris. "He was very politely received by him, and visited the asylum... and was much pleased with it." (*Journal of Mental Science*, vol.16, July 1870, p. 249.)

George Rose (1744-1818) was M. P. for Launceston, 1784-1788; Lymington, 1788-1790; and Christchurch, 1790-1818. He was born in June 1744 and educated at Fortrose Academy and Westminster. He served as a midshipman in the Royal Navy and became a government official in 1767. He became Paymaster General in 1802, the same year that he was appointed to the Privy Council. In 1807 he became Treasurer of the Navy and died in January 1818. During the years 1814 to 1816, he attempted to regulate private asylums by statute. ( R. G. Thorne (1986) *History of Parliament: The House of Commons, 1740-1820*. V; Members Q-Y. London: Secker and Warburg. pp.45-53).

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106. Ibid., pp.541-42.
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116. Ibid., pp.170-171.
117. Nolan (1990), pp.3-13.
118. Parry- Jones (1972), p.122.
119. Foucault (1961), p.71.
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147. Three brief histories of the MPA were published in the *Journal of Mental Science*. First was the Historical Sketch by Dr Hack Tuke in the General Index of the first twenty four volumes of the *Journal of Mental Science* published in 1879. Next, T. Outterson Wood wrote the Early History of the Medico- Psychological Association in April 1896. (Surprisingly, he made no reference to the earlier Hack Tuke contribution.) Lastly, Alexander Walk, of Cane Hill Asylum in Surrey and D. Lindsay Walker collaborated in their Gloucester and the Beginnings of the RMPA in July 1961. In 1991, two contributions relevant to the history

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150. The six present were: Dr Shute, Visiting Physician, Gloucester Asylum (Chair) Mr Gaskell, Medical Superintendent, Lancaster Asylum, Dr Hitch, Medical Superintendent, Gloucester Asylum, Mr Powell, Medical Superintendent, Nottingham Asylum, Dr Thurnam, Medical Superintendent, York Retreat, and Mr Wintle, Medical Superintendent, Oxford Asylum (Warneford). These " gentlemen therefore may be looked upon as the actual founders of the Association." (Outterson Wood (1896) pp.243-244.)

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153. Walk (1961), p.620.

154. Tuke (1873), p.v.
155. Walk and Walker (1961), p.627.
156. T. Outterson Wood (1896), p.252.
157. Alexander Walk and D. Lindsay Walker (1961), p.630.
158. In France, the *Annales Médico- Psychologiques* had been published from 1842 and Professor Damerow had published the *Zeitschrift für Psychiatrie*, in Halle, Germany. (Walk and Walker (1961), p.628).
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160. Outterson Wood (1896), p.253.
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164. Walk and Walker (1961), p.630.
165. D. Hack Tuke (1879), p. vi.
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167. Tuke (1879), pp. vi-viii.
168. Outterson Wood (1896), p.257.
169. Walk and Walker (1961), p.631.
170. Renvoize (1991), p.39.
171. Ibid.
172. Tuke (1879), p.vii.
173. Dingwall, Rafferty and Webster (1988), p.128.
174. Walk (1961), p.8.
175. Ibid., p.9.
176. Nolan (1993a), p.63.
177. *Journal of Mental Science*, vol. 30, April 1885, p.149.
178. Ibid. p.138.
179. Florence Lees (1874) *Handbook for Hospital Sisters*. London: Ibister, p.iv.
180. Abel-Smith (1960), p.69.

181. Tooley (1906), p.371.
182. Christopher Maggs (1987) Sir Henry Burdett and the RNPFN. *Lampada*, no.11, (Spring), p.12-14.
183. Michael Arton (1992) The Development of Sick Children's Nursing, 1919-1939. Unpublished M.Phil. thesis University of Bath, p.42.
184. Winifred Hector (1973) *The Work of Mrs. Bedford Fenwick and the Rise of Professional Nursing*. London: RCN, p.42.
185. Abel-Smith (1960), p.96.
186. Anne Marie Rafferty (1987) The Educational Policy of the GNC for England and Wales, 1919-1939. *Bulletin of the Society for the Social History of Medicine*. vol.41 (December), p.55.
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## **Chapter Two**

### **THE EMPLOYMENT OF FEMALE NURSES ON MALE WARDS IN ASYLUMS**

#### **An Aspect of Hospitalisation**

The employment of female nurses in male wards of the asylums during the nineteenth and first half of the twentieth century was an important strand in the campaign by asylum doctors to “hospitalise” the asylums. If the asylums could be accepted as hospitals for the insane and their treatment considered as another speciality within the medical profession, then the status of asylum doctors would be improved in relation to that of their colleagues in general hospitals. In 1902, George Robertson, Medical Superintendent of the Stirling District Asylum, Lambart, spelt out very clearly the link between the employment of female nurses and the hospitalisation of asylums: “the employment of hospital nurses in asylums will go a long way to carrying out the dominating principle... approximating the asylums to the general hospital.” (1)

This chapter will examine the stages in the gradual introduction and eventual decline of female nursing in the male wards of the asylums. The impact this had on the care of the male patients and the effect on the male attendants will be considered and the opposition and the support for the scheme will be discussed. Finally, the long, and mainly unsuccessful, campaign against the scheme by the asylum workers' union will be evaluated. It will be seen how this aim - to make the nursing within asylums a female occupation - was backed up by the determined effort of a number of general trained female nurses who wanted to extend their influence and supplant the male attendants from the care of male patients, wherever they might be.

At the beginning of the nineteenth century, asylums were divided into male and female divisions. Male patients were looked after by male

attendants and female patients by female nurses. It was not until the late 1960s that male and female nurses began to work in both divisions of mental hospitals in Great Britain. By the 1990s this had led to integration of mental patients into mixed wards, so that both male and female nurses were working on wards containing both male and female patients. Between 1800 and 1840 women were occasionally employed on "household duties on the male side of asylums, but this was probably done after the patients had been turned out into the airing courts." (2) At that time, it was not considered safe to bring women into contact with male lunatics. Tooley, in 1906, wrote how, in 1854, Mrs Jameson of the Sisters of Charity, a well-established Catholic nursing order founded by St Vincent de Paul in 1633, drew attention to "the need of good feminine influence for insane men as well as insane women." (3) This was the earliest instance the author found of pressure for such "reform" from outside the asylums. However, female nursing orders did not play any significant part in advancing the role of female nursing for male asylum wards in Great Britain.

It was different on the continent. There, in the middle of the nineteenth century, many asylums were managed and administered by religious orders. Porter (1990) reported that during the eighteenth and nineteenth centuries, "in Catholic countries most confined lunatics were still tended by... the Brothers and Sisters of Charity," (4) while Colin Jones (1989) estimated that by 1789 the Sisters of Charity served in over 400 institutions (5). In the hospitals, both mental and general, run by nuns, male and female inmates would have been looked after by female nurses. Brothers would not even have been inside those establishments; they would have worked in male-only institutions. Florence Nightingale spent "a short time with the Sisters of Charity in Paris." (6.) She did not,

however, work in an asylum for the insane.

A deputation from the MPA visited the asylum at Mareville in 1866 and reported the following incident. They were passing through a remote ward with the sister when "sounds of strife reached us. We quickly reached a small paved court... in which two male lunatics were engaged in a furious ... struggle. The sister advanced fearlessly to part the combatants. In a moment, the strife was over. One of the men rushed to the most retired part of the yard, shame - or awe-stricken in the corner. The other... knelt penitently down [and] kissed the sister's skirt. " (7)

Not only mental nurses were under attack, but also male general nurses who were being affected by the attempt to exclude them even from the care of male patients. In Australia, at the Sydney General Hospital, male nurses had been working on the male wards prior to the arrival of English sisters in 1868 from St Thomas's Hospital in London. One of the English sisters described the wards nursed by men as "grimy and insect infested... filth and rubbish was [sic] stowed away... I hope they will never again resume their work where women have been introduced." (8)

Relatively recently Bashford has pointed out that "male nurses were replaced very swiftly by female nurses and a lady superintendent was appointed to manage this new female sphere." (9) She linked this feminisation with the imposition of an ethos of middle-class respectability on these colonial institutions. Her comments also support the view that these general nurses aimed totally to exclude males from the ranks of nursing. As this chapter will show, this move to exclude male nurses eventually applied to the care of male patients in asylums. The female general trained nurse was to be the sole carer of the sick.

The earliest recorded attempt to employ women in nursing duties on the male wards occurred in 1841 at the Gloucester General Lunatic Asylum. Here, an attendant's wife was employed to assist in her husband's

ward, and the experiment proved so successful that the practice was extended to other wards (10). The fact that attendants' wives were employed only to assist their husbands might mean that sexual misconduct by the patients had been considered. On the other hand, the husband of the woman first selected was in charge of a refractory ward with highly intractable inmates, so the fear of possible danger of violence and injury from patients was evidently not considered an obstacle to their employment. When Dr Hitch first employed women at Gloucester in the care of male patients, he said it was "because of the harsh manner in which male attendants were disposed to treat the patients under their charge...This practice was adopted between 1860 and 1870 in several English asylums... not merely to introduce gentler and less forceful methods, but also for the sake of the better nursing of the sick." (11)

In 1867, Dr Crichton Browne introduced a female nurse on to the male wards of the West Riding Asylum, "with a successful result exceeding his anticipation." (12) A female nurse, again the wife of an attendant, was placed in one of the largest male wards, containing 70 epileptic and suicidal patients. The ward became quieter and more orderly under her influence and a marked change for the better took place in the personal neatness and general behaviour of the patients. Indeed, the patients' "whole nature seems to have softened and the tone of feelings ameliorated by the simple expediency of introducing a kind hearted female among them." (13)

For his part, Crichton Browne was of the opinion that female nurses would be found most useful on the male sick wards. He thought that the mortality rate among male patients, which was about one third greater than among females similarly afflicted, might be caused by defective nursing, "in the absence of those sick-room comforts and attentions, which women alone are capable of offering." (14) He was echoing views prevalent at



that time.

Reflecting on this perception of the benefits arising from the use of female nurses, Robertson stated that sick nursing rested "on the solid foundation of a principle of human nature - the mothering instinct in a woman." (15) This idea, that because of their nature women had an almost divine right to nurse, was not challenged until the beginning of the twentieth century. As will be seen, even then it was only a small minority who questioned this belief.

The annual report of the Lancashire Asylum (Whittingham) for the year 1874 reported that female attendants in the male wards had a humanising influence on the patients. The commissioners agreed that whenever the experiment had been tried this had been the result. "Three more women, the wives of male attendants, had been added. They lived with them on the wards, and took charge of the bedding and were responsible for the general state of the dormitories." (16) Women were also employed in the male infirmary, which contained forty-three patients "who were attended during the day by four nurses and they were watched at night by a fifth especially appointed for that purpose and having no other duties." (17)

Since 1877, the wife of the charge attendant had assisted in the care of the patients in the male hospital block at the Royal Edinburgh Asylum. However, in 1890, following her husband's death, the widow was given sole charge of the hospital block. The male attendants were placed under her authority. Later, she was permitted to employ "two young women to assist her and she being responsible for their good behaviour." (18) This development marked the end of the first stage, when women were employed in a subordinate role to the male attendants in the care of male patients. By the late 1890s, it had been demonstrated that women could mix with male patients without incurring the danger of violence from them.

A comment in the annual report of Bethlem for 1879 indicated the

kind of nurse doctors were looking for. Dr Savage stated that "As nurses, young active women of the lower middle class were preferred and the proposal to have lady nurses is not favourably entertained." (19) This opinion, regarding the inadvisability of recruiting lady nurses in asylums, was shared by Dr MacDonald from the Dorset County Asylum. He asked, "If by a lady nurse, you mean the woman who thinks more of her personal appearance than the comfort of her patients, who fondly believes that her duties can be discharged while reclining in an easy chair... then unhesitatingly I say save us from such nurses. But if you mean the hard working woman who wishes to earn an honest livelihood... let such women take their place on the staff of every asylum." (20) MacDonald found that lady nurses were not of much use in the ordinary wards of a public asylum. He did not experience the same difficulty with attendants, "because many... were trained disciplined men." (21)

Dr Robertson's article of 1906 reported the views of a female nurse who was working on the male side of an asylum. Nurse Goodlet was in charge of the male infirmary of the Sunderland Asylum in 1895 and 1896. Her opinion was that male patients could be entirely managed by women in perfect safety. The "nursing of men would be better done if women were alone, as there were many nursing duties a woman could not undertake with male attendants in the room watching her." (22) She did not make clear which particular nursing duties could not be carried out in front of the male attendants.

It would seem that a second stage, with females firmly in charge, was now established. It had in fact moved further on. The female nurse now wanted to exclude the male attendants altogether, a situation which would more closely approximate the conditions existing in general hospitals. It would seem that the nurses were actively colluding with the superintendents in trying to replace male attendants with female nurses.

Their motives were quite different, but the desired result was the same: the nurses wanted to extend their sphere of influence, the superintendents to produce mental hospitals run on general hospital lines.

By 1891, nursing at the new hospital in Montrose was "under the special charge of the new matron and was carried out by trained nurses." (23) A female nurse was in charge of the chief male sick ward and the experience was entirely satisfactory. A new departure was made at the Derby County Asylum when the post of chief female attendant became vacant in 1895. They appointed a "lady with some years previous training in a general hospital." (24) Presumably, she was to be responsible for the sick nursing in both the male and female divisions of the asylum. However, although sick nursing was recognised as different from care of the insane, previously when male lunatics required physical nursing this was carried out by male attendants. What was at issue here was the supposed difference in the quality of care given by male attendants and female nurses.

At about the same time, Dr Turnbull opened a new hospital at the Fife and Kinloss Asylum, in which the male and female sick wards adjoined one another. At first Dr Turnbull had intended that "a qualified nurse should have charge of both sick rooms, but should be assisted on the male side by attendants and not nurses." (25) However, the matron and senior nurse preferred to undertake the task of managing the male ward with the assistance of other nurses and without male attendants. Dr Turnbull agreed to this experiment and it proved to be a success. The result was that henceforth the attendants were excluded from an important part of their previous responsibilities and from the opportunity to obtain sick nursing skills.

The system was never really adopted in England, but by 1900 on ordinary and sick wards female nurses were in full charge of male patients in the majority of Scottish asylums, "not only during the day, but during the

night as well." (26) The question must be asked why the practice of employing female nurses was almost universally accepted in Scotland, but only rather unevenly in the rest of the country. In the literature examined, nothing was found to explain this phenomenon. Yet it is clear from the statements quoted from both the supporters and the opponents that this phenomenon was accepted as a fact. A possible explanation might be that the medical physicians of the Scottish asylums were in easier communication due to the smaller number of asylums in closer proximity. This would have allowed the superintendents the opportunity to participate in a more efficient interchange of ideas on methods of care and treatment.

In some asylums, mainly outside Scotland, women were still employed to assist the male attendants and the bulk of the nursing continued to be done by the attendants. According to Robertson, when patients were completely handed over to the care of women, "a revolutionary change takes place and they enter... into the real work of personal care and sick nursing." (27) He felt that it was acceptable for attendants to assist the female nurses "in the case of any emergency arising and to perform duties that women could not undertake." Robertson concluded that for a male to assist a female co-worker was not open to the same objections as the other way round.

Apart from Robertson, the first person openly to link this trend to the process of hospitalisation was Dr Braine Hartnell of the Worcestershire Asylum, when he stated that "the desire to bring asylum nursing in line with general hospital nursing would necessitate an increased staff." (28) It had been proposed to carry out the care of the male hospital wards with trained nurses, a scheme which Braine Hartnell admitted was still in a tentative stage. It had chiefly been tried in Scotland and he warned that before making widespread changes, the increased costs involved should be seen to reflect an increased recovery rate. It is not clear what Braine

Hartnell meant by increased costs. However, the idea was gaining currency; a brief report from the London County Council for 1901 stated that arrangements were being made for nursing in some of the male sick wards to be carried out by female attendants, whether trained or untrained was not specified (29). This use of female nurses in male wards by the LCC was to re-emerge in 1931 and was to cause difficulties for unions at that time. This episode will be dealt with later in this chapter.

Although apparently not opposed to females nursing male patients Dr Yellowlees, was against what he considered to be the takeover of asylum nursing administration by hospital trained nurses. In a letter to the *Journal of Mental Science* in January 1901, he protested against the practice whereby when a vacancy was advertised for the higher ranks of asylum service, it was frequently stipulated that the applicant had to be a hospital trained, certificated nurse. He was surprised that any asylum superintendent should "approve of any such limitation; for it utterly disparaged the training prescribed by the Association and the certificate it granted. Also it greatly discouraged and disappointed every asylum official who strove to excel." (30) This trend would have the effect of reducing the opportunity for promotion to the rank of head nurse, for male staff as well as for female asylum nurses. Hence, there appeared to be two levels at which the danger of female general trained nurses taking over male roles in the asylums was recognised. These were increased involvement of female nurses working in the male wards and general trained senior nurses taking over senior posts in the asylums.

George Robertson, of the Stirling District Asylum, presented a paper to the Scottish Divisional Meeting of the MPA in November 1901. In it he stated that "if any evidence were needed ... to indicate how far behind that of general hospitals, medical practice in asylums is, the fact that in almost all asylums the sick... on the male side are nursed by men would demonstrate it sufficiently." (31) He continued this attack on the standards

of male sick nursing by pointing out "as woman has proved herself to be instinctively peculiarly fitted for nursing duties... there is no real obstacle to the employment of women in the male sick and infirm wards." (32) At this time the non-sick wards on the male side were still being manned by attendants. An illustration which reflects this situation is Colney Hatch Asylum, where male patients were almost entirely cared for by male attendants. The sole exception was that two married couples were appointed in 1889 to look after a ward of feeble paralysed men (33).

Between 1902 and 1906, there was a long-running and acrimonious debate in both the *Asylum News* and the *Journal of Mental Science*. The first response was from "An Asylum Attendant", who pointed out that this scheme for the increased involvement of female nurses on the male wards diminished the status of male attendants, reduced their training opportunities and lowered the promotion ceiling for them. Most of the senior posts on the male side were going to female hospital trained nurses (34). A more direct attack came from Dr Urquhart, again in a letter to the *Journal of Mental Science*, in 1904. He was opposed to the recent movement in favour of female nursing in male wards: if sick nursing was required, then trained male nurses should be employed. He pointed out that one hospital where male nurses were trained was the National Hospital for the Paralysed and Epileptic in Queen Square, London. Miss Vernet, the matron, stated that after a year's experience a man "was equal in capability to many female nurses of two year's training." (35) But Miss Tweed also from Queen Square pointed out that even though this class of men had "proved very satisfactory, they will never take the place of a female nurse; but for some cases... they are most important." (36) Urquhart also had a high regard for the ability of male attendants to care for sick patients and he found that proposals to replace them by women were being pressed on somewhat inadequate grounds. George

Bloomfield, a male nurse trained at Queen Square, agreed that "patients with diseased minds should have the best possible nursing, but male attendants ought to be hospital trained," and maintained that it would be a "great mistake to employ women nurses in male wards of asylums... it is highly improper and degrading for women to be on wards where indecent patients are; as they have been known to throw off their clothing and masturbate, no matter who is present." (37) These views were echoed later by the asylum workers' union.

A male attendant writing in the *Asylum News* in October 1904 pointed out that the practice of placing female nurses in charge of asylum male sick wards was on the increase. He reiterated that it deprived the male attendants of an essential part of their training. The writer's view was that this scheme scarcely forwarded the interests of the patients or maintained the efficiency of the male staff (38). Outterson Wood, president of the Asylum Workers' Association (AWA) (39) in 1905, also claimed that "a well trained mental nurse can nurse as well as and with greater propriety than any woman." (40)

However, the female nurses were not without their supporters. In response to Urquhart, Robertson pointed out that "the system of female nursing of men had been adopted by the great majority of superintendents in Scotland." (41) He also remonstrated with Urquhart, saying that the case for one class of asylum worker was not strengthened by depreciating another class of asylum worker. He also criticised Male Nurse Bloomfield's recommendation that women nurses be excluded from male wards with the object of improving the treatment of the insane. He reminded Bloomfield of the fact that women were introduced with that very object in mind (42). Urquhart was quick to respond, He poured scorn on Robertson's suggestion that "to introduce effective nursing, the place... must be handed over entirely to the women." (43) The following month, in reply,

Robertson stated that it was with "the system of employing men in asylums to nurse the sick and the infirm that he found fault, not... [with] the men themselves." (44)

Dr Parker of Gartloch Hospital for Mental Diseases, revealed that "since the opening of the hospital in 1897, the male wards have been entirely staffed by women." He was a strong believer in the general good effect of having female nurses for men but, "undoubtedly certain ... maniacs have an erotic turn given to their thoughts by the presence of women... and this shows itself in masturbation, indecent exposure etc." (45) Certain impulsive epileptics and a few dangerous paranoiacs had to be removed from female care, not because the nurses were attacked but because "the nurses lacked physical power to come between the patient and other patients." (46) Interestingly, this was the first time that the potential sexual consequences of female nursing on such wards were spelt out; previously this aspect had merely been hinted at.

C.C. Easterbrook of the hospital at Ayr, explained that the nursing of insane men by women was confined to the men's infirmary ward. Any male patient who required hospital treatment, but "is considered an unsuitable case to be nursed by women is not sent to the infirmary, but to the reception ward." (47) There he would be cared for by male attendants. The patients in the men's infirmary ward were the more or less quiet and harmless insane men with bodily illnesses. These were the only ones who were deemed suitable to be nursed and supervised by women. The men's infirmary ward had a staff of female nurses who were under the jurisdiction of the matron and her assistant. The head attendant kept in touch with the patients of the ward and supervised the clothing and furnishings. Both Parker and Easterbrook, although in favour of female nurses in male wards, were aware of the limitations.

One anomalous contribution, worth mentioning for its oddity, involved an



asylum matron, who seemed aware that the momentum was slowing down and complained that this much discussed reform was not making much progress. Unusually for a nurse at this time, she thought that women should not supplant male nurses, but should help them. "She would place among the male attendants - in a division with thirty or forty patients - two women. One of these would act as a sort of head nurse, the other [as] her assistant." She added that the women should be "musical, bright and fond of all games... with sufficient initiative ... to induce the male attendants ... to join in. They should look after the bed linen and underclothing, see that the sitting rooms are kept trim and neat. It would lessen the monotony and brighten the sad lives of many poor patients." (48) She felt that this type of female involvement would also influence the conduct of the male attendants so hastening the disappearance of all petty abuse and authoritarianism. This description does not sound very much like the views of a hospital trained nurse, but rather like those of an old fashioned lady nurse; their presence in asylums had been dismissed as irrelevant by superintendents years before.

In Scotland, the practice of using female nurses on male sick wards in asylums was still fully operational; its advocates, writing in the journals, were praising the work done by the staff, most of whom have worked in hospitals. The asylums were becoming more like hospitals and "...nothing has aided more in attaining this object than the introduction of hospital trained nurses." (49)

The impact of the First World War had the effect of increasing the number of female nurses working on the male side of the asylums. The Aberdeen Royal Asylum made every endeavour to release men for military service and, as far as possible, they replaced them with female nurses. There were 16 nurses in the male division, "occupying such positions as are considered prudent and desirable. The point was made in the [Aberdeen Royal] Asylum Report for 1916, that it was found with the aid of

male attendants, they [nurses] are admirably suited for the care of sick, infirm and debilitated patients." (50) In the same report, the belief was expressed that the limit to the system had been reached. Walk also agreed that the shortage of male staff during the First World War led to a further spread of female nursing and that "by 1925, there were few hospitals, where at least one or two male infirmary wards were not staffed by women." (51)

Under the heading 'The Nursing of Male Patients in Asylums', the August 1915 edition of *Asylum News*, reported that several letters from Dr G.M. Robertson had appeared in the press. He had suggested that the number of able-bodied young attendants might be reduced, so releasing them for military service by "the substitution of female nurses, especially of those attendants engaged in nursing the sick in the male hospitals and male infirm wards." (52) In *The Lancet*, Robertson proposed that the introduction of female nurses in wards would not only be a 'patriotic' duty, but that the scheme would "at the same time be adding to the comfort and well being of the sick and infirm male patients." (53) His cry was echoed by Dr J.P. Park Inglis, who pointed out that the exigencies of war meant that mental hospitals had been denuded of large proportions of male staff. A way of dealing with this problem would be to employ female nurses to replace them. However, he did have reservations: "all cases of degeneracy are better in the hands of the attendants... cases of strong homicidal and suicidal tendency are also better under male control... cases having strong erotic and animal desires should not be nursed by women." (54) He concluded that male patients should not be bathed by female nurses, but by male attendants. This issue was to assume tragic results at Wakefield in 1937, where a patient died.

The Central Executive Committee of the Asylum Workers' Association debated the issue of female nurses working on male wards on

22 September 1915 where Dr Robertson's letter, together with a memorandum from the National Asylum Workers' Union (NAWU) were read out. A letter from Dr Park Inglis regarding his article in *Asylum News* was also read out. In it he maintained that in every mental hospital there were cases of male patients suitable for nursing by female nurses.

Dr Easterbrook, Medical Superintendent of the Crichton Royal, Dumfries, reviewed the history of the nursing of insane men by women in Scotland. He reported that at the Crichton Royal the care of the newly admitted, physically ill and infirm, and debilitated male patients is entirely under the care of women. The only duty which the women do not carry out is the bathing of male patients.

In contrast, Dr Fletcher Beach from Cane Hill Asylum was entirely satisfied with the care and nursing of the insane patients by male attendants, and was personally opposed to the practice of introducing female nurses into the male wards of the asylum. On the other hand Miss Jupe, a matron with the LCC, was not aware of any objections to taking up this branch of work having been raised by those concerned. Indeed any objections from the nurses and attendants would not have surfaced, as the campaign to remove female nurses from male wards by the NAWU did not come into effect until the end of the First World War.

Dr J.E. Powell from the Caterham Asylum, and Honorary Secretary of the AWA, wrote that the association had always insisted on equality of the sexes in the practice of mental nursing, but "in the case of a ward worked by a mixed staff of male and female nurses, the former would tend to permanently take subordinate positions." Another matron anticipated later calls from the union, when she considered that extra payment should be given to those female nurses working in male wards. The association's chairman, Dr G.E. Shuttleworth, wrote that "in view of the varying opinions which have been expressed, he did not think that the matter was one calling for a definite resolution." (55) This decision by the AWA not to

take a strong standpoint contrasted strongly with the later total opposition by the NAWU. The reason for this difference of opinion may have been due to the fact that the AWA consisted mainly of doctors, who were expressing opposing views on this subject. For them to reach a consensus on this matter would have been very difficult. On the other hand, the NAWU was composed almost entirely of male attendants, who felt threatened by the proliferation of female nurses on the male wards.

The difference between the introduction of female nurses into male wards and the other instances of replacing male workers with females is that nursing did not require the impetus of a world war. By the beginning of 1915, serious staff shortages were occurring on the buses, trams and Underground as men were enlisting for military service. The obvious answer, the employment of women, was not immediately welcomed by either the trade unions or male management. The main reasons were fear of loss of male employment, moral scruples against women in physically demanding jobs, Victorian preconceptions of propriety etc. and fear of overturning traditional roles.

In March 1915 a temporary policy of "women substitutes" was reluctantly agreed by the Underground and by November, London's first woman bus conductor had started work. (56) In December 1914, the staff magazine of the transport workers had reported that a similar situation was occurring in Germany, "as nearly the whole... [workforce of] able bodied men... are in the army, or training, or working in the military supply factories and similar services, it became necessary to employ women to collect fares on the Berlin Tramways." (57)

Women went on to undertake all kinds of transport work, usually at equal pay with their male colleagues. As well as working in the service areas as conductors, porters, lift attendants and guards, women were employed in maintenance sections as painters, mechanics and vehicle cleaners, (58) "but had to give up their jobs when the men came home at

the end of the war in 1918-1919.” (59) By June 1919 there was none left, “Silently and without ceremony they gave up their places to the returning menfolk and vanished from the scene.” (60)

In April 1915, Glasgow was the first city to employ women conductors on the buses, followed by Cardiff, Manchester and Salford. The LCC and the London General Omnibus Company (LGOC) gave their approval in November 1915 (61). Over 3 500 women were engaged by the LGOC. “Tillings’ first women conductor appeared on a number 37 bus on 1 November 1915.” (62) Of the 1 702 women who joined the LGOC as conductors, 43 per cent were previously domestic servants (63).

Early in 1915, Lord Kitchener was pressing the railways to release more men and in March, the Railways Executive Committee drew up plans for using women as replacements. Just over 13 000 women had been employed before the war, about two thirds in the various companies’ hotels and restaurants. But “4 564 were engaged in railway work proper - doing what jobs we are not told.” (64) During the war, 168 000 women were employed on the railways working as ticket collectors, carriage cleaners and a large number as porters. The *Railway Diary of Events* for 1916 reported that on the 5 January on the London Eastern Railway the first female lift attendant was appointed (65).

Describing London during the First World War, Weightman and Humphries, recorded that it was mostly after 1916 that women were recruited on a large scale as “surrogate men” and appeared on the London streets in unfamiliar guise “as Lloyd George’s ‘munitionettes’, or as bus conductoresses and ticket collectors on the Underground, or as drivers of delivery vans for Joe Lyons. In the city, the banks began to train women clerks on an ‘experimental basis’.. By the end of the war nearly a third of Lloyds Bank staff were women.” (66) Even the Bank of England was forced to employ a woman and Louise Ins became a woman porter there in 1917 (67).

A somewhat different situation applied in the Post Office. Women had been working in head and sub-offices in the provinces since at least 1890, when 10 per cent of these employees were women. The percentage of female staff gradually increased by about 4 per cent over the following 20 years, until in 1909, the figure was 14.5 per cent. A memorandum to the Postmaster General (PMG) Herbert Samuel in 1910 reflected that, "At this rate of increase it will be fifty-two and a half years before 25% of staff are women." (68) The memorandum went on to state that "the substitution of women for men...is generally possible except in cases where the work is... beyond the physical powers of women." (69) A rationale which was generally applied to female nurses on the male wards of the asylums.

The employment of women was seen to be economical, except when special accommodation had to be provided where both sexes worked in the same office. This substitution was advantageous where the women had greater aptitude than men: "...telephone operating, ledger keeping, typewriting... and generally work requiring gentleness, patience and natural resisting power to the dulling effect of monotony on the sharpness of attention." (70) As in the case of female nurses replacing men in the asylum, the postal authorities made special reference to supposedly feminine characteristics.

In February of the previous year the Postal Telegraph Clerks' Association (PTCA) had made representations to Sydney Buxton the PMG complaining that the postal authorities seemed seriously determined to "substitute the labour of men for women, a condition of affairs which the union executive believed to be extremely dangerous." (71) For the past 30 years, the Central Telegraph, the telephone department, employed the staff in the proportion of about two thirds male and one third female. The PMG confirmed that the Post Office had "no intention of altering the

general basis of male against female workers but ...it is not feasible to lay down a hard and fast regulation as to the proportion to be observed at all offices alike.” (72)

The PTCA wrote to the PMG again in July 1910, referring to the Post Office’s plan to open several new Branch Offices in London and pointed out that the PMG’s predecessor had declared that it was not his intention to disturb the proportion of male to female counter clerks, and that if the practice of staffing new offices with women was continued, “the proportion of staff will be seriously disturbed to the detriment of men.” (73) On 6 August, the PMG again confirmed that there was no policy “to increase the female staff at the expense of the male staff.” (74)

However, this did not satisfy the PTCA, because on 1 December 1910 the London Branch of the PCTA pointed out to the PMG that there seemed to be proof, furnished by the Post Office’s own estimates, that the policy was to increase female staff at the expense of male staff “because it was cheaper to employ females than to employ males and the result would be disastrous to the male staff.” (75)

During the First World War permission was given locally to employ women on postmen’s duties. This was arranged in each individual case, especially in Glasgow where 637 postmen were on military service; in 1916, the PMG gave permission to employ women to replace them (76). A letter to Lady Brassey in Chelsea on the 5 June 1915, pointed out that, “this is a new departure and is essentially a war emergency measure.” (77) When the temporary staff were disbanded in 1918-19, the Post Office could find that no grounds existed for them to be paid a gratuity (78).

It was not only in Great Britain, that the matter of female nurses in male wards of asylums was raised. Svedberg (1993) revealed that the debate in Sweden over the employment of female nurses on male wards of the asylums followed the same pattern as in Britain, but took place during

the first half of the twentieth century. It was appreciated that women considered the preserve of nursing as their "rightful property" and that they would have a soothing influence on male patients. But limitations were noted; for instance, women could not "... separate two fighting men and therefore there must be male attendants on hand." (79 ) It was also recognised that women might exercise an erotic influence on male patients. However, despite these potential difficulties, unanimity seemed to prevail regarding the value of females as charge nurses in nursing wards of Swedish asylums.

R. Dods Brown, Physician Superintendent at the Royal Aberdeen Asylum, reminded readers in an article in the *Nursing Times* in January 1920, that it had been more than 20 years since male patients had been put under the complete charge of female nurses. He also admitted that "the introduction of nurses into the male division of a mental hospital was still considered by many superintendents as a thing fraught with danger and doomed to failure." (80) He believed that the Scottish experience clearly demonstrated that the objections were worthless. In 1920, in the Royal Asylum in Aberdeen, the private hospital, the infirm ward and one convalescent ward were all staffed by female nurses.

A year later, in a scathing attack on the mental health service Lomax commented on the employment of female nurses on the male wards. He took a very critical view. He alluded to the lack of female nurses, even in the asylum hospital wards and felt that if this scheme were expanded it would "contribute immensely to the health and happiness, as well as the prospects of recovery of male patients." Lomax pointed out that in his experience the scheme to introduce female nurses into the male wards was not working (81). This point of view was supported by Carpenter (1980) who stated that " attempts to extend female nurses, partly for



economic reasons, to male sides proved unsuccessful outside Scotland." (82)

A Royal Commission was appointed to investigate the claims made by Dr Lomax in his book. Its members were also charged to make recommendations for any medical and administrative improvements which might seem necessary. The commission could not substantiate many of Lomax's charges and others were found to be exaggerated. However, its members agreed that conditions for many mental patients were far from satisfactory, "and as long as such conditions prevailed, psychiatry stood little chance of being taken seriously as a branch of medicine." (83)

The main resistance to the employment of female nurses on the male wards of the asylums came from the male attendants, who saw this as a means of replacing them with cheap labour. Walk was even more forthright: "the policy was violently opposed by the Asylum Workers' Union as 'a cunning conspiracy to secure cheap labour'." (84) The National Asylum Workers' Union (NAWU) was formed in 1910 to represent the interests of male and female attendants and other asylum workers.

By 1920, the Union was pleased to announce that the number of female nurses employed in male wards in Britain, had slightly decreased since the First World War. However, no figures were given to support this presumption. Indeed, the NAWU hoped to secure the gradual abolition of the system (85) and the issue was to haunt the proceedings of the NAWU for many years to come. It was raised at the conference in 1924, when a Mr Miles from Hellingley asked, "Are we still agreed that female nurses should not be employed in male wards? The General Secretary, George Gibson, replied that this had already been decided upon." (86)

At the conference held in 1925 it was decided that members of the Joint Conciliation Committee (JCC) (87) should protest against the employment of female nurses in male wards and in order to assist this it

was proposed that female nurses in male wards should be paid at the same rate as male nurses - a move which was deliberately calculated to make them equally as expensive to employ as males and thus a less attractive employment prospect. The *Reynolds Illustrated News* supported the union's campaign. Under the headline 'A Wicked Economy', it was pointed out that "For sick nursing, women are indispensable, but the difference between ordinary sickness and lunacy is obvious enough." The paper went on to say that the reason for this employment was on grounds of economy: "In other words women's labour is cheap." The writer concluded that the authorities should not wait for a nurse to be killed, "The scandal must cease." (88) At the 1926 conference, a resolution by the Maidstone Branch of the NAWU called for a far-reaching inquiry and investigation and reiterated "its protest against... the practice ... [of] employing female nurses in male wards. This practice is detrimental to the well being and safety of the patients... and an outrage upon the finer sentiments of womanhood." (89) The Vice Chairman of the Durham Branch agreed that "It will not improve the condition of the patient." (90) This view was in direct opposition to the principal reason given by the supporters of female employment on the wards - that female care would improve the wellbeing of the patient.

At the same conference, Mr Minague, from Wadsey, pointed out that the real issue was one of economy and he proposed that the union should insist upon equal pay for equal work (91). This proposal was brought up again at the following year's conference, but to no avail. It was admitted that the union's campaign against this issue had not been successful. Nevertheless, it was decided to push for the same rate of pay as male nurses. Another speaker, Mr Richardson from Caterham, was opposed to the suggestion and he could not agree "that remuneration is the equivalent to morality." The General Secretary, George Gibson, was in agreement

when he pointed out that if the conference supported the motion for equal pay the union would be condoning the system, “which was responsible for the death of patients.” (92)

In support of this dramatic claim Gibson quoted an incident in 1923 at Wakefield, where a young nurse was sent to bathe a filthy patient. The nurse, “like almost every other young nurse would do, sent two patients to do the distasteful job for her. They threw buckets of hot water over the patient and scalded him to death.” (93) According to Gibson, the NAWU did not attack the nurse, but the system and the system murdered that patient. He concluded that, “If a man had had that job... he would have done it without the loss of dignity. A woman could not... and she should not be expected to.” (94) In some mental hospitals, as noted earlier, the bathing of male patients was restricted to male nurses.

In order to strengthen their case, the Portsmouth Branch of the NAWU sent a female delegate to the National Conference of Labour Women in Portsmouth in May 1928, to speak on female nurses in male wards (95). The 1930 conference of the NAWU was still deprecating the system of the employment of female nurses in male wards in mental hospitals. But Gibson did point out that the “practice had considerably decreased.” (96)

In February 1931, the LCC Mental Hospitals Committee received a letter from the union, renamed the Mental Hospitals and Institutional Workers Union (MHIWU) in 1931, asking the committee to receive a union deputation and a petition of over 2 000 signatures protesting against staffing the male wards with female nurses. (97)

The LCC Committee debated whether to extend the scheme to cover acute male wards in two of their mental hospitals, an issue on which the NEC of the union decided to circularise the LCC Committee members. At the same NEC meeting the Wakefield Branch protested against attacks on female nurses employed in the male wards. Unfortunately, no details of

these attacks were given then, or at any subsequent NEC meeting.

The LCC met the deputation from the MHIWU in May 1931. Gibson explained that the petition had been prompted by the proposals for the employment of women nurses in charge of acute male patients in the new admission villas at Banstead and Hanwell mental hospitals. In support of the petition, the following points were raised:

1. the physical risks run by women engaged in mental nursing of males;
2. the shortage of female nurses for female wards;
3. the abundance of male wards.
4. The ability of male nurses to nurse mental patients as satisfactorily as female nurses;
5. the injury to refined women's feelings necessitated by repulsive incidents inseparable from the nursing of mentally deranged men; and
6. the emphatic opposition of women with experience in the work to the nursing of male patients by women.

In reply it was pointed out that the practice was in successful operation at five of the LCC's mental hospitals and at the Maudsley; in the committee's view the practice was in no way detrimental to the interests of the patients or the nurses. However, in the early 1930s, except for the Maudsley Hospital, the nursing of male patients by females in LCC hospitals was confined to the nursing of selected sick and infirm patients. The new proposals - extending the practice to physically fit mental patients - were experimental. The medical superintendents of both Hanwell and Banstead hospitals were in no doubt that the nursing of newly admitted male patients could "be carried out successfully by women nurses with benefit to the patients." (98)

However, this prediction of the fitness of women to nurse the physically sick mentally ill was countered by the union which cited the conditions at Wakefield, where the practice was disliked intensely by the women and many left. In their turn the committee referred to the annual report by the Medical Superintendent, Professor Shaw Bolton in which he stated that several of the male wards had been successfully staffed by females for the past 15 or 16 years (99). Only about 50 female nurses out of a total of over three hundred, left annually, half to get married, the other half for a variety of reasons. It was Shaw Bolton's "considered opinion that the staffing of male wards by women nurses has proved to be a great success and is highly desirable." (100)

Gibson tried to change tack and pointed out that both at the Royal Edinburgh Hospital at Morningside, as at other Scottish institutions, the patients were worse housed and fed than their counterparts in England and the death rate was higher. However, the annual report of the Royal Edinburgh Hospital for 1929 showed that the death rate was in fact 7.3 per cent, which was average for the LCC hospitals for the same year.

The committee, whose members had prepared their case more carefully than their union opposite numbers, declared that the evidence presented appeared to be favourable to the employment of women in male wards, a finding which ran counter to the views expressed by the deputation. The committee recommended that no action be taken on the petition presented by the MHIWU. It was also agreed that a report of the experiment at Banstead and Hanwell would be submitted to the committee.

In July 1931 a letter was sent to the LCC by the MHIWU expressing regret that the union's petition had not had the desired effect. In the opinion of the union, "the course adopted was fraught with unnecessary and grave dangers to the nurses concerned." (101) The letter went on to

criticise the supposed benefits to the patients put forward by the committee, which "can not in their judgement and wide experience, be entertained for a moment." (102)

Later in the year, the London Trades Council wrote to the LCC protesting against the employment of women as nurses for acutely insane male patients. Again, the committee resolved that no action be taken pending the reports, which were due twelve months after the experiment at the hospitals (103). The wards in question opened at Banstead and Hanwell hospitals on 27 September 1931.

The issue of the employment of female nurses on male wards was taken forward to the Annual Conference of that year. Mr Bartlett, the Chairman of the union, took Dr Esther Rickards of the LCC to task over the issue of female nurses in acute male wards, a practice soon to be introduced into LCC mental hospitals. Rickards had stated that the scheme was being introduced in the interests of the patients. Bartlett also disagreed with her statement that male nurses were not as capable as females. "Experience had proved," he said, "that the male nursing staff are [the] equal in every sense of the word of the female nursing staff." (104)

Later in the debate it was suggested that "the Government should bring in legislation to prevent female nurses being subjected to the foul, degenerate atmosphere of the male mental wards." (105) Nothing came of this proposal, but it showed how seriously the union took the matter and how feelings on this issue were still running very high, something borne out by the intemperate language used in these debates. At the 1931 conference, Bartlett hoped the Union would be prepared to resist "any extension of this deplorable and abominable practice." (106) Gue, from Claybury, was even more outspoken: it was the union's desire to "protect the female nurses from the moral and physical dangers." He concluded by saying that the government should introduce legislation to "prevent female

nurses being subjected to the foul, degenerate atmosphere of male mental wards.” (107) During the same debate Mr Eager from Exminster reported that “Devon are increasing the abominable practice...” (108)

It was pointed out by Mr Harrison from Berrywood that a resolution condemning the practice of female nurses working on male wards had been passed by conference every year and that some procedure to eliminate this practice once and for all should be set up. “Female nursing in male wards is too ghastly to be thought of.” (109) He concluded that conference should state that “the only place for female nurses are the female wards.” (110) Accordingly, it was reported at the 1932 conference that “every effort has been made to continue the propaganda campaign on this matter.” (111)

The union NEC asked the LCC for a copy of the evidence presented at their enquiry relating to the conditions of female nurses in the male villas at Banstead and Hanwell mental hospitals (112). It was not stated whether the LCC supplied the information to the MHIWU, or whether there ever was a report of the enquiry (113). The union was dealt a blow when, in 1932, the NEC was informed that the London Labour Party (LLP) members on the LCC had decided in favour of the continuance of female nurses on the male wards of LCC mental hospitals (114).

The male side of Horton Hospital was staffed entirely by male nurses, albeit inadequately. In October 1932, due to difficulties in obtaining male staff, it was decided as an emergency, temporary measure “to place the general control of the nursing on the male side under the charge of the matron, assistant matrons and sisters.” (115) The proposed staff levels for the 339 male patients was as illustrated in Table 2.1. In spite of the stated difficulties in obtaining male staff, the revised figures show that more extra male staff were employed than female (116).

Table 2.1 Proposed staff levels for Horton Hospital, 1932

	<i>Existing staff</i>	<i>Proposed staff</i>	
	<i>Male</i>	<i>Male</i>	<i>Female</i>
Head nurse	2	2	0
Chief charge nurses	4	4	1
Charge nurse	5	5	1
Night charge nurse	7	8	0
Staff nurses and probationers	22	32	6
<b>Total</b>	<b>40</b>	<b>51</b>	<b>8</b>
<b>New staff</b>		<b>11</b>	<b>8</b>

Later in 1935, the Oxfordshire Branch complained about the intransigent attitude of the London Labour Party (LLP) towards the subject of female nurses in male wards of mental hospitals and asked that "all branches of the Union... should be asked to protest to the LLP deploring their support for this system and should not grant political funds to the LLP." Thus the NEC resolved to discontinue all political funding for the LLP as long as they supported the system and moreover that London District Council branches should disaffiliate from the LLP (117).

In March 1936 the NEC instructed all branches to approach their local trades councils and Labour Party officers to request the passage of resolutions protesting the practice of employing female nurses on male wards of asylums and that these be forwarded to the LCC and other authorities where the system was in operation. Although this had been done previously by the London Trades' Council in November 1931, the LCC Mental Hospitals Committee had decided to take no action. They also proposed that all branches of the union should disaffiliate from their



local Labour parties in protest against the system (118). By July, the following branches had disaffiliated from the London Labour Party: Banstead, Bexley, Caterham, Colney Hatch, Claybury, Darenth, Leavesden, London Officers' and Sub- Officers', Tooting Bec and West Park (119). However, this disaffiliation of several branches of the MHIWU from the LLP is not mentioned in the minutes of the LLP for the years 1935, 1936 or 1937. The only mention of the MHIWU in the LLP minutes was in 1935, when, in July, the LLP apparently felt that a meeting on female nursing in male wards of mental hospitals should go ahead despite the fact that the union had decided not to be represented (120). In September it was noted that "the other unions concerned with the matter of female nursing in male wards... be informed of the refusal of the MHIWU to attend the proposed consultation," and the LLP asked whether those unions wanted the meeting to take place in such circumstances (121). It was minuted in October that "the MHIWU be informed that the other unions...desire that a consultation should be held and that they be asked to reconsider their decision not to attend." (122) There was no mention at all, however, of this proposed consultation within the records of the MHIWU.

At about this time, the London District Council of the Union published a leaflet aimed at female nurses in the LCC mental hospitals. It pointed out that in spite of opposition from the MHIWU, the Labour majority on the LCC continued to support the employment of female nurses on the male wards at Banstead, Hanwell and Horton Asylums. The leaflet went on to inform the nurses that "no girl need nurse in a male ward against her will and that every girl who objects may be transferred to the female wards on request."(123)

The MHIWU conference for 1936 again declared its opposition to the practice of employing female nurses in attendance on male mental

patients and urged "upon the responsible authorities the desirability of the complete abolition of the practice." (124) The employment of female nurses on male wards was still being described as "detestable practice" and a "menace to the union as a whole". (125) Mr Hathrill from Exminster, pointed out that if progressive authorities such as the LCC encouraged the practice, "how can we expect the reactionary bodies which control many mental hospitals to cease the abominable practice." He had no doubt about the great moral and physical danger encountered by young girls compelled to work in male wards of mental hospitals. Also, he concluded, "it was galling for a male nurse of over twenty years experience to be at the beck and call of a young sister... who attained her position owing to the constant changes of female staff after being employed at a mental hospital for only five or six years." (126)

At the NEC meeting in October 1936 a letter was read from the Secretary to the LLP, acknowledging the resolution passed at the annual conference and it would be brought to the attention of the executive committee (127). It was decided in January 1937 that as the LLP had not budged in its attitude to female nurses in male wards, no financial aid would be given to them with regard to the LCC elections for 1937 (128 ). The NEC appears to have relented as subsequently it was decided to make a grant of £50 to the LLP for the LCC elections, "although disapproving of certain aspects of the administration of LCC Mental Hospitals." (129 )

The 1937 conference reiterated its determination to resist the practice of employing female nurses in male wards and stated that it would use all its powers to combat the system (130). Again, at the conference the following year Mr Gue, from Claybury, proposed that renewed efforts be made to combat the practice. He was complaining about the apparent inactivity of the Union at the London District Council.

An avowed and admitted, dedicated Marxist, who was to be expelled from the MHIWU in the early 1940s for activities linked with his Marxist beliefs, Gue was re-admitted onto the NEC following the Second World War. Also a firm critic of the other members of the NEC, Gue believed that "there appeared to be a tendency on the part of the Union to drop the fight because they feel that so much money has been spent on this form of propaganda." (131) And further, he believed that the system was detrimental to the interests of both the patients and staff. It was just a matter of economy: female nurses were cheap. They were not capable of doing the same work as the male nurses. The male nurse not only had to suffer the indignity of being under the thumb of a female, but had to do the real work. The resolution was again carried (132).

Not surprisingly, in 1939, the annual conference strongly deplored the fact that female nurses continued to work "on male wards in mental hospitals... in this country, in spite of the shortage of female nurses in female wards" (133 ); it was noted that although the practice might be growing in some areas, it was not the case generally. It had almost been abolished in large hospitals in West Riding and there were no females in male wards in Gosforth and Winwick.

Mr Gue criticised the NEC for its apparent lack of interest and failure to implement the decisions of the previous conference, demanding that the NEC declare its policy. He pointed out that the London District Council was the only one active in this matter, and that there were many bitterly upset by the NEC's activity; it would "mean a loss of membership, if they think we are no longer interested about the problem; if we accept defeatism and obey those at County Hall." (134 )

During the inter-war years, it appeared that the RMPA, at least through its mouthpiece, the *Journal of Mental Science*, did not make any comment on the issue of female nurses working the male wards in mental

hospitals. The only reference that did appear was an account of a conference on nursing services in mental hospitals organised by the Board of Control in 1925. On the subject of the nursing of male patients by female nurses, the board's view was that "no doubt there are many male patients who can be nursed by women nurses with great advantage." (135) The board also felt that the practice should be more widely extended.

As late as 1944, Claybury Branch requested that the NEC repudiate the suggestion that an agreement had been reached with the LCC on the matter of female nurses on male wards (136 ). Then, at the end of the Second World War, and with the coming of the National Health Service, mental hospitals reverted to their previous practice of segregating the staff and patients by gender: male patients were nursed by male nurses and female patients by female nurses. This custom was to remain in force until the 1960s, when things again began radically to change. These developments eventually led to integration of both patients and nursing staff with wards becoming integrated and care being given by both male and female staff.

Almost from its inception, the NAWU/MHIWU was opposed to the employment of female nurses on the male wards, fearing loss of male jobs and diminution of status for those remaining. Historians such as Walk (1961) and Carpenter (1988) have given the union credit for its long campaign against the practice of allowing female nurses to work in the male wards. In reality the protest campaign did not manage to achieve much concrete success in bringing about the cessation of the practice. Any success was due to events outside their control rather than to activities orchestrated by the Union. A more thorough examination of the activities of the unions representing mental nurses will provide a major focus of Chapter 5.

The experiment set up by the asylum doctors, whereby insane male patients were nursed by females as part of the scheme to advance the aims of hospitalisation, ultimately failed. For a time it had seemed to be on the verge of success, but mainly in Scotland. However, following the end of the First World War, many male attendants returned from military service. This, together with the shortage of women nurses lessened the supply and subsequently the demand for female nurses in asylums. The end of the Second World War and the establishment of the National Health Service by the Labour government meant that the Confederation of Health Service Employees (COHSE) (137) had a more influential voice in the management of the mental hospitals. The almost total segregation of both patients and nurses by gender was re-established. Moreover, by the 1950s, the care and treatment of insanity had developed into psychiatry and asylum doctors into psychiatrists. They had achieved one of their goals; the achievement of specialist status within medicine.

Mental nurses, on the other hand, unsuccessfully continued the struggle to obtain professional autonomy. However, with the implementation of the most recent reorganisation of the nursing profession, Project 2000, mental nursing, in common with the other specialities, will become even more subordinated to general nursing. Mental nurses will be able to study for a branch programme in mental health only after successfully completing the common foundation programme taken by all nursing students. The supplementary registers will disappear and the Registered Mental Nurse will be replaced by the Registered Nurse (Mental Health).

## Notes

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	%
Domestic servants	43.13
No occupation	8.93
Miscellaneous	8.93
Tailoresses and dress makers	8.40
Waitresses	6.87
Shop assistants	6.22
Munitions	5.05

Clerks and cashiers	3.55
Packers and sorters	3.35
Nurses	2.12
Laundry	1.29
Post office	1.10
Conductors ?	0.39
Business manageresses	0.41

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123. 10 October 1935 London Labour Party; LMA: Acc.2417/A/2.
124. LDC/ MHIWU (c. 1935) *Female Nursing in Male Wards of Mental Hospitals - The Position in London*. London: London District Committee; MHIWU, p.2.
125. Conference Proceedings (1936) in *Mental Hospital Workers' Journal*. August 1936, Supplement p.23.
126. Ibid.
127. Ibid.
138. MHIWU NEC, 7-8 October 1936; COHSE: 229/NA/1/1/5.
139. MHIWU NEC, 13 January 1937; COHSE: 229/NA/1/1/5.
130. MHIWU NEC, 5 February 1937; COHSE: 229/NA/1/1/5.
131. Conference Proceedings (1937), COHSE: 229/NA/1/1/5.
132. Conference Proceedings (1938), COHSE: 229/NA/1/1/5.
133. Ibid.
134. Conference Proceedings (1939), COHSE: 229/NA/1/1/6.
135. *Journal of Mental Science*, vol. 71, April 1926, p.223.
136. MHIWU NEC. 19-20 September 1944; COHSE: 229/NA/1/1/7.
137. The Confederation of Health Service Employees (COHSE) was formed in 1946 by the merger of the MHIWU and the Hospitals and Welfare Services Union.

## CHAPTER THREE

### THE 'RED HANDBOOK' AND THE TRAINING OF MENTAL NURSES

The Medico-Psychological Association (MPA) was founded in 1841 when the campaign for better nursing gathered momentum and by 1891 examinations were organised on a national scale." (1) This chapter examines the impact on the training of attendants and mental nurses of the MPA's *Handbook for the Instruction of Attendants on the Insane* and the subsequent setting up of examinations and the award of certificates of proficiency.

Towards the middle of the nineteenth century changes were occurring in medical practice in lunatic asylums and doctors had begun to search for an organic basis to mental illness. Moral therapy was giving way to physical treatment and this "generated a demand for assistants with a better grasp of underlying biological principles, so they could give more effective aid to the doctors." (2) The same view had been expressed in the annual report of the Crichton Royal in Dumfries for the year 1854. It stated that "since the diminution and discontinuance of physical restraint and the introduction of education and amusements as remedies... officers are called upon for greater intelligence, higher motives, and a clearer comprehension of... that human nature, which in its morbid phases, they have to guide and govern... Instruction of some kind is obviously a necessity." (3) The impact of the implementation of non-restraint on the role of the attendants was discussed within Chapter 1.

In the 1850s, attendants tended to fall into four categories. First, there were the "solid men or stout men" with a background in farm labour. They could contribute to the running of the asylum farm and help administer unpleasant

treatments. Secondly, there were those whose families had been connected with the asylum and workhouse system for many years. Next there were those who had been in service to the gentry and so were used to working for long hours for low pay. Lastly there were the ex-servicemen. The latter comprised the smallest group, but were particularly liked by the superintendents, because of their disciplined background. (4) These men and women formed the raw material at which the "Red Handbook" and the new training scheme were to be aimed.

As early as 1846, a manual of the duties of ward attendants had been issued at the Hanwell Asylum.(5) This manual set down in detail the duties of the attendants under the following headings: 1) duties arranged according to the hours of the day; 2) duties peculiar to certain days in the week; and 3) general duties. Haw has reported that new attendants were "supplied with a set of keys, a rule book and a whistle with which to summon help in an emergency." (6) The Hanwell manual formed the basis for other asylum manuals. In 1851, Colney Hatch Asylum also issued a manual, very much on the same lines as the Hanwell one. (7) It defined "in detail the course of proceedings to be pursued in every department.... [The manual] was prepared for the opening of the asylum. It was reissued, extended and enlarged in 1854." (8)

The Ninth Report of the Committee on Lunacy for 1844 pointed out the need for "an adequate staff of well qualified attendants; who should combine firmness and gentleness. Still on the subject of attendants, the committee was of the opinion that it had "become the fashion to expect somewhat too much from this most important class of servants." It was pointed out that a great difficulty existed in obtaining and retaining good attendants and it was advocated that they should be educated and their habits should enable them to superintend, direct and promote the employment and recreation of the patients. (9) This report also gave the number of lunatics registered in Britain as 16 821. By 1906, the number had risen to 121 979, (10) partly due to population increase. The first British census

taken in 1801, counted eleven million. A hundred years later the figure stood at about 37 million, an unprecedented rise of more than 300 per cent. The population of Great Britain rose from 12.4 million in 1810 to 16.2 million in 1890, a rise of 30 per cent in 20 years." By 1900 the population was 36.7 million." (11)

According to Walk the earliest set of lectures to mental nurses was given by Sir Alexander Morison at the Surrey Asylum in 1843-4, (12) but no details are at present available. In the report of the Crichton Royal Institute for Lunatics, the Superintendent, Dr Browne claimed he was convinced that because of their long and continuous association with the insane, there would be a deterioration in the attendants' minds (13). In order to prevent such deterioration, Dr Browne gave a course of lectures on mental diseases and their management to the officials and male and female attendants. This was "the first course of lectures on mental nursing given to an asylum staff in Scotland." (14) The objectives "were to impress the understanding and to rouse the affections by demonstrating the morbid nature of insane perversity and passion, to give some instruction in the nature and varieties of insanity, and to demonstrate the influence for good or evil, which all persons who come into contact with the insane, exercise upon the mind and the probabilities of cure." (15) In the following year, a series of thirty lectures was begun in October in which various aspects of mental diseases were discussed (16). However, it appeared that these courses of lectures did not become a regular feature of asylum life.

Not only were the facilities for the education of attendants and nurses fairly undeveloped during the 1850s, but psychiatric tuition for asylum doctors was not much better. William Battie, a pioneer in the care of mental patients, helped raise the "mad business to a respectable medical speciality. He was also the first public figure to recognise that mental nurses needed to be specially selected and carefully trained." (17) At about the same time as specialised training



for attendants was being discussed, psychiatric education for doctors was slowly being introduced. Towards the end of 1865, the University of London recommended that psychiatry should be included under the topics studied for its medical degree. (18) Nolan wrote that two decades later in 1885 the MPA was persuaded to introduce a certificate in psychological medicine for asylum doctors. In order to sit the examination, candidates had to be resident in an asylum for three months and have attended a course of lectures. Nolan also remarked that nobody applied for the first examination. (19)

In July 1870, an asylum chaplain, thought to be Henry Hawkins of Colney Hatch in Middlesex, asked why “some well-digested system of training for attendants has not before this been devised.” He suggested that the MPA should authorise the publication of a simple catechism embodying what was required of an efficient attendant. (20) This was the first time it had been suggested that the MPA, or any other organisation concerned with nursing, should develop a national, albeit fairly primitive, standard for any branch of nursing. At the time, this somewhat revolutionary suggestion did not make much of an impact.

It was not until six years later that T. S. Clouston, Physician Superintendent at the Royal Edinburgh Asylum complained about the constantly shifting population of inexperienced attendants. He estimated that there were about 3 400 changes amongst attendants in Great Britain and that their average length of service was less than two years. In order to control this unwanted movement, he went beyond Hawkins’ modest proposal and advocated a comprehensive scheme for attendants in all the asylums. (21) In 1882, Dr Clouston went on to organise a system of training for attendants in the female hospital at Morningside. (22)

If, as suggested by Clouston, one of the main reasons for advocating

the training of attendants and nurses was an attempt to reduce the mobility of attendants, it did not succeed in its aim. Throughout the period under review, medical superintendents continually complained about this phenomenon. In a further attempt to entice attendants to remain in post, they also supported the idea of a state pension scheme. Chapter 5 below deals with the endeavours of the doctors to persuade parliament to pass the required legislation.

In 1886 G. E. Shuttleworth, Medical Superintendent at the Royal Albert Asylum, Lancaster, reported that he had instituted a course of lectures in first aid as prescribed by the St John's Ambulance Association (23). Following the formation of the association, the need was felt for a proper instruction handbook, a task which was entrusted to Surgeon Major Peter Shepherd, who qualified in Aberdeen (24).

Shuttleworth himself gave the necessary five lectures and the committee granted £5 towards the project. The men attending the course were charged 2s and the women 1s. 6d. They were also advised to purchase Peter Shepherd's first aid manual, entitled *The Handbook Describing Aids for Cases of Injuries and Sudden Illness*, which was published in October 1878. It was a pocket-sized volume, divided into two parts. Part 1 consisted of basic anatomy and physiology and Part 2 was entitled 'Medical and Surgical Outlines'. The second edition was revised in 1881 by a "sub- committee of medical gentlemen." By 1892, Shepherd's handbook was being published by his friend Robert Bruce, another military surgeon seconded to St John's. (24)

Shuttleworth claimed that the pupils were well taught, an opinion which seems to have been borne out by the results. Out of the 15 men and 19 women examined, all the men and 18 women passed with credit. However, he pointed out that even though this first aid training had a definite value, it could "not

supersede the necessity of the specific instruction of attendants in the special duties.” (25) The St John’s certificates were fairly well understood and accepted by the general public, as they were uniform throughout the country.

The establishment of this first aid course was an important step in the history of mental nurse education as it was the first time that mental nurses and attendants had been able to compete for a nationally recognised qualification. Indeed, this was also unique in nursing as a whole. It seemed that a number of superintendents were convinced that some kind of training was necessary for attendants and so were giving instruction on an ad hoc basis, a situation which resembled that in general hospitals until the 1920s, where training was organised by each individual hospital exclusively for its own probationers.

These first aid training courses began to spread among the asylums. In the same year (1886) Dr Hitchcock of the York Asylum reported that during the winter months he had given a course of lectures on elementary anatomy, physiology and the immediate treatment of injuries and accidents to the nurses and attendants of the asylum. He was “gratified by their regular attendance and the interest manifested in the subject... I shall give a similar course next year.” (26) Similar indications of the new appreciation and value of training are evident elsewhere. In the Edinburgh Royal Asylum’s report for 1881, it was revealed that the new infirmary for female patients was to be used as the probationary ward and training school for all the new female attendants. “They were to be sent there for a time at first to begin their work by learning to nurse the sick and to look on all mentally affected patients as really sick.” (27)

However, it was not until 1884 that Campbell Clark pleaded for a centrally planned scheme of special training for attendants to supersede those piecemeal initiatives already in place. Campbell Clark had organised a scheme of special training for his attendants at the Glasgow District Asylum, where he was

at that time Physician Superintendent. He also arranged for a series of lectures. He found it helped the attendants considerably if an abstract of the lecture was written on to a blackboard and they copied this abstract and the main points to be discussed, prior to the delivery of the lecture. "In this way the class was able to devote its whole attention to the lecture without the distressing interruption of having to take notes." (28) At the end of the lecture course, two written examinations were held. The questions asked were simply stated, e.g. "What is the meaning of the word function? Show by an example that you understand it." Other questions were suggested by the lectures, e.g. on general paralysis, puerperal insanity and the treatment of bedsores. There were 18 lectures (14 being for mixed classes). If the attendant attended 14 lectures and achieved a score of 65 per cent he/she was entitled to a First Class certificate; one attending 12 lectures and achieving 35 per cent to a Second Class certificate. Out of the 19 who sat the examination the results were as follows-

7 received over 65%;

4 received 35% 64%;

8 received under 35%.

The failures were chiefly among the males, despite strong support by the male officers. Campbell Clark concluded that some of the lectures had been aimed too high and in the following winter (1883) the lectures had a more practical style. "The lectures were plainer, more easily grasped, more easily applied to individual patients and...more utilitarian in their scope." (29) Following this examination, five females and four men obtained First Class certificates, one female and three men received Second Class certificates. This was the earliest recorded example of such a comprehensive scheme of training for attendants and asylum nurses. However, Clark pleaded for the association to put forward their own scheme and to encourage others also to make the effort. (30) This early training and

certification by Campbell Clark was referred to in the *Journal of Mental Science* in January 1924, when it was pointed out that "there were already certificates for mental nursing in existence... in Scotland." (31) In his presidential address to the (R)MPA in 1884, Dr H. Rayner pointed out that "the instruction and training of asylum attendants affords ample scope for progress: much has been done, but much remains to do." (32) He referred to Campbell Clark's article in the journal and stated that "there was no more important curative influence that could be developed by lay-asylum officials." (33)

By February 1884, a sub-committee of the MPA had been set up. This was composed of a group of Scottish superintendents: A. Campbell Clark (convenor); C. MacIver Campbell, A. R. Turnbull and A. R. Urquhart. A year later, they had prepared and published their first ever *Handbook for the Instruction of Attendants on the Insane*. In 1885, "the handbook, bound as it has always been in red, had been printed." (34)

This first edition consisted of a brief 64 pages, and some criticism was raised as to whether certain parts of the instruction were desirable. In 1885, in its "Notes and News" column the *Journal of Mental Science* questioned whether attendants would be better equipped for their duties by being told that "the grey skin of the brain may be compared to a great city, the headquarters of the telegraph system and the grey clusters scattered throughout the white substance of the brain are the suburbs." (35)

On the whole, though, it was felt that the Handbook met a great need. It had been "prepared in the hope of helping attendants... to a due understanding of the work in which they are engaged." (36) Moreover, it sought to give them "simple notions of the body and mind in health and disease, such instructions for the management of these maladies with which they are generally brought into contact

and such rules for their guidance in matters of everyday experience and watchfulness." The handbook was designed so that these "instructions should aid attendants to carry out the orders of the physician." (37)

This edition of the 'Red Handbook' will be described in some detail since it was the first authoritative textbook for mental nursing. The Red Handbook was not the only textbook for mental nursing in circulation at the time. Charles Mercier and Forbes Winslow both had published handbooks. However neither had the authority of the MPA. See page 118 this chapter. Chapter 1, 'The body, its general functions and disorders', dealt, in a fairly simplistic manner with topics such as how man differed from the lower animals; his external appearance; the parts and joints; internal structure; cavities and organs and a somewhat quaintly entitled section 'the machinery in motion - wheels within wheels', in which the following statement appeared: "These cavities contain the greater part of the machinery of life and could we but peep within, what a busy scene would present itself! The pumping of the heart, the digestion of the food and the other movements necessary to life." (38) The remainder of this chapter dealt with the systems of the body and their disorders. With regard to feeble circulation observed in many asylum inmates it stated that it might "be due to the mental condition, weak health, heart disease or old age," (39) while lung disease might be due to "bad ventilation, to cold and damp, insufficient exercise when out in the open air, sitting exposed to cold biting winds or lying on damp grass or against wet supports, especially after perspiration." (40)

The second chapter was concerned with nursing the sick and stated that "all attendants should acquire... some knowledge of sick nursing... [and] ... plain directions are given to aid attendants in carrying out the orders of the medical officers regarding the sick." (41) The general nursing orientation of this chapter is significant in that it supports the view that "the general nursing model was deliberately being introduced into the asylums." (42)

The mind, and its disorders, were the subject of Chapter 3 which began by stating that the brain was the organ of the mind and the mind was made up of (i) intellectual faculties; (ii) the will; and (iii) emotions and feelings. " Insanity is diseased or unsoundness of mind." Mental state was to be judged by the conversation and conduct of the patient. (43) Discussion of symptoms were arranged in the following manner:

A. States of General Mental Disturbance

- (1) Depression of Mind
- (2) Exaltation of Mind
- (3) Enfeeblement of Mind
- (4) Perversion of Mind

B. Conditions of the Will

C. Changes in Feelings and Instinct

D. Insane Habits and Peculiarities

The text covered hallucinations, delusions and suicidal acts saying that " the quiet cases that say nothing about their suicidal inclinations and intentions are in reality far more dangerous ... than those who speak much about it." (44) The chapter concluded with the following classification of insanity:

- 1. Congenital imbecility and idiocy
- 2. Melancholia
- 3. Mania
- 4. Dementia

5. General paralysis. This last condition resulted "from degeneration and wasting of certain portions of the brain and is marked by a combination of mental and physical symptoms." (45) It was not until the Red Handbook of 1923, that the causal link between syphilis and general paralysis was confirmed.

- 6. Epileptic insanity.

Chapter 4, 'The care of the insane' and Chapter 5, 'The general duties of attendants' overlapped to an extent, although the latter concentrated more on the legal and administrative aspects, while the former dealt more with the principles of care. It began with a general statement about the duties and responsibilities of the attendants and emphasised that they were "of a very responsible kind, as he (46) is concerned in looking after both the bodily and mental welfare of the patients under his charge." (47) In order to carry out his duties in an acceptable manner, he should "make himself familiar with the arrangements and regulations of the institution. He should carefully study the rules applicable to his work and act up to them." (48) The Handbook went on to give advice in the treatment of individual cases. The attendant was to try to lead the patient's mind "into a more healthy groove of action, to repress morbid acts... and to train the patient to more healthy and correct habits." (49) The importance of regular amusements and occupation was also stressed. Where limited liberty was allowed, the attendant had to guard against escape. He also had to take precautions against both suicide and homicide. He was urged to avoid struggles and should not, "unless there was no help for it, struggle single-handed with a patient. It was far better to summon assistance and get several attendants together." (50) Finally in this section, attendants were "extolled to carry out their duties with firmness, kindness, constant self control and tact." (51) The chapter concluded with a short section on looking after insane patients in private houses and pointed out that "few patients in the higher classes are sent to asylums without home treatment having been tried in the earlier stage of the disease." (52)

The final chapter set out the general duties of the attendants. It began with a model declaration to be signed by all attendants and servants whereby the attendant promised to obey orders from his superiors. He was bound to promote the objects of the institution and further the recovery of the patients. The chapter



continued in a rather authoritarian tone to point out that exemplary conduct was necessary for attendants and laid down the chain of command from superintendent to medical officer through department chiefs. On the ward the charge attendant was responsible for the management and "this responsibility is shared by the ordinary attendants." (53) The attendant was warned that "cruelty or neglect would be punished with the utmost rigour, in accordance with the provisions of the Lunacy Acts." (54) Also, no patient should be punished, secluded or restrained without a special order from the medical superintendent. Detailed instructions were given regarding the supervision of patients and the making of personal reports, which were "not to be made in the hearing of those referred to." (55) Attendants were not to change medical treatment without permission, were to serve meals punctually and equitably and to "exercise every precaution in regard to keys, razors, scissors, medicine etc." (56) Care of suicidal patients, fire precautions and cleanliness of both the institution and the inmates were covered, attendants were also to exercise economy and ensure that no waste was permitted. When new patients were admitted, attendants were to find out their habits and tendencies. In the evening, attendants were to check that all patients were in bed without having secreted any clothing or prohibited articles in the bedroom. They were also warned against helping escapes; if a patient escaped due to an attendant's carelessness, he would be responsible for part of the cost of the escapee's recapture. And with regard to patient safety, the "special bath rules in force in every asylum are to be strictly observed, for many patients have died in baths." (57)

Patients were not allowed to do any private work for attendants and not surprisingly, the male department was "absolutely forbidden to all females and the female department to all males." (58) If the attendant left after serving for less than

a year, he was not entitled to a certificate granted by the superintendent. The chapter concluded with the rather pious comment that the duties of the attendant were "very trying and difficult. The remuneration and privileges of efficient attendants will therefore be as liberal as possible; and special aptitude for the work will assuredly receive recognition and reward." (59)

Even the introduction of the rather limited amount of anatomy, physiology and sick nursing in this first edition seemed to indicate that the asylum doctors in the (R)MPA were trying to change the image of the attendants to one that more closely resembled the public perception image of the general nurse, a view shared by Dingwall et al. (60) It was only thirty years since Nightingale had returned from the Crimea and the Nightingale Fund was actively co-operating with St Thomas's Hospital in the training of probationers. The Nightingale legend was casting its spell over all branches of nursing, and asylum care was no exception.

The Handbook resembled early general nursing textbooks of the nineteenth century and was designed to give the attendants' training a semblance of "scientific" credibility. It contained medical knowledge rather than nursing knowledge. Its very existence implied that in future attendants would need an amount of book learning in order to progress. Nolan has confirmed that, generally speaking, before the publication of the 'Red Handbook', the only widespread, practical training taking place for attendants was a first aid course held in a number of asylums. "Male and female attendants were taught in separate classes... Each pupil was advised to purchase Shepherd's Manual of First Aid,... and a demonstration triangular bandage."(61) The availability of this albeit limited training would account for the omission of first aid in the early editions of the 'Red Handbook'.

Dr John Wallis, Medical Superintendent of the Whittingham Asylum, Lancashire explained that as a general rule most attendants received no

systematic training at all, but depended on their native sharpness, love of their work and energy for picking up from their charge attendant such atoms and scraps of information as they might be favoured with from time to time. Beyond that they were left to peruse their rule book and to learn from an occasional word from the chief attendant. Wallis went on to confirm that even though The "Red Handbook" was approved by many of the MPA, he felt that the Handbook probably included too much "science", but did acknowledge that something in that direction was needed. In consequence, he was planning some instruction classes "which at first were confined to the charge attendants, which would give them a broader view of their duties and more precise instructions about nursing, than they have hitherto enjoyed." (62)

By the following year (1887), Wallis had developed his training scheme further and was taking several classes for attendants and nurses at Whittingham Asylum. The course comprised some notion of a very elementary character of the anatomy and physiology of the body. "Further... I am striving to give my pupils some idea of the nervous system, the faculties of the mind in health and disorder, with some clinical illustration of the latter." (63) Next they were instructed, in the manner of the ambulance classes, in how to aid in surgical and medical emergencies. They also received "Some instruction in the particular nursing and attention required by the various kinds of insane patients." (64) Such a relatively comprehensive syllabus shows the importance some superintendents gave to the training of their attendants.

In some institutions creative teaching went beyond medical and nursing matters. At the Royal Asylum, Dundee Dr Rorie reported that "a class for writing and mathematics... was attended by both patients and attendants... Progress was tested by competitive examination and book prizes were awarded." (65) Music lessons were attended by some 20 patients and attendants also given by the

chaplain Rev. Mr Wilson. A second, compulsory course of lectures was given to the nurses, attendants and servants. The topics covered not only the duties required for all dealings with patients, but also elementary instruction in physiology, anatomy and mental sciences. (66) In 1888 "besides educational and musical classes... Dr Rorie again delivered a course of lectures to the nurses, attendants and servants." (67) Attendance was again compulsory and seven lectures were delivered. Copies of a synopsis of each lecture were also provided. Dr Rorie concluded that "from the interest shown, this system of imparting a thorough knowledge of their duties to those in the employment of the asylum cannot fail to be beneficial." (68)

The training of attendants and nurses at the Govan and Lanark Asylum in Glasgow also seems to have developed into a very comprehensive system. In the report for 1888 a full account was given: training consisted of lectures, instruction in the wards, practical demonstration in bandaging, dressing wounds, making poultices and fomentations, information on what to do in emergencies and all the manipulations of nursing (or nursing care). The attendants and nurses were each allocated a certain number of patients for observation and had to submit written reports. The lectures were given fortnightly beginning in October and ending in April. Four examinations, two oral, one practical and one written were held and certificates and prizes were awarded. (69) Also in 1888, Dr Green continued his classes of instruction at Berrywood, Northampton, which concluded with a course of ambulance work. "Five attendants passed the...examination and obtained the St. John's certificate." (70) This simple plan developed into a system of training and certification which would be considered by many as superior to that of the MPA, when theirs was introduced. As will be shown in Chapter 4, attempts were made to include the Berrywood Asylum scheme of training as a recognised qualification in the unsuccessful Nurses' Registration Bill of 1907.

Tooley has described the training programme at Berrywood. She reported that the textbook used in the first year was the St. John's *Handbook Describing Aids for Cases of Injuries and Sudden Illness*; in the second year, Eva Lückes's *General Nursing* and in the third year Dr Harding's *Mental Nursing* were set. (71) Each fortnight, nurses had to answer written questions on the lectures and at the end of each course of lectures, three examinations were held, written, oral and practical; the student had to pass all three before going on to the following year's work. Practical work was taught in a ward or sick room. The nurses' ward work and general conduct had to be satisfactory before they were permitted to sit the examinations. On passing the third year examination the nurse was awarded the Berrywood Nursing Certificate and a silver medal. Similar courses were run at Worcester, Prestwich and Dorset asylums and at the York Retreat. Each institution granted its own certificate. (72) By now, the need for trained attendants and nurses was being recognised by a large number of asylum authorities. In most cases, however, there is no clear evidence that the 'Red Handbook' was being used as an aid to the training carried out by the medical superintendents.

Nor was it only in Britain that training of attendants was being considered. According to a report in the *Journal of Mental Science* for January 1890, Dr F.M. Cowan, Senior Physician at the Dordrecht Asylum, Holland had given a series of weekly lectures on nursing since October 1888. "His asylum attendants have... become thoroughly acquainted with the concepts of Billroth's *Die Krankenpflege im Haus und Hospital*, Florence Nightingale's *Notes on Nursing* and the *Handbook for the Instruction of Attendants on the Insane*." (73) These textbooks formed the basis of his lectures; the 'Red Handbook' now had an international status.

At Winston Green in Birmingham during the year 1889 Dr Whitcombe delivered a course of lectures and instruction to the nurses and attendants with,

he believed, good results. (74) By the following year, all attendants were expected to participate in a course of special training “to fit them for nursing and caring for the insane and also render them capable as general nurses.” (75) Dr Whitcombe reported that in 1890, 13 nurses and six attendants passed the examination in first aid set by the St. John’s Ambulance Association. (76)

The next logical step was for the MPA to introduce a national training scheme for attendants; and the association did indeed set up a committee to inquire into the question of the systematic training of attendants. (77) It reported to the annual meeting of the association in 1890. The committee was to consider the following:

- “1. The systematic training of nurses and attendants in asylums for the insane.
2. The keeping of a register of such nurses and attendants.
3. The granting of certificates of proficiency.”

As the wording of item 2 was considered somewhat ambiguous, the committee interpreted it as applying only to those who had been trained and had obtained a certificate awarded by the association.

After full discussion, both by correspondence and by meeting, the committee unanimously recommended that a system of training of attendants be instituted by the association and that a period of two years’ training and service be undertaken before the attendant might take the examination. Further, the committee recommended that the training include study of textbooks, specifically the ‘Red Handbook’, practical exercises under head and ward attendants, clinical instruction by the medical staff in the wards and lectures and demonstrations also to be given by the medical staff. The scope of the training should be limited to the care of patients with conditions ordinarily met with in asylum life. They should also be taught first aid, especially how to assist at accidents, or treat injuries particularly those associated with asylum life.

Examinations for the purpose of granting certificates would be held twice yearly, on the first Monday in May and November. These examination would be held at individual asylums, whenever there were candidates. They were to include a written paper, to be set by examiners appointed by the association, and a viva voce. The candidate also had to obtain a certificate of satisfactory morals and suitable character from the superintendent before being admitted to the examination. Certificates were to be granted to the successful candidates and a register of those who had passed was to be kept by the General Secretary of the association. Misconduct on the part of a certificate holder was to be reported to the General Secretary of the MPA, who would bring the matter to council. If it thought fit, the council would erase the name of the delinquent from the Register. (78)

The first examination was held in 1891. (see Table 3.1). To take account of this, a revised edition of the Handbook was published in May 1893 whose preface pointed out that this was the official publication "by which attendants are to be trained and on which they are to be examined for the certificate of proficiency." (79) This plan of training and certification was to become very widely accepted by the asylum medical authorities. Dr Edmund Whitcombe, for instance, in his presidential address to the association in July 1891, said that the association had taken two very big and important educational steps. These were the granting of certificates to medical men and, more recently, to nurses. He continued, "every medical man will...acknowledge that good nursing is his chief agent in the treatment of disease." (80)

A year earlier, in the annual report for Winston Green, Dr Whitcome had reported that all attendants were expected to undertake a course of special training "to fit them for nursing and caring for the insane, and also to render them capable as general nurses." (81) This perceived need to emulate the standards

**Table 3.1. (Royal) Medico- Psychological Association Examination for  
Nursing Certificate May 1893**

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1. Mention the causes of lung disease.
2. By what means (i.e. by what channels) is the refuse or waste matter of the body drained from the circulation?
3. What symptoms would lead you to expect that a patient is *losing* weight?
4. What symptoms would lead you to expect that a patient was *gaining* weight?
5. (a) What is a *sensory* nerve? (b) What is a *motor* nerve?
6. Name the special senses.
7. (a) What is a drawsheet? (b) Explain how you would use it. (c) What are its advantages?
8. (a) What observations would you make regarding the passing of urine, and (b) the appearances of the urine?
9. (a) Why is occupation important in the treatment of the insane? (b) What rules should be observed in promoting the occupation of patients?
10. (a) What patients are likely to escape? (b) What circumstances would make you suspicious? (c) How would you guard against escape?
11. (a) In what way should attendants conduct themselves towards patients? (b) What do you understand by "showing a good example" ?
12. (a) What are the risks in treating cases in private houses compared with Asylums? What precautions would you take? (b) What are the difficulties with relatives in private houses, and how would you endeavour to meet them?

Three hours allowed to answer this paper.

The first six questions are valued at 10 marks each; the last six at 20 marks.

Two- thirds of the possible total of marks are required to pass.

(The earliest surviving examination paper, it was published directly following the results of the May 1893 examination; *Journal of Mental Science*, July 1893, p.468.)



of general nurses and hospitals by the asylum authorities is a theme that runs through the entire history of the professionalisation of mental nursing between 1850 and 1950. This virtual obsession with the trend to make mental hospitals more like general hospitals was discussed more fully in connection with the role of female nurses working on male wards of the asylums in Chapter 2.

Dr Percy Smith of the Bethlem Hospital also supported the scheme when he wrote in his institution's annual report for 1890 that the MPA's scheme for the instruction and examination of attendants would be of great benefit to attendants and therefore to patients. But he reminded the readers of the *Journal of Mental Science* that the practical skills could not be learnt from books or lectures, but needed "years of life in intimate association with the insane." (82) He also warned that there were some attendants, whom no amount of teaching will endow with the necessary qualities. (82)

This pattern of teaching was being followed around Britain. In the Derby Borough Asylum, Dr McPhail stated that he had commenced "the systematic instruction of his nurses and attendants." (83) His instruction included nursing the sick and the attendants' general duties. (84) And at the City of London Asylum lectures to attendants and nurses were continued. (85) In 1890, at Nottingham, following instruction from an unnamed assistant medical officer, 16 nurses received certificates from the St John's Ambulance Association. (86) Dr Miller, Superintendent of Warwick, spoke favourably about the training of attendants; lectures in first aid were given and some attendants had applied to take the St John's examination. (87)

In the early 1890s in the preface to his text *The Attendants' Companion: A Manual of the Duties of Attendants in Lunatic Asylums*, Charles Mercier pointed out that "Several handbooks for attendants on the insane already existed...other manuals include subjects which are of value to attendants, none explain[s] their

duties with the minuteness, fullness and precision which appears advisable.” (88) As the ‘Red Handbook’ was already in circulation, Mercier must have included it in his general criticism, as also probably Forbes Winslow’s *Handbook for Attendants on the Insane*, first published in 1877. (89) Both editions of Forbes Winslow’s book predated the ‘Red Handbook’. He wrote that his “little book is intended for the attendants engaged in the management of the insane in Great Britain... [and] trusts that it may materially assist them in their endeavours to further the kind and humane treatment of those suffering from mental disease.” (90) It was a conveniently slim pocket-sized book of 35 pages but its use probably did not achieve national support.

Winslow’s handbook certainly aimed at the practical aspects of the attendants’ work. It did not, however, set out to be a *training* manual, but expanded on the duties of the attendants. For instance, under the heading ‘Special Instruction for Attendants’ it stated: “Do not lose sight of the patient - for fear of an escape... Use no restraint without being ordered by the medical officer and never leave a patient by himself if restrained.” (91) The book also enumerated the duties of night attendants; the first one boldly stated, Keep Awake! There was also a section on care of the paralytic patients which began “Keep patients as clean as possible, so as to avoid bedsores,” and concluded with “Kindness and attention are the essential elements of their treatment... and it is their [the attendants] duty by gentle and kind management to do their part and this materially aids in restoring the mentally afflicted.” (92)

In the introduction to his book Mercier pointed out that “a very brief lapse of vigilance or attention may result in a terrible catastrophe - in injury or death to those under their care and in disaster to their own career.” (93) He also stated that it was most desirable that attendants should be clearly instructed in their duties.

Both Mercier and Forbes Winslow covered similar topics: safety of patients, violence, accidents, emergencies (including fire precautions), cleanliness of patients (including bath rules), etc. Discussing the comfort and welfare of the patients, Mercier made the point that the asylum exists for the benefit of the patient. On physical illness, both authors expressed the view that "the insane sick are like sick children. In the treatment of mental maladies two qualities are essential. Those are sympathy and watchfulness." (94) Both authors also stressed the role of attendants in maintaining cleanliness in the wards.

In the preface to the second edition published in 1882, Mercier answered what he said were the only two criticisms of the book. Firstly explaining the lack of anatomy and physiology in his book, he pointed out that there were "several nursing manuals in which this information is given. The handbook of the MPA goes into this matter with sufficient fullness." The second criticism concerned the offence given by the publication of the illustrative case. Mercier considered it unreasonable to "expect an author to foresee the existence of such a degree of moral hyperaesthesia." (95) The rest of the book is identical to the first edition.

The 'Red Handbook' was adopted by the association in a revised and expanded form in 1893. This new edition of the Handbook followed the pattern of the earlier one. As the sections on anatomy, physiology and symptoms of disease and disorder were much more detailed and enlarged, it indicated an even more general medical approach, supporting the view that mental nursing was going in the direction of general nursing.

The chapter on the general duties of attendants was not so authoritarian in tone as that in the earlier edition. Although it covered much the same material, it pointed out that attendants should "always remember that their position is one of trust." The attendant was also to consider himself "part of a large, important and beneficent organisation." He should be "gentle, forbearing, patient and humane in

speech and action... Patients should be treated with perfect candour and truthfulness." It also warned of the penalties for inflicting "anything in the shape of a blow, no matter how slight or ill treatment in any form whatsoever." (96) A footnote set out the sections of the Lunacy Act, 1890, which referred to ill treatment. In the conclusion, comments were made to the effect that many of the suggestions and warnings in the chapter might be considered as fanciful and unnecessary by those who had no experience of dealing with the mentally afflicted, but the majority were "founded upon reported cases which actually occurred." (97)

As the 'Red Handbook' was the official text for training and examining the attendants, it may be deduced that the MPA was trying to produce an attendant whose training and knowledge were largely biologically and medically based, but whose practical role was as a caring custodian able to handle and control demented, suicidal, homicidal and manic depressive patients. The theoretical and practical aspects of the job seemed almost to be mutually contradictory. The attendants and nurses were being trained for an occupation that was different from that which they were actually doing; their job was primarily custodial and detailed scientific knowledge was in practice largely irrelevant.

Despite these reservations, it must be stressed that this was the first national system of training for any body of nurses in this country. A great achievement for the (R)MPA. However, the fact that there were several training schemes operating in individual asylums up and down the country would seem to indicate that the time had come for a national training programme for asylums. The gestation period had indeed been long. It was nearly fifty years since the report of the Commissioners in Lunacy had highlighted the need for well-trained attendants. If general hospitals had not been so exclusively possessive of their individual training programmes and hospital awarded certificates, general nurses may not

have had to wait until 1925 before they had their own national scheme. (98)

In the mid-1890s, at the same time as the MPA was setting up its training scheme, other specialised sections of the nursing profession were also developing training programmes, even though in the beginning they were locally based. Thus the Buckinghamshire Education Committee put on courses for health missioners later called health visitors. (The idea and the term health missioner originated from Florence Nightingale). These health missioners were to go into working-class rural areas and teach basic health education and reading skills so that the poor could read the Bible. Miss Verity, a former nurse and a close friend of Miss Nightingale, was chairman of the Buckinghamshire Education Committee at the time and ran the first course. There were twelve participants, six took the examination and five were appointed to work in Buckinghamshire. This idea spread and was copied by other local authorities.

In 1899 war broke out between Great Britain and the Boers in South Africa and following the problems of army recruitment for the Boer War, it was found in 1902 that large numbers of the young adult population suffered from physical defects. Since this was attributed in large measure to poor nutrition and the environmental disadvantages of poverty, the attempt to rectify the situation led to the provision of school meals and the setting up of the school nursing service. Nor were the reasons for these government initiatives entirely altruistic: it was hoped to increase the numbers of able-bodied men for future military service. As there were no school nurses at that time, district nurses and health visitors were used, this led on to the passing of the Maternity and Child Welfare Act in 1918, which established a national training scheme for health visitors. (Health visiting had earlier been included in the role of female sanitary inspector's). Trained

nurses took a one-year course in health visiting; university graduates also had to undertake one-year's training, but those with no qualifications had to spend two years training, plus obtaining six months' hospital experience (99)

In the asylum reports for 1891-2, it was stated that Dr Whitcombe of Winston Green, Birmingham was continuing with the instruction of his nurses and attendants. The visitors presented certificates to the 20 successful candidates and a silver medal. (100) Twelve went on to sit for and pass the first ever (R)MPA examination in May 1891. A total of fourteen males and twenty females, from five asylums, passed the first (R)MPA examination. The participating institutions were Birmingham Asylum (4 M, 8 F), Rubery Hill Asylum (2 M, 4 F), James Murray's Royal Asylum, Perth (3M, 2 F), Kirklands Asylum, Bothwell (1M, 2F), and Sterling Asylum, Larbart (4M, 4F). This number increased fairly rapidly and by 1924, 17 429 certificates had been issued "although only 26% of male staff and 16% of female staff employed in that year possessed the qualification." (101) (see Table 3.2).

At the Dundee Royal Asylum Dr Rorie continued to devote considerable attention to the special training of his attendants and nurses, (102) and at the Holloway Sanatorium, lectures to the nursing staff continued and nine candidates, four male and five female, received the MPA certificate. (103) On the Isle of Man a course of lectures on first aid for the injured was given to the asylum officers and attendants. (104)

In 1892, an advanced course of lectures on nursing was given by Dr Ewart, at Colney Hatch, to three nurses who had already passed the first aid examination of the St John's Ambulance Association. (105) It was not clear what this advanced training covered, but it seems probable that it was connected with the MPA course. The first batch of candidates from Colney Hatch to pass the MPA

**Table 3.2 Results of examinations for the (Royal) Medico- Psychological Association Nursing Certificate, 1891-1933**

<i>Year</i>	<i>No. of institutions</i>	<i>No. of candidates</i>	<i>Candidates withdrawn</i>	<i>Candidates failed</i>	<i>Passed males</i>	<i>Passed females</i>
May 1891	5	-	-	-	15	20
Nov. 1891	8	-	-	-	31	41
May 1892	15	-	-	-	70	53
Nov. 1892	6	-	-	-	10	18
May 1893	18	-	-	-	68	84
Nov. 1893	9	-	-	-	36	34
May 1896	54 (a)	605	102 (16.9%)	27 (4.5%)	203	273
May 1903	79 (b)	766	174 (22.7%)	15 (2.0%)	254	323
May 1908	78 (c)	-	-	-	168 (d)	266 (e)
May 1913	66 (f)	-	-	-	49	126 (g)
May 1923	127 (h)	-	-	-	310 (i)	347 (j)
May 1933	147 (k)	-	-	-	484 (l)	683 (m)

*Notes:*

(a) Including 91 English and Welsh asylums, 20 Scottish and 7 Irish.

(b) Including 61 English, Welsh and Irish asylums and 18 Scottish

(c) Including 47 English asylums, 3 Welsh, 17 Scottish and 11 Irish.

(d) Including 1 private nurse (e) Including 2 private nurses

(f) Including 41 English and Welsh asylums, 19 Scottish, 4 Irish and 2 South African

(g) Four candidates passed in South Africa (h) Including 91 English and Welsh asylums, 20 Scottish, 6 Irish and 4 South African

(i) Including 2 passed in South Africa (j) Including 3 passed in South Africa

(k) Including 111 English and Welsh asylums, 23 Scottish and 13 Irish

(l) 377 Males passed in England and Wales, 75 in Scotland and 32 in Ireland.

(m) 495 females passed in England and Wales, 141 in Scotland and 47 in Ireland.

examination did so in May 1898, when twelve females were awarded the certificate. (106) Hunter and Macalpine stated "that formal lectures started in 1891, the year the Medico-Psychological Association introduced its certificate." (107) It seems likely that these lectures were related to the St John's Ambulance Association first aid course given by Dr Ewart.

At Hanwell, members of the medical staff instructed the attendants by means of lectures, (108) and Dr White continued to give instructions to the attendants and nurses of the City of London Asylum; twelve passed the examination of the MPA certificate in November 1891 (3 M, 9 F). This was only the second MPA examination; Dr White could not speak too highly of the theoretical and practical training provided in asylums. (109) At this examination candidates were entered from nine asylums ( 6 English, 3 Scottish): thirty- one males and forty- one females passed. (110) At the Menston Asylum in the West Riding of Yorkshire, it was reported that all sixteen candidates (9M, 7F) for the nursing certificate of the (R)MPA succeeded in passing the examination in November 1891. (111) In Wadsley Asylum, also in West Riding the lectures and instruction given by the medical officers to attendants and nurses were already showing good practical benefit "in the better nursing of the recent sick and feeble cases." (112) In a third West Riding Asylum at Wakefield, it was reported that a class for nursing and ambulance training started in the spring of 1891 for the female attendants and that a similar course of training was given throughout the winter months for the staff of male attendants. At the November examination, ten female nurses secured the certificate of the MPA. In the following examination in May 1892, nine male attendants passed. (The committee provided the books and any other necessities.) The report stated that the attempt at training the nursing staff to take an intelligent interest in their work was a hopeful sign of the times. "This



sympathetic training should develop habits of care, vigilance, thoughtfulness and self control, which were impossible to over-rate as desirable qualities in a mental nurse. This movement...indicates the approach of the general wave of change...likely to transform our asylums into veritable hospitals for the insane.” (113)

At the Irish quarterly meeting of the MPA, in 1893, at the Mullingar District Asylum, Dr Woods from Cork introduced a discussion on the training of attendants in Irish asylums. He pointed out the importance of the subject, but regretted the fact that so little had been done in the way of training attendants in Ireland. Dr Finnegan from Mullingar referred to the low pay of Irish attendants and felt that a certified Irish attendant would immediately try to better himself by going to England or Scotland. Never the less “Dr Finnegan... has already inaugurated classes for the attendants, has placed the Association handbook in their hands and is preparing them for the examination.” (114) The first examination for which an Irish institution entered candidates was in May 1894, when thirteen female nurses from the District Asylum, Londonderry were successful in gaining the MPA certificate. (115) Both the Cork and the Mullingar asylums had to wait until May 1896 for their first successes. The District Asylum, Cork entered eight candidates of whom two males and three females were successful and the Mullingar District Asylum submitted fourteen candidates of whom six males and seven females were successful.

Numbers of entrants were increasing - a gratifying indication for the Association. On 13 February 1893 at Derby County Asylum, Micklesover, 58 members of staff entered for the St. John's Ambulance examination; 55 passed, including two head attendants, and lectures on general and mental nursing were to follow in preparation for the MPA nursing certificate. (116) Twelve (7 M, 5F) were to go on to pass the MPA examination in November 1893. (117)

In Wales, at the Denbigh, Flint, Anglesey, Carnarvon and Merioneth asylums, fifty two staff passed the examination for the St. John's Ambulance Association, many of whom went on to enter for the examination of the MPA. In the examination held in May 1895, six males and seven females passed. In that examination, five male and four females passed and two were unsuccessful. Some of these may have been among those who earlier, in 1893 passed the St. John's Ambulance Association Examination. (118) Derby County Asylum instituted classes for ambulance work in which fifty-nine out of sixty-two candidates were successful. These classes were also seen as a preliminary introduction to the nursing certificate of the MPA. (119) Thus it can be seen from the aforementioned examples how widespread was the introduction of training classes for attendants by the mid-1890s.

By 1894 attendants at the York Retreat were "attending lectures and demonstrations... on anatomy, physiology... general as well as mental nurses in order to take the examination for the Medico-Psychological Association's nursing certificate." (120) By 1907, thirty-two nurses (25 F, 7 M) had been awarded the Tuke Medal. Also seventy-five women and seventeen men had obtained the (R)MPA certificate, of whom thirty had received the Retreat's own certificate. (121)

At the Dorset Asylum, the lectures were considered only for those attendants who it was thought would remain for a certain time in the service of the asylum. The authorities were using this in hope "to reduce the number of changes, and to always have for duty an ample staff of trained nurses and attendants," (122) and so reduce the number of attendants who casually moved between asylums - the medical superintendents' goal. They wanted to encourage staff to remain in post on a more or less permanent basis, an ideal never really achieved, even when participation in the MPA examinations was widespread.

At the AGM of the MPA in 1893, Dr Newington of Ticehurst reported the

following interesting case. a nurse at the Manchester Royal Hospital had trained for three years and was entitled to enter for the MPA certificate examination. However, at the end of her three year training the nurse had been sent to a small cottage hospital to care for smallpox cases. After a few days she had become dissatisfied and left. The governors of the Manchester Royal Hospital then refused permission for the nurse to sit for the examination, but the High Court found against the governors despite her disobedience. Newington felt this loophole in the association's control should be stopped, and it was agreed that if they thought fit, the council, acting on the advice of the president, should be empowered to prevent any candidate from taking the examination. (123) No evidence was found that the council of the MPA actually assumed these powers, or if they did, that they ever exercised them. The incident illustrates that the association was not prepared to allow any leeway in their control over the experiences of their staff.

While Dr Miller from Warwick reported that the training of the attendants had led to marked improvements in the sick nursing, (124) there was no comment on any improvement in the "mental nursing" of the patients. Dr Beveridge Spence (125) of Stafford County Asylum, Burntwood, reported in 1893 that the systematic training of asylum nurses was received with approval and would "confer as much benefit on those suffering from mental disorders as the training of hospital nurses had done...to patients suffering from other bodily ailments." (126) At Worcester County Asylum, the committee contributed £25 for the purchase of books diagrams etc. in support of Dr Cooke who instituted a scheme of training for the nurses there. (127)

In the annual report for 1893 of the Stirling, Dumbarton, Linlithgow and Clackmannan asylum, Dr Macpherson remarked on the enthusiasm with which nurses and attendants had thrown themselves into the new scheme of reform, i.e. the training programme. He thought that it was an excellent sign that the standard

of asylum nursing had improved and “when people begin to perceive that ministering to a sick mind is a higher mission than that of ministering to a diseased body, then we may expect the highest type of nursing to have its location in our hospitals for the insane.” (128) Both Spence and Macpherson underscored the view that training would transform attendants into nurses and, in turn, asylums into hospitals.

At the Borough Asylum in Plymouth, the medical superintendent’s report stated that lectures were given to the attendants for the MPA examinations; “of the first batch of eleven from this asylum who presented themselves for examination during the past year all were successful.” (129) By 1897 all charge nurses and charge attendants held the MPA certificate; moreover none had failed to pass the MPA examination. (130)

By 1896, the third edition of the Handbook has been published in altered and extended form because “of the experiences and capabilities of the attendants, which has been gained both by teachers and examiners, whilst carrying out their duties in connection with the training and certification of the attendants.” (131) It was not stated whether these capabilities were more or less than expected. However, this edition was more complex than the previous one, the implication being that the asylum nurses and attendants were more academically able than had previously been thought. The layout was revised for this edition. Chapter 1 was formally divided into two distinct parts: the first dealt with anatomy and physiology, the second covered symptoms of diseases and disorder. Chapters 2 and 3 were in reverse order and the new Chapter 4 was re-titled ‘The Nursing and Care of the Insane’ instead of ‘The Care of the Insane’, as in the 1885 edition. The final chapter on the general duties of the attendants was identical to previous editions. This edition of the Handbook was prepared by Drs Haynes, Newington and Beveridge Spence on behalf of the MPA. They decided not to attempt a

full revision, "as the demand was so urgent... They...numbered the paragraphs, so as to facilitate the answering of the questions to be found at the end of each chapter." (132) They completed the book by adding the regulations for the association's nursing examination. (133) Including self-assessment questions and information about training and examination in 1896, this edition became the required text for the MPA certificate course. (134)

The authorities of the Nottingham Borough Asylum were seemingly one of the first to give additional payment to holders of the MPA certificate - it amounted to £2 extra per year. (135) Also in April 1896, it was reported that the Committee of the Joint Counties Asylum in Carmarthen in January 1895 decided to award a bonus of £1 10s. to "be added to the wages of every attendant... who should pass the examination." (136)

The meeting of the Irish Division was held on 7 May 1896 at the Richmond Asylum, Dublin where there was some debate about the way in which the papers for the MPA certificate were marked. Dr Finnegan from Mullingar felt that too many candidates were passed; he feared that there was an unwillingness to "stick" candidates. He also commented that as far as Mullingar was concerned, "all that went up were able to read and write, and passed." (137) Finnegan finally suggested that an examination committee should be appointed either to mark the papers or to select examiners for the purpose. Dr Woods, Honorary Secretary to the Irish Division and Medical Superintendent of Cork Asylum, agreed with the idea of referring all papers to "one person, or an Examination Board,... no candidate should be allowed to pass who did not come up to the common standard." (138) The view expressed by Dr O'Neill from Limerick, was that "Attendants should be compelled... to go in for the examination." (139) He also thought that greater care should be taken in marking the examinations. It seemed strange, he commented, that out of some twenty names from one asylum, not one

was stopped. In order to balance this argument, Dr Norman from Richmond commented that of the eighteen attendants from his asylum who presented themselves at the November examination, one retired and four were failed. (140)

The question of lengthening the period of training for attendants was taken up at the annual meeting of the association in October 1896 when, following a heated discussion, it was agreed to refer the matter to the Educational Committee as urgent. (141) However, it was not until 1904, that a three-year (R)MPA training scheme was introduced.

As stated earlier, some asylums used the St John's Ambulance Association's first aid training as a first step towards adopting the MPA scheme of training. The report of 1896 for the Cheshire County Asylum at Parkside stated that over fifty attendants and eighty nurses had passed, and no one had failed. "The next step is to take the certificate of the Medico-Psychological Association after an additional year's work. It may be claimed that we give...an education in mental nursing fully equal to that afforded by general hospitals for sick nursing" (142) As with many other reports, this one made a favourable comparison with general nurse training. This aim, almost an obsession for mental nurses to be considered as completely trained as their general trained colleagues was to occupy much of the debate during the mental nurses' struggle for registration. This is dealt with fully in Chapter 4.

Dr P.W. MacDonald from the Dorset County Asylum sounded a warning in 1896 when he stated that many mistakenly believed that the specialist teaching and training of asylum nurses and attendants was destined to be a panacea for all existing and future evils. (143) In the spring of 1897 the following question was raised in *Asylum News*: "If women attendants are wanted for asylums...on what terms are probationers received?" The answer given was that "good women are constantly required for asylum nursing and have the advantage of a salary,

ranging from £15 to £20, from the first with board, washing and uniform. In the majority of asylums systematic instruction is given, qualifying nurses for the exam of the Medico-Psychological Association." (144)

In difference to their European counterparts British mental nurses were encouraged to benefit from training, a situation which contrasted with mental nurse training in Holland, which has been referred to earlier. The lack of progress in Belgium, discussed in Occasional Notes in the July 1897 issue of *Journal of Mental Science*, seemed mainly to be due to the objection from the Society of Mental Medicine of Belgium that the mental nurse might be transformed into a demi-savant, or a semi-skilled medical practitioner. (145) The editors, Drs Rayner, Urquhart, Conolly, Norman and Goodall, went on to urge the Belgian doctors to keep up their efforts. (146) It was not until 1905 that King Leopold of the Belgians authorised the Minister of Agriculture, who was in charge of the administration of the Health and Hygiene services, to require mental nurses to pass a state examination in order to be state registered. The examination included a 30 minute oral test. Candidates were also examined on a knowledge of anatomy of the skull, brain and spinal cord, and also the various kinds of nursing.

In a letter in *Asylum News* in June 1897, "VB" an attendant, wanted to know how attendants could train if the asylum in which they worked did not participate in the MPA scheme. The editors undertook to collect information regarding the training of attendants and publish it in the form of an educational number of the *Asylum News*, (147) the promised issue duly appearing three months later. Unfortunately it failed to address the problems raised in the abovementioned letter. However, it did describe the results of the May 1897 MPA examination, in which 582 candidates entered and 472 were successful: a pass rate of 81.1 per

**Table 3.3 Third-Year Nursing Examination Berrywood Asylum, 14 November 1893**

1. What is a bed- sore? In what class of patients are they most liable to occur? What precautions would you take to prevent them? How would you dress them?
2. What are the dangers to be guarded against in case of rheumatic fever? To what points should a nurse pay special attention in such a case?
3. Mention some preventable causes of diarrhoea among the insane. What important points would you note in any report of a case of diarrhoea?
4. If a patient had been vomiting, to what points would you give attention in your report of the occurrence? Mention any causes of vomiting you know.
5. Give a description, as fully as you can, of the structure of the lungs. State what parts are affected in the following diseases: (a) Pneumonia, (b) pleurisy.
6. State what precautions should be taken in nursing a case of scarlet fever. Why are these precautions necessary? How is the disease generally spread?

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Quoted in *Asylum News*, 15 September 1897, pp. 2-3.



cent. It also published a copy of the third year examination of the Berrywood Asylum for November 1893 (see Table 3.3). (148)

The committee of the Sunderland Borough Asylum also added an extra £2 per annum to the wages of attendants in possession of the MPA certificate. (149) Indeed, the practice of increased remuneration even spread beyond British shores. Attendants in asylums in the Cape Colony were also given additional payments on passing the MPA examinations. Their wages were increased by £3 per annum, while qualified, female nurses received £2 extra. (150)

As mentioned earlier in connection with Berrywood Asylum Worcester, presented their own certificate to those attendants who had been at the asylum for three years. This certificate indicated that “they have undergone training in mental nursing... and they are considered competent to discharge efficiently the duties of an attendant.” (151) There was no mention of successes in the MPA examinations, because the Worcester asylum was one of the few that had developed its own system of training distinct from that of the MPA and so set their own examinations and awarded their own certificates. This independence was to present some difficulties when state registration of mental nurses became an issue at the beginning of the twentieth century. (see following chapter)

Dr Rees Phillips of Virginia Water, speaking about the changes in staff, pointed out that as soon as attendants passed the MPA examination they jumped to the conclusion that “they are fully trained and quite competent to treat any mental case on their own account.” (152) They then left to join a private nursing association for better pay, or set themselves up in private business. Rees Phillips felt that many of them would regret such a move; they would have given up permanent employment and the prospect of a pension for an immediately increased, but often uncertain salary - and the certainty, in his view, that in time they would lose both work and pay.

Originally one of the reasons given for the attempt to train attendants and asylum nurses was the need to control the amount of movement between asylums of attendants as well as to combat the short time they spent in the various asylums. According to Rees Philips, the effort made in this matter of training and certification had backfired and failed to provide the stability that had been the goal of such training. (153)

The following year, Dr MacPhail of the Borough Asylum, Derby supported Dr Rees Philips' contention that the certificate of the MPA enabled the holders more easily to obtain private nursing posts. MacPhail believed that the large number of resignations was the most "valid argument in favour of pension. Why...should valuable services be lost to the trainers when they could be retained by a proper superannuation scheme." (154) If training did not control the unwanted movement, it was not made clear how a superannuation scheme would remedy the situation. (Presumably it was hoped that the prospect of guaranteed income on retirement would be a sufficient inducement).

A matron of a chronic asylum complained of the difficulty for attendants in such institutions in obtaining training as the MPA specifically declined to recognise service spent as an attendant in a chronic asylum. (155) It was pointed out in 1899 that the Metropolitan Asylum Board's adult asylums, for instance Leavesden, did treat a proportion of acute cases shown by a recovery rate for 1898 of 10.5% on admission (obviously, chronic cases did not recover). Therefore it was suggested that the MPA should alter its regulations regarding chronic asylums. (156) However, it was not until 1911 that candidates from Leavesden were entered for the MPA examinations. In November 1911, six nurses passed the examination. (157)

Developments in mental nursing examinations were also still occurring overseas. It was reported at the 4th Annual Conference for Medical Staff of the

Department of Hospitals for the Insane in Victoria, Australia, that the first annual compulsory examination for probationers was taking place. The probationers had to serve for twelve months prior to the examination. (158) In the same year (1899) the Colonial Medical Council was considering the registration of mental nurses in the Cape Colony, so that, it was hoped, asylum trained nurses would be on par with their hospital trained colleagues. (159) Yet by 1910, in Cape Colony there were only thirty- one trained mental nurses with the MPA certificate compared with 1 024 general nurses. Most of the trained mental nurses, nearly two-thirds of whom were men, were snapped up by the Grahamstown and Valkenberg asylums. These catered only for white patients. (160)

In Britain the July 1898 issue of the *Journal of Mental Science* reported that the fourth edition of the Handbook had been thoroughly revised and was being published. (161) Unfortunately, a copy of the fourth edition of the Red Handbook does not appear to have survived, which is odd since, following publication in September 1898, it was reprinted five times between 1899 and 1908. (162)

At the Roxburgh District Asylum, Dr Carlyle Johnstone had developed a syllabus of practical work. At a meeting of the MPA reported in the April 1900, issue of *Journal of Mental Science*, Johnstone expressed fears that the association's nursing certificate was by no means thorough or satisfactory in regard to the practical training and practical examination. He suggested that the association prepare a detailed scheme of practical instruction such as he had developed. Although the matter was discussed, no action was taken.

Several members of the association had lost trained nursing staff, including Dr McPhail, who reported that no fewer than 9 holders of the MPA nursing certificate had left, three to be married, one attendant to take up other work and four attendants and one nurse to engage in private nursing. (163) Such a leaching of qualified staff served to confirm previous reports about losses of

asylum staff who had obtained qualifications.

The 1900 report of the West Riding Menston Asylum stated that the intention of the county administration was not to provide pensions; as they paid an increased wage, their view was that this enabled the staff to make their own provision for old age. It was also reported that out of 84 attendants only eighteen or 10.78 per cent had over five years' service. There were 100 nurses in the asylum at the same time, and 11 per cent had over five years' service while 45 per cent had less than one year. Furthermore, of the 58 attendants who had gained the (R)MPA certificate between 1891 and 1899, 28 had left and of the nurses only sixteen out of 56 remained at the time of the report. This was seen as a terrible waste of valuable staff, which could not be accounted for by ordinary circumstances such as retirement, for example, or marriage. Again it was assumed in the report that the certificate of the association was of greater value to the holder employed outside the asylum. (164) Another asylum which recognised the value of holders of the MPA certificate was the Monmouthshire County Asylum. There the committee rewarded the successful attendants and nurses by granting them both a medal and an increase in pay. (165)

Dr Bedford Pierce explained the training scheme for nurses at the York Retreat. The nurses were taken on as probationers for a four-year period, after two years of which they were expected to enter for the association's nursing certificate. At the end of the third year they had to be examined again for the Special Retreat Certificate and the William Tuke Medal, which was awarded after a fourth year of private nursing. They also received instruction in medical gymnastics, massage and invalid cookery.(166) In January 1903, a more detailed account appeared in the *Journal of Mental Science*, where Bedford Pierce explained how he recruited "gentlewomen" as ward sisters. They "form a class by

themselves and have meals together, and possess several privileges that the nurses do not enjoy." Nurses were also divided into staff nurses, who held the association certificate and probationers. All grades wore distinctive uniforms.(167)

Dr Robert Jones from Claybury was even more adventurous in his approach to training. He introduced Swedish Drill classes for "the Matron and a Charge Nurse so that they could become efficient to teach patients the exercises associated with that particular system of drill. These exercises, together with the use of skipping ropes in each of the female airing courts were attended with distinct benefits." (168)

The MPA was concerned about the disparity between the length of training of asylum and general nurses. Therefore in 1904 the association fixed the period of training for nurses at three years. Outterson Wood also wished "men that enter institution for the care and treatment of the insane...should be given the name of 'nurse' which they have justly earned." (169) He also felt that the term "attendant" was superfluous.(170) This change in title could have occurred at any time since 1841 with the foundation of the MPA. One of their guiding principles was the desire that all asylum nursing staff were to be known as "nurses".

In 1906 Dr Campbell of Inverness reported that of the 35 attendants and nurses who had taken the certificate of the MPA prior to 1904 only three remained in service and that men and women had left in equal proportions.(171) Again it seemed that possession of the MPA certificate did not lead to a more stable staff, in fact the reverse seemed to apply. The possession of the association's certificate was seen as a passport to more lucrative forms of nursing, mainly in private practice.

Some asylums, apart from those who developed their own training schemes,

did not participate in the MPA's approved programme of training. Respecting one unnamed asylum, "An Attendant" revealed in September 1904, that his asylum had not entered candidates for an examination since 1901, because candidates successful in obtaining the MPA certificate had left and presumably the authorities thought it inappropriate to train nurses merely so they could leave to work in other asylums, or privately.

Thus enough evidence gleaned from numerous asylum reports has been collected to show that one of the early reasons for introducing the MPA examination and training - to reduce the number of nurses and attendants who moved between asylums - was not achieved. The following examples also tend to support this. As early as 1901 Dr Strange at Salop (Shropshire) put forward the view that a number of men were going about from one asylum to another getting appointments by supplying false testimonials. He cited an incident in which one such man, who had been dismissed from his post, provided testimonials to two others. Strange also reported that one of these men had been in two other asylums in the space of a fortnight, and two of the men who had been in other asylums had suppressed the fact. The present system was thus open to abuse, if only by a small number of undesirable attendants.

The report did admit that the calling up of the Army Reserves, because of the South African War, caused a dearth of good applicants and so gave an opportunity for unscrupulous and unsuitable men to obtain situations. (172) In 1901, other asylums also reported difficulties caused by large numbers of attendants being called up for military service. Bristol City Asylum, for example, reported that they had had no less than sixteen or nearly half of the male attendants called up as reservists (173) while the West Sussex asylum reported that nearly half their male attendants had been called up to join the colours; their comment, "a heavy trial for a young asylum." (174)

In the same batch of asylum reports for 1900, Dr Spence from Burntwood in Stafford pointed out that in spite of increased wages and improved conditions, the subordinate staff, especially the females, continued to move on frequently. He attributed this to "a wave of unrest, which appears to affect the class from which nurses are drawn." (175)

The situation had not materially improved by 1906, when in the annual report for Horton Dr Bryan complained of the numerous changes in the female staff; he found that a high percentage of applicants with previous asylum experience were useless. (176) One may surmise that Dr Bryan felt that they had assimilated bad practices elsewhere of which he found it impossible to wean them. The following year Dr Bowes, Medical Superintendent of the Wiltshire Asylum declined to take on nurses from other asylums; he believed that if all superintendents pursued the same practice, "beneficial discouragement would be given to the spirit of restlessness, which all deplore among junior... staff." (177) Both Dr Pierce of the Retreat and Dr Robert Jones, Medical Superintendent of Claybury agreed that strict training tended to improve the standard of applicants for employment, chiefly because it discouraged those who were not serious in their intention. (178)

In 1908, the fifth edition of the 'Red Handbook' was published. According to the preface, "this was made necessary by the extension of the system of training and examination for the certificate of proficiency... [it was also found that] ... in certain places the training already given has developed a strong demand for some advanced teaching." (179) This consisted of additional passages in a different type face, which were almost entirely devoted to a more detailed explanation of anatomy, physiology and general nursing care. The structure of this edition and the large amount of anatomy, physiology and sick nursing included does support the view that the attendants' knowledge was to be founded on a grounding in basic science, before going on to consider the care of mental patients. This arrangement

was criticised at the time: some members of the MPA pointed out that there was an "excessive elaboration of theoretical studies, while practical work on the wards was inadequately dealt with." (180)

In 1906 the proposal by the Educational Committee of the MPA that the nursing examinations be divided into two parts was confirmed by the annual meeting. The new curriculum, which came into force that year, extended the training to three years with a first examination to be held after one year. This was to deal entirely with anatomy, physiology and first aid, leaving mental illness and care of the insane to the third year. According to Walk, this arrangement was "an imitation of the curriculum which had come into vogue in the general hospitals." (181) As such, it was seen as part of the same trend as the attempt to hospitalise the asylums throughout this whole period.

The sixth edition was published in 1912. It was only necessary to correct the few inaccuracies which had crept into the previous edition, and thus this edition was almost identical to that of 1908.

With the passage of the Nurses Registration Act in 1919, the MPA certificate was originally accepted by the GNC for the purpose of admission to the mental nurses' supplementary register. However, the association was very reluctant to give up its own role in certification as it had hoped that its own certificate would provide a framework for a state registration examination. The RMPA avidly sought delegated powers to continue examining under the new Act. However, the GNC rejected this idea; they wished to maintain total control over *all* the registers. In consequence, the RMPA decided to continue with its own scheme, which led to a system of dual control. Both qualifications, the GNC's Registered Mental Nurse certificate (RMN) and the RMPA's nursing certificate (RMPA cert.), continued to co-exist until 1951. The syllabus of the RMPA was taken over by the GNC, almost in its entirety. Moreover, both schemes were almost identical. Only when the



National Health Service came into existence in 1948 did the RMPA relinquish its hold over the training of mental nurses, were RMPA certificated nurses admitted to the GNC supplementary register and were they entitled to a shortened period of training for the general register. In fact, male nurses who had served in HM Forces during the Second World War and held the RMPA certificate could qualify for general nurse training in twelve months. The disagreements between the RMPA and the GNC are dealt with in detail in Chapter 4.

Despite the expectations raised by the implementation of the RMPA's national training scheme criticism was still being expressed. In his book *The Experiences of an Asylum Doctor*, Montague Lomax opined that "the attendants must be well trained. And... conditions in the asylum service in England..leave much to be desired." (182) He went on to criticise the fact that attendance at the course of lectures, the practical demonstrations and even the examination itself were not compulsory, while many "superintendents and asylum authorities object to their attendants being certified as it lessens their hold on their services." (183) Dods Brown, Physician Superintendent of the Royal Asylum, Aberdeen revealed that "while the majority of the nurses [female] availed themselves of the opportunity of taking the three year nursing certificate of the RMPA, the attendants... [male] did not." (184) Both Dods Brown and Lomax agreed that "attendance ... should be compulsory on all uncertified attendants... [and]... the lectures should be delivered during the duty hours." (185)

In 1923, the seventh edition was published. Again it had been extensively revised and was re-titled *The Handbook for Mental Nurses*. The scope of the book was enlarged and now followed the syllabus for the training of mental nurses. The term attendant had disappeared and "nurse" applied to both male and female. Since this edition was to remain in use until 1954, it seems appropriate to examine it in some detail.

Anatomy and physiology of the nervous system and psychology were much more fully dealt with than previously, since the scientific details necessary to explain these subjects were "not to be found in any other nursing textbook... the committee is convinced that it adds interest to the readers' studies." (186) The first section was entitled 'General Duties of Nurses in a Mental Hospital' where the nature of mental disorder was briefly covered. It was described as "a disturbance of one or more of the ordinary activities which the healthy mind shows in the normal individual... and when these are impaired, responsibility for our conduct lessens and may even disappear altogether. That is the chief reason why separate hospitals exist." (187) The text then went on to consider the general qualifications of a nurse in a mental hospital. The nurse-patient relationship was a particularly close and prolonged one requiring particular qualities in the nurse. Morality, decency, sobriety and honesty could not be taught but were vital, as was discretion. "For the nurse to tell patients that they were mad or paupers," was cited as rather an obvious example of flagrant indiscretion. The confidential nature of the work was stressed as was the golden rule for mental nurses "Do to others as you would be done by." (188) They had to obey the rules as to the number of letters that patients were allowed to send each week, were always to treat visitors with sympathy and courtesy, and were to practise endurance and maintain cheerfulness of disposition. Firmness and self-control were also essential. "Control of temper is much needed in the trying circumstances of hospital life... self control in thought and conduct is likewise invaluable." (189) Honesty of purpose meant the earnest and sincere endeavour to do one's best at all times. This and altruism were also included in the general qualities required of a mental nurse and the discourse concluded that those nurses who were true to their ideals would "not only reap promotion but peace of mind and honour and good will of those about them." (190)

The general duties were then enumerated. Maintenance of cleanliness, order and punctuality were paramount. Then came discipline - obeying the rules, the Lunacy Laws and the orders of superiors. It was also pointed out that discipline had a moral aspect. The nurse had continuously to cultivate his/her powers of observation, and learn the relative importance of various symptoms and know what to report. This section also dealt with special duties which "must be learned gradually, as training progresses and experience is gained." (191) This included what had to be done should a fire occur and general precautions needed to prevent the outbreak of a fire.

There was also a fairly detailed account of the duty to prevent and precautions to be taken against self-injury or suicide. The following extract illustrates the importance attached to the need to prevent suicidal attempts. "The only safe rule may be expressed as follows: never on any account, even for one second, permit a patient of suicidal tendency to leave your sight, no matter upon what excuse or however plausible his desire for privacy may be urged, until those under whose authority you are acting withdraw the order issued with regard to such a patient." (192)

There were several rules about what to do if a patient became violent. A struggle, was always, if possible, to be avoided. If it became necessary to use force, then help was to be summoned. This advice regarding the advisability of not dealing with a patient single-handedly was included in every edition of the Handbook. Patients often exhibited destructive or other mischievous habits; these were to be repressed as far as possible. The only indication of how this was to be done was in relation to "bad sexual practices... [which]... must be guarded against and prevented as far as possible... He [the patient] must be encouraged by wise advice and by help in finding alternative, suitable occupation and amusement. (193) This part concluded with a brief review of the sections of the Lunacy Act

1890 which related to ill-treatment of lunatics, assisting in patients' escapes and the prohibition for any mental hospital employee against having or attempting to have carnal knowledge of any female under care, or treatment, as a lunatic. (194)

The second section was concerned with anatomy and physiology, but excluded the nervous system. The topics covered in Sections III (First aid), Section IV (Hygiene), Section V (Principles of nursing the sick ) and Section VI (Bodily diseases and disorders) did not specifically relate to a mental hospital since they were equally relevant to a general nursing textbook.

The second part of the book commenced with Part VII, on the anatomy and physiology of the nervous system. This was covered fairly extensively, starting with the evolution of the nervous system in animals, then dealing with the anatomy of the human nervous system, the cerebro-spinal system and the involuntary nervous system. The special senses were described and finally physiology, or how the nervous system worked, was explained.

The next section dealt with the mind in health, which was an introduction to psychology. It covered the normal mind, which was equated to the average mind. Instincts, habits, behaviour and conduct were briefly introduced. The use of psychoanalytical concepts such as association of ideas, the subconscious and the unconscious mind, indicates a Freudian approach. The section concluded with a consideration of psychological aspects of mental symptoms: heredity; physiogenic causes; the influence of age, sex, marriage or injury; arteriosclerosis, toxins and internal secretions.

Signs and symptoms of nervous and mental disorders were the concern of Section X. Then various nervous and mental disorders and their special nursing requirements were considered. A more up-to-date terminology was used, with the terms neuroses, psychoneuroses and manic depressive psychosis appearing for the first time. In dealing with attacks of violence, three methods of restraint were

mentioned: (a) manual; (b) chemical; and (c) mechanical. The diagnosis of dementia praecox was also mentioned for the first time and both locomotor ataxia and general paralysis of the insane were linked to the effects of syphilis.

The penultimate section dealt with mental nursing in institutions and private houses. In the part covering management, with special reference to mental conditions, it was pointed out that some cases of mental disease were incurable; the best that can be done is "to alleviate the symptoms." (195) After briefly dealing with treatment, by drugs, by surgical and other means, the book went on to psychological treatment, "much in favour at the present time....that is to say some form of psycho-therapy." (196) The three chief methods, i.e. suggestion, persuasion and psychological analysis (with a definite Freudian bias) were discussed. Closely linked with these forms of treatment were re-education and occupational therapy. However, there is no evidence that the nurses received any training in these techniques, or played any part in administering them. The final section, number XIII, dealt with mental deficiency. Both the General Nursing Council and the (R)MPA had introduced a separate syllabus and examination for those nurses caring for patients suffering from mental deficiency.

The 'Red Handbook' became indelibly linked to the training of mental nurses for the (R)MPA certificate. It was an important milestone in the development of mental nursing, as it led to the establishment of a national training scheme, the earliest by many years for any body of nurses in Britain. The attendants/nurses who were awarded the (R)MPA Certificate had shown, to impartial examiners, that they had increased their knowledge and had become better educated.

In July 1924, the number of beds available was 108 646 in 97 hospitals and corresponding nursing posts numbered 16 949 (see Table 3.4). In the previous year the number of nurses in post had been 13 495 (6 081 M, 7 414 F.) Only 26.12 per cent of the males and 11.58 of the females held the final certificate

of the (R)MPA (see Table 3.5). Approximately half the nurses employed in the mental hospitals were untrained (53% M, 68.68% F), although the majority of these were undergoing training. Only about 15 to 20 per cent of the nurses were partially trained. Compared to these figures, the average of first year probation in general hospitals in London and in the provinces for 1922-3 was 30 per cent. Despite the well-established nature of the (R)MPA certificate and their claim to parity of training with the general hospitals, it was "apparent that the mental hospitals' staff have far to go before they can compare with the general hospitals in this respect." (197) Thus, despite many years of trying to emulate the standards of the general hospital, this damning indictment taken from the July 1925 issue of *Journal of Mental Science* shows that the aim of hospitalisation of the asylum, in all but name, had not succeeded.

In October 1946 a letter from the RMPA was sent to all mental and mental deficiency hospitals explaining the results of the negotiations between the RMPA and the GNC. From the 31 December, no candidates were to be accepted for the (R)MPA nurse training courses. The final preliminary examination would be held in November 1949 and the last final examination would be in November 1951. The names of all nurses holding the Final Certificate of the RMPA were to be entered on the supplementary part of the State Register of the GNC. (198)

At Ticehurst House in Surrey by 1946 successful RMPA candidates were receiving £8 a year additional pay although it was thought that the RMPA certificate was unlikely to be accepted by the GNC for registration. Despite being loyal to the RMPA, it was felt that they would have to apply to the GNC for approval as a training hospital. The only problem might be that very little sick nursing was done at Ticehurst. (199) By March 1947, it was "quite obvious... that Ticehurst House will not be allowed to hold examinations in future." (200) At the board of directors' meeting at Ticehurst House on 9 May 1947, following

**Table 3.4 Number of Nursing Staff in Post, July 1924**

<i>Male Staff</i>		<i>Female Staff</i>	
Chief male nurses	97	Matrons	97
Deputy do.	93	Assistant do.	110
Head nurses	86	Head nurses	149
Charge do.	1,085	Charge do.	1,300
Others	5,187	Others	6,700
Night staff	<u>870</u>	Night staff	<u>1,175</u>
Total	<u>7,418</u>	Total	<u>9,531</u>

Source: *Journal of Mental Sciences*, April 1925, p.293.

**Table 3.5 State of Training of Mental Nursing, July 1924**

<i>No. on staff</i>		<i>Rank</i>	<i>No. with final certificate</i>		<i>No. passed preliminary examination</i>		<i>Residue</i>	
M	F		M	F	M	F	M	F
901	1,119	Charges	510	635	61	139	330	345
695	865	Do. charges	326	241	145	235	224	389
3,742	4,421	Day nurses	525	111	925	625	2,292	3,685
743	1,009	Night nurses	227	168	113	168	403	673
<u>6,081</u>	<u>7,414</u>		<u>1,588</u>	<u>1,155</u>	<u>1,244</u>	<u>1,167</u>	<u>*3,249</u>	<u>*5,092</u>

1923: Percentage to total      26.12   15.155   20.45   15.74   53.43   68.68

1922:      "      "      "      22.40   12.95   17.37   11.87

\* Of these totals 2,266 males and 3,740 females are stated to be undergoing training, though the majority of those already possessing the preliminary certificate are included. (203)

Source: *Journal of Mental Science*, April 1925, p.292.

discussion of education circulars from the GNC, it was decided that the only way that Ticehurst could reach the required standard would be to have a reciprocal arrangement with the Kent and Sussex Hospital at Tunbridge Wells. The chairman of the medical committee at Tunbridge Wells welcomed the idea "as it would give their nurses a chance of training in mental work." (201) Over the years, the asylum/mental hospital authorities "and medical superintendents supported the qualification... [RMPA cert.] and until the 1950s it became the preferred route to career advancement in mental nursing." (202)

As has already been noted, over the years some voices had been raised in criticism both of the content and the style of the 'Red Handbook' and of the associated training for the RMPA certificate. It was said that there was too much theory and not enough emphasis on practical skills (possibly the latter were taught by practical demonstrations and teaching on the wards). The other adverse comment was that much of the handbook's contents was irrelevant; too much emphasis was placed on anatomy and physiology and sick nursing. This led to the principal criticism - that mental nurse training was deliberately designed to resemble the curriculum used in general nurse training at the voluntary teaching hospitals.

It appeared that mental nursing fell into the same trap that later befell general nursing during its struggle for registration, when the registrationists tried to make nursing an educated middle-class profession, while much of the work was more suitable for a domestic working class. To a lesser extent this is what was happening in mental nursing. The RMPA was trying to produce an educated, well-trained nurse for a job that was very largely custodial and authoritarian. However, the 'Red Handbook' with all its shortcomings remained the preferred textbook for student mental nurses' training well into the 1960s. (203) Even the introduction of the rather limited amount of anatomy, physiology and sick



nursing in the first edition of the Handbook seemed to indicate that, from the beginning, the asylum doctors in the MPA were trying to change the image of the attendants to one that more closely resembled the perceived image of the general nurse. This emphasis on anatomy, physiology and sick nursing was even more apparent in the later editions.

Yet, despite these reservations, it must be stressed that use of the Handbook helped lead to the first national system of training for any body of nurses in Great Britain. (204) This scheme developed from a limited baseline to one supported by virtually every asylum/mental hospital in Britain. The wide participation in the examination and certification process, the increase in pay and improved career prospects should have been the first step towards professionalisation. However, the determined, tight control maintained by the (R)MPA over all aspects of mental nursing, did not encourage a positive climate for change.

The impact of the Red Handbook and the associated training and examination scheme on the asylum nurses and attendants was for many years limited. In the 1920s only about half the nurses employed in the mental hospitals were holders of the MPA certificates.

Before the complete take over of the RMPA's schemes by the GNC at the end of the Second World War, it was not sure what if any pressure was put on the nurses to undertake the MPA training. By the 1950s and 1960s, newly appointed mental nurses were either known as students and they were expected to undertake training or as assistant nurses, whose training was of the 'on the job' variety.

It is possible that medical superintendents had a higher image of attendants than they had of themselves. The committee of the MPA which

compiled the Red Handbook aimed at what they saw as an appropriate level for attendants to gain maximum benefit from using the handbook. As already discussed there were a number of criticisms of the contents of the handbook. but the majority of the medical superintendents accepted it and used it as the basis of their training schemes.

Despite the fact that the contents of the Red Handbook and the training syllabus was prescribed by the MPA and it was their ideas of what the attendants were required and needed to know. It is remarkable that it remained the most important text book for mental nurses until the mid 1960'.

The point has already been made in this dissertation that improvements in the knowledge base of trained mental nurses, knowledge that could be measured by success in nationally approved examinations. These successes should have reflected on the status of mental nursing and thus on the status of the asylum doctors. Ultimately this 'improved' image of mental nurses did not have any effect on the opinions of the leaders of the general nurses. They still had a very low estimation of the qualities of mental nurses.

## Notes.

1. Monica E. Baly (1980) *Nursing and Social Change*. London: Heinemann Medical, pp.89-90.
2. Robert Dingwall, Anne Marie Rafferty and Charles Webster (1988) *An Introduction to the Social History of Nursing*. London: Routledge, p.128.
3. Annual Report. Crichton Royal, 1854. Quoted in Sarah Tooley (1906) *The History of Nursing in the British Empire*. London: Bousfield, pp.246-7.
4. Peter Nolan (1992) Trained for What? A History of Mental Nursing and its Training. *Journal of the History of Nursing Society*, vol. 4, no.3, pp.131-42.
5. 26 October 1846. Manual of the Duties of the Ward Attendants at Hanwell. H1/HLL/A0/2/London Metropolitan Archives (formerly Greater London Record Office).
6. Camilla Haw (1990) Dr. Conolly's Attendants at the Hanwell Asylum, 1839-1852, *Journal of the History of Nursing Society*, vol.3, no.1, pp.26-58.
7. Michael Arton (1981) The Development of Psychiatric Nursing Education in England and Wales. *Nursing Times*, 15 January, pp.26-8.
8. Richard Hunter and Ida Mcalpine (1974) *Psychiatry for the Poor: 1851, Colney Hatch Asylum, Friern Hospital, 1973*. London: Dawsons, p.105.
9. Ninth Report of Commissioners in Lunacy: Parliamentary Papers, 1854-55, xvii. p.576.
10. Sarah Tooley (1906) p.260. Tooley also states that about 20 000 asylum nurses and attendants, 7 555 had passed the (R)MPA examination, of these 4 006 were women.
11. B.R. Mitchell (1988) *British Historical Statistics*. Cambridge: Cambridge University Press, pp.11-13.
12. Alexander Walk (1961) The History of Mental Nursing. *Journal of Mental Science*, vol.107, no.446, January, pp.1-17.
13. Dr W. A. F. Browne received his medical education at Edinburgh University and Heidelberg. He was a strong believer in the study of phrenology and still

espoused that doctrine despite strong opposition to it. He was superintendent of the Melrose Asylum from 1834 to 1838 and later, the Dumfries Royal Institution, from its opening in 1839 until he was appointed a Commissioner of the Scottish Lunacy Board in 1857. He was President of the MPA in 1866. In 1870 when he was sixty-five, he lost his eyesight in a carriage accident. He died in 1885. (Obituary, *Journal of Mental Science*, vol. 30, April 1885, p.149; Edward Renvoize (1991) *The Association of Medical Officers of Asylums and Hospitals for the Insane, The Medico- Psychological Association, and their Presidents*, pp.48-9.)

He had previously given a course of lectures to staff, presumably medical, at the Montrose Royal asylum in 1837. He spoke of the necessity of “employing only well educated servants in the care of the insane” (Haw (1990), p.40). As early as 1837, Dr Browne had been calling for a system of instruction for attendants.

14. Hunter and Mcalpine (1974), p.66.

15. *Journal of Mental Science* (1856), vol.2, no.18, pp.393-432.

16. Letter from W.A.F. Browne. *Journal of Mental Science*, vol. 32, January 1877, pp.662-665.

17. Peter Nolan(1993) p.26. Nolan pointed out that it seemed unfair that the term ‘going batty’ should have been derived from his name,

18. *Journal of Mental Science*, vol. 13, January 1868, pp.587-88.

19. Nolan (1993) *History of Mental Health Nursing*. London: Chapman Hall, pp.60-61.

20. Letter from hospital chaplain, thought to be Henry Hawkins, Chaplain of Colney Hatch Asylum. *Journal of Mental Science*, vol. 15, July 1870, pp.310-11.

21. T.S. Clouston (1876) On the Question of Getting and Retaining the Services of Good Attendants. *Journal of Mental Science*, vol. 21, October, pp.382-3, 386-7.

22. Honnor Morten (1897) Asylum Attendants. *Nursing Notes*, vol. 10, 1 November, p.141.
- 23 The history of the Most Venerable Order of St John of Jerusalem, founded to care for the sick and poor dates back to the eleventh century. In 1140, the knights established a provincial headquarters just north of the old City of London. The Order was abolished by Henry VIII in his dissolution of the monasteries. In 1877, the St John's Ambulance Association was formed in England, in part against the wishes of the Grand Master in Rome. The aim of the Association was "to train the public and people at work in first aid." (St John's Association (1997) *St. John's Gate*. The Order of St John Museum and Library).
24. Personal correspondence with Jonathan Morgan, Archivist of St John's Museum and Library, London. Peter Shepherd joined the Army Medical Corps and was seconded to help the infant organisation and "his text was handed to the Order before his departure on active service to Zululand, where he was killed... in January 1879."
25. Peter Shepherd (1878) *Handbook Describing Aids for Cases of Injuries and Sudden Illness*. London: St John's Ambulance Association. Unfortunately, the British Library copy was destroyed by bombing during the Second World War. Also, there is no mention of an edition prior to 1893. However the library of the Order of St John, London houses copies going back to the first edition of 1878.
26. G.E. Shuttleworth (1886) St. John's Ambulance Classes for Asylum Attendants. *Journal of Mental Science*, July 1886, p.202.
27. Annual Report York Asylum, 1884. *Journal of Mental Science*, April 1896, p.146.
28. *Journal of Mental Science*, July 1883, pp.293-94.
29. A. Campbell Clarke (1884) The Special Training of Attendants. *Journal of Mental Science*, January 1884, p.462.
30. *Ibid.*, p.463.

31. Ibid., p.465.
32. *Journal of Mental Science*, vol. 69, January 1924, pp.114-118.
33. Ibid.,vol. 29, October 1884. p.325.
34. Walk (1961), p.14.
35. *Journal of Mental Science*, vol. 29, October 1884, p.325.
36. Medico- Psychological Association (1885) *Handbook for Attendants on the Insane*. London: Ballière, preface. The 'Red Handbook' went through eight editions:-  
 1st. Edition 1885; 2nd. Edition 1893; 3rd. Edition 1896; 4th. Edition 1898, reprinted 1899, 1901, 1904, 1907, 1908; 5th. Edition 1908, reprinted 1909; 6th. Edition 1911. reprinted 1913, 1916,1918, 1919, Twice in 1920, 1921; 7th. edition 1923. *Handbook for Mental Nurses*. Reprinted 1923, 1924, 1925, 1929, 1931,1938, 1939, 1941, 1942; 8th. Edition (RMPA) 1964. *Handbook for Mental Nurses*, ed. Brian Ackner.
37. MPA (1885), preface.
38. Ibid.
39. Ibid., p.5.
40. Ibid., p.6.
41. Ibid., p.20.
42. Dingwall, Rafferty and Webster (1988), p.128.
43. MPA (1885), p.34.
44. Ibid., p.43.
45. Ibid.
46. The use of the male pronoun in this and other quotations from the Red Handbook might incorrectly indicate that the handbook was exclusively aimed at the male attendants similar difficulties arose in the later editions when dealing with sick nursing in the asylums, when the attendant/nurse was referred to as

'she'. This convention was still in use in the 1923 edition.

47. MPA (1885), p.45.

48. Ibid., p.47.

49. Ibid., p.49.

50. Ibid., p.52.

51. Ibid., p.53.

52. Ibid.

53. Ibid., p.57.

54. Ibid., p.58.

55. Ibid., p.59.

56. Ibid., p.60.

57. Ibid., p.63.

58. Ibid.

59. Ibid., p.64.

60. Dingwall, Rafferty and Webster (1988), p.128.

61. Nolan (1993b), p.64.

62. *Journal of Mental Science*, vol.32, October 1887, p.452.

63. Ibid., vol. 33, July 1888, pp.306-7.

64. Ibid.

65. Ibid., vol. 33, January 1888, p.604.

66. Ibid.

67. Ibid., p.590.

68. Ibid.

69. Ibid., vol. 34, October 1889, p.427-8.

70., Ibid., p.431.

71. No trace of Harding's book appears in the British Library catalogue. However, William Harding's *Infectious Diseases, Their Nursing Management*, published in

1897 is catalogued. A copy of the second edition (1894) of *Mental Nursing* was discovered in the University of Cambridge Library. William Harding was a co-founder of the AWA with Dr Green and the Superintendent of Nurses, Laura Evans. All three worked at Berrywood, Northampton. See chapter Five this dissertation.

72. Tooley (1906), p.257.

73. *Journal of Mental Science*, vol. 35, January 1890, pp.111-12.

74. Ibid.

75. Ibid., vol. 36, October 1891, p.529.

76. Ibid.

77. The committee consisted of : H. Hayes Newington (Chairman); A. Campbell Clark; T.S. Clouston; Bonville B. Fox; M.D. Macleod; Conolly Norman; George H. Savage; J. Beveridge Spence; S.A. K. Strahan; A.R. Urquhart; L.B. Whitcombe; D. Yellowlees; and Fletcher Beach (Hon. Gen. Sec).

78. Report, *Journal of Mental Science*, vol. 35, May 1890, pp. 530-9.

79. MPA (1893) *Handbook for Attendants on the Insane*, preface.

80. *Journal of Mental Science*, vol. 36, October 1891, pp.508-509.

81. Ibid., p.592.

82. Ibid., pp.591-2.

83. Ibid., p.600.

84. Ibid., vol. 38, January 1893, p.111.

85. Ibid., vol. 36, October 1891, p.605.

86. Ibid., vol. 37, January 1892, p.134.

87. Ibid., p.138.

88. Charles Mercier (1892) *The Attendants' Companion: A Manual of the Duties of Attendants in Lunatic Asylums*. London: J.A. Churchill.



89. S. Forbes Winslow (1877) *Handbook for Attendants on the Insane*. London: Tindall Bailey & Cox.
90. Ibid., preface.
91. Ibid., p.19.
92. Ibid., p.27.
93. Charles Mercier (1892), p.1.
94. Ibid., p.92.
95. Ibid., p.iv.
96. MPA (1893), p.108.
97. Ibid., p.116.
98. Arton (1981), p.125.
99. Mary McClymont (1995) *Health Visiting in the Making: The First 100 Years, 1862-1962*. Annual lecture, RCN History of Nursing Society, London, November.
100. *Journal of Mental Science*, vol. 38, January 1893, p.117.
101. PRO: MH50/52; Board of Control (1924), p.10.
102. *Journal of Mental Science*, vol. 38, January 1893, p.121.
103. Ibid., p.128.
104. Ibid.
105. Colney Hatch Asylum Annual Report (1892), H12/CH/A6. London Metropolitan Archives.
106. *Journal of Mental Science*, vol. 43, July 1898, p.668.
107. Hunter and Macalpine (1974), p.104.
108. *Journal of Mental Science*, vol.38, April 1893, p.277.
109. Ibid., p.278.
110. Ibid., vol. 37, January 1892, pp.172-3.
111. Ibid., vol. 38, April 1893, p.289.
112. Ibid.

113. Ibid., p.290.
114. Ibid., p.317.
115. Ibid., vol. 39, October 1894, p.706.
116. Ibid., vol. 38, April 1893, p.322.
117. Ibid., vol. 39, January 1894, pp.174-175.
118. Ibid., p.123.
119. Ibid., p.124.
120. York Asylum Annual Report, 1894; quoted in Anne Digby (1985) *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*. Cambridge: Cambridge University Press. p.166.
121. Ibid.
122. *Journal of Mental Science*, vol. 39, January 1894, p.126.
123. Ibid., p.164.
124. Ibid., vol. 39, April 1894, p.305.
125. Dr Beveridge Spence was the first Registrar of the (R)MPA nurses scheme. It was his job to co-ordinate and oversee the examinations and to keep a Register of those who passed.
126. *Journal of Mental Science*, vol. 40, January 1895, p.146.
127. Ibid., p.149.
128. Ibid., vol. 40, April 1895, p.557.
129. The Borough Asylum Annual Report, 1895-6. 988/21 West Devon Record Office. Plymouth.
130. Ibid.
131. MPA (1896), preface.
132. *Journal of Mental Science*, April 1896, p.359.
133. Ibid.
134. Dingwall, Rafferty and Webster (1988), p.128.

135. *Journal of Mental Science*, vol. 41, April 1896, p.424.
136. Ibid., p.466.
137. Ibid., vol. 41, July 1896, p.658.
138. Ibid.
139. Ibid.
140. Ibid., pp.656-9.
141. Ibid., vol. 41, October 1896, pp.876-7.
142. Ibid., vol. 42, January 1897, p.192.
143. P. W. MacDonald (1896) Remarks on the Nursing Staff in Asylums. *Journal of Mental Science*, vol. 41, July 1896, pp.530-8.
144. *Asylum News*, vol. 1, May 1897, p.2.
145. This society was the Belgian equivalent of the MPA, but was less concerned than the MPA with the quality of mental nursing.
146. *Journal of Mental Science*, vol. 42, July 1897, pp.455-456.
147. *Asylum News*, vol. 1, June 1897, p.5.
148. Ibid., September 1897, pp.1-3.
149. *Journal of Mental Science*, vol. 43, January 1898, p.195.
150. T. Duncan Greenlees (1899) Asylum Nursing in South Africa. *Asylum News*, vol. 3, July, pp.60-2.
151. *Journal of Mental Science*, vol. 43, January 1898, p.196.
152. Ibid., p.197.
153. Ibid., vol. 45, January 1900, p.188.
154. Ibid.
155. The chronic asylums housed patients who later became known as mental deficient/ handicap patients. The current term is those suffering from 'learning difficulties'.
156. *Asylum News*, vol.3, November 1899, p.104.

157. *Journal of Mental Science*, vol. 57, January 1912, p.200.
158. Ibid., vol. 44, April 1899, p.418.
159. Greenlees (1899), p.61.
160. Harriet J. Deacon (1993) *Marginal Issues*. Paper presented to Women, Nursing History and Politics of Care Conference, Nottingham University, July 1993.
161. *Journal of Mental Science*, vol. 43, July 1898, p.571.
- 162 This edition does not even appear in the catalogue of the British Library, neither is it cited in the Bodleian Library in Oxford, nor in the University of Cambridge Library. The British Library replaced its missing copies of the Handbooks, which were destroyed during the Second World War, with microfilm copies from the Bodleian. Even the library of the Royal College of Psychiatrists, the successor to both the MPA and the RMPA, does not contain a copy.
163. *Journal of Mental Science*, vol. 45, January 1900, p.188.
164. Ibid., pp.206-207.
165. Ibid., vol. 47, October 1902, p.790.
166. Ibid., vol. 48, April 1903, p.378.
167. Bedford Pierce (1903) On the Training of Nurses for the Insane. *Journal of Mental Science*, vol. 48, January, p.39.
168. *Journal of Mental Science*, vol. 50, January 1905, p.176.
169. T. Outtersson Wood (1905) Presidential Address to the MPA. *Journal of Mental Science*, vol. 50, October 1905, p.652.
- 170 When the MPA was formed in 1841, one of their recommendations was that attendants were to be referred to as nurses and asylums as mental hospitals. This idea seems to have been largely ignored in publications of members of the Association.
171. *Journal of Mental Science*, vol. 51, January 1906, p.185.

172. Ibid., vol. 46, January 1901, p.205.
173. Ibid., p.201.
174. Ibid., p.205.
175. Ibid.
176. Ibid., vol. 51, January 1906, p181.
177. Ibid., vol. 52, January 1907, p.207.
178. Ibid., p.209.
179. MPA (1908), preface.
180. Walk (1961), p.12.
181. Ibid.
182. Montague Lomax (1922) *The Experiences of an Asylum Doctor*. London: Allen & Unwin. p.188.
183. Ibid.
184. Brown (1920), p.62.
185. Lomax (1922), pp.194-5.
186. MPA (1923), preface.
187. Ibid., p.6.
188. Ibid., p.9.
189. Ibid., p.12.
190. Ibid., p.14.
191. Ibid., p.21.
192. Ibid., p.22.
193. Ibid., p.24.
194. Section 324; quoted in MPA (1923), p.25.
195. MPA (1923), p.513.
196. Ibid., p.514.

197. *Journal of Mental Science*, vol. 70, April 1925, p.293.
198. Copy of letter, dated 7 October 1946, in the records of Fulbourn Hospital deposited in Cambridgeshire County Record Office.
199. 21 November 1945. Medical Superintendents' Reports, 1917-52. MS 6507, Ticehurst House Hospital Records; Wellcome Institute for the History of Medicine (WIHM) Library.
200. Ibid., 20 March 1947.
201. 9 May 1947. Board of Directors' Meetings, MS6505, Ticehurst House Hospital Records; WIHM Library.
202. Dingwall, Rafferty and Webster (1988), p.129.
- 203 The author, who commenced his mental nurse training in 1961 in a North London psychiatric hospital, used the 'Red Handbook' as the main textbook.
204. Michael Arton (1981), pp.124-125.

## Chapter Four

### THE BATTLE FOR REGISTRATION

The idea for the registration of nurses seems to have been first mooted in the latter part of the nineteenth century. In 1874, Dr Acland (1) wrote a preface for Florence Lees' *Handbook for Hospital Sisters* in which he stated that "The Medical Act, 1858 allows women to be registered as medical practitioners (2). It makes no provision for the registration of trained nurses, however complete their education... this ought to be remedied." (3) Thereafter, the British Medical Association (BMA) discussed the concept of state registration of nurses in the mid-1880s. By and large, they were in favour of the idea and gave evidence to the select committee of 1904 supporting nurses' registration. By the time Florence Nightingale died in 1910, the 77 000 nurses in England and Wales represented the second largest group of professional women workers, only outnumbered by teachers, who had more than 180 000 in their ranks (4).

In 1886, at the instigation of Sir Henry Burdett, (5) Miss Wood, Superintendent of the Hospital for Sick Children, London "called a meeting... to discuss the formation of a nursing section of the Hospitals' Association." (6) The meeting was attended by a number of matrons from the London voluntary hospitals, including Miss Thorold of the Middlesex Hospital and Miss Manson of St Bartholomew's Hospital. The group was duly set up.

Burdett was anxious to introduce his National Pension Fund for Nurses, later the Royal National Pension Fund for Nurses (RNPFN), and wanted to use the Matrons' Section to increase the potential for his insurance scheme. Burdett also planned to set up a register of trained nurses, which would give him access to a wider number of nurses than would otherwise be possible. He later "made use of the names of those nurses who were members of the RNPFN to encourage them to register with his directory." (7)

Manson had been elected Matron of St Bartholomew's in 1881 at the

relatively young age of twenty-four and immediately began to improve nursing standards at the hospital. "Manson decided that Bart's needed to change its nurses' training method and to expand its programme from two years to three." (8) She believed that only trained women should be allowed to call themselves nurses and that "hospital administrators and antagonistic doctors should be prevented from exploiting nurses." (9) These ideas led her to conclude that training should be standardised and qualified nurses should be licensed by the state.

Miss Manson succeeded Miss Wardroper of Guy's Hospital as Chairman of the matrons' group of the Hospitals' Association. She fully supported Burdett's aims to introduce an inexpensive insurance scheme and the setting up of a register of nurses who had completed one year's training. As chairman, she wrote to all the matrons of the London voluntary hospitals endorsing Burdett's ideas.

In 1887 Miss Manson married chest physician, Dr Bedford Fenwick, who fully supported his wife's activities on training and registration. On her marriage, she was required to resign her post as matron. She was also "informed that she was no longer eligible to be a member of the Matrons' Group, but she insisted on still attending meetings." (10) After a particularly stormy meeting in 1887, Mrs Fenwick retaliated by inviting "the ladies who had been interested in forming a nursing section of the Hospitals' Association, to her house." (11) They "went on from the meeting to set up the rival British Nurses' Association... [later the Royal British Nurses' Association (RBNA)] and to campaign for state rather than voluntary registration." (12)

By the end of 1887, the BNA had adopted Mrs Fenwick's view and had opted for nurses to undertake a three-year training to qualify them for the proposed state register. Burdett, like Nightingale, still argued that one year was sufficient. Nightingale was not opposed to registration as such, but she was passionately opposed to the kind of registration proposed. "She believed that public examinations took no account of the training of character that she



considered to be as important as the acquisition of technical skills.” (13)

The registrationists, led by Mrs Fenwick, campaigned for state registration for many years. They were always “strongly opposed to the registration of specialists, other than male and mental.” (14) Their ambition was for the nursing profession to be the prerogative of middle-class educated young ladies. The registrationists could almost ignore the existence of male nurses. Even as late as 1937 there were only 120 men in general training. This situation was not possible in the case of mental nurses, who formed a large body of potential opposition to the domination of the profession by female general nurses. In order to neutralise this perceived threat, both male and mental nurses were marginalised by the proposal that male and mental nurses should form separate, supplementary registers of their own; thus leaving the general register to the female general nurses. “The denigration of the specialist branches of nursing is a recurrent theme and has always been an aim of the general dominated profession.” (15) The domination of specialist groups within nursing is a continuing theme throughout the dissertation, with particular reference to mental nursing.

The matter of the state registration of nurses came before the public in the following manner. The BNA applied for a Royal Charter, based on the patronage of HRH Princess Christian, a daughter of Queen Victoria, who was married to the Prince of Schleswig- Holstein. Having been approached by the association, she agreed to become their patron/president. and the Royal Charter was granted in 1893. However, some of the association’s own members, including Bedford Fenwick opposed this application on grounds of differences in the degree of militancy in policy. When they failed to block the granting of the charter, they broke away and formed the Society for the State Registration of Trained Nurses. (SSRTN) They sponsored a Bill for the state registration of nurses. The effect of this, according to Outterson Wood (1905), would have been to undermine the RBNA’s own system of registration, by providing an alternative register, possibly a state scheme,

without the involvement of the RBNA. Hence the RBNA felt compelled to promote a Bill of its own (16). This account of the formation of the SSRTN was later disputed by Hector, who stated that Mrs Fenwick founded the SSRTN in 1902, following "an involved disagreement with the Royal British Nurses' Association." (17) Griffon agreed with Hector, when she stated that after a faction within the RBNA defeated "Fenwick's control of the organisation, Fenwick... separated herself from the RBNA." (18) McGann also took the same line as Hector and Griffin. She stated that the anti-registrationalists in the organisation managed to change the rules, which resulted in Mrs Fenwick and her supporters having to leave the RBNA. (19) Fenwick went on to form several other nursing organisations, in order to regain control of nursing and to push for parliamentary action on registration (20).

By 1897 the RMPA's nursing register listed over 2 200 nurses of both sexes, (21) but according to Outterson Wood they enjoyed very little status or recognition. "They were looked upon as a body of rough uncouth persons, devoid of education; ignorant of the very elements of sick nursing and possessing but one quality worthy of mention, viz. courage to tackle a violent lunatic." (22) In order to obtain a recognised place in the nursing world for asylum trained nurses, Outterson Wood, in July 1896, approached the general council of the RBNA. As a member of the council he proposed that mental nurses, in possession of three years' asylum training who held the certificate of the association and who could bring testimonials of good character, should be admitted to membership of the RBNA. They would be admitted as a distinct class to a separate section for mental nurses in the published register. Even if this proposed scheme had been adopted, the marginalisation of asylum trained nurses would have continued. However, the (R)BNA did appoint a committee to look at this issue; it consisted of HRH Princess Christian, President of the association, the honorary officers and Crichton Browne and Outterson Wood. In October the committee issued a

report strongly in favour of the proposal. Initially, this view was unanimously adopted by the council.

Immediately, Mrs Fenwick raised her voice in violent opposition. She was not at that time president of the RBNA, so angrily wrote in her *Nursing Record* that “no person can be considered trained who has only worked in hospitals and asylums for the insane.” (23) Outterson Wood, in favour of asylum nurse training, claimed in vain that “no nursing curriculum is more uniform or more practical, and no standard of examination is higher than ours.” (24) Nolan had noted that “such was her [Mrs Fenwick’s] influence that those who supported the registration of asylum nurses were not invited to further meetings of the RBNA.” (25) There was a parallel battle going on for the registration of midwives. In spite of her repeated attempts to link the registration of female, general nurses to that of midwives, on perceiving the massive support of the Midwives’ Bill of 1902, Mrs Fenwick abandoned her often bitter opposition to the Bill. She “was prepared gracefully to accept a Midwives’ Act as a precedent for nurses registration.” (26)

Proposals for the reform and control of midwives began to emerge from about 1800. Florence Nightingale, aware of the poor provision for midwifery instruction in Britain compared with that on the continent, opened a midwifery school at Kings’ College Hospital in London in 1861. Her successful pupils were certified as “midwifery nurses” rather than “midwives”. “It was her opinion that a ‘proper’ midwife should be capable of dealing with *all* cases, including those of difficulty and danger.” (27) Unfortunately, there were persistent outbreaks of puerperal fever in the wards of her school, probably due to its proximity to the hospital’s post-mortem theatre, and in 1867 she closed the school down.

Two draft Bills for the registration of trained nurses were introduced into Parliament at the end of December 1903. In neither of the Bills was there any reference to the claims of mental nurses. The Asylum Workers’ Association (AWA) approached the committees of both movements and in

the Bill proposed by the RBNA on the 8 January, " it was agreed to give the Association a representative on the proposed Central Board." (28) The second Bill, sponsored by the SSRTN, was introduced into the House of Commons by Dr Farquharson (29). The AWA managed to secure the agreement of the society to "a seat on the 'General Nursing Council' for a representative of the AWA." (30)

With regard to the Bills themselves, the one put forward by the RBNA provided for a "Central Board" consisting of three doctors, male or female and five trained nurses, who were to be matrons or lady superintendents of hospitals and infirmaries with training schools attached. There were also to be three lay members appointed by the Privy Council, a representative from the Army and Navy services, the RBNA and the Queen Victoria Jubilee Nurses. Finally, six nurses directly representing "registered" nurses were to be co-opted on to the board.

The Bill of the SSRTN provided for a "General Nursing Council" consisting of two Privy Council nominees - one a nurse. Six Matrons of General Hospitals were to be elected by the matrons themselves and two were to be elected from Poor Law infirmaries. Ten nurses were to be elected to represent the registered nurses. There were also to be one representative each from the Army and Navy services, the Matrons' Council, the Queen Victoria Jubilee Nurses, the RBNA and a doctor or nurse of the AWA.

The powers of both the council and the Central Board were to be similar. They were to be empowered to regulate the admission of the names of nurses to the official roll and the course of training and examination, and to remove nurses from the roll for disobeying regulations or for serious misconduct. The qualification for admission was three years' training at an institution approved by the board. There was, however, to be a period of grace of two years after the passing of the Act in which two years' training

would be sufficient. The council's Bill stipulated that three years' hospital training would be required in all cases to qualify for the register. The RMPA, because of its past dealings with HRH Princess Christian and the RBNA, hoped that the RBNA would "be authorised to register hospital trained and Association asylum trained nurses." (31)

It was not certain whether mental nurses wanted state registration or not. The executive council of the AWA was anxious to obtain views on this question, particularly as the "condition of Nursing in Hospitals and in Asylums necessarily differs in many respects, and the 'mere male' nurse is a factor which should not be left altogether out of consideration on any attempt to organised the Nursing Profession." (32)

In June it was learnt that the Prime Minister, Mr Balfour, had promised that both Bills before the House of Commons would be referred to a select committee, (33) of which Sir John Batty Tuke, the new President of the AWA, was to be a member. As yet unanswered questions included whether asylum nurses and attendants wished to be able to register their RMPA certificates or other certificates of competence in nursing the insane on a general official register for nurses for the United Kingdom, or whether they wished their names to appear on a general list of nurses, or on a separate list for mental nurses only.

In a letter to *Asylum News* in July 1904 headed 'Registration of Nurses', "A Private Mental Nurse" sympathised with the executive of the AWA on "the lamentable apathy to their own interests which asylum staff have displayed by their absolute silence and lack of response to the repeated appeals to them to make known their opinions on the subject." (34) The correspondent's own opinion was that "all mental nurses of three years' standing, who have passed the Medico-Psychological Association's Examination ought to be able to register their certificates so as to be entitled to call themselves Registered Nurses... Registration might make but little difference to those employed in the asylums: but for those searching for work

under doctors among the public, it is a matter of vital importance.” (35) Thus confirming the similar point made in the previous chapter regarding the value of the MPA Certificate in the private nursing sphere outside of the asylum.

In September 1904, the *Asylum News* was urging all asylum workers who were prepared to enter for the forthcoming RMPA examination in November, as it was “quite possible in view of the State Registration of Nurses that the qualifying period might be increased to three years.” (36) “An Attendant”, writing in the same issue, also expressed regret that there was such a small response to the issue of registration. He felt that “registration would be a great boon to the thousands who hold the certificate and would be a spur to those who have only just started nursing the insane.” (37) His view was that it would be best if there was a separate list for mental nurses.

The select committee heard evidence from Michael Walshe, a mental nurse who ran a successful private nursing agency in Manchester. His evidence consisted of three main elements. Firstly, he pointed out that most asylums trained and examined their nurses for the certificate of the MPA and that this was the only uniform system in operation at that time. Next, he made the point that there was a great demand for mental and medically trained male nurses, but in the infirmaries there was no system for training male nurses. Finally, he stated that those who passed the MPA examination certificate were “generally better [i.e. more professionally able] than those who do not pass the examination.” (38) He also said that in his view those who were members of the AWA were more interested in the work than those who were not members of the association; they were better all round nurses.

After due investigation of the need for mental nurse registration, the select committee recommended “a register on which only the names of properly trained nurses from state-approved training schools could be entered.” (39)

In a letter in the October 1904 issue of *Asylum News*, Walshe suggested that the AWA should also introduce its own Bill, and together with the Bills of the two other bodies who had taken up the matter, should go

before a committee of the House of Commons. Then “there will be an incorporation of bills, and one good one may be got out of all.” (40) Walshe’s suggestion that the AWA should introduce its own Bill was supported by an “Inspector”, who continued the correspondence by stating that it was inadvisable for mental nurses to be classed in the same category as sick nurses, as their interests were not identical. He submitted that “for the purposes of registration they should be classified as distinct from each other. Such a scheme would ... promote efficiency, supply... stimulus to our calling by raising the status of mental nurses.” (41)

In 1904 the MPA was concerned about the inadequate representation of the association on the committees sponsoring the two Registration of Nurses’ Bills, (42) and neither Bill made any progress within Parliament. At the beginning of 1905, Bills for the registration of nurses were again before the House of Commons and a select committee was again sitting to consider the expediency of the registration process. The Bills were not discussed in Parliament, but the select committee continued to sit. Evidence was heard from Professor Ernest White, former Superintendent of the City of London Asylum and Professor of Psychological Medicine at King’s College, London. He was also a Vice- president of the SSRTN, but he presented the views of the (R)MPA. He argued for an official system of registration of nurses for the insane, based on the voluntary scheme of the MPA, a scheme which had been in successful operation for the previous fourteen years. After describing the training and examinations, he pointed out that an official register of names of those qualified to attend upon the insane actually existed and that the council of the MPA also exercised disciplinary power. The MPA gave itself the authority to discipline unsatisfactory behaviour, which included the ultimate sanction of removal from the register. “Incidents of misconduct, which prior ... to the Register had been dealt with at local level, now became public.” (43) These incidents were recorded in the register for attendants and are held at the library of the Royal College of Psychiatrists.

While punishment of staff for physical maltreatment of their charges seems highly justified, the example of disciplinary measures for moral “misbehaviour” against Lewis shows not only the operation of Victorian morality but a now unacceptable level of intrusion into the private sphere. The first nurse reported for misconduct was Lillian Ames, ‘for behaving roughly to one of the patients’. She was fortunate as her name was not removed from the register. Fred Swadling, the next to be reported, ‘for kicking a patient’, was struck off as was Christina Robertson, when it was revealed that she had previously spent a short time in prison. Also Joseph Lewis’s name was removed for having deserted his wife to live with another woman. (44)

While Dr Shuttleworth, on behalf of the AWA, was in general agreement with the evidence of Professor White. He pointed out that there were a number of asylums, such as Northampton, Prestwich, Dorset and Worcester which set their own examinations and issued their own certificates. He advocated official recognition of these certificates, as in his opinion “the certificate granted by them was an excellent one. He went on to assert that all independent certificates granted by the asylum authorities, after an examination equivalent to that of the Medico-Psychological Association should be recognised.” (45) Dr Shuttleworth concluded, however, that it would be an advantage to have uniformity of examinations throughout the country.

The report of the select committee was published on 25 July 1905. The committee recommended that a register of nurses be kept by a central body and no person should use the title “Registered Nurse” unless her name was on the register (46). The governing council was to consist of matrons, nurses, doctors, representatives of the training schools and of the general public. It was also recommended that nurses should have had three years’ training at a recognised training school, passed the required examination and be of



good character. The Register of Nurses should be published annually and provision should be made for removing the names of those nurses found guilty of serious misconduct in the execution of their duty, or of moral delinquency. With regard to the claims of asylum nurses, the committee recommended that a separate register of Registered Asylum Nurses should be kept by the central body. To be admitted to this register, nurses should have served for not less than three years (in not more than two asylums), have been granted the (R)MPA certificate and be of good character.

In Outterson Wood's presidential address to the MPA in July 1905, he praised the association's decision to change the period of training for the nursing certificate to three years, as it "freed the nurses from the taunt of being inadequately trained as compared with hospital trained nurses." (47) He also felt that it would give increased status to the asylum nurses and greatly strengthen their hand in pushing forward their claims for inclusion in any state registration scheme. Finally, he pointed out that in his opinion there were "only three organised qualifying bodies for nurses in the field with regard to State registration viz. RBNA, the Midwives Board and our own Association." (48)

Laura Evans, former Matron of Berrywood Asylum, Northampton and co-founder, of the AWA, with Drs Green and Harding, also of Berrywood Asylum, commented on the select committee's recommendation that MPA certificate holders be admitted to the proposed register, echoing Dr. Shuttleworth's earlier comments. Evans reminded her readers that the examination at Berrywood was "much stiffer than that of the Medico-Psychological Association and a nurse must have been at Berrywood at least three years, successfully passing three examinations [written, practical and oral] each year before she gains the certificate." (49) She also claimed that Berrywood was the first asylum in England to train its staff. They were a year or two in advance of the Medico-Psychological Association.

Her views were in agreement with those of Dr Harding, also from

Berrywood. In a discussion in 1906 on Outterson Wood's paper on the training and registration of nurses, he confirmed that a three-year course of training had been in existence at Berrywood for sixteen years. He criticised the (R)MPA system of training and examination as being very haphazard. The only uniform part was the written examination which, in his opinion, was the least important method of gauging a nurse's efficiency, echoing Nightingale's earlier observation. He also argued that nursing would tend not to progress "if the qualification for registration was restricted to the Medico-Psychological Association Certificate... The qualification for registration should not be restricted to any one certificate." (50)

In March 1906, two rival Bills were again being promoted for the state registration of nurses and a deputation was received by Lord Crewe, the Lord President of the Council, who said that he "feared that the government would not ... find time to initiate legislation on the subject, but if a Bill were privately introduced it would receive benevolent attention." (51)

A deputation opposing the state registration of nurses was also received by Lord Crewe in June 1906. It suggested as an alternative an official directory recording the names, places of duty, periods of training and appointments. The reason the deputation gave for its opposition was the difficulty of removing a nurse from the register. The nurse would have to be guilty of "misconduct almost amounting to criminal misconduct... to effect such removal." (52) Lord Crewe completely contradicted the statement he had made to the previous deputation. He informed the later deputation that there was no prospect of legislation on this matter in the current session of Parliament. Moreover, due to the influential character of the opposition, it was very doubtful if any legislation could have been successful for some years to come. As Abel-Smith commented, "Those who favoured registration were reminded that there were forces opposed to it and those who were not in favour were reminded that there were many in favour, whose opinion could

not be ignored.” (53) Thereafter in Britain the debate over registration essentially became a struggle between those who wished to maintain the “supremacy of the organisational interests of the hospital” and those who wanted to “reconstruct nursing as a free profession” which controlled its own fees and conditions of work (54).

Again the MPA decided to support the Bill put forward by the RBNA, because it proposed that the MPA should have a representative on the Central Board. This had been omitted “in the Bill as originally drafted, but on January 8th... we [the MPA] succeeded in satisfying the Council [of the RBNA] that in view of the fact that the Select Committee had recommended that... asylum nurses should be state registered, we justly claimed to have someone to represent their interests on the Central Board.” (55)

Both the RBNA and the SSRTN again planned to introduce rival Bills for the state registration of nurses in 1907. The AWA declared that it was not able to support any Bill which did not provide for adequate representation on the governing body of mental nurses themselves. Dr Shuttleworth, Secretary of the AWA, suggested that the numbers of “mental nurses admitted to the register as compared with that of registered general nurses should be taken into account in apportioning seats on the Central Council.” (56)

In a report to the MPA, Dr Outterson Wood pointed out that the association had a duty to see that in any system of state registration full justice was obtained for their nurses - they must be included in any scheme laid before Parliament. He also revealed that a petition organised by the SSRTN was being circulated to obtain signatures from asylum trained nurses. It was suggested that the MPA promote their own petition, or one co-jointly with the RBNA, which had assisted in many ways before (57). The MPA Appeal, supporting the claims of mental nurses for state registration was signed by more than 7 000 people.

In due course in the next session of Parliament the two competing Bills were again brought forward. Both Bills recognised the claims to registration

of asylum trained nurses. The "Notes and News" column in the *Journal of Mental Science* did not believe that either Bill on state registration would be passed that year. Shuttleworth also felt that it was very doubtful if registration would ever be carried. He then went on to boast that "In any case this Association can claim to have supported the interests of asylum- trained nurses with promptitude and vigour." (58)

The Bill sponsored by the RBNA advocated inclusion on the state register "for the names ... of those nurses who had been registered as having served not less than three years, in not more than two asylums, and having received the certificate of the Medico- Psychological Association." (59) The Nurses' Registration (No 2.) Bill on behalf of the SSRTN provided for a supplementary register of asylum trained nurses who held the certificate of the MPA, or its equivalent. This latter provision would presumably include as eligible certificate holders from those asylums, such as Berrywood, which issued their own certificates. In Bill number 1, the Central Board, which would administer the Act, was to consist of sixteen persons, one to be appointed by the council of the MPA, while in Bill number 2, the Nursing Council would consist of nineteen people, again one appointed by the MPA. In addition "one past or present matron of a public hospital for the insane, was to be elected by the nurses on the Mental Nurses' register." (60)

A public meeting was held in support of the SSRTN Bill on 21 February 1908, in Westminster. Lady Helen Monro-Ferguson, the wife of the presenter of the society's Bill, expressed herself encouraged by the growing sentiment in favour of registration. She pointed out that the society had the support of the BMA and 2 000 nurses were enrolled among the active workers in the cause. She reminded her audience that "State Registration of Nurses was an accomplished fact in New Zealand, Cape Colony and Natal, Canada and Australia." (61)

Nurses in the Cape of Good Hope achieved registration by means of a Medical Act passed by the government of the Cape Colony in 1887. The

Medical Council of the colony was authorised to grant certificates of competency in nursing to women who could either prove they held certificates from recognised hospitals, or satisfy examiners appointed by the council that they had been efficiently trained and were trustworthy. The register was to be held by the Medical Council and the names of all registered nurses were to be published annually in the government *Gazette*. (62) There was no mention of mental nurses being included in the legislation.

In Britain Dr Hyslop, from Bethlem, in the interests of mental nurses, supported the resolution that the government should recognise the “pressing necessity which exists for an Act for the registration of trained nurses.” (63) He told the meeting that for the past fifteen years the MPA had operated a system of training, examination and registration among both male and female asylum nurses. He also pressed for proportional representation on the governing body. Copies of the resolution were sent to all Members of Parliament.

Bill number 2, in the hands of Munro-Ferguson (64) in the House of Commons, was introduced in the House of Lords by Lord Ampthill (65) and received a second reading on 6 July 1908. It was “identical with that which has for the last four years been before the House.”(66) Both the MPA and the AWA were concerned with what they considered to be the inadequate representation of mental health personnel on the Nursing Council - one asylum doctor appointed by the MPA and one asylum matron by the AWA. Sir William Collins, MP and President of the AWA, agreed to propose any amendments deemed necessary when the Bill reached the House of Commons (67). The third Bill related to registration of nurses in Scotland.

At this point the situation on the continent makes an interesting comparison. In Belgium in 1908 mental nurses were admitted to the State Register contingent upon their having passed a thirty-minute oral examination and a written paper. Subjects examined included anatomy of the

skull and spinal cord and various nerves. In addition, candidates could be examined on alimentation, including forced feeding; bathing and isolation; and upon their general knowledge concerning management and treatment of the patients. They also had to be acquainted with the types of mental diseases, including imbecility and idiocy, mania, melancholia and epilepsy. Finally, they were required to know how to lend aid in cases of accidents and the manner of giving medicines as well as the rules governing the transfer of patients and professional secrecy (68).

The Central Committee for the State Registration of Nurses came into being in 1908 following the successful passage of Lord Ampthill's Bill through the House of Lords. "Progress in the House of Commons was more difficult to achieve. Mr Asquith, with a heavy legislative programme, was unwilling to give facilities for the Bill. Moreover there were no less than three rival Bills in the field." (69) In order to present a unified approach on behalf of the nursing profession, this committee included the principal nursing organisations that favoured state registration. Both the RBNA and the SSRTN joined the committee. Over the next ten years, Mrs Bedford Fenwick was to play a prominent role in the activities of the Central Committee. In 1909, she organised a deputation to meet the Prime Minister to obtain his "support in the Bill for the State Registration of Nurses... it will be introduced by Lord Ampthill... We want representative women, doctors, MPs and Matrons." (70) However, the committee was never "sufficiently united to put constant pressure on the legislators. It was faced by powerful lobbies in the voluntary hospitals and the medical profession. It lacked the sponsorship of a powerful government and the overwhelming support for its aims." (71)

In 1911 the now annual attempt at a Nurses Registration Bill was re-introduced into the House of Commons, this time with an additional Bill providing for the separate registration of nurses in Scotland. The only significant change in this Bill to its predecessors was that the interests of

fever nurses were also recognised by the inclusion on the council of a medical superintendent of a fever hospital and a fever trained nurse (72). That year *Asylum News* again reported that the Nurses' Registration Bill had been re-introduced in the House of Commons under the auspices of Munro-Ferguson. As there was likely to be considerable opposition and as the hands of the Government would probably be full, there was little chance of advancement, unless special facilities were granted; as predicted, since the Government did not assist in this matter, the Bill failed to proceed (73).

The National Asylum Workers' Union (NAWU) included the provision for state registration of mental nurses in their National Programme adopted at a special delegate conference in September 1918 (74). Although there is no evidence that the NAWU played any significant part in the struggle for state registration, when the legislation was finally passed in 1919 the executive council of the NAWU, following correspondence with the Ministry of Health, nominated Tom Christian and Miss N. Wooster to serve on the Provisional General Nursing Council (only Christian was later appointed to the permanent council) (73). However, agitation for registration continued. Apart from the unqualified nurses and the small number of hospitals that exploited their nurses for financial gain, there was greater unanimity among doctors and nurses than ever before on the subject and it was hoped that the Bill would have an easier passage through the House than previously.

The Prime Minister thus received a deputation from the Central Committee in April 1913. The groups represented included the BMA, the Matrons' Council of Great Britain and Ireland, the RBNA, the SSRTN, the Fever Nurses' Association, the National Council of Trained Nurses of Great Britain and Ireland and the National Union of Women Workers of Great Britain and Ireland. Neither the MPA nor the AWA was represented.

In reply to the deputation the Prime Minister referred to the opposition to the Bill as "a more menacing and formidable array than before. It consisted, as he was informed... of 91 chairmen of hospitals, 66 matrons of London

hospitals, 178 matrons of provincial hospitals 1 332 nurses and 342 doctors. He was bound to say... there was not unanimity in the medical profession or even the nursing profession.” (76) He went on to state that as there was no substantial concensus for this Bill, if the Government provided facilities in its favour, there would be a great deal of opposition in Parliament. He suggested that the Central Committee should negotiate with the opposition to see if they could reach a compromise, the Central Committee rejoined that there was “absolute unanimity amongst something like 40,000 people, doctors and nurses and they were opposed by a handful of people who did not even give their names.” (77)

For several years prior to the First World War, “the Central Committee’s agreed Bills were presented to the House of Commons: and every year the Government refused to give it facilities.” (78) “When the War began, the Government prohibited the introduction of controversial Bills by private members... and...the Central Committee...could not introduce, or press forward a Bill.” (79)

Since the First World War another most pressing factor came into play on the side of the registrationists. By 1915 the BMA was expressing its concern at the increasing number of inadequately trained nurses caring for the war wounded. It believed that “the remedy was to improve the status of the nurse by continuing to strive to obtain state registration of nurses... [and to] “work with other interested bodies to work towards State Registration.” (80) By that year, too, several prominent voluntary hospital figures “approached the major training schools with a proposal for a college of nursing. It would operate a system of voluntary accreditation... Such an approach would be far more attractive to the hospitals because it left them with considerable influence over the standards required... The Central Committee continued to advocate the imposition of occupationally determined standards, regardless of their practical considerations.” (81)



This new development was to have important implications for nursing. "A new generation had grown up in the profession, who chose to link themselves with the hospital administrators." (82) Sarah Swift, who had been Matron-in-Chief, Joint War Committee, saw the need to standardise the nursing qualifications (83). She approached Arthur Stanley, Chairman of the British Red Cross Society and asked his help to found a College of Nursing. He agreed and enlisted the aid of Alice Lloyd-Still, matron of St Thomas' Hospital; Rachel Cox Davies, matron of the Royal Free Hospital; Miss Haughton, then matron of Guy's Hospital and Sir Cooper Perry, Medical Superintendent of Guy's. After receiving a favourable response "from matrons and managers of the large training schools and hospitals in the country... the establishment of a voluntary collage of nursing was announced... at the beginning of January 1916." (84) This resulted in the founding of the College of Nursing Ltd (RCN). Although state registration was not among the original aims of the college, the Hon. Arthur Stanley used the term "recognition advisedly and not registration," a term he felt to be much broader (85). Within a month of its foundation the college was putting out feelers to its rival, the Central Committee "with the object of coming to an agreement upon the terms of a Bill to be brought before Parliament... at as early a date as possible." (86) Stanley, the founder of the college, pointed out that their method was the opposite of those who sought to obtain legal registration. First they wanted full and frank discussion. After that state recognition would follow almost as a natural sequence.

Sadly, attempts to achieve unity failed entirely and by June 1916 "there was as much difference of opinion as there ever had been... By the end of the year the Central Committee and the College of Nursing each decided to concentrate on their own Bills" to be represented to Parliament (87). Even though Ellen Musson, (88) matron of the Birmingham General Hospital, would have done anything to amalgamate the two Registration Bills into a single one (89). If agreement had been reached the new organisation would

have become "The Royal British College of Nursing". (90) Moreover, this would have meant that only one Bill for the registration of nurses would have been presented to Parliament thus pre-empting many of the later difficulties. This attempt failed because of differences to the terms offered by the Privy Council.

With the publication of the original proposals of the RCN, the (R)MPA suggested that provision of a supplementary register for mental nurses be included. In response the College Bill included the following clause relating to mental nurses: "An asylum-trained nurse who holds a certificate of the Medico-Psychological Association or its equivalent... or who has trained as a mental attendant in the Royal Army Medical Corps (RAMC) may claim to be placed on the Supplementary Register of Mental Nurses on satisfying the Council that he or she is twenty-one years of age and of good character." (91)

The RCN continued to develop its own register and charge a guinea per person for the privilege of inclusion, on the promise that "*when*" not "*if*" the College Bill became law, those registered with the RCN would automatically be placed on the state register at no further cost. Mental nurses were cautioned not to "invest guineas in what may still be described as a doubtful speculation", (92) while the AWA in conjunction with a special committee of the MPA continued to press for adequate proportional representation of mental nurses on the official state council. Meanwhile, the RCN was castigated for seeking "powers to legislate for mental nurses without a single member on its Council having any practical knowledge of the training and special circumstances of this numerous and important class of worker." (93)

The *British Journal of Nursing* in June 1918, reporting the annual meeting of the AWA, pointed out that in addition to keeping a vigilant eye on the proposed Bill of the RCN, "the Committee would do well to lend a hand in the active promotion of a just Bill, such as that in charge of Major Chapple

MP, who....is one of the Vice-Presidents of the Association.” (94) This view was accepted by the AWA because the AWA was to be represented on the Bill of the Central Committee, whereas the second Bill, that of the RCN, did not include the AWA; understandably, therefore, “The Association’s interest was chiefly in the Central Committee’s Bill.” (95)

The registrationalists were now irrevocably divided into two hostile camps and their respective journals, the *Hospital* and the *British Journal of Nursing* “resumed their bitter attacks.” (96) The proposed College Bill contained the controversial Clause 4, which, if implemented, could lead to the setting up of supplementary registers. This possibility gave rise to great anxiety within the ranks of the Central Committee and its supporters; it appeared to “cut at the root of the one portal system through a central examination of thoroughly qualified nurses.” (97)

The opponents of the Bill argued that if supplementary registers were to be established, and the children’s nurses, fever nurses, first aid nurses, sanitary trained nurses etc. were included on state registers, there would be no specific protection for fully trained workers under the College Bill. Isabel Macdonald, Secretary of the RBNA and a supporter of Mrs Fenwick, pointed out with irony that “under this Bill, you can have ... nurses for the Zoological Gardens.” (98) Mrs Fenwick “increasingly attacked children’s nurses as not as thoroughly trained as general nurses.” (99) It was also rumoured that the College of Nursing favoured VAD members, many of whom were going to be trained for public health work. Under Clause 4 it would be possible to establish a register for such public health nurses.

The spectre of VAD nurses, who in the main had received only a very limited amount of training, being admitted to the register alongside fully qualified nurses was to haunt the profession for several years to come. However, Professor Glaiser for the college stated that it was not the intention “of the College to admit any VAD nurse until she had fulfilled the conditions in the Bill as to full training.” (100) He also pointed out that “when framing a

Bill, lawyers always took care to put in more than they wanted,” (101) which was the reason why they included the power to “institute other Supplementary Registers for nurses trained under conditions approved by the Council.” (102) If at a later date there was need for supplementary registers, the power to establish them was already available.

Miss MacDonald then queried the necessity for additional supplementary registers at all, if they were not going to be kept (103). There was also concern that nurses on the supplementary registers would be entitled to be called registered nurses. Since members of the public were unlikely to ask a nurse, calling herself a registered nurse, “which Register they were on... the Bill would give no protection for the trained nurses.” (104) Critics of the supplementary registers also believed that the proposals “cut away one of the planks of the state registrationist’s one portal system.” (105)

The Central Committee’s Bill was introduced in the House of Commons on 11 March 1919 by Major Barnett, (106) and received its second reading on 28 March. Up to this time the College of Nursing had supported this Bill. However, during the committee stage many amendments were proposed, including several relating to Clause 16, which defined the nurses’ register as one consisting of a general register of women nurses, a supplementary register of asylum trained nurses and a supplementary register of male nurses. “The debates on the Bills in the two Houses of Parliament consisted to a considerable extent of shadow boxing. Each side naturally claimed that its own proposals were the more democratic.” (107) Mrs Fenwick, for example, claimed that the Central Committee’s Bill was “a Democratic measure giving equality of opportunity to all nurses in regard to registration...[whereas]... the Bill approved by the College of Nursing Ltd...gives an unfair preference to members of the College of Nursing Ltd.” (108) On the other hand, Miss Ferrier, a matron wrote the “the Bill of the Central Committee is not a democratic scheme...The Bill for the College of

Nursing ...is democratic." (109) Perhaps predictably, the relations between the two organisations deteriorated yet further during the passage of the third reading of the Central Committee's Bill through the House of Commons, and "Parliament witnessed the ugly spectacle of two professional organisations airing their private feuds before the forum of public opinion." (110)

Josiah Wedgwood, a future prominent Labour politician criticised the Central Committee's Bill in the House (111). He was determined to see that "an avenue into the nursing profession was kept open for the daughters of the working class as much as any other class." (112) He was therefore opposed to the middle-class bias of both the Bills being proposed. In contrast, during the House of Lords debate Lord Amphil said that if the College of Nursing Bill was not passed, nurses would be forced into trade unions. "It is what is already happening. You will have seen it in the case of the Asylum Workers' Association... and they will be thrown into the arms of the Labour Party. Is this a desirable thing to do at the present time?" (113) The Labour Party had accepted the redefinition of nursing as a skilled craft, and looked forward to "the elimination of the sweated labour in the noble profession of nursing." (114) The Party was also concerned that nursing should not become socially exclusive, which was one of the aims of the registrationalists (115). Another source of friction was that the NAWU was angry because the proposed Bill allocated the AWA a representative, while there was no corresponding representation for the union. Thus the General Secretary was "instructed to look after the union's interests in the matter of representation on the GNC." (116) As stated previously, after correspondence with the Ministry of Health, the Executive Council nominated Tom Christian and Nurse Wooster to serve on the GNC. (117)

In its report on the College of Nursing's Registration Bill, published on 26 April 1919, the *British Journal of Nursing* made its position very clear. "We are, and always have been strongly opposed to the registration of specialists,

other than male and mental nurses, because they [the specialists] are unjust to the workers and are merely advantageous to their hospital employers.”

(118) The Journal further asserted that the provision for supplementary registers was inserted to placate the Federation of Children’s Hospital managers. Mrs Fenwick “increasingly attacked children’s nurses as not being as thoroughly trained as general nurses.” (119) This was the last straw. Dr Addison, (120) the Minister of Health, who had been trying unsuccessfully to broker a compromise between the Central Committee and the College of Nursing, now stated that “on behalf of the government he intended to introduce a measure for Registration of Nurses.” (121)

On Thursday 6 November, the Minister of Health introduced the Government’s Bill for the state registration of nurses into the House of Commons. The Nurses’ Registration (No.2) Bill would set up a register consisting of the following parts: a general part for women nurses; and supplementary registers for male nurses, mental nurses and sick children’s nurses. The Central Committee regretted that the current Bill did not “provide for the inclusion of the Scottish and Irish nurses under the jurisdiction of one Central Council.” (122) Indeed, it would take over sixty years for this concept to come to fruition with the establishment of the United Kingdom Central Council for Nursing, Midwifery and Health Visitors in 1984.

During the debate, Sir Watson Cheyne (123) tried to introduce additional supplementary registers for nurses trained in fever and other infectious diseases, for district nursing for outlying parts of the kingdom and for any other prescribed class (124). However, Dr Addison opposed this suggestion as he objected to tying the hands of the council at the outset by the insertion of a number of additional supplementary registers into the Bill. His policy was to give to the council responsibility and to leave it to settle the details. Major Barnett pointed out that, incidentally, the Fever Nurses Association did not desire a separate register of fever nurses at that time. They wanted the addition of the words “Also trained in Fever Nursing” to

their entry on the General Register.” (125)

It was also proposed by Sir Arthur Samuel that the London Committee of Children's Hospitals and the Federation of Provincial General Hospitals for Children should be added to the schedule of societies which the minister would consult (126). Dr Addison explained that the only bodies mentioned in the Bill were the Central Committee, the College of Nursing and the RBNA. He was not prepared to make any addition to this list. To soften their disappointment, he gave an assurance that when he appointed the General Nursing Council he would include two nurses who had had experience of nursing sick children (127) - something for which the Select Committee of Representatives of the Principal Children's Hospitals in London had been pressing for for some time. They had been urging that “the interests of the children's nurses shall be protected by the appointment of not less than two persons on the Council.” (128) Dr Addison showed that he was sympathetic to this suggestion, because when the Act was finally passed in December 1919 it contained provision for a supplementary register for nurses trained in the nursing of sick children (129).

Of the sixteen trained nurses appointed by the minister to the first General Nursing Council, two were to be experienced children's nurses; one male nurse and one male and female mental nurse were also appointed to the council. It was also true that the nursing membership was dominated by the College of Nursing and, with the support of the lay members, they had a comfortable majority of 19 votes against the 6 upon which the Bedford Fenwick faction could rely. “This domination was going to affect the role and conduct of the GNC for several years to come.” (130) Their sole interest in the well-being of the female general nurses at the expense of the specialist groups was to be a predominating feature during the years of this study.

For mental nurses this apparent success was not the end of the story. While the state register, with its supplementary parts for specialist nursing groups, had been indeed achieved, the MPA felt aggrieved at what they

considered cavalier treatment by the GNC. The co-operation between them broke down when the GNC refused to accept the MPA certificate as a recognised route to the GNC supplementary register for mental nurses.

In 1923, when the GNC published its first Register of Nurses, it included 10 887 general nurses (90%) and 639 mental nurses (5%) out of a total of 12 097 (131). These data illustrate unequivocally the almost total dominance of general (female) nurses over all other branches of nursing. Because of the opposition of the GNC to mental nursing, a large number of mental nurses remained outside the influence of the GNC. A report entitled *Nursing in County and Borough Mental Hospitals* published in 1924 revealed that there were nearly 17 000 mental nurses (7 418 male and 9 531 female) working in 97 mental hospitals. Of these over 2 500 nurses (1 588 male and 1 155 female) were in possession of the MPA nursing certificate (132); yet they constituted less than one sixth of the total.

The MPA rejected the ruling of the GNC regarding the refusal to accept the association's certificate and continued to fight for the "right" of (R)MPA trained nurses to be accepted on to the state register without further training or examinations. This dispute continued until the inception of the National Health Service after the end of the Second World War, when the MPA bowed to the inevitable and withdrew from any further involvement with mental nurse training and examinations.

In a report from the GNC Mental Nursing Committee in July 1920, Bedford Pierce still thought that the council was making a serious mistake if it did not accept the certificate of the MPA as qualification for entry on to the supplementary register in the same way as it accepted certificates from hospitals for the general register. He believed this omission would "prejudice the position of nurses who hold it, and will create much difficulty in other directions." (133)

In October 1923 the Board of Control wrote to the Minister of Health



approving the GNC mental nursing syllabus. Its members also expressed their regret that both the examinations of the GNC and MPA would continue and suggested a possible solution to this wasteful duplication: "The preliminary examination for all nurses should be held by the Nursing Council" (134) and the MPA should conduct the final examination for mental nurses under the supervision of the GNC. The memorandum concluded by giving credit to the MPA "for all they have done during the past 30 years in the training and examination of nurses throughout the British Isles." (135) Sir Frederick Willis and Dr C.H. Band, responsible for the memorandum, felt sure that the MPA would continue to hold their examinations even if the GNC set up another examination on the same syllabus.

L.G. Brock, (136) Principal Assistant Secretary at the Ministry of Health wrote to Bedford Pierce setting out the Board of Control's position (137). In his reply Dr Bedford Pierce regretted the conflict between the MPA and the GNC - he was a member of both organisations - and briefly re-stated the essentials of the disagreement. The GNC had decided to conduct examinations in all departments of nursing and it was important that mental nursing "should not be divorced from the general body of nurses." (138) The MPA responded that its certificate was recognised all over the English-speaking world. It would also submit that the MPA "Knew much better than any other body the requirements of mental patients and their nurses." (139) Bedford Pierce then stated that the MPA had created a one-portal examination system, under which many thousands of both male and female nurses had been trained. Finally he praised the textbook. In his view he believed "that they [the mental nurses] should become registered and become an integral part of the nursing profession." (140) The members of the Mental Health Committee of the GNC were of the opinion that it would be unfortunate if two similar examinations for mental nurses should exist side by side. However, the committee "were unanimously of the opinion that the GNC ought not to delegate any of its authority in regard to examinations."

(141) They were prepared to offer limited co-operation to the MPA in that they would accept (R)MPA nominated examiners for the GNC mental nurses examination.

In a letter from Mr Brock informing the GNC that the minister had approved the syllabus for the examination of mental nurses, he also pointed out that both the Board of Control and the minister shared the view "that it is undesirable that there should be two bodies holding examinations for mental nurses and ...would welcome any steps to avoid such duplication." (142)

Mr Brock sent a minute to the Permanent Secretary at the Ministry of Health, Sir Arthur Robinson, dated 26 November 1923, (143) stating that the Board of Control had pointed out that the mental nursing syllabus submitted by the GNC was practically identical to that of the MPA. In order to prevent this duplication they suggested that these bodies co-operate. Brock went on to inform Robinson that the GNC had agreed to meet representations of the MPA. They also insisted that the conference should take place at the Ministry of Health under the chairmanship of a ministry representative. Apparently the GNC regarded "The Board of Control as not sufficiently impartial." (144) Brock anticipated that the negotiations would be difficult because "there was a great deal of prejudice on the part of certain members of the council, [amended from "certain doctors" on the council] who regard the Medico-Psychological Association as an employers' organisation." (145) He concluded by informing the Secretary that the MPA would not have agreed to attend the conference if they had not been reminded that the GNC "had no effective means of preventing candidates taking... [their examination]... in preference to registration." (146) On the following day, the secretary appended a comment at the foot of the minute indicating that he would be ready to assist at the conference.

In December 1923, a memorandum from Mr P. Barter, Principal at the Ministry of Health, to Mr Brock pointed out several areas of friction between the positions of the GNC and the MPA. They were: (1) The syllabuses were

almost identical, in fact even the GNC admitted that the revised syllabus of the Medico-Psychological Association had, with a few alterations, been adopted by the council. (2) The MPA's certificate had been recognised throughout the British Isles for many years, and 2 000 nurses took the examinations every year. Barter's opinion was that if the GNC proposals were passed in their 'present form' the (R)MPA would be unlikely to abandon their examination. There would be two bodies holding examinations for mental nurses.

As the GNC had statutory responsibility, its members felt they could not delegate the examinations to another authority. Notwithstanding that mental nursing was seen as more highly specialised than any other form of nursing, the GNC nevertheless only had one member familiar with the treatment of mental disorder (Dr Bedford Pierce), whereas the Medico-Psychological Association had "at its command the best authorities in this sphere." (147) A possible solution might have been the creation of a joint examination board to run a single examination, a development which would have ensured control by the GNC and that the MPA could "continue their work without loss of status or identity." (148)

A conference was held on 13 December 1923 attended by representatives from the Board of Control, the General Nursing Council, the Medico-Psychological Association and the Scottish Board of Health. The chairman was Sir Arthur Robinson, who was accompanied by Mr Barter. Both sides presented their proposals and counter-proposals (149). The following points were agreed by both the GNC and the MPA as obviously requiring further discussions.

(a) The Medico-Psychological Association made it clear that they would continue to issue their own certificates.

(b) The GNC were to continue to conduct the Preliminary Examination.

(c) It was recommended that the GNC and MPA would meet to consider matters relating to the final examination.

It was reported in an internal memorandum dated December 1924, from Mr. Barter to Mr Brock, that a joint committee of the GNC and the MPA had been formed and had been working together amicably for the previous four months, but "the danger of a duplication of examinations had not been entirely eliminated." (150) At the beginning of January 1925 it was revealed in a memorandum to Sir Arthur Robinson from Mr L. Brock that the joint committee had still not succeeded in arriving at any effective compromise (151).

By 1927 the RMPA was exploring another avenue regarding the acceptance by the GNC of the RMPA nursing certificate. In a letter to Sir Arthur Robinson, the RMPA enquired how the rules of the General Nursing Council could be amended or revoked in order that "the General Nursing Council could accept the Certificate of Proficiency in Mental Nursing in qualifying for admission to the supplementary part of the Register for Mental Nursing." (152) The reply from the Ministry of Health to the RMPA it was pointed out that "the initiative for an alteration of the rules must apparently come from the Nursing Councils themselves." (153)

In an internal Ministry of Health memorandum dated January 1928, Mr Brock referred to the fact that outside trained nurses were admitted to the register as intermediate nurses, but pointed out "...it is one thing to accept the certificates of other bodies as a temporary measure... it is quite another thing to make a permanent rule...to admit to the Register on the strength of a certificate by an outside body." (154) One of the main objections to acceptance of the (R)MPA certificate by the GNC, even though they may have had the legal power to recognise the RMPA examination, was based in part on policy considerations. Another was seen by the council as weaknesses in the organisation of these examinations.

On the first point the council objected to recognition of examinations conducted by outside authorities because it would make it difficult to differentiate between the RMPA and other bodies which used to examine, but

had given up, such as the Fever Hospitals Association. The council also criticised the RMPA examination on the grounds that superintendents examined their own nurses and the proportion of passes was so high that a very low standard of marking was implied. This view that mental nurses were not so highly trained as general nurses was a continuing claim made throughout the period under discussion. What was actually happening was that the great majority of mental nurses were taking the RMPA certificate, which enabled them to work up to the grade of charge nurse, "but for higher posts, Matron, Assistant Matron, Sister Tutor etc., double training is required and a doubly trained nurse prefers to take the GNC examination, which excuses her a year off general training." (155)

All this high-level bickering shows clearly that there was still no real desire on the part of either the RMPA or the GNC to settle the dispute. The view of the GNC, bluntly expressed by the chairman Miss Musson, was that "She was registering the only people who were worth having." (156) She also admitted that she would not mind legislation compelling the council to recognise the RMPA certificate, provided that the nurses so admitted to the register were put on a separate part and that they did not qualify for shortened training or any other privileges. This would have meant that the GNC would have two separate registers for mentally trained nurses, surely a nonsense. Unless the original GNC supplementary register ceased to exist and in future all trained mental nurses were put "on a separate part, admission to which carried no right to any... other privileges either the mental nurse must be judged by the same standards or must be put definitely into a separate category and would have no grounds of complaint if she [*sic*] were regarded... as an inferior article." This gender insistence begged an implicit question, "What about the male mental nurses?" As nothing came of these proposals, the question was side-stepped and never faced. Of course, Musson could have been following the convention of including the male

nurses under the female collective pronoun “she”. If so, on this issue, where a large proportion of the mental nurses were male, it would have been better if she had been more precise. However, her words seems to be an indication of her own and the GNC’s prejudice against male nurses, both mental and general.

In response to the initiative by the RMPA, the GNC informed the Minister of Health, Arthur Greenwood (157) that in its view acceptance of the (R)MPA’s proposals would “effectively destroy the whole system of the one-portal entrance to the State Register, a principle which from the inception of the Registration movement has been held to be vital to the efficient working of any Act for the State Registration of Trained Nurses” (158)

In January 1928, Mr Brock informed the RMPA that only the GNC was empowered to formulate new rules for the registration of nurses, and that the minister would not enter into discussion regarding hypothetical matters. (159) Brock revealed in a postscript to Mr Vallance of the Scottish Board of Health in January 1928 that “If there is one thing worse than negotiations with doctors it is negotiating with nurses.” (160)

A letter dated 5 May 1928, from the Scottish Board of Health in Edinburgh to the Ministry of Health in London, gave a comparison between those who passed the examination of the GNC and those who passed that of the (R)MPA (see Table 4.1); the unavoidable conclusion to be drawn was that there was an obvious preference of candidates for the RMPA examination because the entry fee was less and the preliminary examination was more relevant than the GNC’s with its concentration on anatomy, physiology and hygiene.

Interestingly, an internal memorandum revealed that the Government was reluctant to introduce its own legislation to amend the Nurses’ Registration Act of 1919. The legal advice given to the Government was that the GNC had the power to accept the certificates of another body for registration, but did not choose to do so, this despite the opinion expressed by the GNC that they could not recognise any examination but their own for the purposes

**Table 4.1 Comparison of Final Examination Results Scotland 1925-27**

<i>General Nursing Council for Scotland</i>				<i>Royal Medico-Psychological Association</i>		
<i>Year</i>	<i>Entered</i>	<i>Passed</i>	<i>%</i>	<i>Entered</i>	<i>Passed</i>	<i>%</i>
1925	1	1	100	234	215	91.9
1926	16	16	100	242	214	88.4
1927	24	20	83.3	309	209	67.6

(161)

of the Act. Another hindrance to finding a solution was that the GNC felt the examination of the RMPA was not "sufficiently severe [i.e. rigorous] to exclude nurses who do not really warrant admission to the Register." (162)

Miss Musson had no wish to register the mental nurses for whom, in general, she had voiced the greatest contempt. This expression of her attitude was quoted in an internal Ministry of Health memorandum to Sir Arthur Robinson in July 1932 from Mr Brock, who went on, "This view is probably shared in a greater or less degree by the other Matrons on the General Nursing Council." (163) In the face of such opposition the officials at the ministry were nevertheless still trying to broker a deal between the two antagonists on the lines that the GNC should appoint the RMPA as their agents to conduct the final examinations under the active supervision for the GNC. Barter concluded that "Ultimately it may be possible to secure a compromise on these lines, but not as long as the Council has a chairman as uncompromising as Miss Musson." (164) In a comment by Sir Arthur to the minister and appended to the memorandum he admitted that unless the (R)MPA had altered its view, the deadlock was hopeless.

In 1930 a Private Member's Bill was being prepared for presentation to Parliament which would enable nurses holding the RMPA certificate to be registered on the supplementary part of the register for mental trained nurses without further examination. The Association of Hospital Matrons (AHM) made their views known in letters to the Minister of Health, the Rt Hon.

Arthur Greenwood MP, and the Minister of Labour, the Rt Hon. Margaret “That the One-Portal Examination must be maintained, and that to substitute the Examination of a Voluntary Society for that of the Statutory Body would be to deprive the Mental Trained Nurses of the privileges enjoyed by all other branches of the profession.” (166) Both the RCN and the Mental Hospital Matrons Association expressed their opposition to John Remer’s Bill, (167) although Miss Musson, had said previously that she would not mind legislation compelling the council to recognise the RMPA certificate, subject to certain qualifications. Later the prospects of such legislation appeared to discompose her; she asserted “that the whole Council would resign office rather than surrender to the RMPA.” (168) A modern assessment has been expressed by Carpenter who considers that during the 1920s the conflict between the GNC and the RMPA meant that mental nurses were being drawn “into closer alliance with the psychiatrists and their professional association. General nurses began to be seen as the enemy more than medical superintendents.” (169)

Mr Barter prepared a briefing for the minister before his meeting with Dr Worth of the RMPA about the dispute between them and the GNC. Mr Brock pointed out at the foot of the accompanying note that there appeared to be “no sign of any readiness on the part of Miss Musson and the GNC to end this quarrel.” (170) In a continuing endeavour to find a viable solution a meeting took place between the Minister of Health, Sir Edward Hilton Young, and Dr Worth for the RMPA in November 1932. When asked by the minister whether there was any prospect of a settlement between the council and the association, Dr Worth said that he feared there was little hope (171). It was decided that no further action should be taken by the minister on Dr Worth’s representations.

This was how the matter was left for some three years. In July 1935, Dr Worth wrote again to the minister stating that he had never received ‘the



promised letter' about the matter of the ruling in 1932, on the subject of examiners. As the matter had again arisen, Dr Worth was asking that "the question could again be considered and a definite opinion given." (172) However, according to the report of the November 1932 meeting, there was nothing to indicate that a reply from the minister was considered. The minute from Mr Barter to Mr Worth dated 12 August 1935 confirmed this opinion, while the postscript from Mr North, Principal at the Ministry of Health, to Mr de Montmorency, Intelligence Officer, also at the ministry confirmed this view, and questioning the need to reply "?reply... [to Dr Worth] that there seems to be some misunderstanding as the departments records of Dr Worth's interview with the Minister, Sir Hilton Young... (173) on the 10 November 1932 does not suggest that further action was contemplated." (174)

The situation appeared to be unchanged in 1935. Sir Laurence Brock, by then Chairman of the Board of Control, still did not think there was any prospect of change in the situation at the GNC as long as that body was dominated by Miss Musson; the GNC were unwilling to register mental nurses unless they were in all respects equal to the general trained nurses. On the other hand the RMPA did not want to give up their examinations because, among other reasons, according to the Ministry of Health, the examinations were both a source of revenue and an important cohesive element for the association. (175)

In reality, the final examinations of the two bodies were based on the same syllabus, but the preliminary examination of the GNC contained a great deal relating to general sick nursing which was not required knowledge for the certificate of the RMPA. For various reasons an "overwhelming majority of mental nurses take the RMPA certificate but never become registered nurses." (176) The Joint Committee on the Recruitment and Training of Nurses set up by the County Councils Association and the Association of Municipal Corporations recommended that the GNC should confer with the

RMPA for the purpose of agreeing on a common syllabus (177).

A note describing the long-running dispute between the GNC and the RMPA prepared prior to their conference reiterated the point that most mental nurses took the RMPA certificate and therefore did not become registered nurses. The reasons included "the comparative costs... the lower standard of the RMPA certificate and the difficulty in many mental hospitals of providing adequate clinical material for the preliminary state examination."

(178) The conference between the GNC and the RMPA was held on the 20 June 1939 (179) with Sir Arthur Hall from the Royal College of Physicians in the chair (180). Sir Arthur stressed that the meeting was a private one and he reviewed the main items of dispute. The GNC had determined that it should be the sole examining body for admission to the nurses' register; on the other hand the RMPA had been conducting their examinations for thirty years prior to the inception of the state examination. In 1928 the RMPA had approached the GNC requesting that their certificate should be accepted for admission to the register; that request had been denied.

Hall believed that the overtures made by the RMPA were reasonable. He then considered the reasons why the GNC had rejected the (R)MPA's suggestions. The first reason given by the GNC was that they had been granted statutory powers to conduct their own examination. Hall's view was that the Nurses' Registration Act 1919 allowed for the delegation of these powers. The second objection was that the GNC claimed that if they accepted the RMPA certificate there would be no justification for refusing the diplomas of other bodies. Hall commented that the council could have informed other bodies that when they too had been examining for thirty years, their diplomas could be considered by the GNC.

The conference discussed the main points of difference, claim against counter-claim. When asked by Sir Frederick Menzes (GNC) why the RMPA persisted in their examinations now that a statutory body had been set up by Parliament, Dr Petrie for the RMPA replied that their certificate met public

needs. They were training 4 000 nurses per annum; the numbers entering the GNC examination were insufficient to meet the need for qualified mental nurses. Moreover, he asserted that even if the RMPA examinations were stopped, few would enter themselves for those of the GNC due to the higher costs; this would result in a shortfall of trained staff. Dr Masefield for the RMPA thought that the final examination of the GNC was easier than that of the RMPA. Miss Willis (GNC) pointed out that the preliminary examination of the RMPA was inferior to that of the GNC. Sir Arthur Hall (chairman) reflected that special items might be required in the preliminary mental nurses examination, for instance to ensure candidates had knowledge to deal with such complex but not uncommon situations as in "the case of a young girl being left in charge of mental patients when one attempted suicide." (181) This was dismissed as irrelevant by Miss MacManus (GNC)

Every issue that was raised by one side was immediately rejected by the other. The question of costs incurred by the candidates was raised. Sir Frederick Menzes (GNC) said that this could not be altered, as the same costs applied equally to all parts of the register. When Sir Arthur Hall referred to the General Medical Council's practice of accepting as qualified those who had passed the examination of the College of Physicians, Miss Musson (GNC) retorted that the College of Physicians was composed of members of the same profession, i.e. medical men. He pointed out that the RMPA was a voluntary association of medical men and mental nurses were not represented on it. Thereupon Dr Masefield for the RMPA said that mental nurses were not satisfied with their representation on the GNC. Mr Buckley (GNC) stated that even if mental nurses were a minority, their views were "regarded as paramount" in questions concerning mental nurses, and Miss Willis (GNC) added that mental nurses had greater proportional representation than fever nurses, whose total numbers were much larger.

This conference confirmed the long-standing view that neither side really

wanted to settle the dispute. In reality this also meant that both sides were still trying to control mental nurses, but only on their terms. Moreover, it is significant that no mental nurse was on hand to speak on behalf of his/her colleagues. The nurses on the GNC were all general nurses and, of course, no mental nurses were included in the RMPA delegation. Both sides claimed to speak for mental nurses, which showed the regard, bordering on contempt, in which mental nurses were held in by both the general nurses' leaders and the mental health doctors.

The GNC and the RMPA kept up their bitter conflict during the 1920s and 1930s through the pages of the journals and in the committees of inquiry. The GNC argued for a unified occupation and the importance of a common standard for all nurses (182). Their opponents on the RMPA claimed that their training and examination had proved its practical value to mental nurses, and was supported by the medical profession, whereas the GNC had only two mental nurses and one doctor with specialised psychiatric knowledge in its ranks.

In 1939 Sir Arthur Hall, the chairman of the mental sub-committee of the Athlone Committee wrote to the GNC asking if the conflict between the GNC and the RMPA could be resolved. If not he suggested that a separate statutory body should be established to register all mental nurses and the council duly appointed its own mental nurse committee to consider this matter.

The Midland Federation of the Mental Hospital and Institutional Workers' Union was expressing a similar view. Its members proposed that "there be one examination for registration purposes, by the RMPA and the GNC becoming a corporate body," (183) For its part, the Society of Registered Male Nurses, (184) while opposing the Athlone Committee's proposal, suggested to the GNC "that all the supplementary registers be swept away and there should be one register of nurses." (185) Dame Ellen Musson

retorted that there was already only one register of nurses, although it had six parts.

In 1945 the GNC and the RMPA met, and in wake of the publication of the Athlone Committee report in January 1946 the RMPA announced that it would not accept any further candidates for training after December 1946, while those holding the RMPA final certificates were to be entered on the appropriate parts of the GNC register. This outcome was what the RMPA had desired all along. The final examination held by the RMPA was in 1951. Those holders of the RMPA certificate who wished to undertake training for another part of the register would be exempt from the GNC preliminary examination. Alexander Walk has admitted that much of what the RMPA “did in a fruitless effort to defeat the General Nursing Council’s policy was misguided and a little churlish.” (186) Nevertheless, by their efforts they finally managed to secure entry on to the register for a large number of nurses who would otherwise have remained unrecognised.

However, this did not lead to increased autonomy for mental nurses. As Nolan has revealed, the history of mental health nurses has never showed that mental nurses “...have ever been autonomous; they have always been closely linked to doctors and generally controlled by them... their attempts to separate themselves from medicine and the medical profession have largely been confined to superficial changes in nomenclature.” (187)

## Appendix One

### Ministers of Health 1919-51

1919- 1921	Christopher Addison	Liberal
1921-1922	Sir Alfred Mond	Liberal
1922-1923	Sir Arthur Griffith- Boscawen	Unionist
1923-1924	Neville Chamberlain	Conservative
1924	John Wheatley	Labour
1924-1929	Neville Chamberlain	Conservative
1929-1931	Arthur Greenwood	Labour
1931	Neville Chamberlain	Conservative
1931-1935	Sir E. Hilton Young	Conservative
1935-1938	Sir Kingsley Wood	Conservative
1938-1940	Walter Elliot	Conservative
1940-1941	Malcolm MacDonald	National Labour
1941-1943	Ernest Brown	Liberal National
1943-1945	Henry Willink	Nat. Conservative
1945-1951	Aneurin Bevan	Labour
1951	Hilary Maequand	Labour
1951	Henry Crookshank	Conservative

Source: Norman Wilding and Philip Laundry(1972) *An Encyclopaedia of Parliament*. London: Cassell.

## Notes

1. Dr. Acland, later Sir Henry Acland, was Honorary Physician to the Prince of Wales. Between 1857 and 1894 he was Regius Professor of Medicine at the University of Oxford and a member of the Medical Council (concise *DNB* (1992) vol. 1, Oxford: Oxford University Press).
2. The Medical Act 1858 established a medical register, which provided for the registration of both male and female doctors. However, when the Act was passed, there were no women in Britain practising as doctors. It was not until 1870, when Elizabeth Garrett became the first woman to be awarded an M.D. by the Medical School of Paris. She had previously, in 1865, received the licentiate of the Society of Apothecaries.
3. Florence Lees (1874) *Handbook for Hospital Sisters*. London: W. Isbister, p.xiv. Miss Lees, a Nightingale Nurse, was one of the pioneers of district nursing. She also trained and worked in Berlin, Dresden and Kaiserwerth. Afterwards she worked as a surgical sister at King's College Hospital, London.
4. Carrie Howse (1989) Registration: A minor victory. *Nursing Times*, vol. 84, 6 December, pp. 32-4.
5. Burdett was spokesman for the Hospitals' Association, which represented the management of the voluntary hospitals, and he played an outstanding role in the hospital world for half a century. Prior to a successful career in the London Stock Exchange, he was secretary of the Queen's Hospital, Birmingham. His publications included *Burdett's Hospital Annual*, the *Nursing Mirror* and *The Hospital*. Both Burdett and Mrs Fenwick were uncompromising and opinionated people and following their disagreement over the direction they wished nursing to take, their relationship became extremely embittered.
6. Brian Abel-Smith (1960) *A History of the Nursing Profession*. London: Heinemann. p.68.

7. Christopher Maggs (1987a) Sir Henry Burdett and the RNPFN. *Lampada*, no.11, Spring, pp.12-14. at p.14.
8. D.P. Griffon (1995) Crowning the Edifice. *Nursing History Review*, vol. 3, pp. 201-12. at p.204.
9. Ibid., p.203.
10. Michael Arton (1992) *The Development of Sick Children's Nursing, 1919-1939*. Unpublished M. Phil. thesis, University of Bath.
11. Sarah Tooley (1906) *History of Nursing in the British Empire*. London: Bousfield. p.371.
12. Maggs (1987), p.14. A fuller account of the events leading up to the setting up of the BNA can be found in Christopher Maggs (1988) The Royal British Nursing Association, 1887-1987. *RCN History of Nursing Bulletin*, vol. 12, no. 4, pp.29-32. See also Susan McGann (1992) *The Battle of the Nurses*. London: Scutari, Chapter 2. Mrs Bedford Fenwick, pp. 35-57.
13. Howse (1989), p.32-4.
14. *British Journal of Nursing*, vol. 67, 22 April 1919, p.279.
15. Arton (1992), p.2.
16. T. Outterson Wood (1905) Presidential Address, 1905. *Journal of Mental Science*, vol. 50, October, p.657.
17. Winifred Hector (1978) *The Work of Mrs Bedford Fenwick and the Rise of Professional Nursing*. London: RCN Research Series, (based on M.Phil. thesis, City University, 1970)
18. Griffon (1995), p.207.
19. McGann (1992), p.39.
20. Mrs Fenwick initiated the Matrons' Council of Great Britain (1894), the International Council of Nurses (1899) and the National Council of Nurses of Great Britain, (1904).
21. The register contained the names of 1 073 male nurses (48.5%) and 1 141 female nurses (51.5%) who had all passed the examinations for the



RMPA nursing certificate. (These figures were obtained from the published results in the *Journal of Mental Science* from July 1891 to January 1898. The results continued to appear regularly until November 1934.)

22. J. Outterson Wood (1897) The Asylum Trained and Certified Nurses of the Medico-Psychological Association. *Journal of Mental Science*, vol. 42, July, pp.530-4. at p.531.

23. *Nursing Record*, 28 November 1896, p.429.

24. Wood (1897), p.532.

25. Peter Nolan (1993b) *History of Mental Health Nursing*. London: Chapman & Hall, p.69.

26. Jean Donnison (1977) *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights*. London: Heinemann p.67 See also John Rivers (1981) *Dame Rosalind Paget, 1855-1948: A Short Account of her Life and Work*. London: Midwives Chronicle.

27. Donnison (1977), p.69.

28. *Asylum News*, vol. 8, January 1904, p.1.

29. Dr Robert Farquarson MD (Edinburgh) had been assistant surgeon to the Coldstream Guards and was later medical officer of Rugby School and assistant physician at St. Mary's London. He was also a lecturer in *Materia Medica* at the medical school there. He was Liberal MP for Aberdeen West from 1880 to 1906.

30. *Asylum News*, vol. 8, February 1904, p.1.

31. *Journal of Medical Science*, vol. 50, October 1905, p.658.

32. *Asylum News*, vol. 8, February 1904, p. 1.

33. *Ibid.*, vol.8, June 1904, p.45.

34. *Ibid.*, p.68.

35. *Ibid.*

36. *Ibid.*, vol. 8, September 1904, p.82.

37. *Ibid.*, p.88.

38. *Ibid.*, vol. 8, October 1904, p.90.

39. Howse (1989), p.34.
40. *Asylum News*, vol. 8, October 1904, p.96.
41. *Ibid.*, vol. 8, November, 1904 p.104.
42. *Journal of Mental Science*, vol. 50, October 1904, p.793.
43. Nolan (1993), p.71.
44. *Ibid.*, pp.71-72.
45. *Asylum News*, vol. 9, July 1905, p.58.
46. Hector (1973), p.43.
47. *Journal of Mental Science*, vol. 50, October 1905, p.651.
48. *Ibid.*, p.656.
49. *Asylum News*, vol. 9, October 1905, pp.101-2.
50. *Journal of Mental Science*, vol. 51, July 1906, p.613.
51. *Asylum News*, vol.10, March 1906, p.21.
52. *Journal of Mental Science*, vol.51, July 1906, pp.582-3.
53. Abel-Smith (1969), p.81.
54. Robert Dingwall, Anne Marie Rafferty and Charles Webster (1988) *An Introduction to the Social History of Nursing*. London: Routledge, p.78.
55. *Journal of Mental Science*, vol. 51, April 1906, pp. 306-12. at p.309.
56. *Asylum News*, vol. 11, July 1907, p.52.
57. *Journal of Mental Science*, vol. 52, April 1907, p.370.
58. *Ibid.*, vol. 52, July 1907, p.632.
59. *Asylum News*, vol. 12, March 1908, p.25.
60. *Ibid.*
61. *Ibid.*
62. *The Nurses' Journal*, vol.1, no. 4, November 1991, p.75.
63. *Asylum News*, vol.12, March 1908, p.26.
64. The Rt Hon. Ronald Munro-Ferguson, Liberal MP for Ross and Cromarty, 1884-1885; then MP for Laith Burghs from 1886-1914. He was Liberal Whip from 1894-1895. In 1914 appointed Governor-General of Australia and created Viscount Novar in 1920. From 1922-1924 he was Conservative

Secretary to Scotland and died in 1926.

65. Lord Ampthill was former temporary Viceroy and Governor-General of India in 1904; from 1897-1900 Private Secretary to Joseph Chamberlain. During the First World War he went on to achieve the rank of colonel and was mentioned in despatches three times. In 1918 he was a founder member of the National Party. He died in 1935. (*Who Was Who 1929-40*, p.40.)

66. *Asylum News*, vol. 12, July 1908, p.67.

67. *Ibid.*, vol.12, September 1908, p.86.

68. *Ibid.*, vol. 12, October 1908, p.94.

69. Abel Smith (1960), p.81.

70. PRO:DT/13/81; Letter from Mrs Fenwick to Lady Strachey, 29 April 1909.

71. Dingwall, Rafferty and Webster (1988), p.83.

72. *Asylum News*, vol. 14, March 1910, p.31.

73. *Ibid.*, p.19.

74. George Gibson (ed.) (1931) *21 Years: A History of the Mental Hospital and Institutional Workers' Union, 1910-1931*. Manchester: MHIWU, p.25.

75. *Ibid.*, p.36.

76. *Asylum News*, vol. 13, May 1913, p.48.

77. *Ibid.*, p.49.

78. Abel-Smith (1960), p.82.

79. *British Journal of Nursing*, vol. 67, 1 February 1919, p.82.

80. *Ibid.*, vol. 60, 15 May 1915, p.408.

81. Dingwall, Rafferty and Webster (1988), p.85.

82. Eve Bendall and Elizabeth Raybould (1969) *A History of the General Nursing Council for England and Wales, 1919-1969*. London: H.K. Lewis, p.21.

83. Sarah Swift, Matron of Guy's Hospital, 1901-1909; Matron of the British Red Cross Society, 1914-35.

84. Susan McGann (1992), p.170.

85. *Hospital Gazette*, February 1916, p.83.
86. *British Journal of Nursing*, vol. 64, 22 April 1916.
87. Bendall and Raybould (1969), p.23.
88. Ellen Musson, Matron of Birmingham General Hospital, 1909-23; Principal Matron, Territorial Force Nursing Service, 1915-18. Miss Musson was a founder member of the RCN and was elected to the GNC in 1923 to represent the matrons of the provincial hospitals. She was appointed Chairman of the GNC in 1927, the first nurse to hold the position. A fuller account of her life can be found in Susan McGann (1992) *The Battle of the Nurses*. London: Scutari.
89. *Nursing Times*, vol. 14, 1 February 1919, p.104.
90. *Journal of Mental Science*, vol. 62, October 1917, pp. 580-1.
91. *Asylum News*, vol. 20, September 1916, p.29.
92. *Ibid.*, vol. 22, March 1918 p.11.
93. *Ibid.*
94. *British Journal of Nursing*, vol. 66, 1 June 1918, p.388.
95. *Asylum News*, vol. 23, June 1919, p.12.
96. Brian Abel Smith (1990), pp. 91-92.
97. *British Journal of Nursing*, vol. 67, 15 February 1919, p.113.
98. *The Hospital*, 1 February 1919, p. 389.
99. Arton (1992), p.5.
100. *Nursing Times*, vol. 14, 1 February 1919, p.104.
101. *Ibid.*
102. *British Journal of Nursing*, vol. 67, 18 January 1919, pp. 29-30.
103. *Hospital*, 1 February 1919, p. 390.
104. *British Journal of Nursing*, vol. 67, 1 February 1919, p.71.
105. *Hospital*, 1 February 1919, p. 391.
106. Major Sir Richard Barnett (1863-1930), a regular soldier and successful businessman in the oil industry was also a barrister. He was Conservative Member of Parliament for St. Pancras, 1916-29 and was

knighted in 1924. (M. Stenton and S. Lees (1960) *Who's Who of British MPs*, vol.III, 1919-1945. Hemel Hemstead: Harvester.)

107. *British Journal of Nursing*, vol. 67, 18 January 1919, p.29.

108. *Hospital*, 12 April 1919, p.46.

109. Abel-Smith (1960), p.96.

110. Ibid.

111. Col. Rt Hon. Josiah C. Wedgwood DSO (1872-1943) was a member of the famous pottery family and was educated at the Royal Naval College, Greenwich. He became a naval architect and served in the South African War as a gunnery officer. In 1914, he was a Lieut. Commander in the Royal Naval Auxiliary Service and was promoted to commander in 1915. Later, he served in Flanders and at Gallipoli, commanding an armoured car squadron. He served as a major on General Smuts' staff in East Africa in 1916 and was promoted colonel in Siberia where he served until 1918. He was MP for Newcastle from 1906 -42, firstly as a Liberal until 1919, then as a Labour member. From 1931 he sat as an Independent Labour Party member. He was Chancellor of the Duchy of Lancaster in 1924. In 1942, he was created Baron Wedgwood. He died in 1943.

112. House of Common Debates, 28 March 1919.

113. Ampthill, House of Lords, 27 May 1919; cited in Dingwall, Rafferty and Webster (1988), p.87.

114. *British Journal of Nursing*, vol. 67, October 1919, p.182.

115. Dingwall, Rafferty and Webster (1988), p.87.

116. NAWU Executive Council, 3 April 1919; Modern Records Centre, University of Warwick. COHSE:229/NA/1/1/1

117. Gibson (1931), p.36.

118. *British Journal of Nursing*, vol. 68, 10 January 1920, pp.21-22.

119. Arton (1992) p.5.

120. Rt. Hon. Christopher Addison (1869-1951). He was educated at St. Bartholomew's Hospital, MB, BS, FRCS. He became Lecturer in Anatomy at

St. Bartholomew's and later Professor of Anatomy and Examiner of Cambridge and London Universities. He served as Liberal MP for Shoreditch from 1910 until 1922 and from 1929 as Labour member for Swindon until 1931, and again from 1934 to 1935. During the First World War, he was Minister of Munitions and later Minister of Reconstruction. In 1919 he was appointed the first Minister of Health under the Liberal banner and was Minister of Agriculture in 1930 in the Labour Government. At the end of the Second World War, he held several portfolios, while serving as Leader of the House of Lords, in Attlee's post-war government. He had been created Baron Addison in 1937 and Viscount Addison in 1945.

121. The Nurses' Registration (No. 2) Bill Clause 2(1) (d).

122. *British Journal of Nursing*, vol. 68, 6 December 1920, p.342.

123. Sir William Watson Cheyne CB, KCMG. (1852-1932) was born in Tasmania and educated at Aberdeen and Edinburgh Universities. Appointed Assistant Surgeon Kings' College Hospital, London in 1879, he became Professor of Surgery there in 1890 and of Clinical Surgery in 1901. From 1914 to 1917, he was president of the Royal College of Surgeons. During the South African War, he was consulting surgeon to the British Army, ending up as Surgeon General. He was later appointed Surgeon Rear Admiral in the Royal Navy. He entered Parliament in 1917 as a Coalition MP (Conservative) for Edinburgh and St. Andrew's University. The following year he represented the Scottish Universities. He was created a baronet in 1908 and retired in 1922.

124. *British Journal of Nursing*, vol. 67, 6 December 1919, p.343.

125. *Ibid.*, pp.343-4.

126. Sir Arthur Michael Samuel (1872-1942) was educated at King Edward VI Grammar School, Norwich. He became Lord Mayor of Norwich in 1912 and entered Parliament as Conservative MP for Farnham in 1918. He held several government posts between 1924-1927 and became Parliamentary Secretary to the Treasury from 1927 to 1929. He was created a baronet in

136. Later Sir Lawrence Brock, (b. 1889), educated at Corpus Christi, Oxford. Served at the War Office and Admiralty; Assistant Secretary at the Ministry of Health, 1919-25, then Principal Assistant Secretary, 1925-8. Thereafter, he became chairman of the Board of Control, 1928-45. He was knighted in 1935 and died in April 1949.
137. PRO:MH 55/458; Letter, 22 October 1923.
138. PRO:MH 55/458; Letter from Dr Bedford Pierce, 26 October 1923.
139. Ibid.
140. Ibid.
141. PRO:MH 55/458; GNC letter to L.G. Brock, 1 November 1923.
142. PRO:MH 55/458; Letter to GNC from L.G. Brock, 8 November 1923.
143. Sir (William) Arthur Robinson, GCB, (1929) CB (1915) CBE (1918) KCB (1919) Born 1874, educated Queen Mary's College, Oxford. In 1895 entered the Colonial Office, served in HM Office of Works and Air Ministry, before becoming Secretary at the Ministry of Health from 1920-1935. He then became Chairman of the Board of Supply until 1939, when he became Secretary to Ministry of Supply. He retired in 1940. He died in 1950.
144. PRO:MH 55/458; Ministry of Health minute, 26 November 1923.
145. Ibid.
146. Ibid.
147. PRO:MH 55/458; Note from P. Barter to L. Brock, 11 December 1923.
148. Ibid.
149. PRO:MH 55/458; report of conference on mental health syllabus, 13 December 1923.
150. PRO:MH 55/458; Memorandum from P. Barter to L.G. Brock, 8 December 1924.
151. PRO:MH 55/458; Memorandum from L. Brock to Sir Arthur Robinson, 8 January 1925.
152. PRO:MH 55/458; RMPA letter to Ministry of Health, 28 December 1927.

153. PRO:MH 55/458; Memorandum from P. Barter, 2 January 1928.
154. PRO:MH 55/458; Memorandum to Mr Maude, Ministry of Health, 11 January 1928.
155. PRO:MH 55/459; Memorandum from L.G. Brock, 14 January 1930.
156. Ibid.
157. Rt. Hon. Arthur Greenwood (1880-1954). Educated at Leeds University afterwards becoming Lecturer in Economics there. He served as Labour MP for Nelson and Colne, 1922-1931, and for Wakefield, 1932-54. From 1920 to 1931 he held the post of Minister of Health. He was a member of the War Cabinet from 1940-1942, Lord Privy Seal from 1945-1947 and Paymaster General, 1946-1947.
158. PRO:MH 55/459; Letter to Minister of Health from RBNA, 21 March 1929.
159. PRO:MH 55/458; Letter to MPA from L. Brock, 20 January 1928.
160. PRO:MH/485; Letter from Scottish Board of Health to Ministry of Health, 5 May 1928.
- 161 PRO:MH 55/458; Hand-written postscript to letter from L. Brock to M. Vallance, 24 January 1928.
162. PRO:MH 55/459; internal memorandum, 10 January 1930.
- 163 PRO:MH 55/459; memorandum from L.G. Brock to Sir Arthur Robinson, 26 July 1932.
164. PRO:MH 55/459; internal memorandum, 26 July 1932.
165. The Rt. Hon. Margaret Bonfield MP PC (b. 1873). Chief Women's Officer, National Union of General and Municipal Workers, 1916-23; Assistant Secretary, National Federation of Women Workers, 1918-24; General Council member at the TUC, 1924; President General Council of the TUC, 1923-4; Labour MP for Northampton, 1926-31; MP for Wallsend, 1929-31. Minister of Labour; first female Cabinet Minister; created PC 1929. She died in June 1953.



166. PRO:MH 55/459; Letters to Arthur Greenwood, Minister of Health and Margaret Bonfield, Minister of Labour from the Association of Hospital Matrons, 28 January 1930.
167. John Rumney Remer (b. 1883). Timber merchant and saw mill proprietor, M.P. for Macclesfield from 1918 until 1939, when he resigned. He died in 1948.
168. PRO:MH 55/459; Undated memorandum from Mr Barter, c January 1930.
169. Mick Carpenter (1988) *Working for Health*. London: Lawrence & Wishart, p.101.
170. PRO:MH 55/459; appended to note from P. Barter to L. Brock, 29 October 1932.
171. PRO:MH 55/459; report of meeting between the Minister and Dr Worth, 10 November 1932.
172. PRO:MH 55/459; Letter from Dr Worth to Sir E. Hilton Young, Minister of Health, 26 July 1935.
173. Edward Hilton Young (b. 1879), educated Trinity Hall, Cambridge, MA; barrister. Lt. Commander RNVR, 1914-19. Liberal MP for Norwich, 1915-23, 1924-29. Became Conservative 1926. MP for Sevenoaks, Kent, 1929-35. PC, 1922; GBE, 1927. Created Baron Kennet, 1935. PPS at the Admiralty 1919; Financial Secretary to Treasury, 1921-2; Secretary of Overseas Trade, 1931; Minister of Health, 1931-5.
174. PRO:MH 55/459; footnote to internal memorandum, P. Barter to G.C. North, 12 August 1935.
175. Ibid., internal memorandum.
176. PRO:MH 85/797; note on dispute between GNC and RMPA, May 1935.
177. PRO:MH 85/797; Memorandum, 3 June 1936.

178. PRO:MH 85/797; note on dispute between GNC and RMPA, May 1935.
179. The representatives attending were: GNC: Dame Ellen Musson, Chairman; Miss Smith, Vice Chairman; Miss Bowes; Mr Buckley, Chairman Mental Nurses Committee; Dr Collins; Miss MacManus; Sir Frederick Menzies; Miss Willis and the Registrar. RMPA: W.C. Masefield; K.K. Dury, G.W. Smith; F.D. Turner and H.G.L. Hayes.
180. Sir Arthur John Hall MA, MD, D.Sc. FRCP (Kt. 1935) He was born July 1866, educated at Cambridge and St Batholomew's; physician to South Yorkshire Mental Hospital and visiting physician at Rampton Special Hospital. Chairman of the Mental Nursing Sub Committee of the Athlone Committee, 1939. Died 1951. (*Who Was Who*, vol.v, 1951-1960 (1984), p.471.)
181. PRO:MH 85/797; report of Conference held on 20 June 1939 between GNC and RMPA.
182. Dingwall, Rafferty and Webster (1988), p.132.
183. MHIWU National Executive Council, 23 February 1939. Modern Records Centre, University of Warwick. 229/NA/1/1/6.
184. The Society of Registered Male Nurses, which endorsed the view of the RCN and pressurised them to allow male nurses to join the RCN. This did not happen until 1961.
185. Bendell and Raybould (1969), p.153.
186. Walk (1961), p.17.
187. Nolan (1993), p.3.

## Chapter Five

### ASSOCIATION AND UNIONISM

This chapter deals with another aspect of the control exercised by the medical authorities over their attendants in the asylums. It also covers their eventual reaction to this control. By the late 1890s, those in charge of the asylums were already prescribing the training and education of the attendants and nurses; they were well on the way to making the management of asylums more like that of hospitals. To assist in this task, senior-grade, female hospital-trained nurses were introduced into the higher ranks of the asylum service. Female nurses were also employed to work on the male side of many asylums, a move that was seen as unseemly and a threat to pay and employment both by the male attendants and later by the union.

In 1876, Clouston, Physician Superintendent of the Royal Edinburgh Asylum, proposed to improve the status of attendants. He advocated that they should set up an association for attendants all over the kingdom (1). However, it was to be another twenty years before two doctors, a matron and Honnor Morten (a former nurse and writer sympathetic to the needs of asylum nurses and attendants) formed a national association *for* attendants. Eventually in 1910, an authentic trade union was established *by* attendants. This was their response to years of frustration with pay, conditions and status and their ultimately successful attempt to wrest back some degree of influence over their affairs by their own collective actions.

In the early nineteenth century the only method open to asylum nurses and attendants to air a grievance, apart from resigning their employment, was to present a petition to their employing authorities. This method was still being made use of as late as 1899, when a petition was presented in London by attendants seeking shorter hours. It was turned down by the asylum authorities, for reasons of expense, (2) an outcome which highlighted the

weakness of the petition system. Success or otherwise depended upon the good will of the authorities and there was no effective pressure that could be brought to bear on them by the asylum nurses and attendants.

About ten years earlier, in 1888, the trade union membership, among the general British working community was estimated at approximately 750 000, about 5 per cent of the total of those in employment, constituting 10 per cent of the adult males in employment (3). This was the period of the growth of the "new unionism", which catered "largely for the unskilled and poorly paid workers. They tended to have low entrance fees and depended not upon benefits, but aggressive strike action to win concessions from their employers and so keep their members satisfied." (4) They also tended to recruit members without distinction of the type of employment. They were "general" and not specific "craft" based.

The improvement in trade after 1842 brought a revival and expansion of trade union membership and activity and in spite of anxiety in some quarters, the revolutionary outbreaks in Europe during 1848 did not have much effect on English trade unions nor was there any orchestrated attempt at revolution in Britain. Nevertheless, many of the leaders of the new unions were influenced by the ideas of socialism and were often members of socialist groups. Will Thorne, the leader of the gas workers, was a member of the Socialist Democratic Federation, which was founded in 1887. During the gas workers' strike of 1889, Friedrich Engels presented Will Thorne with a copy of *Das Kapital*. (5)

A year before the Dock Strike of 1889, there occurred a event which showed that female workers could be as militant as their male counterparts. (This active response on the part of women strikers was also seen later, in 1922, in the so called 'Battle of Wakefield', a milestone in the history of mental nursing unionism). The significance of the Match Girls' Strike of 1888 was out of all proportion to its relatively small size. It "demonstrated to all

union men, what a few thousand girls... could achieve if they had the courage to defy oppressive and unjust employers.” (6) It started when a Fabian journalist, Annie Besant, wrote an article entitled ‘White Slavery in London’, drawing attention to the “disgraceful conditions” under which the matchgirls worked. The company defended its record and threatened to take legal action, which it never did. The matchgirls decided to strike when the owner, Theodore Bryant, sacked Annie Besant’s three main informants. Due to the support from papers such as the Liberal *Pall Mall Gazette* and from the unions, who contributed to the strike fund, the employers gave way after a stoppage of only three weeks and were forced to make significant concessions. Some three thousand full and part-time workers had been involved. Such success gave encouragement to the cause of unionism and to their members across the board.

The icon of the new unionism was the ‘Great Dock Strike of 1889’. It achieved an incalculable symbolic status, the strike of the London dockers winning “renown out of all proportion to its size.” (7) Their success did not last for very long, however, because in the following year, 1890, the National Union of Dock Labourers lost their right to wear their union badges. Also, union members were not automatically to be employed in the first instance and in the London Docks the “union was eased out of the docks with scarcely a ripple of public interest.” (8) The right to wear union badges seemed to have been a fundamental issue. In 1913, the “no badge” dispute in the London bus companies ended with the men being given permission to wear their union badges and Tillings, the bus company involved, also agreed to reinstate all the men who had come out on strike. (9) Nor were mental health workers untouched by union activity. It was to be the wearing of unions badges at Bodmin Asylum that would provoke the strike there in 1918.

In 1890, the same year as the first MPA nursing examination took place, there was an organised protest in the asylum service against low

wages and poor working conditions, especially the lack of pensions for disabled staff or for those who had worked for fifty years in the service. (10) An attempt to form a union in the early 1890s for attendants working in London asylums was short-lived and had come to nothing (11). In Bristol the new superintendent, Dr Benham began his work “under unusual difficulties. Extensive structural alterations are in progress and a strike among the attendants necessitated a new staff.” (12) Nothing is known about this strike or its origins except that the strikers were dismissed and replaced by new staff.

Six years later, in 1896, a group of attendants at the Richmond District Asylum in Dublin attempted to form a union, which they named the National Union of Asylum Attendants in Ireland. They even went “so far as to issue rules for members, but... publication roused the opposition of the asylum authorities.” (13) The Board of Governors of the Richmond Asylum refused to recognise the union and stated that membership would disqualify the attendants from employment in the institution. Dr Norman, (Richmond Asylum) at a subsequent meeting of the Irish Division of the MPA, reported that this prompt and decisive action at his asylum had “put a stop to this business, but it might possibly break out in other asylums and... give a good deal of trouble.” (14)

The MPA seemed to regard the formation of any workers' organisation as tantamount to mutiny. The editorial in the July 1896 issue of *Journal of Mental Science* stated that “A Trade Union is as impossible in an asylum as in the army or the navy. Discipline would be impossible and no confidence would be placed on a staff which would at any moment be paralysed by the action of an irresponsible and often tyrannically, autocratic trade union committee.” (15) A question was asked in the House of Commons by William Field, a Home Ruler and the Irish Nationalist MP for St. Patrick's Division, Dublin. He asked the Chief Secretary whether he was aware

that two attendants, James Duffy and Frederick Brunton, had been dismissed by the Board of Governors of the Richmond Asylum “for refusing to give up their membership of a trade union, which had been established in connection with their employment. The Chief Secretary replied that the appointment and dismissal of asylum attendants devolved by law upon the Board of Governors.” (16) It would appear that the asylum authorities were advocating the use of methods to stifle the existence of the embryo trade union equally as autocratic as those of which they were accusing the union of potentially resorting to. The authorities were continuing to deploy their powerful position to control the activities of their subordinate staff and prevent them from attempting to take some measure of self-control. There may also have been some element on the employers’ side of protecting their own creation: the Asylum Workers’ Association (AWA) had been formed the previous year in 1895.

According to Carpenter, the AWA came into existence as a reaction to the rejection by the Royal British Nurses’ Association (RBNA) to proposals to accept holders of the MPA nursing certificate as associate members of the RBNA. (17) However, contemporary accounts do not appear to support his view. Outterson Wood did not make his proposals to the RBNA until July 1896, when he suggested that “mental nurses...who held the certificate... for proficiency in nursing... should be admitted as members of the RBNA... as mental nurses.” (18)

As described in Chapter 4, the dispute between the RBNA and the MPA revolved around the response of Mrs Fenwick. In November 1896, she was no longer president of the RBNA and furiously retorted that no one could be considered a trained nurse who has only worked in asylums for the insane. As pointed out previously, she made sure that those who had supported the motion to include asylum nurses on the proposed register were not invited to further meetings of the RBNA.

The inspiration for the Asylum Workers' Association (AWA) came from the medical officers at the Northampton County Asylum, Berrywood. Drs Green and Harding, and the Superintendent of Nurses, Miss Laura Evans, thought that a "useful purpose would be served by the establishment of a society to include the lower as well as the upper ranks of the asylum service." (19) Credit was also given to Honnor Morten for the setting up of the AWA. In June 1894, she attended a preliminary meeting with Sir James Moody, Dr Harding and Sir Henry Belcher in London which "eventuated in the establishment of the AWA in the following year... Miss Morten served on its Executive Committee until she removed from the vicinity of London", (20) and she continued to support the AWA until about six months before she died, in July 1913. Morten had trained as a nurse at the London Hospital under Miss Lückes, in order to "acquire the practical medical knowledge which she found so useful in the benevolent schemes which she launched in after-life." (21) She took an active interest in the training of mental nurses and saw the AWA as a means of improving their status and levelling up their training to the standard of hospital nurses. She was also one of the first to advocate the system of school nurses. She described the objects of the association as follows:

- "(i) To improve... the status of asylum nurses and attendants.
- (ii) To secure the sympathy and co-operation of all those interested in institutional work and efforts, and
- (iii) To provide a home of rest and nursing for those engaged in asylum work." (22)

In the same article, Morten also summarised the constitution of the AWA:



- (1) Ordinary members were to be men or women engaged in the *care* of the insane. Medical members were to be doctors engaged in the *cure* of mental diseases.
- (2) Members were to be elected by the executive committee.
- (3) A list of ordinary members to be circulated annually, a note of place and length of training and any certificates held placed against each name.
- (4) The executive committee to be elected at the annual meeting.

Morten then went on to describe the functions of the Secretary and the Honorary Treasurer, and continued,

- (9) Annual subscriptions for ordinary members to be one shilling (1s.) and life membership, for medical and honorary members to be one guinea. (£1 1s.)
- (10) The accounts to be audited annually.
- (11) An Annual General Meeting to be held at which the proceedings were to be public.

As regards the officers of the AWA, "the vice-presidents included the Archbishop of Canterbury, the three Commissioners in Lunacy and the medical men formerly in the RBNA and the Chief Rabbi." (23) The first president was Sir Benjamin Ward Richardson. In his opening address he proclaimed, "We want to improve the attendants: many of them have not been properly trained. We want them to be truly masters of their work." (24) In that year the membership stood at 2 700. Yet Adams has suggested that the haste in which the AWA had been set up was responsible for some of its later troubles. For instance, "there was no balance between the different interest groups on the executive committee. Attendants themselves were

poorly represented.” (25)

This was still the case in July 1901, when the executive committee consisted of the following:

Lady members	10 (38%)
Medical members	11 (42%)
Attendant members	2 ( 7%)
Clergy members	1 ( 3%)
Private nurses etc. members	2 ( 7%)

Gibbons expressed the view that the committee should be augmented by additional members from the ranks of the attendants (26). Walk has agreed that the constitution and government of the AWA were entirely paternalistic and thus evidence of a patronising view of mental nurses both on the part of the managers, employers and probably a large element of the public. The annual meeting consisted largely of uplifting speeches. “No mental nurse even seemed to have spoken and it is doubtful if any attended.” (27) Walk made a valid, if somewhat exaggerated, point.

Adams also stated that the AWA had come into being as a result of dissatisfaction with the Lunacy Act of 1890, (28) an idea which receives some support from the fact that one of the first actions of the AWA was to draw up a petition to the Lord Chancellor to try to obtain a new pensions' clause for asylum nurses and attendants (29).

The first issue of the AWA journal *Asylum News* did not appear until 1897. In January 1896 the *Journal of Mental Science* revealed that there were “proposals for a periodical....which would represent the special interests of asylum officials.” (30) It was pointed out that the *Journal of Mental Science* would never neglect the interests of asylum workers, but it gave a guarded welcome to the new venture. The impression gained was that the MPA did not really desire a separate journal devoted to the interests of asylum workers even though there is no evidence that asylum nurses or attendants

showed any interest in the *Journal of Mental Science*, which was available only to members of the MPA, all of whom were doctors. As late as 1913 it was pointed out that "the contents of... [the *Journal of Mental Science*] though frequently bearing on asylum nursing and administration remained a sealed book to the rank and file employees." (31) In fact, an article in *The Hospital*, reprinted in *Asylum News*, stated that the AWA had been set up partially as a reaction to the exclusivity of the MPA (32).

A copy of the first issue of *Asylum News* does not seem to have survived. However, a review of it appeared in the March 1897 issue of the *Journal of Mental Science*, in which the newcomer was welcomed and it was hoped that "it may be successful in avoiding the difficulties which usually beset a young publication." (33)

That first issue is reported as having briefly stated the objects of the AWA and printed the names of a number of county asylum superintendents who supported the association. The financial situation of the association was described as satisfactory: there was a balance of nearly a hundred pounds and a membership of 2 000 (34).

Like those of the MPA, the records of the AWA do not seem to have survived. Until the appearance of the *Asylum News* in 1897, the only evidence for the association's activities are the sparse comments and mentions in the press. However, care has to be taken in the use of the journal, as the *Asylum News* presented only one point of view, that of the association. In its first year of publication, *Asylum News* reflected the early interests of the AWA. From the beginning its articles expressed concern with the pensions issue and the agitation over the proposals to link holders of the MPA's nursing certificate to membership of the RBNA. Outterson Wood was happily claiming in October 1897 that the General Council of the RBNA, of which he was a member, had "unanimously adopted the recommendation... in favour of admitting to its register, in a separate

department, the duly qualified and certified nurses, male and female, of the Medico-Psychological Association.” He went on to deride those within the RBNA who opposed the scheme as “only a few notoriety-seeking agitators”; An obvious reference to Bedford Fenwick’s supporters still on the committee. (35)

Yet not everyone in the AWA was enamoured of the idea of linking with the RBNA, for in the October issue of *Asylum News*, the question was raised “whether holders of these certificates will be favourably disposed to ally themselves to the RBNA.” (36) This same view was expressed more forcefully in a letter published in the same issue, which asserted “that the less mental nurses have to do with the RBNA the better.” (37)

In his presidential address to the annual meeting of 1898, Crichton Browne allied himself to the AWA in his guise as an “asylum worker” with upward of thirty years’ experience. He also disclosed his standpoint, for he went on to remark that an association composed entirely of nurses and attendants would lack stability and that medical guidance was essential if the association was to be “conducted in the spirit of wisdom and moderation... that can make it effectual for good if it is to be saved from degenerating into trades-unionism.” (38)

Crichton Browne openly opined that doctors should control the affairs of the AWA and his claim to be an asylum worker must have appeared very condescending to those few, if any, genuine asylum workers who might have been present at the annual meeting. He compared the asylum, “a medical institution from the first to the last and from top to toe,” with the AWA which was also to be a medical institution with the doctors having the preponderating influence. Bearing in mind this clear declaration of intent, and its implicit paternalism, it is surprising that the attendants and nurses appeared to support the AWA for as long as they did.

Carpenter suggested that there may have been some degree of bullying of attendants and nurses into joining the AWA, but he also pointed out that some may have joined because there was no true union alternative. He was correct when he stated that the AWA was almost a “company union”, which gave the appearance “of advancing the interest of employees, but the main purpose of a company union is to protect management’s power.” (39) In 1897, an un-named matron of a metropolitan lunatic asylum also expressed the view that the remedy for the attendants’ and nurses’ many grievances would be the setting up of a “good organisation of asylum workers pledged to agitate in the right spirit for a ten hours’ day, meals away from the wards, a yearly holiday of not less than three weeks, one day off duty each week...” (40) The establishment of the AWA two years previously apparently had not made much impact on this asylum matron, or perhaps she did not feel that the AWA was capable of carrying out the radical programme she had in mind.

The AWA was set up at a time of general trade union agitation, and asylum doctors, as has been described, were implacably opposed to any form of genuine trade unionism in their institutions. It could not be purely coincidental that the “doctors chose this particular time to promote an alternative association to ‘look after’ asylum workers’ interests”. (41)

From its inception one of the interests of the asylum workers which the AWA had attempted to pursue was the pensions issue (42). Mention has already been made of the pensions petition drawn up by the AWA in 1897. However, the AWA was remarkably unsuccessful in securing pensions for asylum nurses and attendants which the latter considered fair and adequate and were thus acceptable to them, this despite a great deal of time and effort being expended by the association in attempts to persuade Parliament to introduce a pension scheme for asylum workers.

The issue of pensions for attendants was not a new one. As early as June 1840 at a meeting of the MPA, a letter from Dr Corsellis of Wakefield

Asylum was read out on “the subject of inserting a clause in any new act of parliament, empowering the visitors of County Hospitals for the Insane to grant retiring pensions to the officers.” (43) As Walk and Walker noted, this attempt to urge the inclusion of a pensions provision into lunacy legislation was not supported by the meeting (44).

There was even some dissent regarding the propriety of a pensions clause itself. Arthur Morris, a clerk from Nottingham City Asylum, pointed out in a letter to *Asylum News* the unlikelihood of Parliament or any Committee of Visitors accepting the proposed clause, because of the expense. “Under the twenty-five years’ service limit, a man might be entitled to a pension at £48 per year for 20 years (providing he lived) or nearly £1 000.” (45) This view was countered by J.R. Walker from Hanwell, who questioned whether nursing staff could “possibly stand the physical or mental worry for 34 years.” (46) The Committees of Visitors and local authorities continued to oppose the insertion of a pensions’ clause in proposed lunacy legislation for many years to come.

Crichton Browne, by then Lord Chancellor’s Visitor in Lunacy, in his 1898 presidential address to the AWA, referred to the uncertainty as to whether a pensions’ clause might be added to the Lunacy Acts Amendment Bill. He broached the idea that perhaps pensions should be abolished altogether, provided that attendants’ “salaries and wages were raised to such an extent as to enable them to make moderate provision against old age or disability resulting from sickness.” (47) This interesting idea was not picked up by anyone and seemed to sink without trace. The resultant increase in attendants’ wages was probably the reason behind the failure of this bold proposition.

In June 1899, *Asylum News* reported that there was universal regret “at the fact that the pensions’ clause in the Lunacy Bill of 1899 has been omitted.” (48) At the May meeting of the executive committee of the AWA, it

was decided to “impress on the members... the necessity of bringing before the Parliamentary representatives of the...constituencies where asylums are situated... the regret... that the Pensions’ Clause in the Lunacy Bill of 1899 has been omitted.” (49) The committee also stressed that Members of Parliament should be made aware that “compact bodies of voters of one mind on this subject of pensions might make themselves felt at the next elections. The report concluded by emphasising that the AWA were “doing all they could to promote the interests of asylum workers.” (50)

At the end of 1899, the pensions issue came to the fore again. A new Lunacy Acts Amendment Bill was due to be introduced into Parliament the following year. A writer in the *Asylum News*, who signed himself “Union is Strength”, implied that nurses and attendants had not come so prominently to the fore in lobbying for their own interests as might have been expected in the battle for fair pensions. He went on to suggest that meetings be held in every asylum to consider what the level of pensions should be. When these views had been ascertained, a deputation of asylum workers should present their findings to the Lord Chancellor (51). This proposal was not taken up by the AWA.

In February 1900 *Asylum News* reported that, again, there was not to be a pensions’ clause in the Bill introduced in the House of Lords on the 8 February 1900 (52). The clause was dropped by the Lord Chancellor because of the opposition of the “County Council Association, the ultimate employing authority. This was because of the expense that might be involved.” (53) The matter was raised again the following year. The AWA distributed 500 copies of a memorandum expressing the views of asylum workers to Members of Parliament. It pointed out the possibility of an early dissolution of Parliament, because of this “the M.P.’s will be found at this time more than usually sensitive to pressure from their constituents.” (54)

The Lunacy Bill, 1900 passed into law on the 8 March, “but no

one suggested the addition of a pensions' clause... Sir James Crichton Browne had promised his valuable aid... to secure a sympathetic M.P. who would undertake to propose the addition of the necessary clause." (55)

Reviewing the AWA annual meeting of that year the *Journal of Mental Science* reported that "impending legislation had engaged the anxious attention of the Executive, and every effort had been made to obtain the introduction of a clause providing for assured pensions for asylum workers." (56) Yet as far as the pensions issue was concerned, success still eluded the AWA.

Nothing was heard about this issue until 1904, when the *Hospital* brought it to the fore again. In its review of the events leading to the current impasse, it reminded its readers that the "old Lunacy Act permitted the granting of pensions... after twenty years and fifty years of age; and this granting was in the hands of the Committees of Visitors." (57) The subsequent Act reduced the length of pensionable service to fifteen years; the most recent Lunacy Act did not make any alterations to the then current situation. It was felt that when the asylums were placed under the control of a committee of an elected county council, the result of the Local Government Act 1894, the hopes of receiving a pension might have been jeopardised. In most cases such fears were unfounded, but "several asylum committees... publicly intimated that pensions would not be granted by them." (58) The *Hospital* advocated that the state should step in and maintained that this could easily be achieved by "inserting a clause in the next Lunacy Act Amendment Bill... not likely to be long delayed." (59) However, the King's Speech at the Opening of Parliament contained no reference to any forthcoming Lunacy Bill, so the AWA assumed that the matter of assured, fair pensions for asylum staff might be raised by a Private Member. (60)

The question of age limits was broached in a letter to the *Asylum News* in February 1904. The writer, who signed himself "An Asylum Attendant",



thought that age limits were unfair. Men "who joined young, for instance at twenty five or thirty... are at a great disadvantage compared with men who joined at thirty five or forty." (61) The younger man had to serve for twenty-five years before he reached the age of fifty, the usual age at which pensions were payable, whereas the older man only had to serve fifteen years, the minimum eligible service before he reached fifty.

Poor Law nurses, numbering about 5 500, had the choice of two main options: they could save either through the Poor Law Officers' Superannuation Fund or the Royal National Pension Fund for Nurses. However, the majority opted for a third alternative, that is not to subscribe at all. Out of a total of 807 nurses employed in twenty metropolitan infirmaries, "...108 are making provision for the future through the agency of the Superannuation Act and 54 through the Royal National Pension Fund." (62)

Again in 1904, the AWA was unsuccessful and asylum nurses and attendants were left out. All that remained for the AWA was to express extreme regret that "the Bill to amend the Lunacy Acts... contained no provision for the granting of pensions to asylum officials." (63) In a petition forwarded to the Lord Chancellor, the Attorney- General and the Solicitor-General, it hoped that the subject of pensions would not be overlooked.

Dissatisfaction with the efforts of the committee of the AWA was succinctly expressed by a correspondent, "A.M.O". He was convinced that "nothing short of constantly pegging away will do any good and it is not very comforting to feel that one may be thrown over by a committee afraid of doing its duty." (64) This criticism did not provoke any response from the AWA at all, or from other readers of *Asylum News*. However, this letter does appear to be the first overt criticism of the efforts of the AWA.

There was also some additional evidence of dissatisfaction with the AWA; the annual report for 1905 regretted the "considerable falling off in the number of its members." (65) This warning was again repeated at the annual

meeting for 1908. Membership continued to decline, but "in all other respects the work of the year has been satisfactory." (66) The AWA did not appear to have taken any action about pensions for asylum workers. However, in his address, the president expressed pleasure that the association had avoided "taking the form of spurious unionism, a great danger in the infancy of the AWA." (67) There seemed to be little danger of the AWA taking on the mantle of genuine trade unionism at any time during its existence.

It was revealed at a meeting of the Parliamentary Committee of the (R)MPA that "certain asylum officials... had been asked to sign an undertaking that they would waive their claim to a pension," (68) an unsavoury attempt which had been the topic of correspondence between the MPA and the AWA. It was unclear what, if any, action was taken to rectify this interference with the legal rights of workers.

In 1909, Sir William Collins, AWA President and Liberal MP for St. Pancras West submitted a Private Member's Bill to Parliament on pensions for asylum workers (69). The (R)MPA expressed doubt as to whether the Bill would become law, but they had "arrived at almost unanimous agreement that... the present Bill would be acceptable... not only in England, but in Ireland and Scotland." (70) Both the doctors on the MPA and those in the AWA who had sponsored the Bill considered that it would be a good thing for mental nurses as it would make a reasonable financial provision for their retirement and thus maintain stability in the profession. However, this agreement between the two associations was not very surprising, as the bodies were composed largely of the same doctors. To Sir William's surprise "it was passed in one session and became the Asylum Officers' Superannuation Act, 1909" (AOSA). (71) The qualifying age was fifty to sixty years with twenty years' minimum service. They would be entitled to 1/50th of their total pay for each year of service, while incapacity after ten years

qualified an employee for a pension. The Bill's passage was hailed by the AWA as a great victory, "a vindication of the patient efforts and non-militant efforts over the years." (72)

The response to the new Act was "sudden and alarming". The original aim of securing improvements in the pension entitlement of nurses and attendants was lost. "The Act had become the vehicle for a new idea, that of contributory pension... Deductions were to be made from the wages for a pension, which up to that point workers had... received as a right." (73) In addition the new pensions would, in many cases, be lower than those to which some employees had been entitled in the past. Gibson made the same point when he stated that the Act made provision for cash deductions "from the already insufficient wages... in return for a Superannuation scheme less generous in its provisions than the permissive schemes hitherto adopted by many authorities under the provisions of the 1890 Lunacy Act." (74) However, the concept of a contributory pension scheme "would be the central feature of Lloyd George's National Insurance Act of 1911." (75)

During the Bill's progress through Parliament, "alterations were made, so that the Bill differed in several ways from that originally drafted by the AWA." (76) The most important amendment, apart from the issue of contributions, was the right to contract out. Despite the fact that the Staffordshire authorities paid the contributions "of all those who were on the staff of the three asylums at the date of the new Act... The majority of the staff at Stafford Asylum... elected to contract out of the Act." (77) This privilege was set out in the Act. Anyone wishing to contract out of the scheme had to notify their intentions to the employers; such employees either chose to provide for retirement by making alternative arrangements or chose to ignore the whole issue of pensions.

It was the passage of this Act "which brought to a head the grievances felt by many of the staff. It led in 1910 to the formation of the National Asylum

Workers Union" (NAWU). (78) The *Asylum News* was strangely reticent over the difficulties regarding the new pensions Act, its sole reference during 1910 being a letter from a local secretary of the AWA who wrote "since the passing of the new Asylum Officers' Superannuation Act, quite a number of questions seemed to be arising from members of our Association." (79) He suggested a "Queries and Answers Column" in *Asylum News*. Very little seemed to come of even this moderate suggestion, although an Advisory Committee was formed by the AWA for this purpose, but no further reference was found regarding the work of this committee.

The pensions' issue rumbled on for a few years. It is interesting that the main source of information regarding the dissatisfaction about the AOSA is to be found in the asylums' annual reports. These were usually compiled by the physicians in charge who were commonly members of the MPA and possibly the AWA. On the other hand, it was these medical superintendents who had to deal with increasingly disgruntled employees.

Dr W.J.Seward, the Medical Superintendent of Colney Hatch, reported in 1912 that he was unsure of the effects "of the Superannuation Act in giving satisfaction to the staff." (80) He hoped that the ten year' basic service for the calculation of the pension would be remedied in an amendment to the Act (81). "Few, especially of the female staff, can expect to give such a long service to qualify." (82) Dissatisfaction mounted. The report of the Metropolitan Asylums Board (MAB) for the same year stated that no less than five hundred contracted out of the act. At the Kingseat Asylum in Aberdeen, Dr Alexander spoke "somewhat hopelessly of the likelihood of the new superannuation act being of any service to the nurses, as they are worn out by twenty years service long before the age of fifty-five." (83) In Argyll and Bute it was reported that only 54 per cent of the staff accepted the terms of the Act (84).

Such evidence from the senior medical staff in the asylums showed that

the AOPA was not operating satisfactorily. However, *Asylum News*, the organ of the AWA was still singing the praises of the Act. At the annual meeting of the AWA for 1911 the difficulties arising from the conditions of the Act were apparent. Yet it reported "another great increase in membership... to 5276 in 1910. The president, Sir W.F. Collins, congratulated the Association on the passing of the Pensions' Act." (85) However, as the asylum nurses and attendants became aware of the deficiencies of the AOPA, so support for the AWA began to dwindle.

**Table 5.1 The AWA, 1907-17**

<i>Year</i>	<i>Membership</i>	<i>Year</i>	<i>Membership</i>
1907	5 680	1914	3 212
1908	3 025	1915	2 626
1909	4 575	1916	2 044
1910	5 276	1917	2 171
1912	4 310	1918	1 714
1913	3 772		

Asylum workers in Lancashire petitioned their employing authority in December 1909; they wanted "wage increases to cover the compulsory deductions required by law." (86) In May 1910, the motion for a pay increase was rejected. Following this a meeting was arranged at Winwick by Charge Attendant Martin Meehan, who thought that the time was ripe to start a "real" union. Several circulars were sent to other institutions in Lancashire and a delegate meeting was held at The Mason's Arms in Whitefield, Manchester. Ironically, Meehan was unable to attend because his day off had been stopped. A young attendant, George Gibson, was chosen to go instead and was elected to the post of Honorary General Secretary. The Rev. H.M.S

Blankart, the newly appointed chaplain at Lancaster Asylum, was also very supportive of the idea of a union. As chaplain he could move freely between the male and female sides and was able to canvass the nurses to join.

It was agreed at the meeting that the union should be called the National Asylum Workers' Union (NAWU). Delegates from outside Lancashire attended a third meeting in February 1911 at the Victoria Hotel, Rainhill. This meeting was about to consider a motion to appoint a paid officer when news arrived that the Rev. Blankart had been dismissed for putting up notices about the union in the asylum without the permission of Dr. Cassiday, the Medical Superintendent. George Gibson, the leading contender for the post, withdrew his candidature and the Rev. Blankart was elected as General and Organising Secretary with an annual salary of £104 which was about £15 less than he was receiving as chaplain. "Blankart took charge of the union's administration in March 1911." (87)

The AWA responded to the setting up of the NAWU with ferocious accusations. It was "impertinence for a new society to assume a designation so closely resembling that of the older one... [It] is to risk a confusion between the two ... our methods are not those of the trade union, which can only lead to disaster in what is essentially a public service." (88) Gibson explained that, because of this possible confusion due to the similarity of names, the AWA "threatened to take legal action. The Executive Council of the Union accepted the challenge, but no action developed." (89) The AWA viewed an asylum strike as almost unthinkable and pointed out, with some justification, that the strike weapon "is the only method whereby a trade union can enforce its decision." (90)

Carpenter described how in April 1911, Herbert Shaw, Branch Secretary at the Wakefield Asylum, was dismissed for the unauthorised use of an envelope belonging to the West Riding County Council (91). However, this incident was not quite so straightforward a case of managerial

victimisation as Carpenter had inferred. In an unsuccessful libel action against the Medical Superintendent, Shaw denied that he had used an official envelope, but declined to disclose the name of his fellow worker who had. It was reported in the *Yorkshire Post* for 25 July 1912 that Dr. Bolton, the Medical Superintendent, stated to the committee that the reason for Shaw's dismissal was that his work was unsatisfactory and that he had been frequently reprimanded for his general conduct on the wards. Shaw claimed that he had never been reprimanded or been officially informed regarding his alleged behaviour. Such was the essence of his libel claim.

Political interest at such behaviour resulted in a question being asked in Parliament and a telegram was sent to the Clerk to the Visiting Committee at Wakefield Asylum. In response it was stated that Shaw had not been dismissed "because of his connection with the Asylum Workers' Union, or because of the circular which had been sent in an official envelope." (92) Rather, his work and conduct had been unsatisfactory, so he was sacked. The judge ruled that "there was no evidence of malice to go to the jury." (93)

Shaw was then appointed an official of the NAWU to work with Blankart at the union's Manchester office. By the time of the NAWU's first conference in 1911 membership had soared to 4 400, encompassing 44 asylums. Carpenter claimed that the "chief casualty of this success was the AWA." (94) Since membership of the AWA dropped only slightly - from 5 276 in 1910 to 4 310 in 1912 - most of the new union membership must have come from among those attendants and nurses who were previously not members of the AWA; maybe they were those who had been waiting for a genuine trade union to become established.

As part of AWA's fight back, Dr. O'Doherty of the District Asylum, Omagh, stated that the AWA had no objection to trades unions as such. He defined a trade union as "a continuous association of wage earners for the purpose of maintaining or improving the conditions of their employment," (95)

and claimed that, by applying such a definition, even the AWA could be called a union. However, O'Doherty complained that the NAWU was trying to "pit the subordinate staff against the officers....this would create a dividing line in the staffs of the asylum. Such a policy is simply suicidal." (96) He went on to state that "under no conceivable circumstances could a strike be called in an asylum... It would be illegal, it would be mutiny." (97) Surely shades of 1869 and the editorial in *Journal of Mental Science*, which had used similar emotive language - even referring to "mutiny", when it condemned the Irish asylum trade union experiment (98). But he did admit that the AWA's sponsorship of the AOSA "had not turned out as beneficial as they had anticipated...[but]...we must not be carried away by the advice of extremists who chafe against temperate methods." (99)

George Gibson persuaded Lord Wolmer the Conservative M.P. for Newton-Le-Willows, (100) to introduce a Private Member's Bill to amend the 1909 Act, the main stipulation of which was to be the enforcement of a maximum working week of 60 hours. Moreover, the AWA disingenuously claimed it would support the proposals of the Pensions' Bill introduced by Lord Wolmer on behalf of the NAWU and "no sort of jealousy is felt at the introduction by a new society of a new Bill." (101) But the AWA hoped to introduce amendments to correct the palpable defects of the Act of 1909, and to make the new Bill more to their liking. While this Asylum Workers' (Employment Pensions and Superannuation) Bill of 1911 did not become law because of lack of parliamentary time, it did illustrate the fact that the NAWU was serious in trying to redress inequality on behalf of their members (102).

In March 1913 it was still being pointed out by the AWA that it was an uphill struggle to obtain fair conditions of service for asylum attendants. However, the association was claiming that it "had all the points in its mind and it is hoped that with the aid of friends in Parliament something tangible may be accomplished." (103) In the West Riding of Yorkshire, the union won recognition in early 1914 following the protracted threat of strike action. (104)



The *Hospital*, supporting the authorities, pointed out that the recently created board's proposed new pay scales had been misunderstood by the union, at that time not recognised; and that if attendants came out on strike, they would sacrifice a full month's salary and probably their pension rights as well. The journal criticised the union as being "determined to have its hand in the pie before the scales of pay came into force and therefore... [the journal] found reason... to suggest that the board did not mean what it said." (105)

In the following month, the West Riding County Council decided to provide margarine instead of butter to the staff and patients at their asylums, claiming necessities of economy. The attendants, nurses and workmen strongly resented this change and threatened to go on a hunger strike as a protest. They were supported by the three Labour members on the West Riding Asylums' Board.

The Board pointed out that margarine at 6d per lb. was just as nutritious as butter. However, fortuitously it was soon discovered that there was still a comparatively large stock of butter on hand. It was decided that margarine might be served solely to the patients and the staff would continue to receive butter (106). There was no evidence that NAWU was involved in this threatened action. However, it seemed probable that it was inspired by trade union activity in general. Coincidentally, this also appears to be the first time that any politician supported direct action by the asylum workers.

In May the same year, the AWA reported and by implication claimed credit for improved conditions for the staff of the York City Asylum (107). In November 1913, the AWA appealed to asylum workers, especially those in the NAWU to remember that "theirs is a high calling... [and] hardly falls in the same category as the daily job of the labourer and the mechanic. It is in fact a public service deserving public recognition, but this may be obtained by other methods than the trade union *arbitrament* [authoritative decision] of a strike." (108)

During the years immediately prior to the First World War Britain experienced a level of social unrest beyond anything that had occurred since the first half of the nineteenth century. The suffragette campaign of obstruction and violence of 1909-10 had been organised; there were fears of unrest in Ulster over the proposed Home Rule legislation; there were also strikes on a scale not previously experienced. The annual number of stoppages, no more than 600 since 1901, climbed to a peak of 1 459 in 1913. According to Clegg, the most frequently identified industrial irritant was the decline in real wages. Another cause was the agitation of the syndicalists, who insisted that the Labour Party was incapable of improving the lot of the workers and that they should embrace violent industrial action instead. "Many of the leading syndicalists were enthusiastic strike leaders." (109)

The outbreak of the First World War in 1914 sounded the death knell of the AWA. Large numbers of attendants rejoined the 'colours', volunteered, or were called up "in some asylums at the rate of fifty per cent of the entire male staff... By joining the army, they were not only losing their situations, but in many cases, losing years of pensionable service." (110) This led to a reduction in membership from which the AWA did not recover.

From the beginning of the war, the *Asylum News* devoted much space to reporting the activities of their members on active service. One area of concern was, once again, their position regarding pensions. What was the "effect of temporarily leaving the asylum service in relationship to the Superannuation Act?" (111) There was no provision in the Act for time spent on active service to be taken into account when calculating the eventual pension. It was suggested by *Asylum News* that asylum authorities include this time by adding an equivalent number of years "under special circumstances" provisions provided in the Act. The AWA recommended this course of action to the visiting committees of asylums in England and Wales and many authorities agreed to adopt this procedure. For instance,

authorities in Nottingham were granting their men on active service "50% of their cash wages during their absence... reinstatement immediately on their return and a recommendation to the Home Secretary for their service in H.M. Forces to be counted as asylum service for the purposes of superannuation."

(112) This unusually successful initiative by the AWA on behalf of asylum workers did not receive the attention it deserved in the *Asylum News* because of general concentration on the war. However, it came too late to have any effect on the final demise of the AWA. In the event, it took an Act of Parliament to make military service count towards pensions. *Asylum News* pointed out in January 1915 that although "the work of the AWA has been much hampered by the War, there is... much of importance to be done."

(113) Not only for those on active service but provision had to be made for those dependents left behind. They were also in contact with the visiting committees of asylums about the parity of remuneration of serving asylum workers, so that those on active service "shall have an amount... not less than ... they were receiving while in the service of their asylums." (114) The AWA also made a plea for the members to renew their membership.

Both the AWA and the NAWU took credit for the Local Government (Emergency Provisions) Act 1915 and Gibson was to write later that "the Union played an important part in securing the passing of the Act." (115) Also the AWA congratulated itself on the passing of the Act (116). The legislation made provision for service in H.M. Forces to be allowable for pension purposes. Naturally, neither organisation mentioned any contribution made by the other. From the data available it was not possible to estimate the effect of lobbying, if any, carried out by either of the parties.

In 1916, the AWA promoted the Asylum Officers' Superannuation Act (Amendment) Bill that was "intended to rectify some of the principal defects of the Act of 1909." (117) The *Asylum News* does not record any progress of

the Bill in Parliament and it must be assumed that the Bill did not proceed. Sadly, this was the usual result of parliamentary intervention by the AWA. It seems unfortunate that no matter how well intentioned the motives of the AWA, its officers were incapable of achieving their goals in respect of the needs of the asylum workers.

At the annual meeting of the AWA in 1919, it was revealed that membership had fallen to 1 714. Indirectly the NAWU was, with some justification, blamed for this decline. Sir William Collins rather disparagingly said that he had been told that "there was some rival organisation which was taking members who might... have been expected to swell the ranks of the Association. The new body seemed to be in the nature of a trade union." (118) In 1919 the membership of the NAWU stood at 14 229.

The war had also given an important boost to the organisation of women workers by the trade unions. Large numbers of women joined trade unions for the first time mainly, because they were deployed in what were traditional male jobs, absorbed the union ethos associated with those jobs and also because "many were in occupations [such as teaching and clerical work] which were becoming unionised." (119) Female membership of unions had risen from 183 000 in 1910 to 1 086 000 by the end of 1918 (120). Overall trade union membership increased from 2 565 000 in 1910 to 8 347 000 in 1920 (121).

To survive, the AWA attempted to merge with the (R)MPA, as a kind of nursing section. The MPA felt it was unable to assist the AWA in this matter and an extraordinary general meeting was held on the 13 October 1919 at which the decision was taken to wind up the AWA.

Thus the field was left to the NAWU to represent the interests of attendants and asylum nurses. Writing about the early days of the AWA Carpenter has commented that some trade union minded attendants and nurses had joined because there was no "real" union available and when

“one did appear on the scene... that group proved to be potential defectors.”  
 (122) As Table 5.2 shows, membership of the NAWU was greater than that of the AWA from the very first year that membership figures were available.

**Table 5.2 NAWU, 1911-30**

<i>Year</i>	<i>Membership</i>	<i>Year</i>	<i>Membership</i>
1911	4 400	1923	11 537
1912	5 400	1924	10 856
1913	7 900	1925	10 955
1919 *	14 229	1926	10 674
1920	17 720	1927	10 635
1921	15 195	1928	10 735
1922	13 224	1930	12 297

\* By 1916, the membership of the NAWU had declined from its peak of nearly 8 000 in 1914, to under 7 000. By June 1918 membership had risen to over 9 000.

Carpenter claimed that the union’s most successful period was between 1918 and 1921, when actual and threatened militant strike activity “led both to substantial improvements in pay and hours and the establishment of national bargaining machinery.” (123) This militant strike action by the NAWU was a reflection of what was going on in the rest of the country. During 1919-22, approximately one and a half million workers were involved in 1 000 stoppages causing the loss of nearly 40 million working days (124).

On 7 December 1917, a second trade union, which set out to attract both general and mental nurses from the Poor Law sector, was established. The Poor Law Workers’ Trade Union (PLWTU) was formed in a basement in Holborn. It planned to represent all ranks in the Poor Law service, including

doctors and nurses. Within nine months it claimed to have 10 000 members, a quarter of whom were nurses (125). The formation of the PLWTU, like that of the NAWU, was in response to dissatisfaction with a professional organisation dominated by high ranking officials, opposed to trade union principals and methods. This was the National Poor Law Officers' Association, known as the "National". (126).

The PLWTU was invited by the RBNA to send a Poor Law nurse representative to a conference held in London on 5 March 1918 to consider co-ordinating the existing nursing organisations following a breakdown in the negotiations between the RBNA and the College of Nursing (127). But nothing came of this initiative. In 1937 the union would form a Guild of Nurses in an attempt to attract more general nurses.

In April 1920 *Nursing Times* reported that the Ashton-under-Lyne branch of the PLWTU had decided to take a ballot on possible strike action in support of their claim for the latest Treasury scale of bonus, which the Guardians refused to grant despite strong recommendations to do so from the Ministry of Health, the Ministry of Labour and the local Trades and Labour Council. The *Nursing Times*, although conceding the validity of the claim, categorically stated that "no nurse worthy of her profession will ever leave her patients unattended." (128) This proposed strike among general nurses did not take place; the threat of strike action was enough to persuade the Guardians to reconsider their stance on bonus awards.

Brian Abel-Smith has dated the beginnings of trade union militancy among general nurses to May 1921 and an incident at the Brentwood Institution. Following the dismissal without notice of a student nurse, a petition signed by 70 per cent of the nurses requesting her reinstatement led to further dismissals. As a consequence and in their support a mass meeting of representatives of 172 local trade union branches was held. A delegation

was dispatched to the Board of Guardians and was summarily evicted by the police. This denouement was an apparent union failure, but the following year the board was voted out of office and a union nominee became the new chairman of Guardians; the previous board was found to have been guilty of breach of contract when it sacked the nurse without notice (129).

In 1920, the union had changed its name to the Poor Law Officers' Trade Union (PLOTU), and altered it again in 1930 to the National Union of County Officers (NUCO). Towards the end of the Second World War, in 1944, there was another name change to the Hospital and Welfare Services Union (HWSU). Finally in 1946 it merged with the Mental Hospital and Institutional Workers' Union (MHIWU), the successor to NAWU, to form the Confederation of Health Service Employees (COHSE). This was done in preparation for the advent of the National Health Service and the proposed incorporation of the mental health services within this inclusive new health system. If the union was to take advantage of these new opportunities, it would be better for its members if they could create a health service wide union. COHSE was founded to meet this need.

The first official strike called by the NAWU was in September 1918 and was triggered by a dispute in Lancashire which had been brewing since the beginning of the year. Both Gibson and Nolan refer to this strike as the first of asylum attendants and nurses, but the first actual strike occurred in 1914 in Lancashire, at Rainhill Asylum. The catalyst was the substitution of porridge for meat at breakfast time on Monday 6 April. The normal work of the asylum stopped with thirty-five attendants occupying the breakfast room and refusing to go to their wards. By mid-morning the strike had spread throughout the asylum. At mid-day the Medical Superintendent, Dr. Cowan, agreed to revise the diet sheets. The strike was over. The reason why Gibson's history of the NAWU ignores this strike is presumably because it appeared to be "spontaneous and unofficial and did not entirely meet with the

executive council's approval," nevertheless a strike it was (130). Although it did not result in industrial action, there had been even earlier strike threats by asylum staff. In December 1905, the female nursing staff of the Gartloch Lunatic asylum, which was under the control of the Glasgow Parish Council, had threatened to strike because the council had proposed to reduce the number of nurses by ten to cut down expenses. The nurses also complained about the long hours. The medical officer had then warned the nurses "that to leave lunatic wards unattended is criminal under Scottish law." (131)

Only in November 1917 had the union been reluctantly recognised by the Lancashire Asylum Board following negotiations through the Ministry of Labour and a threat of strike action. In January 1918, the NAWU presented their proposals to the board. These included a wage rise of five shillings (5/-) a week for all indoor staff, i.e. nurses and attendants; and wages to be paid weekly. They also demanded a maximum working week of 60 hours and that overtime be paid at time and a half. The asylum would no longer be allowed to retain a month's money in hand. The holders of the MPA nursing certificate were to be paid a bonus of £2 10s. per annum and NAWU notices were allowed to be posted on the mess-room notice boards.

Five months after the union's representations, the board agreed solely to the 5s. per week increase and that the board should only be able to hold one week's wages in hand. The NAWU rejected these terms as unacceptable and immediately issued a fourteen-day ultimatum to the board urging it to meet all the demands, otherwise a strike would go ahead. "The Prestwich staff came out on the 4th September and the Wittingham staff... came out in force on the following day." (132) On the same day both sides agreed to arbitration by the Ministry of Labour. The arbitrator, G.M.le Breton, K.C., acquiesced to only three of the union's demands, an increase of a halfpenny an hour for all artisans, labourers and stokers employed in local authority maintained asylums; a 60 hour week, plus overtime and the abolition of the



board's right to retain wages in hand. Even though the results of the arbitration were disappointing, it increased the prestige of the union. a fillip which led to the formation of twelve new branches and the enrolment of 2 500 new members over the following two months.

A five-day strike of the female staff took place in Bodmin in October 1918 provoked by excessive hours, bad conditions and a regime of systematic petty tyranny. The staff were working 80 hours or more a week, there was no recreation room, or even a bathroom for them. The quality of the food was monotonous and poor. The nurses were not supplied with uniforms, but with the material with which to make them up, in their own time and at their own expense. The matron so antagonised the staff that many nurses left. "Enter on the scene a new nurse, Mrs. Hawken. She had been a NAWU member at her previous place of employment, Prestwich Asylum." (133) She soon advised her fellow nurses to join the union and 62 out of a total of 70 had joined within two days. In a calculated act of defiance they also bought union badges and attached them to their uniforms. The matron ordered the nurses to remove them and the medical superintendent dismissed the "ringleaders". However, the other nurses refused to back down and decided to go with them. Dr. Dudley then told them they could wear their badges, but refused to reinstate the five. The nurses' reply was an adamant "all or nothing". The strike had begun (134).

On his arrival in Bodmin the Union's Acting Secretary, Mr Shaw, discovered that Dr. Dudley had sacked all 50 strikers. Following negotiations between the union and the visiting committee at Bodmin it was agreed that the NAWU would be recognised. Union members would be "allowed to wear their union badges in such a way as not to cause any injuries to patients." (135) This strike had quickly ended in complete victory for the union and a total capitulation by the asylum authorities.

Following the successful conclusion of the Bodmin dispute, the NAWU

held a Special Delegate Conference in London on 28 September 1918 at which a "National Programme" was adopted. This included a 48 hour week; a minimum wage of £2 a week plus a War Bonus of £1 5s. For the first time the idea of equal pay for equal work was advocated. Delegates also demanded the setting up of a wages or consolidation board and universal recognition for the union. They also called for state registration for mental nurses.

After having been ratified by the union branches, the programme was presented in January 1919 to the various visiting committees in England and Wales. A conference of the asylum authorities was held in February and "declared in favour of setting up an Industrial Council for the asylum service." (136) Unionisation among staff had also caused many of the lay management led asylum visiting committees to combine into the Mental Hospitals Association (MHA) in 1918. "This was the first national organisation of asylum managers as distinct from medical superintendents." (137) The asylum authorities also saw the new grouping as forming a counter-balance to the influence of the MPA.

However, the Ministry of Labour disapproved of a separate industrial council for the asylum service. It intended that asylum workers should be included in the proposed National Joint Council for Local Authorities Non-trading Services. The NAWU was furious, its officials adamant in their opposition to the idea of other trade unions having any jurisdiction over their members. In order to pressurise the asylum authorities, the NAWU threatened to call a strike and balloted their members. Nearly 8 000 members voted in favour (57% of the total membership). This "threat was sufficient to effect a settlement. It was ... agreed to set up a conciliation committee solely between NAWU, and the authorities, to deal with indoor staff, that is nurses and attendants." (138) The committee sat for the first time on the 4 April

1919. Gibson has pointed out that it was also agreed to “establish a further Joint Conciliation Committee (JCC) to deal... with the conditions of employment of the outdoor staff.” (139) This committee was never set up.

By 1919, the NAWU had forced the employers into reluctant recognition of the union and to negotiate with its officials. This was the first successful attempt by the mental nurses to wrest some powers of self-determination from the authorities. Their erstwhile rival, the AWA, had ceased to exist, and in the trade union arena the NAWU had established itself as the predominant representative body in the asylum service. However, it is only fair to say that these gains had been achieved largely either by strike action or by the threat of strike action. It seemed that the views expressed in *Asylum News* in 1913 had wrongly implied that there were other means to achieving the aims of mental nursing employees other than by trade union strike action. Other methods did not work.

The remainder of this chapter examines the consolidation of the union's power and how, by the 1930s, the NAWU had become almost part of the establishment of the asylum service.

Before the first meeting of the JCC, the General Secretary of the NAWU, George Gibson, attended his first executive council meeting following his return from military service in 1919. He reported that the MPA opposed the union's demand for a 48 hour week; the MPA claimed that it was “contrary to the ethics of the nursing profession”, and they were pressing to attend the JCC in an advisory capacity. The NAWU objected to this on the basis that the MPA “had already prejudged the Union's demands.” (140) The MPA was unsuccessful in this attempt, because the lay members on the visiting committees “saw the JCC... as a means of strengthening their hand in relation to their medical superintendents.” (141) This argument, about who controlled the hospitals, the doctors or the lay committees, had been going on for many years in both the general and mental hospitals. As early as

1879, the governors of Guy's Hospital appointed a new matron, Miss Burt, to "reform the hospital's inferior system of nursing." (142) The doctors complained that they had not even been consulted about an issue in which they should have been involved. They "insisted that the reforms threatened the effective treatment of patients... Intransigence on both sides led to a stalemate... The dispute ended... with a compromise, after the governors threatened to dismiss the entire medical staff. The doctors were humiliated and the new nursing system remained." (143)

The first meeting of the JCC consisted of ten members of the NAWU "as the sole collective voice of asylum workers." (144) An equal number of representatives from the asylum authorities was present. The first item to be considered was the application of a 48 hour week. After a long discussion the union accepted the recommendation for a working week not exceeding 60 hours, inclusive of meal times. This meant that, in reality, the union had secured the 48 hour week for which they had campaigned.

Although the NAWU did not achieve the implementation of its full National Programme, important concessions were granted. These included the abolition of the payment of emoluments and the award of annual increments for five years and on promotion. Females were to receive 80 per cent of male wages and the term 'attendant' was to be replaced by 'nurse' for both sexes. Probably most important of all, the union had established the sole right to speak for the non-medical asylum workers.

The JCC also tried to make their joint presence felt on the Board of Control. The *Nursing Times* reported in April 1923 that the Minister of Health (Neville Chamberlain) had refused even to consider appointing to the board's committee on mental nursing services a representative from the JCC. Chamberlain did, however, promise that the committee "would be willing to consider any views that the JCC desired to put before them." (145)

With the demise of the AWA, a number of senior asylum workers were left unrepresented. In order to accommodate these head nurses (equivalent to the female grade of assistant matron) a number of alterations to the rules of the NAWU were made. These allowed officers and sub-officers of asylums to join the union as ordinary members. Subsequently, a special section for them was formed at the Head Office branch, (146) a development which increased the union's range of membership among asylum staff.

The Professional Union of Trained Nurses (PUTN) was formed in 1919 to recruit general and private duty nurses, promising the use of trade union strategies for professional ends and attacking the RCN as an "employers' combine". They defined an employers combine as a tame union set up by employers to prevent the growth of a genuinely independent union. Almost a company union! (147) Logically, this criticism could also have been levelled at the establishment of the AWA, which had been set up by the asylum doctors. Since it was also true that the RCN was set up and controlled by doctors from the voluntary hospitals and the leading matrons, the later claim of the RCN to speak for nurses was perhaps not quite as strong as its advocates asserted.

At a meeting held in Glasgow, to discuss the PUTN in March 1920, Miss MacCallum representing the PUTN pointed out that a trade union was not ready-made. The best nurses must be attracted to the union. "No one should come into it for what they could get out of it, but for what they could put in. In this way, it might become a very fine union indeed." (148)

In 1919, The Nurses' Registration Act was passed. In order to protect the interests of mental nurses, the NAWU, following correspondence with the Ministry of Health, nominated Tom Christian and Miss Wooster to serve on the GNC (149). A sub-committee was appointed by the NAWU to confer with the union's representatives on the GNC to facilitate a smooth and efficient interchange of views and information between them and the branches (150).

Another issue that concerned the NAWU was concerned with whether medical superintendents had the power to dismiss staff, with staff having no right of appeal to the visiting committee. At the executive committee meeting in July 1920, it was decided to seek legal advice. At the next meeting it was reported that legal opinion held that local authorities did indeed have the right to delegate the powers of dismissal to medical superintendents. The union continued to fight this supreme power for some time to come, eventually winning the right of appeal to the authority in cases of "unjust" dismissal (151).

At the same 1920 executive council meeting it was reported that the Chichester branch had protested about the "Hands off Russia" leaflets being included with the union correspondence, "thus identifying the union with Bolshevik views." (152) This determination to avoid being tarred with a left-wing brush (apart from the Labour Party, to which it had affiliated in 1914) runs through much of the union's history and is well documented in the surviving records of the NAWU. In the previous year the membership had joined the rest of the labour movement in demanding the withdrawal of British troops from Russia and had opposed the use of British troops to replace striking dockers to load supplies needed for the military campaign in Russia (153). Indeed, there had been growing anger in the labour movement at what they saw as "the wanton attack on Soviet Russia backed by Britain and France." (154) The threat of a general strike was enough to halt government plans for intervention on behalf of Poland in the latter's war with Russia (155).

In France, the imposition of an eight hour day for all municipal workers, which included hospital workers, upset physicians and surgeons. They asserted that this had totally disrupted nursing and complained about it to M. Mesurier, Director of the Assistance Publique in Paris. The union of hospital attendants accused "the doctors of not having made efforts to adopt themselves to the consequences of the law." (156) As in Britain, the French

doctors were not willing to grant reasonable hours of work for nurses without intervention by an outside more influential organisation. Unfortunately, one did not exist in Britain.

During the early 1920s, the NAWU continued to use the threat of strike action, sometimes with success, as in the disputes at the Cheadle Royal and Stafford Asylums. Increasingly though, the NAWU became less efficient in achieving their aims, a situation which culminated in the high-profile defeat at the Radcliffe-on-Trent Mental Hospital in Nottinghamshire in 1922.

This change in fortune was partly due to the changing economic conditions of the country. By the end of 1920 a slump was well on the way and by 1922 it had arrived. Unemployment was in excess of 10 per cent, rising to over 22 per cent in 1932. The government began drastically to reduce public expenditure, including cutting the money available for the mental health services (157). Understandably, the deteriorating economic situation made it more difficult for the NAWU to achieve successful outcomes to disputes. Membership began to fall, from just under 18 000 in 1920 to just over 13 000 in 1922.

At Cheadle, the union managed to achieve recognition after a two day “stay-in” strike and the executive committee congratulated the union officials upon the successful outcome of the strike there (158). The union also managed to put a stop to what it saw as a “flagrant example of petty discipline” at the Stafford Asylum where female staff had not been allowed to use the front drive to go into town; they had to go the back way, which put an extra mile on their journey. After a union protest, with its threat of industrial action, the prohibition was quietly forgotten (159).

Since its inception the NAWU had been trying to extend its appeal and so increase its membership. From the middle of 1919, negotiations had been going on between the National Union of Corporation Workers (NUCW), the NAWU and other public service unions regarding a possible amalgamation of

unions catering for public health and utility services (160). At the meeting of the executive in January 1920, the NAWU decided not to affiliate with the NUCW, but to try to form a federation of unions catering solely for the health services. Negotiations then took place between NAWU and the Poor Law Workers' Trade Union (PLWTU) when the two bodies agreeing to merge as from 1 January 1921. It was later agreed to promote the idea of a Federation of Health Service Unions, embracing all unions in this sector.

The idea of union amalgamation was in line with the wish to create giant unions by combination. "In the early 1920s, fusion of labourers' unions brought about the two largest workers' organisations then known, the Transport and General Workers' Union (TGWU) and the National General and Municipal Workers' Union (NGMWU)." (161)

The federation between NAWU and PLWTU lasted less than a year, this despite interest shown by the recently formed Professional Union of Trained Nurses (PUTN) and a doctors' union, the Medico-Political Union (MPU) (162). In November the combined executive committee decided to terminate the Federation; and the two unions continued their separate ways, at least for the time being (163).

At a special executive council meeting held on 20 May 1920, a new wage scale for male nurses was proposed. This formed the main plank of the new National Programme and was submitted to the mental hospital authorities (164). The new programme was turned down by practically every hospital committee and never even came before the JCC. The members of the committees felt that no useful purpose would be served by meeting the NAWU representatives. For its part, the union was not in a strong enough position to fight the authorities. As industrial conditions were bad throughout the whole country, there was very little support for national strike action. The NAWU had no option but to let the National Programme go by the board (165).



Another disappointment for the NAWU was the strike action at the Radcliffe Asylum, which according to Gibson, the starting point for the "Battle of Radcliffe" (166) was "one of the worst cases of official tyranny in the history of the Union." (167) The visiting committee of the Nottinghamshire County Mental Hospital at Radcliffe-on-Trent had affiliated to the MHA and generally agreed with the JCC recommendations. However, on 10 February 1922 it unilaterally announced that it was cutting the wages of the staff and reducing the amount of time off-duty. This had the effect of increasing the hours of work to above the agreed 60 hours. The union was determined to take a stand over the issue and At a meeting of the strike committee held "at Mrs Foulds, Bolton Terrace, Radcliffe... on the 10th April 1922 at 7p.m. ... after lengthy discussion, it was unanimously resolved that strike action be taken the next morning in the female side of the asylum." ( 168.) The meeting was attended by George Gibson, Herbert Shaw and Mr Booth, the union solicitor.

The female nurses occupied the wards the following day. The men were taken aback by the women's militancy and, following a meeting that evening, joined them the next day (169). The authorities responded by dismissing the strikers and they were only offered re-engagement if they signed a new undertaking declaring that they would "carry out the instructions of the Committee and obey the officers... to put their orders into operation." (170) All the females and most of the men refused to sign and the occupation of the wards continued. The union officials were not allowed into the asylum grounds, so contact with them and the strikers was very difficult. They were at the "outskirts of the asylum, watching the developments through field glasses." (171) The end of the strike came on Thursday 12 April. Mr Gell, the Clerk to the Committee and Mr Jones, the Medical Superintendent, approached the barricaded wards accompanied by strike-breaking artisans and a force of bailiffs and plain-clothes policemen. For four hours the battle

raged and eventually the strikers had to give in. The strike committee report summed events up as follows: "On Thursday evening... the members of the Union on strike were ejected from the institution by force. The Committee resolved that all strikers... be granted maintenance at the rate of 30/- per week, until they obtain other work." (172)

The *Nursing Times* could hardly credit that the nurses on strike at the Radcliffe Asylum were "holders of the M.P.S. certificate". This was either a typographical error, or a lapse of knowledge. What was meant was the MPA certificate. "We deplore such undignified methods on the part of those caring for the mentally sick...a few males and females have been injured... the injury is rather to the profession of nursing and we can not pretend that our sympathies are with the 'nurses' in these deplorable methods." (173) There was no doubt where the RCN, through its official organ, stood. No evidence has been found to indicate that either the GNC or the MPA made any comment whatsoever.

These events were covered not only by the local papers, but by the national dailies as well. Many of their accounts were not unsympathetic towards the strikers. However, the *Daily News* reported that union officials had placed pickets around the building and then went off to the Nottingham race meeting (174). This charge was perpetuated by Carpenter who stated that "Mr Booth, the Union solicitor went off to the nearby Nottingham race meeting." (175) Not surprisingly, the NAWU took this accusation very seriously. The executive committee demanded that the "Union officials and members of the Strike Committee implicated, take such action as may be necessary... to disprove the allegations... Failing which they may be suspended from office." (176) The union must have been satisfied with the explanation of those accused, because they decided to instigate libel

proceedings against the newspaper over this allegation. The action was settled out of court and the *Daily News* agreed to “publish an apology and pay 150 guineas towards the costs.” (177)

Membership of the NAWU continued to fall. In 1924 it had dropped to below 11 000 and remained at about the same level until 1930, when it rose to just above 12 000. Also in 1924, the Board of Control Inquiry, largely superseded by the Royal Commission into the operation of the lunacy laws, presented its report. It said that greater recognition should be given to training and that this should be reflected in pay, a view supported by the NAWU, but not by the MPA or the RCN.

During the General Strike in 1926, the union was expressly exempted by the Trades Union Congress (TUC) from taking strike action. The NAWU, like many other unions, placed their finances at the disposal of the TUC (178). (The NAWU had been admitted to the TUC in 1923.) When the General Strike was called off, the executive committee contributed over £750 to the miners, who remained on strike. According to the Westminster Strike Bulletin of 9 May 1926, there was “a list of workers which should not be out.” (179) Most likely, this included the workers at local hospitals. Two days earlier, the Trade and Periodical Paper Branch of the National Union of Journalists (NUJ) received a telegram from the General Secretary stating that they had not been called out, and they should not abandon their normal duties, but the NEC instructed that members were “not to do work on the production of makeshift papers.” (180)

Generally speaking, the nursing press seemed to have nothing to say about the General Strike. The *British Journal of Nursing* totally ignored the whole affair and concentrated upon the launch of the British College of Nurses, which Mrs Fenwick set up as a potential rival to the RCN. The *Nursing Mirror* and the *Hospital* also paid no attention to the nation-wide industrial action. The RCN, through their official journal the *Nursing Times*, did not make any comment about the General Strike, except to point out (not

entirely correctly), that the only hospital in the metropolis to be seriously affected by the strike was the London Hospital, which had to cope with the loss of lighting and power due to the strike at the Stepney Power Station. The *Brixton Free Press* for Friday 7 May 1926 also commented that the London "had had all its power cut off during the day." (181) No special arrangements were necessary at Guys or St Bartholomew's (182). The *Nursing Times* also published a column entitled "Events of the Week", a digest, which from its tone appeared to be taken from government sources and promulgated an anti-striker outlook (183).

The only journal that often dealt with nursing issues and did take some notice of the strike was the *Hospital Gazette* for June 1926. It even stated that this "Journal is not an appropriate medium for discussing any phase of the recent strike" apart from the effect on the voluntary hospitals (184). The same issue of *Hospital Gazette* also noted how hospitals fared during the strike. It commented that the effects of strike action on London hospital work and supplies were negligible. "Serious inconvenience and much anxiety was caused in two hospitals in the East End through the stoppage of electric power." (185) Apart from the difficulties at the London Hospital, which have already been discussed, the City of London Hospital, with the exception of a few gas lights in the corridors, was lit by candles while lifts, X- rays, artificial sunlight, water pumps and other apparatus were put out of action.

The Boards of Guardians of the Poor Law hospitals, which were often controlled by Labour run authorities, were trying to make trade union membership one of the conditions of employment for all their employees, including nurses, the Stepney Board of Guardians going so far as to recommend which nursing organisations "shall be recognised... as appropriate to the nursing profession and they recommended the Professional Union of Trained Nurses (PUTN), the RBNA and the College of Nursing." (186) The PLOU suffered in its battle to gain recognition. "It was neither respectable enough for reactionary authorities... nor sufficiently like a

proper union for many Labour authorities.” (187) At the 1930 conference, it was decided to change the name of the union from the NAWU to the Mental Hospital and Institutional Workers’ Union (MHIWU). This reflected the new reality; the term “asylum” had become obsolete (188): trade unionism and professionalism were no longer seen as mutually antagonistic.

The Labour government set up the May Committee in 1930 to recommend belt-tightening of national expenditure. Its report revealed a large deficit and recommended “major economies and new taxes... [which] precipitated a financial crisis and a run on the reserves.” (189) The suggestions made by the committee split the cabinet and this led directly to the resignation of the Prime Minister, Ramsay MacDonald. Following the General Election, the National Government, also led by Ramsay MacDonald, came to power in 1931. The Conservatives made sweeping gains and ended up with 473 seats, Labour was reduced to 46 seats, with the ILP to six seats. In order to protect British jobs the new government introduced tariffs on foreign manufactured goods, fruit, vegetables and flowers. Later they introduced a 10 per cent tariff on imports from the Empire. Unemployment, especially among white-collar workers, began to rise. Inevitably, health service employees were also hit.

The government largely accepted the recommendations of the May Committee, which proposed that wages in the public services, including those of workers in dockyards and ordnance factories, should be reduced to the level of those paid in private industry. The reductions in pay for the armed forces, already agreed in 1925, should apply to all servicemen and not only to new recruits. Police constables’ and sergeants’ pay (last fixed in 1919) was to be reduced by 12.5 per cent and that of teachers by a minimum of 20 per cent. Even the government felt that these recommendations were too severe and they “altered the May Committee proposals into a more acceptable package.” (190) Remuneration for government ministers, Members of

Parliament and judges was to be cut. The rates proposed for teachers and the police were to be modified, the teachers by 15 per cent. The Navy cuts were to remain unchanged and pensions were also to be reduced. So wide-ranging was the National Economy (Education) Order 1931, that it even embraced teachers employed in the LCC mental deficiency hospitals who "should be subject to 10% reduction in salaries." (191), In vain the Mental Hospitals Committee voted against the reductions. Notwithstanding their objection, the following year a 10 per cent reduction was applied to the salaries of medical superintendents (192).

These announcements were received with dismay and agitation. Clegg has pointed out that even "naval ratings had a long history of organisation and clandestine agitation on pay and conditions through lower-deck death benefit societies." (193) Other groups were agitating; the Association of Education Committees said that "the cuts in teachers' salaries were unduly severe. Even the tightly controlled Police Federation made the displeasure of its members evident." (194) In response to this concerted opposition against the proposed measures, the shocked government gave in somewhat and recommended that because of local variations, there could be no "hard and fast rule" and left the local authorities to sort out the economies at a local level. However, wage cuts were heaviest in the staple industries such as cotton and heavy engineering, ranging up to 20 per cent in some cases. "The average industrial wage remained at just under £3 throughout the 1930s." (195)

The climate of austerity extended into the asylums for the mental hospitals were not immune to these downward pressures on wages. The MHIWU was forced to negotiate a settlement with the MHA, which involved a reduction in wages. In trying to justify their actions to the union conference in 1932, the President, Mr Bartlett, pointed out that "many trade unions... would have been glad of... accepting wage reductions no more serious than ours." (196) Temporary wage reductions of 2.5 per cent for two years were

recommended. "However, in some areas, particularly the North- East, some Visiting Committees imposed no reductions", (197) where wages were already particularly low. Economies were still being advocated in 1935. Cardiff City Council decided to reduce student nurses' starting salaries from £35 to £20 a year and its health committee's proposed reduction was approved by the RCN members on the committee; the college's policy was to sanction an £18 minimum. However, "NUCO was clear such a move should be resisted." (198)

In 1932, the *Lancet* Commission report was published. The commission was made up of a group of doctors and educationists concerned at the growing shortage of nurses, this despite the advantage of the improved status that state registration was to bring. The chairman was the Earl of Crawford and Balcarres (199). It also included several leading matrons, the headmistress of a girls' school and a number of academics. The commission held 24 meetings and various sub-committees met a further 25 times (200).

The report revealed the reality of nursing conditions: student nurses in general hospitals were beset by petty restrictions and tyrannies; and plenty of heavy domestic work (201). The nurse must be in her room at 10 p.m. and her lights must be out at 10.30. "She may not... leave the hospital between 8 p.m....and bedtime, without special permission." (202)

A.J. Cronin, author of *The Citadel* and *Dr Findlay's Case Book*, and himself a doctor, in a *Daily Mirror* article exposed "The Worst Job in the World." He wrote of one nurse, "She dare not exceed her late pass-out by a single minute or she earns a stern rebuke." (203) In response to this exposé, nurses wrote in to the *Daily Mirror* about their experiences. One nurse commented that "Trained nurses have to ask to be allowed out till 11 p.m. This includes sisters, aged from thirty to sixty years." (204) The *Nursing Times* was horrified at these revelations. It believed the nurses' grievances

as exposed in the *Daily Mirror* were exaggerated. It was hardly cruel for the lights to be turned off at 10.30 p.m. when the nurse had to be up at 6.15 a.m. at the latest. Nursing was the "best job in the world". (205)

Following the publication of the *Lancet* report and the exposures of nursing conditions "the MHIWU issued an appeal to all nurses to join the proposed professional organisation on Trade Union lines. Their ultimate conception was "a self-governing federation of all sections of the nursing profession." (206) This attempt to gather in general trained nurses into the fold of the MHIWU was only one of several by trade unions interested in unionising the nursing profession during the 1930s. NUCO was formed from the old PLWTU in January 1930 in response to the implementation of the Local Government Act 1929. "The Poor Law was transformed by the ending of the Poor Law Unions and their Guardians... Their work was transferred to a smaller number of Public Assistance Committees." (207) This resulted in local councils taking over responsibility for former Poor Law employees; moreover, it exposed NUCO to the "cut-throat world of inter-union competition between a great variety of organisations." (208) While NALGO was the main rival in local government for potential nurse members. Nurses were also courted on the manual side by the giant general unions - the TGWTU and NUGMW. A further difficulty for NUCO was that it did not succeed in affiliating to the TUC until 1935. From the late 1930s, additional competition for nursing members came from the phenomenal growth of the National Union of Public Employees (NUPE).

Fear of being associated with communist and Bolshevik ideology has already been referred to. By the early 1930s, the majority of trade union movement leaders saw communism as the enemy rather than the friend of the working-class movement. In October 1934, the TUC "forbade trades councils to accept communists as delegates and urged unions to exclude communists from office" (209) for they saw a need to discourage links between trade unions and communist or crypto-communist organisations. This fear was



highlighted in October 1933 when the Fulbourn Branch of MHIWU proposed to affiliate to the local Anti-War Council. The response was a swift refusal of support; the NEC "while sympathising regret... can not sanction grants to outside bodies." (210) It was not until November 1934, that the matter was settled. At that NEC meeting, a recommendation from the TUC was read out warning trade unions against communist and other bodies (211). Given this atmosphere, it was hardly surprising that in May 1934 the Colney Hatch Branch applied for a small grant to aid a local "association formed to organise resistance to Fascism and Capitalism." (212) Their request was also rejected, based on the same TUC directive. The Colney Hatch Branch protested again in September 1935 "against the General Secretary's ruling forbidding the use of union funds to attend a conference convened by the *Labour Monthly*." George Gibson "reported that his ruling was in accordance with conference decisions regarding communist bodies." (213) The spectre of this perceived communist menace was to be resurrected at the end of the Second World War.

Meanwhile, in December 1937, the government appointed the Athlone Committee to inquire into the present state of nursing and what if any changes were required to maintain "an adequate service both for institutional and domiciliary nursing". (214) Although the Athlone Committee report made no specific reference to mental nursing, a subcommittee was set up which included George Gibson (MHIWU), L.T. Felden (MHA) and Dr Masefield (RMPA). Evidence emerged suggesting that the shortages and poor conditions of employment mainly affected the female nurses. The other main issue which occupied the sub-committee was that of the dual-qualification of the RMPA and the GNC. The MHIWU did not show any preference between the two qualifications. Opponents of the RMPA certificate scheme considered that the RMPA was a medical body controlled by the medical superintendents and therefore the training was controlled by the very doctors under whom the trained nurses would continue to work. On the other hand there were those

who argued that the GNC was dominated by general nurses who “had little understanding of mental nursing, and who were trying to raise the status of mental nurses by moulding them into a general nursing...model.” (215)

The Athlone Committee published its *Interim Report* early in 1939. Due to the outbreak of war, neither the final report of the full committee nor the report of the mental nursing sub-committee was ever published. However, the *Interim Report* did make far-reaching recommendations including higher pay for trained nurses and that a nurses’ salaries committee be set up to regulate nurses’ pay nationally. Nurses should have four weeks leave a year and work a 96 hour fortnight. Also, petty rules and unnecessary restrictions were to be eliminated. As Abel-Smith points out, “Most of these recommendations could not be implemented unless more money was found for the voluntary hospitals”. (216) Awareness of the financial constraints affecting their proposals led the committee to recommend a system of grants from the Exchequer to hospitals “in respect of the national work done by the training of nurses”, (217) a recommendation turned down by the government. Whatever was to be done to sort out the problem of financing nurse training in the voluntary hospitals would have to wait until after the war.

During the war, MHIWU feared the deterioration expected in the standards of care in the mental hospitals, especially as many mental care beds were diverted for the expected casualties, both military and civilian as part of the government’s Emergency Medical Service (EMS). Gibson “pledged the union support for the war effort,” (218) but confirmed that the union would neither exploit nor be exploited. Staff shortages spread from the female nurses to other grades: 2 000 male nurses joined the armed forces and 600 women nurses left for war work. By 1941 many hospitals were up to a third below strength. The government had estimated that the number of nurses needed if war broke out would be between 34 000 and 67 000 trained nurses to staff the first aid posts and emergency hospitals. “At this time there

were only about 60 000 trained nurses at work in Britain.” (219)

In 1939 pressure had been put on the mental hospitals to create extra beds by discharging patients; in consequence 140 000 patients were discharged into the community. “Some mental hospitals were completely emptied to make way for wounded soldiers and their patients were transferred to other hospitals which soon became severely overcrowded.” (220) Luckily the overwhelming numbers of casualties expected to result from the projected terror bombing did not materialise while the heavy bombing of civilian targets did not occur until after the evacuation of Dunkirk and the Battle of Britain. Originally planning for medical requirements was based on an estimated 1-3 million casualties from air raids. However, the staffing situation was so bad that in early 1941 the MHA and the MHIWU “issued a joint appeal to staff not to take sick leave if they could avoid it.” (221) Finally, in August 1941 the government enacted the Mental Nurses (Employment and Offences) Order, which became known as the “Standstill Order”. Under its terms mental nurses were prevented from leaving their job without permission of their visiting committee. Anyone who disobeyed could be fined a maximum of £10 or be sentenced to a month in prison. In order not to provoke the unions into non-cooperation tactics, the “Standstill Order” applied only to those institutions that paid the union negotiated rates (222).

A month prior to the implementation of the “Standstill Order” the JCC had agreed to a new national pay scale and abolished the differentials between urban and rural rates of pay. Many of the employing bodies that were not members of the MHA agreed to these new scales.(223) “The state had effectively taken over the running of the hospitals and became their pay master.” (224)

Ernest Bevin, General Secretary of the TGWU, became Minister of Labour in the subsequent national coalition government which set up the Nurses’ Salaries Committee under Lord Rushcliffe in order to set national rates of pay and conditions (225). The NHIWU were worried that their virtual

monopoly over representation of mental nurses would be threatened and in agreement with the MHA they urged that the Rushcliffe Committee should not cover mental nurses. Finally, in June 1943 the NHIWU agreed to join a sub-committee of the main Rushcliffe committee to deal exclusively with mental nursing matters. The union had been persuaded to join by the MHA, who were keen to obtain the promised 50 per cent Treasury grant towards mental nurses' pay; the government insisted upon some formal link with the Rushcliffe Committee in return.

The Mental Nurse Sub-Committee recommended the amalgamation of the RMN/RMPA qualifications and the streamlining of mental nurse training under one scheme. The RMPA agreed that the GNC should take over responsibility for all training and that "no further candidates would be accepted for training after 31 December 1946." (226) Nurses holding the RMPA certificate would be entered on the appropriate part of the GNC register. The sub-committee was opposed to the introduction of assistant nurses into the psychiatric area. Earlier, in 1939, the MHIWU had proposed that there should be only one examination for registration purposes, this to be achieved by the amalgamation of the RMPA and the GNC (227).

The importance of the Rushcliffe Committee for the post-war future of the profession was that it was divided into employer and employee panels, and nursing organisations were invited to nominate members. Despite its opposition to the government's interference in salary setting, the RCN "swallowed its pride and succeeded in winning more seats on the new body than any other organisation." (228) The RCN contributed ten members and the MHIWU four an unequal pattern of representation which was to continue right through the period of the Nurses' Whitley Council.

The Socialist Medical Association "forced the idea of a centrally funded national health service onto the Labour party's programme in 1934." (229) The 1944 White Paper on the National Health Service envisaged the mental

health services as being integrated into the health service. This vision of the future which enabled the MHIWU to see the opportunities of operating in a larger arena, and a merger with the HWSU seemed the next logical step in the creation of a health service wide union. This was foreshadowed in June 1941 by the MHIWU when the NEC had discussed the future of the union. Gibson had written in a memorandum fortelling that "the possible break up of the Voluntary Hospital system would lead them to be taken over by the local authorities, and this would call for a consideration of establishing a union for the whole of the Health Service." (230) At their annual conference the following month the MHIWU also urged on the government the necessity of nationalisation of the mental hospitals (231). The Confederation of Health Service Employees (COHSE) came into being on 1 January 1946, with a combined membership of 40 000 (232).

The war ended and a General Election was called for 5 July 1945. The Labour Party won a landslide victory: 393 Common seats against 210 Conservative and allies and only 12 Liberals. The Attlee government was fortunate that "most of the top ministers were well- known public figures, experienced in office." (233) Attlee himself had been Deputy-Prime Minister under Churchill during the wartime coalition. Of the leaders of the Labour party only Aneurin Bevan lacked this wartime experience in office (234). It was he who became Minister of Health in the new Labour government and to him fell the task of piloting the National Health Service Bill through parliament (235).

The organisation, pay and conditions of the mental health services were left largely unaffected by the introduction of the National Health Service. However, mental health formed a fairly low priority for the newly formed Regional Health Boards, set up to run the integrated regional health services and thus were "starved of investment and administrative or professional

initiative.” (236) Webster succinctly summed up the situation: “The mental health services continued to moulder away in their antiquated buildings.”

(237)

With the onset of the Cold War and the revelations of the Soviet spy rings in the West, the anti-communist scare sprung up again (238). In 1948 a number of suspected fellow travellers were expelled from the Labour Party and “the TUC called upon affiliated unions to expel communists from any official position.” (239) In 1949, the COHSE NEC signed a solemn declaration affirming that they were not supporters of the Communist Party (see Appendix 1). Distancing themselves from the smear of alleged communist sympathies would contribute to the sense of an “honourable” service of consummate professionalism.

Until the Mental Health Act 1959 both psychiatric medicine and mental nursing were undervalued and under-resourced compared with acute general medicine. Within the *Codes of Working Conditions* which the Labour government issued for hospitals was an imprecise statement regarding union rights. The code urged local management not to place any obstacles in the way of unions and professional bodies seeking to represent members’ interests, a statement which fell a long way short of insisting on full union recognition.

At the COHSE NEC held in December 1946, certain members tried to urge that local authorities insist “that employment should be conditional on being a member of the appropriate bona-fide trade union... and every step should be taken... to defeat any object that they... [the RCN] have as anti-trade unionists.” (240) Gibson opposed these suggestions because he said that not even the TUC had the right to insist that one particular union should represent all the union membership in a particular field. In order to diffuse the antagonism between the RCN and COHSE, it was recommended by the NEC

that the TUC Nurses' Advisory Committee set up a joint liaison committee with the RCN to consider problems relating to the nursing profession (241). As so often in the past, nothing seemed to come of this suggestion.

As management generally favoured professional organisations such as the RCN, the unions faced an uphill struggle. On the other hand, some Labour controlled councils initiated closed shop policies, which excluded organisations such as the RCN. Following unfavourable press coverage and pressure from the RCN, the government condemned the practice (242).

From the end of the Second World War until 1951 the Labour government maintained a close association with the unions. Despite this, COHSE and the other unions in the health sector were still struggling to achieve full recognition in the workplace; the RCN still managed to be the more successful organisation in attracting nurses. However, it was not until 1960 that male nurses and mental nurses were eligible for full membership of the RCN.

COHSE had come a long way from the early organisation of aggrieved Lancashire asylum attendants with assets of 1s.6d. It was now a widely respected and powerful voice, representing the interests of the workers in the mental health service and most other areas of the health service in general. Moreover, the union had achieved a standing outside the fairly narrow confines of mental nursing - something that was largely due to the stature of George Gibson (243).

This chapter has examined the attempt by the employers to impose a paternalistic organisation on the attendants and mental nurses. It also considered the failure of the medically dominated AWA after the First World War and the humble origins of a "genuine" union. The growth of NAWU and its eventual acceptance by the authorities was described, a development that was seen as the successful take back by mental nurses of some responsibility for their actions. Yet however successful the trade union

movement was, it could not replace the need for a professional organisation which might have been influential in the battle for mental nursing professionalisation.



CONFEDERATION OF HEALTH SERVICE EMPLOYEES.

NATIONAL EXECUTIVE COMMITTEE.

10th March, 1949.

"I do solemnly and truthfully declare that I am a loyal member of the  
Trade Union Movement, and that I am not a member of the Communist  
Party or a supporter of its policy."

*A. B. Benson.*  
*P. Barber.*  
*Edwin M. Mason.*  
*Fred Quodini.*  
*T. D. Macdon.*  
*W. H. Lee.*  
*John W. Jones.*  
*H. B. Morgan.*  
*J. T. Lacey.*  
*James B. Burt.*

*A. R. Turner.*  
*A. T. Leavenworth.*  
*for Woodcock.*  
*D. Bayde.*  
*J. Butler.*  
*W. H. Lowe.*  
*J. K. Kille.*  
*G. F. Borne.*

## Notes

This chapter has largely, but not exclusively, drawn upon the extensive COHSE Archive in the Modern Records Centre, University of Warwick at Coventry; George Gibson's account of the early days of the union, *21 Years: A History of the Mental Hospital and Institutional Workers' Union, 1910-1931* and Mick Carpenter's official history of COHSE, *Working for Health*.

- 1 T.S. Clouston (1876) On the Question of Getting and Retaining the Services of Good Asylum Attendants. *Journal of Mental Science*, vol.21, October, pp.381-8, at p.388.
- 2 Mick Carpenter (1988) *Working for Health: The History of COHSE*, London: Lawrence and Wishart, p.28.
- 3 H.A. Clegg, Alan Fox and A.F. Thompson (1964) *A History of British Trade Unions Since 1889*. vol. 1, 1889-1910. Oxford: Clarendon Press, pp.1-2.
- 4 Henry Pelling (1987) *A History of British Trade Unionism*. Harmondsworth: Penguin, 4th edn, pp.91-92.
- 5 Ibid., p.93.
- 6 Clegg, Fox and Thompson (1964), p.55.
- 7 Ibid., pp. 70-71.
- 8 *The Yorkshire Post*, 19 September 1913, p.7.
- 9 Terry McCarthy (1988) *The Great Dock Strike 1889*. London: Weidenfeld & Nicolson (In association with the TGWU).
- 10 Betty Greene (1975) The Rise and Fall of the Asylum Workers' Association. *Nursing Mirror*, vol. 70, 25 December, pp. 53-55.
- 11 Carpenter (1988), p.27.
- 12 Asylum Reports, 1890, *Journal of Mental Science*, vol. 36, October 1891, p.592.
- 13 *Hospital*, 11 October 1913, pp. 49-50.
- 14 *Journal of Mental Science*, vol. 41, July 1896, pp. 656-659.
- 15 Ibid., pp. 138-139.

- 16 Reported in Ibid., October 1896, p.903.
- 17 Carpenter (1988), pp.38-39.
- 18 Ibid.
- 19 *Hospital*, 11 October 1913, pp.49-50.
- 20 Obituary *Asylum News*, vol. 17, August 1913, p.82.
- 21 Ibid. Morten was also one of the first to advocate the system of school nurses. She was a journalist contributing to both the *Hospital* and the *Daily News*. She also wrote books on nursing and a number of devotional books.
- 22 Honnor Morten. Asylum Attendants. *Nursing Notes*, 1 November 1897, pp. 141-143.
- 23 *Hospital*, 11 October 1913, pp. 49-50. Crichton Browne, Outterson Wood and Sir Dyce Duckworth were members of both the MPA and the RBNA.
- 24 Honnor Morten (1897) Asylum Attendants. *Nursing Notes*, 1 November, pp. 141-3.
- 25 Frank Adams (1969) From Association to Union: A chronicle of the asylum attendants struggle to achieve organisation, 1850-1919. *British Journal of Sociology*, March, pp.11-26.
- 26 A. Gibbons (and 17 others members), Letter in *Asylum News*, vol. 5, July 1901, p.62.
- 27 Alexander Walk (1961) The History of Mental Nursing. *Journal of Mental Science*, vol. 96, January, pp. 1-17.
- 28 Adams (1969), pp.11-26.
- 29 *Asylum News*, vol.1, 1897, p.6; cited in Adams (1969), pp.11-26.
- 30 *Journal of Mental Science*, vol. 41, January 1896.
- 31 *Asylum News*, vol. 17, November 1913, pp.113-114.
- 32 *Hospital*, October 1913, pp.49-50.
- 33 *Journal of Mental Science*, vol. 42, March 1897, pp. 325-326.
- 34 The first *Asylum News*, according to the review in the *Journal of Mental Science*, was published in January 1897, while the second issue appeared

on 15 April 1897 and subsequent issues appeared on the 15th of each month. Thus it might be reasonable to assume that the first issue was published on the 15 March 1897, but it is possible that it did appear in January as stated in the *Journal of Mental Science*. Both Adams and Greene mistakenly stated that the first issue was published in May 1897. The third Issue was definitely published in May 1897. *Asylum News*, from issue No. 2 (April 1897 ) to the final issue (December 1919), is held at the British Library, Newspaper Library, Colindale Avenue, London NW9.

35 *Asylum News*, vol. 2, 15 October 1897, p.7.

36 Ibid., p.1.

37 Ibid., p. 7.

38. Ibid., vol. 3, 15 April 1898, pp. 32-5.

39 Carpenter (1988), pp.37-8.

40 The Grievances of Asylum Attendants; a matron's views. *Daily Graphic*, 29 May 1897, p.9.

41 Carpenter (1988), p. 38.

42 *Asylum News*, vol. 4, June 1899, p.48..

43 T. Outterson Wood (1896) The Early History of the Medico-Psychological Association. *Journal of Mental Science*, vol. 41, April 1896, p.249.

44 Alexander Walk and D. Lindsay Walker (1961) Gloucester and the Beginning of the RMPA. *Journal of Mental Science*, vol.96, July 1961, p. 627.

45 Letter *Asylum News*, vol.1, September 1897, p.5.

46 Ibid., vol. 1, November 1897, p.7.

47 *Asylum News*, vol. 2, April 1898, pp. 32-35.

48 Ibid., vol. 3, June 1899, pp. 1-2.

49 Ibid.

50 Ibid.

51 Ibid., vol. 3, December 1899, p.117.

52 Ibid., vol. 4, February 1900.

- 53 Carpenter (1988), p.40.
- 54 *Asylum News*, vol. 4, June 1900, p.50.
- 55 Ibid., vol. 4, March 1900, p.1.
- 56 *Journal of Mental Science*, vol. 45, July 1900, p.608.
- 57 *The Hospital*, 16 January 1904.
- 58 Ibid.
- 59 Ibid.
- 60 *Asylum News*, vol. 8, February 1904, p.1.
- 61 Ibid., vol. 8, March 1904, p.28.
- 62 *Hospital*, 17 February 1903, p.263.
- 63 *Asylum News*, vol. 4, July 1904, p.1.
- 64 Ibid., vol. 4, October 1904, p.96.
- 65 *Journal of Mental Science*, vol. 50, July 1905, p.592.
- 66 Ibid. vol.53, July 1908. pp.582-583.
- 67 Ibid.
- 68 Ibid., vol.53, October 1908, p.787.
- 69 Sir William Collins qualified as a doctor and later became Anatomy Teacher at St Bartholomew's. He was a Life Governor of University College Hospital, Liberal M.P. for St Pancras West (1906-10) and for Derby (1916-18).
- 70 *Journal of Mental Science*, vol. 54, July 1909, pp. 526-7.
- 71 Carpenter (1988), pp.40-41.
- 72 Ibid., p.41.
- 73 Adams (1969), pp.11-26.
- 74 George Gibson (ed.) (1931) *21 years: A History of the Mental Hospital Institutional Workers' Union*. Manchester: NHIWU, pp.7-8.
- 75 Greene (1975), pp. 53-5.
- 76 *Journal of Mental Science*, vol. 54, October 1909, p.746.
- 77 Ibid., vol. 55, October 1910, pp. 724-5.

- 78 Walk (1961), p.1-7.
- 79 *Asylum News*, vol. 14, January 1910, p.12.
- 80 *Journal of Mental Science*, vol.57, January 1912, p.139.
- 81 Ibid.
- 82 Ibid., p.148.
- 83 Ibid., p.164.
- 84 Ibid.
- 85 Ibid., vol.56, July 1911, p.513.
- 86 Carpenter (1988), p.43.
- 87 Ibid., pp. 45-47.
- 88 *Asylum News*, vol. 13, March 1911, pp. 17-18.
- 89 Gibson (1931), p.13.
- 90 *Asylum News*, vol. 13, March 1911, pp. 17-18.
- 91 Carpenter (1988), p.67.
- 92 *Yorkshire Post*, 25 July 1912, p.5.
- 93 Reported in *Journal of Mental Science*, vol. 50, January 1913, pp. 165-167.
- 94 Carpenter (1988), p.48.
- 95 P. O'Doherty (1912) A Plea for Cohesion among Asylum Workers. *Asylum News*, vol. 14, July 1912, pp. 63-64.
- 96 Ibid.
- 97 Ibid.
- 98 *Journal Mental Science*, vol. 41, July 1896, pp.138-139.
- 99 O'Doherty (1912), pp.163-64.
- 100 Viscount Wolmer (1887-1971) later succeeded to the title of Earl of Selbourne. A government minister, during the Second World War he was in charge of the top secret government sabotage organisation, the Special Operations Executive (SOE).
- 101 *Asylum News*, vol. 13, July 1911, p.66.
- 102 Carpenter (1988), p.50.

- 103 *Asylum News*, vol. 17, March 1913, pp. 22-23.
- 104 Carpenter (1988), p.56.
- 105 *The Hospital*, 27 September 1913, p.741.
- 106 *Asylum News*, vol. 17, April 1913, pp. 34-35.
- 107 *Ibid.*, May 1913, p.49.
- 108 *Ibid.*, November 1913, pp. 113-114.
- 109 Hugh Armstrong Clegg (1985) *A History of British Trade Unions Since 1889*. Vol. II, 1911-1933. Oxford: Oxford University Press, p.25. Syndicalism has been defined as a style of revolutionary or quasi- revolutionary labour union action which originated in France in the 1890s (Val R. Lorwin (1968) *Syndicalism* in David Sills (ed.) *International Encyclopedia of Social Sciences*. New York: Collier/ Macmillan, p.447- 51. The syndicalist movement in Britain sought to dispense with parliamentary politics altogether. The object of its adherents was to win control of the economy by industrial action. They aimed to turn unions from craft to industrial ones and so were very active in the move for union amalgamation. The most prominent syndicalist leader was Tom Mann, who came to prominence during the Dock Strike of 1899 (Harry Pelling and Alastair Reid (1996) *A Short History of the Labour Party*. London: Macmillan.)
- 110 *Asylum News*, vol. 18, October 1914, p.91.
- 111 *Ibid.*, vol. 19, January 1915, p. 3.
- 112 *Ibid.*, p.4.
- 113 *Ibid.*, p.5.
- 114 *Ibid.*
- 115 Gibson (1931), p.21.
- 116 *Journal of Mental Science*, vol. 61, July 1916, p. 442.
- 117 *Asylum News*, vol. 20, March 1916, p.2.
- 118 *Ibid.*, vol. 23, June 1919, p.13.
- 119 Carpenter (1988), pp.149-50.

- 120 B. Drake (1920, 1984) *Women in Trade Unions*. London: Virago, p.111.
- 121 R. McKibbin (1974) *The Evolution of the Labour Party, 1910-1924*. Oxford: Oxford University Press, p.240.
- 122 Carpenter (1988), pp.37-38.
- 123 Mick Carpenter (1985) Behind the Banner. *Nursing Times*, vol. 80, 12 June, pp.16-18.
- 124 Eric Wigham (1982) *Strikes and the Government, 1893-1981*. London: Macmillan, p.55.
- 125 *Nursing Times*, vol. 14, 18 October 1919, p.1081.
- 126 Carpenter (1988), p.148.
- 127 COHSE Archive, Modern Records Centre, University of Warwick. NPLOA Nurses' Section. 2 February 1918. 20/NPL/1/4/1.
- 128 *Nursing Times*, vol. 15, 14 April 1920, p.482.
- 129 Brian Abel Smith (1960) *A History of the Nursing Profession*. London: Heinemann.
- 130 Carpenter (1988), pp. 7-58.
- 131 *The Observer*, 10 December 1905, p.8.
- 132 Gibson (1931), p.23.
- 133 Carpenter (1988), p.72.
- 134 Ibid.
- 135 Gibson (1988), p.24.
- 136 Ibid., p. 25.
- 137 Dingwall, Rafferty and Webster (1988) *An Introduction to the Social History of Nursing*. London: Routledge, p.130.
- 138 Carpenter (1988), pp.77-78.
- 139 Gibson (1988), p.27.
- 140 COHSE Archive; NAWU EC, 3rd April 1919, 229/NA/1/1/1.
- 141 Carpenter (1988), pp.79-80.
- 142 Keir Waddington (1995) *The Nursing Dispute at Guys Hospital*,



- 1879-80. *Social History of Medicine*, vol. 8, no.2, (August), pp.211-230.
- 143 Waddington (1995), pp.211-212.
- 144 Carpenter (1988), p.78.
- 145 *Nursing Times*, vol. 18, 28 April 1923, p.417.
- 146 Gibson (1931), p.35.
- 147 *Nursing Times*, vol. 15, 1 May 1920, p.521.
- 148 Ibid., vol. 15, 27 March 1920, p.379.
- 149 Tom Christian, a charge nurse at Banstead Asylum, Sutton in Surrey, was awarded his MPA certificate in 1903. He had worked for the LCC in Banstead for 20 years when he was nominated by the NAWU, and appointed by the Minister of Health to the GNC (*British Journal of Nursing*, 1 May 1920, p.258). His was also the first name on the RMN Supplementary Register when it was published by the GNC in 1922 (PRO: DT10/64).
- 150 COHSE Archive;NAWU EC; 27 January 1920, 229/NA/1/1/1.
- 151 COHSE Archive;NAWU EC; 13 July 1920 and 13 August 1920. 229/NA/1/1/1.
- 152 COHSE Archive;NAWU EC; 13 August 1920. 229/NA/1/1/1.
- 153 COHSE Archive;NAWU EC; 22 May 1919. 229/NA/1/1/1.
- 154 R. Page Arnot (1967) *The Impact of the Russian Revolution in Britain*. London: Lawrence & Wishart, p.170.
- 155 Keith Middlemas (ed.) (1969) *Thomas Jones, Whitehall Diaries 1916-1925*. Oxford: University Press, p.96.
- 156 *Nursing Times*, vol. 15, 24 April 1920, p. 483.
- 157 Walter M. Stern (1962) *Britain, Yesterday and Today: Outline of Economic History from the Middle of the Eighteenth Century*. London: Longman, pp.259-61.
- 158 COHSE Archive;NAWU EC; 11 January 1912; 229/NA/1/1/1.
- 159 Carpenter (1988), pp.82-3.
- 160 The unions present at the initial meeting on 6 December 1919 were the

NUCW, the NAWU, PLWTU and the National Union of Waterworkers Employees (NUWE).

161 Stern (1969), pp. 117-118.

162 Carpenter (1988), p.94.

163 Gibson (1931), pp.37-38.

164 COHSE archive NAWU EC; May 1920, 29/NA/1/1/1.

165 Gibson (1931), pp.39-40.

166 For a detailed account of this conflict, see Carpenter (1988), Gibson (1931), COHSE archive; NAWU Records (February- April 1922) 229/NA/1/1/1 and the following newspaper reports dated between the 12 and 15 April 1922: *Daily Sketch*, *Daily News*, *Glasgow Herald*, *Yorkshire Post* and *Nottingham Guardian*. The *Nottingham Journal* covered it fully on 12, 13 and 15 April 1922.

167 Gibson (1931), p.47.

168 COHSE Archive; NAWU Strike Committee, 10 February 1922; 229/NA/1/1/1.

169 Carpenter (1988), p.86.

170 Quoted in Ibid.

171 *Daily Sketch*, 12 April 1922.

172 COHSE archive; NAWU strike committee, 13 April 1922, 229/NA/1/1/1.

173 An Asylum Strike. *Nursing Times*, 22 April 1922, p.390.

174 *Daily News*, 22 April 1922.

175 Carpenter (1988), p.87.

176 COHSE Archive; NAWU EC; 22 April 1922, 229/NA/1/1/1.

177 COHSE Archive; NAWU EC; 8 February 1923, 229/NA/1/1/1.

178 Ibid.

179 Raymond W. Postgate Collection. International Institute of Social History (IISH) Amsterdam. A great deal of labour and General Strike material, including strike bulletins, printed and stencilled non-labour journals, union

branch strike committee reports etc. forms part of the Raymond Postgate Collection housed in the International Institute for Social History in Cruquiusweg, Amsterdam, The Netherlands.

Raymond Postgate (1896-1971) was a journalist and author on labour and radical history and the son-in-law of George Lansbury, Labour politician and newspaper proprietor.

180 Letter dated 7 May from B.H. Tripp, Branch Secretary to his members. R.W. Postgate Collection, IISH Amsterdam.

181. *Brixton Free Press*, 7 May 1926 (an Emergency News Bulletin, published in support of the strikers). It forms part of the "General Strike Collection" held at the British Library, Newspaper Library, Colindale in North West London.

182 *Nursing Times*, vol. 21, 15 May 1926, pp.445.

183 Ibid., pp. 445-6 and 22 May 1926, p.460.

184 *Hospital Gazette*, June 1926, p.1.

185 Ibid., pp.3,17.

186 *Nursing Times*, vol. 21, 27 February 1926, p.181.

187 Carpenter (1988), p.162.

188 Gibson (1931), p.120.

189 John Stevenson and Chris Cook (1979) *The Slump*. London: Quartet Books, p.2.

190 Clegg (1985), p.516.

191 24 November 1931; LCC Minutes of the Mental Hospitals Committee, January-December 1931. LMA: LCC/MIN/595.

192 26 January 1932. LMA: LCC/MIN/636.

193 Clegg (1985), p.518.

194 Ibid., p.519.

195 Stevenson and Cook (1979), p.17.

196 Conference Report 1932; reported in *Mental Hospital Workers' Journal*,

supplement, August 1932, p.3.

197 Carpenter (1988), p.111.

198 Ibid., p.206.

199 The Earl of Crawford and Balcarres, formerly David Lindsay, Conservative MP for the Chorley Division of Lancashire, 1895-1913. Lord Privy Seal 1916-18, Chancellor of the Duchy of Lancashire 1919-21. Minister of Transport 1921-22; died March 1940. (*Who was Who, 1929-1940*, p.304.)

200. Lancet (1932) *Lancet Commission on Nursing*. London: The Lancet, p.7.

201 Ibid., p.27.

202 Ibid., p.31.

203 A.J. Cronin, *Daily Mirror*, 3 November 1937, p.32.

204 *Daily Mirror*, 8 November 1937, p.12.

205 *Nursing Times*, vol. 32, 13 March 1937.

206 COHSE archive;MHIWU, sub-committee meeting, 23 May 1932; 229/NA/1/1/2.

207 Stevenson and Cook (1979), p.28.

208 Carpenter (1988), p.185.

209 Stevenson and Cook (1979), p.143.

210 COHSE archive;MHIWU NEC; 12-13 October 1933; 229/NA/1/1/4.

211 COHSE archive;MHIWU NEC; 1 November 1934; 229/NA/1/1/4.

212 COHSE archive;MHIWU NEC;17 May 1934; 229/NA/1/1/4.

213 COHSE archive;MHIWU rota committee; 23 September 1935; 229/NA/1/1/4.

214. Ministry of Health; Board of Education (1939) Inter-Departmental Committee on Nursing Services, *Interim Report*. London: HMSO p.4. The Chairman, the Earl of Athlone (born 1874) was the son of the Duke of Teck and Princess Mary Adelaide. He married Princess Alice Albany in 1904 and

served in the Army both in South Africa and during the First World War. Governor-General of South Africa, 1923-31; Governor General of Canada 1940-46. He died January 1957 (*Who Was Who 1951-1960*, p.43).

215 Rosemary White (1985) *The Effects of the NHS on the Nursing Profession, 1948-1961*. London: Kings Fund.

216 Abel-Smith (1960), p.146.

217 Ministry of Health (1939), p.70.

218 Carpenter (1988), p.128.

219 Abel-Smith (1960), p.161.

220 Nolan (1993), p.98.

221 Carpenter (1988), p.130.

222 Provisions of Mental Nurses' (Employment and Offences) Order 1941  
(Mental Hospitals Association)

The important clauses of the order were as follows:

1. Regulations "prohibiting mental nurses... from leaving their employment without the consent of the authority, or body by whom they are employed."

8. If any nurse left without permission, they were liable "to imprisonment or a term not exceeding one month, or a fine not exceeding £10, or both."

(COHSE archive; 229/6/C/NA/4/1/4.) Carpenter has noted that prosecutions were made under the order, though only nominal fines were imposed.

(Carpenter(1988), p.130.)

223. The new minimum starting pay for men was £2 10s. and women £2; plus war bonuses. The Scottish JCC was revived in December 1941 and negotiated a war bonus of 11s. for men and 19s. 1d. for women and a 48 hour week.

224 Carpenter (1988), p.131.

225. The first Baron Rushcliffe, formerly Sir Henry Betterton (born 1872).

Unionist MP for the Rushcliffe Division of Nottinghamshire, 1918-34. Member

of the Palestine Commission, 1928. Chairman of the Nurses' and the Midwives' Salaries Committees, 1929; Minister of Labour, 1931-4; Retired 1934 to become Chairman of the Assistance Board and died November 1950 (*Who was Who 1941-1950*, p.100 and *Who's Who of British Members of Parliament*, vol.iii 1919-1945, pp.30-31.)

226 White (1987), p.123.

227 COHSE archive; MHIWU NEC; 23 February 1939; 229/NA/1/1/5.

228 Carpenter (1988), p.225.

229 Kenneth O. Morgan (1984) *Labour in Power, 1945-1951*. Oxford: Clarendon Press, p.16.

230 COHSE archive; MHIWU NEC; 6-7 June 1941; 229/NA/1/1/6.

231 COHSE archive; annual conference report, 9-10 July 1941; 229/NA/1/1/6.

232. The minutes of the joint executive committees of MHUWI and HWSU in December 1945 explained the establishment of COHSE (COHSE archive; JEC (MHIWU/HWSU) 8 December 1945; 229/NA/1/1/7). COHSE membership rose from 40 362 in June 1946 to 52 483 in October 1949.

233. David Childs (1992) *Britain Since 1945*. London: Routledge, p.18.

234. Clement Attlee became Prime Minister; Ernest Bevin, leader of the TGWU, became Foreign Minister; Hugh Dalton went to the Treasury; Herbert Morrison, former leader of the L.C.C. became deputy Prime Minister and Lord President of the Council and Lord Addison. who as Dr. Christopher Addison became the first Minister of Health in 1919, was appointed Secretary to the Dominions and later Leader of the House of Lords.

235 Aneurin Bevan, born in 1897. A former coal miners' leader and M.P. for Ebbw Vale 1929-1960. Minister of Health 1945-1951, resigned in 1951. Treasurer of the Labour Party 1959-1960. He died in 1960. (*Who was Who 1951-1960* p.98. and *Who's Who in British Members of Parliament 1945-79* vol iii, pp.26-27.)

236 Dingwall, Rafferty and Webster (1988), p.135.

237. Charles Webster (1988) *Problems of Care: The British National Health Service Before 1957*. London: HMSO.

238 The revelations began in Canada in 1945, when Igor Gouzennko, a cipher clerk in the Soviet Embassy in Ottawa defected to the West. See Chapman Pincher (1981) *Their Trade is Treachery*, London: Sidgwick and Jackson; Bernard Newman (1949) *The Red Spider Web*, London: Gollancz and Peter Wright (1987) *Spycatcher*, Richmond Victoria: Heinemann Australia.

239 Carpenter (1988), p.250.

240 COHSE archive, COHSE NEC; 2 December 1946; 229/CO/1/1/1.

241 COHSE archive, COHSE NEC; 5-6 May 1947; 229/CO/1/1/1.

242 Carpenter (1988), pp.255-256.

243 George Gibson. (b. 1885). General Secretary COHSE (and its predecessor organisations for 39 years), until he retired in 1946. He remained on the NEC until 1947. A member of the General Council of the TUC from 1928 to 1948, he became President of the TUC in 1941 and was appointed a director of the Bank of England in 1946. In 1948, he was appointed Chairman of the North-West Area Power Board. Later that year he had to resign all his public offices because he became implicated in a minor bribery scandal. He died in 1953 (*Who was Who, 1951-1960*, p.415 and Carpenter (1988), pp.251-2).

## CONCLUSION

This dissertation has demonstrated that there were several reasons for the failure of mental nurses to become a professional sub-group within nursing. Throughout the period of this study it has been shown that mental nurses were dominated firstly by the doctors of the RMPA and then by the general trained leaders of the GNC. The original registrationists had decided that both male and mental nurses were to be excluded from the mainstream of nursing and were determined to place them on separate, supplementary parts of the register.

The RMPA used their control of the asylum nurses and attendants to boost their own professional aspirations. The development of asylum doctors and superintendents into a professional body took place in the pages of the professional journal and through the profession's own organisation, with its attempts at educational standards and entry control (1). However, their staff, the mental nurses never had the luxury of these advantages; they had no influence over the contents of the *Nursing Times*, the organ of the RCN or over that of other journals. It was not until 1961 that male nurses were allowed to join the RCN.

Even the eventual successful unionisation of mental nursing did not lead to professionalisation. While the gradual but reluctant acceptance of the union by the asylum authorities did lead to improved pay and conditions, it did not bring about any real signs of independent professionalisation. This would have manifested itself in the establishment of a specialist mental health workers' organisation sufficiently powerful to lobby for and achieve appropriate pay, conditions and recognition. Even union support for the state registration of mental nursing only confirmed their inclusion in a supplementary register.

The GNC, a product of the Nurses' Registration Act 1919, continued to dominate mental nursing and the other specialists groups within nursing. The council was controlled firstly by doctors and general nurses and later by general nurses alone, mainly hospital matrons, who continued to advocate the interests of the female general nurses almost exclusively. Mental nurses, and the other specialists groups were not to be allowed to interfere with the agenda of the general nurses, which was to preserve the "nursing



profession” for educated, middle-class women; nothing was to impede their purpose. As has been shown, this was the consistent goal of the original registrationalists and their followers.

According to Dingwall et al. this domination by general nurses was set to continue. They pointed out that “the concerns of general nursing will have the greatest influence on the future shape of the occupation and the other segments will be remade to fit in with them.” (2) Prior to 1957, students undertaking the RMN examinations still took the same preliminary examination as the general nurses. Although this arrangement had originally been seen as an advance in status, it discouraged mental nursing students, because they spent their first year being “drilled through anatomy and physiology, which seemed irrelevant to the problems of disturbed emotions they were being called upon to face.” (3) As Maddox observed in 1954, “their training did not equip them for the new psycho-therapeutic skills they now required, being based too heavily upon general nursing due to a common first year syllabus across all nursing disciplines.” (4)

Although new experimental syllabus for mental nurses was introduced by the GNC in 1957, it was not fully implemented until 1965 (5). This syllabus recommended that the mental nursing student no longer sat the common preliminary examination. At the end of the first year’s training, they would take instead a specially designed intermediate examination consisting of psychiatric nursing topics. This syllabus “brought a sense of liberation and great advance... the first student year was spent learning psychology and psychiatry which made sense of what the student met on the wards.” (6) The subsequent 1964 syllabus included sociology, psychology and social psychology and it stated that students would spend some time in placements outside the hospitals in the community. This new approach was shown in the examination questions (see Appendix One.)

Another reason for the lack of progress towards professionalisation was the absence of public support due to the poor public image of mental nurses, who did not benefit from the same quasi-angelic reputation as their general trained colleagues. In 1922 Lomax revealed the poor standard of mental nursing in his controversial book *The Experiences of an Asylum Doctor* (7). Moreover, the reputation of mental nursing was still somewhat dubious in the 1950s. Merrick Winn, in the *Daily Express*, pointed out how difficult their job was and in what poor conditions they were supposed to operate. The

mental hospitals, "are, most of them a disgrace to a nation that calls itself civilised. They ... [i.e. mental nurses] are doing a magnificent job. But they often do it in conditions in which, had I not seen them, I would not have believed could exist in Britain in 1955." (8) More recently, Barbara Robb's damning indictment, catalogues allegations of cruelty meted out to elderly psycho-geriatrics in a number of mental hospitals, (9) revelations which gave the impression to the general public that mental nurses were a group of uncaring sadists. Any thought that these people were in any way professional carers was seen as ridiculous and an impossibility.

In the early 1960s rumours were circulating throughout psychiatric nursing that the part of the register for mental nurses was to close. It was also rumoured that the mental handicap nurses would cease to be under the jurisdiction of the GNC and they would become a new caring profession. This weakening of occupational boundaries was tentatively forecast by the Briggs Committee when they recommended that a new caring profession for the mentally handicapped should gradually emerge (10). This view was taken to its logical conclusion in the report of the Jay Committee of Enquiry into Mental Handicap Nursing and Care, which envisioned a new type of "care worker", qualified in social work. They were to become specialised social workers rather than specialised nurses (11).

This attempt by a group within nursing to dissociate from the nursing element of their profession has a topical feel to it, for there has been a parallel recent debate within health-visiting, a specialised sub-group of the nursing profession. The need for health visitors to be qualified general nurses prior to the commencement of health visiting training has been questioned. Jeanette Clifton, a health visitor for the elderly in Lewes, revealed in a letter in *Health Visitor* in March 1996 that she felt "further and further removed from [her] nursing background". (12) She also believed that it might be possible to institute "the education of health visitors as a separate profession with distinct skills, sharing education with other disciplines." (13)

In response to these rumours regarding mental nursing, the Policy Sub-Committee of the Mental Nurses Committee of the GNC issued a statement in January 1963 making it abundantly clear that "no decision has been taken to close the part of the register for mental/mental handicap nurses, or to cease to train student nurses for admission to that part of the register." (14) They also announced that a special

sub-committee would be "set up to review the needs of the patients in relationship to the nursing care... and to assess whether the present training adequately prepares nurses to meet their patients' needs." (15) The discussions of the sub-committee led to the publication in 1968 of *Psychiatric Nursing: Today and Tomorrow* by the Ministry of Health, a report which pointed out that mental nursing would increasingly be carried out in psychiatric units situated within general hospitals. The training should reflect the use of psycho- and socio-therapy and the nurses' involvement in these treatments. Unfortunately, the 1964 syllabus referred to nurses only observing them (16).

A further new syllabus, introduced in 1982, emphasised the acquisition of interpersonal skills and indicated that nurses would work away from the hospital, signalling the end of training exclusively for an institution, something that "was seen as an assertion of professional independence by psychiatric nurses." (17) This tendency was reflected in the final examinations, for example in the examination for June 1982, where question 4 referred to the work of the community psychiatric nurse (See Appendix Two). The impact of the switch in emphasis from hospital to the community and of the UKCC's Project 2 000 has been discussed in the introduction to this dissertation.

Project 2 000 also had an international implication for mental nursing. The generalist emphasis could jeopardise British psychiatric nursing's approach to the European Union, to the detriment of the autonomy which would be realised with its own sectional directive. Before the introduction of Project 2 000, psychiatric nursing progress towards its own directive had been moving steadily forward, albeit slowly (18). If these negotiations are unsuccessful, the General System Directive, which mainly deals with general nurses, might prevail and incorporate mental nurses within its orbit. This would strike another blow to the standing of this branch of nursing by once more reducing it to satellite status.

Since the mid-1950s, the state of mental nursing has fluctuated. The implementation of the new syllabus of training and the beginning of community psychiatric care seemed to herald a new dawn for the development of psychiatric nursing, but it was not to be. The reasons why this desired development did not occur were both contemporary and historical. The recent ill-thought out major switch to community care

from institutional care was doomed to failure due to lack of community facilities and adequate funding, but a probably even more decisive factor was that there seemed very little enthusiasm on the part of the general public for care of the mentally ill to happen in their midst. The expected improvement in the status of mental nursing as a corollary to the successful implementation of community care has thus equally failed to materialise. This stalling of the professionalisation process can be seen as a combination of the failure of much community care initiatives and the apparent large scale apathy of mental nurses.

This thesis has confirmed that mental nurses were undervalued by the RMPA, indicated by that body's tight control over all aspects of the attendants' lives, allowing them no opportunity to create any degree of autonomy. This lack of interest in the aspirations of mental nurses was also evident in the behaviour of the GNC towards their mental nursing members. Their special skills were never recognised and they were still perceived as less well qualified than their general trained colleagues. It is hardly surprising that mental nurses did not feel that they had been well served by the statutory authority.

The dissatisfaction on the part of mental nurses with the former GNC seemed to have been perpetuated with the successor organisation, the UKCC. A major survey was conducted by Public Attitude Surveys Ltd of registrants' awareness, understanding and perceptions of the UKCC. One of the main conclusions was that "men are generally more negative than women in their perceptions of the UKCC and, of all areas of practice, mental health nurses are most negative about the UKCC." (19) The situation for mental health nurses appears to be no better than it has been at any time throughout its long history.

The author's contribution to the scholarship with in the area of mental nursing has been to highlight the principle barriers to the professionalisation of mental nurses. These barriers were identified as the MPA and the GNC, which effectively kept mental nurses in a strait jacket of control. This downgrading of the status of mental nursing had previously only been hinted at by a number of previous authors. Whereas in this dissertation the topic has been examined in depth by using a combination of primary and secondary sources, many of which has not been utilised before.

This study could well lead on to further research in this relatively neglected area

of scholarship. An associated approach could be a study into the mental nursing care given in Poor Law Institutions. There is a large amount of relatively untapped primary source material within the records of the PRO. Peter Bartlett's Ph.D thesis dealt mainly with the legal aspects of care. Other studies could well concentrate on gender issues within mental nursing, such as the role of female nurses within the trade union movement, and possible inter-gender rivalry within mental nursing .

# THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

*The Board of Examiners by whom this paper was set is constituted as follows:—*

G. McCOLL, Esq., O.B.E., M.D.

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MISS B. A. C. MICHELL, S.R.N., R.M.N.

R. STRAIN, Esq., S.R.N., R.N.M.D.

## INTERMEDIATE EXAMINATION FOR MENTAL NURSES.

**Tuesday, 7th October, 1958.**

**Time allowed 2½ hours.**

**IMPORTANT.**—*Read the questions carefully, and answer only what is asked, as no marks will be given for irrelevant matter.*

**NOTE.**—Candidates **MUST** attempt **FIVE** questions and not more than five.

1. A patient is admitted to hospital in a state of depression. What can the nurse learn from observation at this stage, and what special points should be brought to the attention of the ward sister or charge nurse?
2. Give an account of the daily life of any one patient known to you in your hospital. Explain why the patient's day has been organized in the way described.
3. What are the normal nutritional requirements of an adult person? What would lead you to suspect that a patient is undernourished?
4. How can the junior nurse help to establish and maintain good relationships between the hospital and the patient's family and visitors?
5. Describe briefly the structure of the skin. How may the skin be damaged by a scald? What first aid treatment would you give to a person who has received a severe scald of the upper arm?
6. What are the emotional needs of an old person newly admitted to hospital and how may these needs be met?
7. Describe the experience you have had in participating in recreational and social therapy.
8. How can the ventilation and heating of a ward affect the mental and physical welfare of the patients?

# THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES

*This paper was set by the following members of the Board of Examiners:—*

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M. S. HARRISON, Esq., R.M.N., S.R.N., R.N.T.

MRS. B. A. STEVENS, R.M.N., S.R.N.

## FINAL STATE EXAMINATION FOR THE PART OF THE REGISTER FOR MENTAL NURSES

**Tuesday, 1st June, 1982**

**Time allowed 3 hours**

**IMPORTANT.**—Read the questions carefully, and answer only what is asked, as no marks will be given for irrelevant matter.

*The percentages shown on the right of this paper denote the weighting allocated to each section of the question.*

**NOTE.**—Candidates **MUST** answer **FIVE** questions

1. "Institutionalisation begins upon admission to hospital."
  - (a) Describe how the process of admission may confirm and re-inforce the "patient role". 40%
  - (b) How should the nurse assist patients to maintain their self-identity during the admission period and subsequent care? 60%
2. Felicity Goodall is 25 years of age and the only child of doting parents who are both in their sixties. Following a convulsion in the local supermarket, Felicity was admitted to the local general hospital where she became over-emotional and attention-seeking. She has now been transferred to an acute psychiatric ward.
  - (a) What observations should the nurse make which would help to confirm an hysterical rather than organic disorder? 20%
  - (b) How should the nurse respond to Felicity's over-emotional and attention-seeking behaviour? 40%
  - (c) How might Felicity's parents be helped to minimise Felicity's secondary gain? 40%
3. Miss Roberts is 52 years of age and lives alone. She has become increasingly suspicious of her neighbours and has been admitted to an acute integrated ward, under Section 29 of the Mental Health Act, 1959, after setting fire to a neighbour's shed.
  - (a) State the provisions of Section 29 of the Mental Health Act, 1959. 10%
  - (b) Describe interactive skills and techniques which would help to reduce Miss Roberts' misinterpretation of communications. 50%
  - (c) What problems might arise from admitting this lady to an integrated ward? 40%

4. Ethel Simpson, aged 32 years, lives in a small terraced house with her husband and six children, three of whom are under school age. She is depressed, feels that she is no longer in control of her life, and has been referred to the Community Psychiatric Nurse.
  - (a) Describe the interventions that the nurse should make to deal with Ethel's statements of helplessness and unworthiness. 50%
  - (b) Discuss the contribution of the nurse in promoting healthy relationships in Ethel's family. 50%
5. Bruce Cartwright, aged 20 years, is a recently admitted patient with a history of impulsive and destructive behaviour including violent assault.
  - (a) What observations could the nurse make of Bruce which would suggest that a physical attack was imminent? 40%
  - (b) Describe how interpersonal skills and techniques could be used to reduce the risk of physical assault. 60%
6. Alistair Green is 22 years of age and in his final year at University. Recently his behaviour has become incongruous and he was brought to the ward by the police having been found in the street loudly proclaiming himself to be the new Messiah.
  - (a) What nursing observations would assist in confirming a diagnosis of schizophrenia? 20%
  - (b) What should be the nurse's verbal response, and why, to Alastair's proclamation "Bless you my child, all your sins are forgiven"? 40%
  - (c) How should the nurse assist Alistair in his preparation for eventual return to University? 40%
7. Julian Smart, a 36-year-old personnel officer with a large company, is admitted in an acute alcoholic state. His history reveals an increasing consumption of alcohol and continuing difficulties in occupational and marital relationships.
  - (a) Briefly describe the clinical features of *two* physical disorders which may arise as a result of chronic abuse of alcohol. 20%
  - (b) Describe a continuing care programme to help Mr. Smart gain control of his drinking. 50%
  - (c) Discuss the involvement of Mrs. Smart in her husband's care programme. 30%
8. Mrs. Edna Siddal, a confused 68-year-old lady, appears to be agitated and distressed during lunch. On investigation she is found to have been incontinent of urine.  
How should the nurse:—
  - (a) attempt to reduce Mrs. Siddal's agitation and distress; 40%
  - (b) attempt to prevent a recurrence of Mrs. Siddal's incontinence; 30%
  - (c) deal with a complaint from another patient who says in Mrs. Siddal's presence "I don't want her sitting next to me; she wets herself"? 30%
9. Describe in detail nursing care plans to deal with the following problems of Jack Driver, a 52-year-old resident in a long-stay ward:—
  - (a) his poverty of speech (he usually replies only in monosyllables); 40%
  - (b) his "bolting" and indiscriminate spilling of food; 30%
  - (c) his dishevelled dress. 30%



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Michael Arton.  
University College London.  
July 1997.

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*Light Through the Clouds: Nursing at the Retreat.*

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