

# Bad Nursing? Workhouse Nurses in England and Finland, 1855–1914

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## Abstract

This article discusses workhouse nursing in England and Finland by analysing the ways in which local-level poor law records reflect the contemporary understandings of bad nursing. The article shows that in England, the workhouse system was established long before the emergence of the principles of medical nursing in the 1850s, which is why the evolution of workhouse nursing is long and versatile. In Finland, by contrast, these two developed simultaneously at the turn of the nineteenth and twentieth centuries, which explains the attempts to combine professional nursing with workhouse management from the beginning. Local-level records show that in both countries the definition of 'good nursing' and 'bad nursing' – in other words the expectations associated with a nurse's duties and her ethical principles – changed over time as nursing became more medicalised and professionalised. However, the local poor relief agents were often slow to adopt new ideals and practices, and instead tended to stick to their own understandings of nursing. Both in England and Finland pauper nurses remained a common phenomenon well into the twentieth century.

## 1 Introduction

Workhouses were first established in England and Wales after the passing of the Workhouse Act of 1722/1723. These institutions were gradually replaced by new workhouses, which were established by Poor Law Unions after the passing of the Poor Law Amendment Act of 1834. The main purpose of a nineteenth-century workhouse was to exclude the able-bodied poor from receipt of poor relief: paupers were no longer to be granted relief while out in the community but were placed in the workhouse, where they were required to earn their keep.<sup>1</sup> The overall conditions in a workhouse were to be harsh enough so that the paupers would prefer to earn their living instead of resorting to poor relief. Thus the workhouse system would reduce the costs of poor relief to the ratepayers.<sup>2</sup> In practice, the transition from the old workhouses to the new ones was slow, because the Poor Law Unions were often reluctant to abandon their old poor relief practices and the state poor relief authorities – the Poor Law Commission and its successors, the Poor Law Board and the Local Government Board<sup>3</sup> – lacked both workforce and means of hastening the local-level actors.<sup>4</sup>

The English Poor Law Amendment Act of 1834 inspired a wave of poor relief reforms, which reached the Nordic Countries in the 1860–70s. In Finland, a new Poor Relief Act was passed in 1879 and a

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<sup>1</sup> Broad 2000, p. 167; King 2000, p. 24.

<sup>2</sup> Fraser 2009, pp. 52–55.

<sup>3</sup> Bellamy 1988; Wood 1991, p. 83; Fraser 2009, pp. 60–65; Fowler 2014, pp. 11–15.

<sup>4</sup> King 2000, pp. 66–67; Levine-Clark 2000, p. 109; Hooker 2013, pp. 3–6, 290–291, 298; Reinartz/Schwarz 2013, p. 3.

network of workhouses<sup>5</sup> was established from the 1880s onwards.<sup>6</sup> Compared to the English Union workhouses, those in Finland were not only newer but also decidedly smaller. While the former were intended to serve a catchment area of 10,000 people, the latter were established by individual municipalities and were planned to serve an average population of a couple of thousand people. Consequently, while the English workhouses could in most cases accommodate several hundred paupers, the largest urban institutions in Finland were usually designed for 100–200 paupers and rural institutions might have capacity for as few as fifteen to forty paupers.<sup>7</sup> Practical arrangements in the institutions were nevertheless similar in both countries.

A nineteenth-century workhouse served as a deterrent for the able-bodied poor, but it also provided shelter and medical care for infirm paupers. In fact, the aged and the sick comprised a large proportion of workhouse inmates in both England and Finland throughout the period studied.<sup>8</sup> Lynn McDonald has described the English (British) workhouse infirmaries as ‘the real hospitals of the sick poor’ – especially the chronically ill.<sup>9</sup> However, according to Steven King, the exact place of workhouses in the ‘mixed economy of medical care’ for the nineteenth-century English poor remains unclear, because these institutions coexisted in the medical market with friendly societies, medical charities, worker subscription charities, quack doctors and medical self-help.<sup>10</sup> Conversely, in Finland Minna Harjula has suggested that for most poor people municipal poor relief was indeed the only route to medical care well into the twentieth century, because the number of other providers of medical care was extremely low, especially in rural areas.<sup>11</sup> At the same time, the role of the workhouse itself in grassroots medical care has not been a subject of scholarly interest in Finland.<sup>12</sup>

While there exists an overwhelmingly large body of research on the English workhouses, only a small part of it specifically analyses medical care in these institutions. Workhouse nursing, in particular, has not attracted much scholarly attention since Rosemary White’s pioneering work, which was published in 1978. Perhaps the most detailed recent works are Kim Price’s study of medical negligence in Victorian Britain as well as Angela Negrine’s doctoral thesis on poor law medical services in Leicester Poor Law Union, 1867–1914, and Alistair Ritch’s doctoral thesis on the same subject in Birmingham and Wolverhampton Poor Law Unions, 1834–1914.<sup>13</sup> Nursing in workhouse infirmaries is also discussed in studies that deal with the nursing pioneer Florence Nightingale, such as those authored by Monica Baly, Anne Summers and Lynn McDonald. The scarcity of research is even more pronounced in Finland: nursing is usually not even mentioned in the context of

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<sup>5</sup> In the interests of clarity, the term ‘workhouse’ is used in this article for both English and Finnish poor law institutions established after the poor relief reforms in 1834 (England) and 1879 (Finland). This is a conscious departure from the scholarly convention of referring the Finnish municipal poor law institutions as ‘poorhouses’ (*köyhäintalo*) and the specific penal institutions for hardened vagrants and other criminals as ‘workhouses’ (*työläitos*). For similarities between English and Finnish poor law institutions, see Annola 2019 a; for British discussion on terminology, see Reinartz/Schwarz 2013, p. 2; King 2013, pp. 230–232.

<sup>6</sup> Between 1809 and 1917, Finland was a part of the Russian Empire having the status of an autonomous Grand Duchy with a central administration and legislative bodies of its own.

<sup>7</sup> Longmate 2003, p. 64, 88; Annola 2011, pp. 62–63.

<sup>8</sup> Fraser 2009, pp. 67–68, Annola 2011, pp. 49–53.

<sup>9</sup> McDonald 2004, p. 485; McDonald 2009, p. 578.

<sup>10</sup> King 2013, p. 230, 239–240.

<sup>11</sup> Harjula 2015; Harjula 2016.

<sup>12</sup> There are, however, sporadic accounts of non-resident people seeking the nurse’s attention in the local workhouse, see Annola 2011, p. 217.

<sup>13</sup> For a more detailed overview on previous research on workhouse nursing, see Negrine 2008; Ritch 2014.

workhouses despite the fact that the Finnish state poor relief authorities stipulated nursing skills among the qualifications for workhouse matrons from the very beginning of the ‘workhouse boom’.<sup>14</sup>

This article contributes to the discussion by focusing on workhouse nurses and the ideals associated with nursing in England and Finland, 1855–1914, that is until the Poor Law Institutions (Nursing) Order of 1913 came into force in England and Wales. The article analyses workhouse nursing and the multifaceted experience of ‘badness’ in light of English and Finnish poor law records, which contain information on the appointments and dismissals of workhouse officers, intra-staff relations, treatment of paupers and communication with the state poor relief authorities. The article does not seek to provide a comprehensive picture of the quality of nursing in poor relief as a whole. Rather, it discusses the ways in which local-level documents reflect the contemporary understandings of ‘bad nursing’.

The concept of ‘badness’ provides an interesting framework for a study of workhouse nursing for two reasons. First, in nineteenth-century England there existed a correlation between ‘badness’ and inferior professional skills with a career in a workhouse. Previous research has shown that workhouse positions in general were regarded as ‘second-class service’ because of the monotonous and unpleasant working environment and low salaries. As it was believed that that no one would willingly take up such a position, those who nevertheless did so were easily labelled by their professional community as professionally inferior. Workhouse medical officers, for example, were often depicted as ‘third-rate’ doctors.<sup>15</sup> Similarly, Finnish research has shown that women of the upper social strata shunned the occupation of a workhouse matron because of the hard work, the low salary and the ambivalent social status associated with such a position.<sup>16</sup>

Secondly, the research so far seems to be unanimous in suggesting that with a few exceptions, workhouse nursing in England exemplified ‘bad nursing’ for most of the nineteenth century. Prior to the 1870s, and in many places beyond that date, a trained nurse in a workhouse was rare indeed. In most institutions, nursing was in the unskilled hands of able-bodied paupers or female workhouse officers, such as the matron or the schoolmistress.<sup>17</sup> Workhouse histories of late have departed from the earlier dark view of the workhouse and instead concentrated more on interactions between the inmates and the staff, and on the more positive experiences of inmates.<sup>18</sup> But the history of workhouse nursing remains dark, concentrating on scandals and cases of maltreatment of paupers.

The English source material comprises the minute books of the Board of Guardians (1855–1914) and the House Committee (1904–1914) of Banbury Poor Law Union.<sup>19</sup> The Union included 51 parishes surrounding the market town of Banbury in Oxfordshire, south-eastern England. A

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<sup>14</sup> The connection between nursing, healthcare and workhouses has been discussed by the present author (2011, 2020) and Minna Harjula (2015).

<sup>15</sup> Crowther 1981, p. 141; Wood 1991, p. 91; Crompton 1997, p. 233; Negrine 2013, pp. 192–193; Reinartz/Ritch 2013, p. 141; Ritch 2014, p. 257; Price 2015, p. 31, 85, 134.

<sup>16</sup> Annola 2018, pp. 48–49.

<sup>17</sup> Crowther 1981, p. 131, Wood 1991, p. 91, 111; Longmate 2003, p. 203.

<sup>18</sup> See for instance, Green 2006, 2010; Humphries 2010, 2013; Tomkins 2013, Carter/James/King 2019.

<sup>19</sup> The material was collected during the present author’s visit to the University of Oxford in 2016 in order to get an overview of the material available and find out how (if at all) female staff members are presented in different kinds of poor law records.

workhouse was established in the 1830s for 300 paupers, and a separate workhouse infirmary was built in the 1870s.<sup>20</sup> The Finnish accounts of workhouse nurses, by contrast, are too sporadic for a case study on a single workhouse. Therefore, workhouse nursing in Finland is discussed in light of documents held in the archives of the state poor relief authorities, which included an Inspector and three Instructors of Poor Relief.<sup>21</sup> These documents cover all workhouses in Finland. They include correspondence between the state authorities and local-level actors, as well as workhouse inspection records (1880–1914).

Local-level records are explored in relation to the broader contemporary discussion on the quality of workhouse nursing. The source material includes the reports compiled by the British Departmental Committee on Workhouse Nursing (1902)<sup>22</sup> and Royal Commission on the Poor Laws and Relief of Distress (1909)<sup>23</sup>, general guidelines for nurses such as those specified by Florence Nightingale, and the more specific guidelines for workhouse officers in both England and Finland. The time gap of almost fifty years between the passing of the Poor Law Amendment Act of 1834 in England and the Poor Relief Act of 1879 in Finland allows for an analysis of the similarities and differences between the two countries.

## 2 The Reform of Workhouse Medical Care in Mid-Nineteenth-Century England

As established earlier, nursing in mid-nineteenth-century English workhouses left a lot to be desired. The shortcomings were due equally to lack of demand and of supply. On the one hand, there was no adequate reserve of trained sick-nurses,<sup>24</sup> that is, nurses who – according to Florence Nightingale – would help the patient suffering from a disease to live.<sup>25</sup> On the other hand, the central poor relief authorities showed little interest in workhouse nursing. The Consolidated General Order for Poor Law Unions issued in 1847 remaining largely unchanged until the end of the period studied, provided no specific instructions concerning the qualifications, working hours or accommodation of workhouse nurses.<sup>26</sup> It was simply stated in the Order that a workhouse nurse's duties included attending upon the sick according to the directions of the medical officer and informing the medical officer of any defects in the arrangements of the sick. In addition, a nurse was to take care that a

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<sup>20</sup> Banbury Union workhouse staff included a master and a matron, a medical officer, a chaplain, a porter and a cook throughout the period of interest. The number of other employees – such as schoolmaster, schoolmistress and nurses – varied over the course of time.

<sup>21</sup> Pulma 1995; Annola 2016, pp. 207–209.

<sup>22</sup> Report of the Departmental Committee appointed by the President of Local Government Board to enquire into nursing of the sick poor in workhouses. Part I: Report and Summary of Recommendations, London 1902 (1902 Report).

<sup>23</sup> Report of the Royal Commission on the Poor Laws and Relief of Distress. London 1909, pp. 1–645 (1909 Majority Report); Report of the Royal Commission on the Poor Laws and Relief of Distress. London 1909, pp. 719–1238 (1909 Minority Report).

<sup>24</sup> For a discussion on the number of professional nurses in pre-WW1 Britain, see Price 2015, pp. 128–129.

<sup>25</sup> In her article on sick-nursing and health-nursing, published in 1893, Florence Nightingale explained that 'nursing the sick is an art [–] requiring an organised, practical and scientific training, for nursing is the skilled servant of medicine, surgery and hygiene'. Health-nursing, in turn, was 'to keep or put the constitution of the healthy child or human being in such state as to have no disease'. McDonald/Nightingale 2004, pp. 205–208.

<sup>26</sup> Wood 1991, p. 111.

light was kept at night on the sick-ward. In order to perform her duties, she had to be able to read the written instructions upon medicines.<sup>27</sup>

The process of appointing a workhouse nurse generally involved no medical expertise, because the appointment was made by the local Board of Guardians, not by the medical officer. Previous research has suggested that the Guardians were primarily interested in saving the ratepayers' money by using able-bodied paupers as free labour in workhouse infirmaries.<sup>28</sup> Pauper nurses, who were often regarded as women of questionable reputation, became the embodiment of bad nursing. According to the contemporaries' accounts, these women 'could neither read nor write' and their 'love for drink often drove them to rob the sick of the stimulants which they should have given to them'. Pauper nurses' 'treatment of the poor was, generally speaking, characterised neither by judgment or by gentleness'.<sup>29</sup> As observed by one of the reformers of workhouse medical care, Louisa Twining, the patients were helplessly at the mercy of these violent women, 'of whom they dare not complain, knowing what treatment would be visited upon them in revenge if they did'.<sup>30</sup> Nurse Matilda Beeton, who had worked at two London workhouses, stated in her testimony that there were patients dying on the floor of the sick ward, and Florence Nightingale suggested that workhouse patients could, in fact, be murdered at will.<sup>31</sup>

The campaign for the reform of workhouse medical care began after the discovery of horrific shortcomings in medical care in two London workhouses in 1864–65.<sup>32</sup> In addition to Florence Nightingale, the principal campaigners included the Workhouse Visiting Society under the leadership of Louisa Twining, the author Charles Dickens, a London-based workhouse medical officer Joseph Rogers as well as the leading medical journal the *Lancet*.<sup>33</sup> The campaign resulted in the passing of the Metropolitan Poor Act in 1867, which separated the administration of London poor law hospitals from that of workhouses.<sup>34</sup> The new law set the tone for future development by emphasising the role of professionalism in workhouse medical care.

Florence Nightingale especially stressed that nursing in workhouse infirmaries was to be organised according to the modern principles of sick-nursing, which she had introduced after the Crimean War and were already being followed, to varying degrees, in voluntary hospitals.<sup>35</sup> The Nightingale Home and Training School for Nurses had been opened in 1860 as a part of St Thomas's Hospital in London. The school heralded the emergence of institutions which trained women to be professional nurses by offering them an education in anatomy and physiology, as well as practical training on

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<sup>27</sup> Consolidated General Order (1847), Art 165, Art. 213.

<sup>28</sup> Longmate 2003, p. 199, 203; McDonald/Nightingale, p. 578.

<sup>29</sup> The 1866 Report on Metropolitan Workhouses quoted in 1909 Majority Report, p. 239. See also Twining 1858, pp. 13–15; Rogers 1889, pp. 12–13, 113–114.

<sup>30</sup> Twining 1858, p. 14.

<sup>31</sup> McDonald/Nightingale 2004, p. 224. Price 2015, p. 65. Florence Nightingale became involved in workhouse nursing as early as in the 1840s, as she attempted (unsuccessfully) to acquire nursing experience in the Salisbury Workhouse Infirmary. However, it was only after Crimean War that she would start working on trained workhouse nursing, first in Liverpool Workhouse Infirmary. McDonald/Nightingale 2009, pp. 12–13.

<sup>32</sup> Baly 1988, pp. 85–86; Price 2015, pp. 58–60.

<sup>33</sup> Richardson/Hurwitz 1989, pp. 1507–1510; Wood 1991, pp. 112, 131–132; Longmate 2003, pp. 142–143, 204–205; Price 2015, pp. 61–67.

<sup>34</sup> Baly 1988, pp. 87–89; Green 2010, pp. 245–246; Price 2015.

<sup>35</sup> McDonald/Nightingale 2004, 2009; see also Summers 2002, p. 144.

the wards and in the operating theatres.<sup>36</sup> At the same time, Nightingale formulated the practicalities for the proper care for the sick – such as the importance of cleanliness and a holistic approach to patients' well-being – in her epoch-making guidebook *Notes on Nursing: What It Is and What It Is Not*, first published in 1860.<sup>37</sup> These developments increased the supply of trained nurses especially in the capital and other large cities and changed the public understanding of what was to be required of a nurse.

According to Nightingale, a trained sick-nurse did not 'physick' her patients with calomel and aperients as 'amateur females' often did. Instead, she observed the patient in order to distinguish between real and fancied imagined disease, and to discover which symptoms indicated improvement and which the opposite; which were of importance and which were not; which were evidence of neglect – and what kind of neglect. In other words, it was a nurse's ethical duty to put the patients 'in the best condition for nature to act upon' them. When in charge, a good nurse did not only carry out the proper measures herself but saw that everyone else did so as well. She knew how to ensure that nursing duties were performed when she was not in charge: her stores, closets, books and accounts were kept in such a manner that anybody could understand and carry on. A good nurse had a firm, light, quick step and a steady, quick hand. She was punctual, calm and persevering. She did not burden the patients with her own uncertainties – or as Nightingale put it: 'Let your doubt be to yourself, your decision to them'.<sup>38</sup>

In addition to her professional skills, a good nurse had a good moral character: she was sober and chaste, strictly honest and truthful. These qualities were important, first, because they were regarded as an essential part of 'true womanhood',<sup>39</sup> or as Nightingale put it: '[...] anyone would see how, of all women, a nurse [...] must never allow a free word or look.' Second, the motivation was professional: by deviating from sobriety, chastity and honesty, a nurse would jeopardise her ability to take care of her patients. 'For how can a drinking woman attend properly to her patients?' Nightingale asked in a letter written in 1879, 'And how can a dishonest woman attend to her patients? [...] she will – the cardinal sin in all unreformed nursing – exact petty bribes of all sorts from the patients. And those patients, who do not and cannot give it will be cruelly, sometimes fatally, neglected.' In addition, as crucial as professional skills were, a nurse devoid of kindness, devotion and patience was not a good nurse. Nightingale described 'the merely clever nurse', who might 'be wanting in all these things' and remarked that in the worst cases 'the bad woman, the clever nurse, must be an idiot if she cannot hoodwink a doctor'. By this, Nightingale was referring to the bad nurses' tendency to keep their maltreatment of patients secret from their superiors.<sup>40</sup>

Florence Nightingale believed that in order to improve the quality of care in workhouse infirmaries, they should be totally removed from the workhouse system.<sup>41</sup> As Lynn McDonald points out, Nightingale's vision was radical in her own time. Louisa Twining and the Workhouse Visiting Society,

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<sup>36</sup> O'Brien King/Gates 2007, pp. 309–333.

<sup>37</sup> O'Brien King/Gates 2007, pp. 309–333. According to Ruth Davies, there were three different versions of Florence Nightingale's book: the first one (published in 1860) was intended for the general reader, the second (1860) for professional nurses and the third (1861) for the working classes. Davies 2012, pp. 624.

<sup>38</sup> Nightingale 1860. See also McDonald 2010, pp. 100–105.

<sup>39</sup> On the ideal of womanhood, see for example Welter 1966; Smith-Rosenberg 1985; Davidoff/Hall 1987; Häggman 1994; Tosh 1999.

<sup>40</sup> Florence Nightingale to Marie von Miller, March 17, 1879, quoted in McDonald/Nightingale 2009, pp. 475–476.

<sup>41</sup> McDonald/Nightingale 2009, p. 581.

for example, only sought to eliminate the most obvious abuses in workhouse infirmaries, not to radically transform the system. According to McDonald, Nightingale's revolutionary view resulted from her understanding of the sick poor: for her, they were no longer paupers to be subjected to harsh workhouse life and punitive measures. Instead, they were 'fellow creatures in suffering', who deserved the best care, provided by trained nurses.<sup>42</sup>

The question of good workhouse nursing was also bound to the question of social class. It was emphasised by Florence Nightingale that, while pauper nurses would only gain authority over pauper patients by resorting to violence, a trained nurse would encourage a major improvement in the patients' behaviour without any forcible measures.<sup>43</sup> This view of a trained workhouse nurse as someone who could cultivate the masses was bound in to a wider contemporary pattern of thought, in which a middle-class woman (a 'lady') had an obligation to 'mould the conduct of her social inferiors' through her maternal influence in their lives.<sup>44</sup> It was in this very spirit that Nightingale published in 1871 an article entitled *Una and the Lion* with the purpose of urging women to be self-sacrificing, to embark on a career in professional nursing – and even to nurse in workhouse infirmaries.<sup>45</sup>

### 3 Nursing in a Nineteenth-Century Rural Workhouse in England

For someone looking for vivid local-level accounts of bad nursing or tracing the experience of workhouse nursing reform, the nineteenth-century Banbury poor law records are disappointing: remarks on nurses' qualifications, their everyday duties in the infirmary or complaints about the way in which the nurses performed their duties are extremely rare. The scarcity has also been noted by Angela Negrine and Alistair Ritch in their works on Leicester, Birmingham and Wolverhampton Poor Law Unions.<sup>46</sup> It appears that the quality of nursing simply did not normally merit the nineteenth-century Guardians' attention – or that if there were discussions on nursing, they did not end up in the records, which tend to be very concise.

In 1855, nursing in Banbury Union workhouse was the responsibility of a man named William Freeman. He was helped by an assistant nurse Ellen Veary, who was the daughter of the master and the matron.<sup>47</sup> After nurse Freeman's resignation the same year, the matron turned to the Board of Guardians signifying 'her desire to dispense with the services of such an Officer provided that her daughter Ellen Veary were allowed to assist her.' The Board granted the matron's request and

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<sup>42</sup> McDonald/Nightingale 2009, pp. 577–582.

<sup>43</sup> Nightingale 1867, p. 31; see also McDonald/Nightingale 2004, p. 481.

<sup>44</sup> Summers 2002, p. 142, 149. Margaret Crowther has suggested that the early nurses were not recruited from among the upper social strata. In fact, those nurses who ended up practising their profession in a workhouse infirmary were often working-class women, who in some cases had failed in the voluntary hospitals. Crowther 1981, pp. 176–177; see also Negrine 2008, p. 102, 111.

<sup>45</sup> Nightingale 1871; McDonald/Nightingale 2009, p. 420. Nightingale's article was a tribute to her friend, nurse Agnes Jones, who worked at Liverpool Workhouse infirmary prior to her untimely death at the age of 35. For more on Jones and her role in workhouse infirmary reform, see Baly 1988; Summers 2002; McDonald/Nightingale 2004.

<sup>46</sup> Ritch 2014, p. 262; Negrine 2008, p. 107.

<sup>47</sup> Banbury Poor Law Union Board of Guardians (Board of Guardians): Minute Book, January 11, 1855, Oxfordshire History Centre (OHC), PLU1/G/1A1/10.

appointed Ellen Veary under the title of assistant matron.<sup>48</sup> Nursing duties were shared among the women of the Veary family for a decade, and it was not until after the resignation of the matron in 1866 that the Board decided to dismiss Ellen Veary, too, and appoint a nurse from outside the workhouse.<sup>49</sup> Relying on family bonds was typical of the English workhouses at the time: for example, married couples were preferred to unmarried workhouse masters and matrons throughout the period studied, due to considerations of propriety, family economy and efficiency.<sup>50</sup>

Banbury poor law records indicate that the nurse was paid from early on.<sup>51</sup> Given that there was no specific order making it obligatory for the Boards of Guardians to employ salaried nurses,<sup>52</sup> the Banbury Guardians can be regarded as progressive. However, no specific training was required of the nurse. For example, it was stated in an advertisement published in the *Oxford Times* in 1867 that the Guardians intended to appoint a 'Nurse for the Union Workhouse' and that 'persons seeking the situation must be able to read and write'.<sup>53</sup> The situation remained similar for decades: In 1888, the Guardians received a letter from the Local Government Board enquiring as to whether nurse Mary Elizabeth Roberts had acquired 'any experience in Nursing and if so where'. The Guardians replied that while Roberts had *not* practised nursing before commencing her duties in Banbury Union workhouse, she was nevertheless performing satisfactorily.<sup>54</sup> Judging by the fact that Roberts was still at her post in 1890,<sup>55</sup> her lack of training bothered neither the Guardians nor the central poor relief authorities. In their eyes, Mary Roberts was a good nurse.

In order to understand the Guardians' silent content, one has to know what was required of a nurse in an average rural workhouse. It is not without reason that historian Kim Price has characterised the 1860s as the 'false dawn' of professional workhouse nursing as opposed to the 'true dawn' at the end of the century:<sup>56</sup> while the overall conditions and the quality of nursing improved in workhouse hospitals in London and some large urban unions elsewhere after the passing of the

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<sup>48</sup> Board of Guardians: Minute Book, April 26, 1855, OHC, PLU1/G/1A1/10.

<sup>49</sup> Board of Guardians: Minute Book, November 29, 1866, OHC, PLU1/G/1A1/14 and October 3, 1867, OHC, PLU1/G/1A1/15.

<sup>50</sup> Crowther 1981, p. 116, 143. The Guardians' habit of appointing married couples as Master and Matron of a workhouse was increasingly criticised by contemporaries. For example, according to the 1909 Minority Report, it would be surprising if both husband and wife would be competent at their specific tasks, see 1909 Minority Report, pp. 730–731. In Banbury Union workhouse the master and the matron were not necessarily a married couple – rather, it seems that in the latter part of the century the role of matron was taken by the mothers or daughters of just two families. In the 1850s the institution was managed by Thomas and Mary Ann Veary, who were succeeded in the 1860s by George and Jane Hedges. After the death of Mrs. Hedges in 1871, her two daughters were appointed consecutively as matrons. These, in turn, were succeeded in 1875 by Amelia Ann Veary, the daughter of the previous master and matron. She held the post until 1901. During the latter part of the period studied Banbury Union workhouse was once again run by a married couple, the Carringtons. Board of Guardians: Minute Book, 1855–1914, OHC, PLU1/G/1A1/10–44.

<sup>51</sup> Pauper nurses are not mentioned explicitly in Banbury poor law records. However, as Angela Negrine points out in her work on Leicester Union workhouse infirmary, the limited mention of pauper nurses in the source material does not mean that they were not used as additional workforce. Negrine 2008, p. 100; see also Price 2015, p. 138.

<sup>52</sup> Minority Report, p. 861.

<sup>53</sup> The *Oxford Journal*, April 20, 1867.

<sup>54</sup> Board of Guardians: Minute Book, April 12, 1888, OHC, PLU1/G/1A1/25.

<sup>55</sup> Board of Guardians: Minute Book, September 25, 1890, OHC, PLU1/G/1A1/27.

<sup>56</sup> Price 2015, p. 181.

Metropolitan Poor Act, most provincial workhouse infirmaries remained backward.<sup>57</sup> It appears that neither the changing ideals associated with nursing nor the increasing number of trained nurses available had an impact on everyday life in these institutions.

For the local Guardians, a salaried nurse was not a sick-nurse in the true sense of the word but someone who took care of duties that had much in common with ordinary women's chores in a large household.<sup>58</sup> After all, neither the Consolidated General Order nor the early guidebooks on workhouse management pointed in any other direction. For example, according to a manual authored by one of the assistant secretaries of the Poor Law Board and first published in 1848, a nurse's everyday tasks included taking proper care of the sick, providing them with the proper diet according to the orders of the medical officer, as well as furnishing the patients with 'such changes of clothes and linen as may be necessary'. These instructions were repeated in the second edition of the book, which was published twenty years later.<sup>59</sup> In another workhouse manual, written by the medical officer of the Poor Law Board and published in 1870, it was stated that a nurse was to make the patients comfortable by keeping an eye on hygiene, ventilation and the order of the sick beds.<sup>60</sup> Thus no specific medical expertise let alone difficult ethical choices were required of the nurses, as all major decisions were taken by the Guardians, the master or the medical officer.

Correspondingly, the Banbury Board of Guardians' evaluation of the early nurses were not based on their skills in sick-nursing but on their literacy<sup>61</sup> and general conduct, such as sobriety, honesty and sense of duty. It is likely that, for the Guardians, proper conduct marked the distinction between a good and a bad woman, and hence also the distinction between a good and a bad nurse – not to mention a pauper nurse. For example, according to a statement given in 1873 by the Guardians, 'during the time Ellen Veary occupied the position of Assistant Matron at the Union Workhouse' she had 'discharged her duties satisfactorily' and the Board were 'quite satisfied with her general character and conduct'.<sup>62</sup> Similarly, the Board stated the following year that nurse Sophia Brown 'had conducted herself with propriety during the time she held the Office of Nurse' and that she was 'strictly sober and honest'.<sup>63</sup> Judging by the Guardians' standards, the only example of 'bad nursing' was Mary Cleaton. The master had discovered that nurse Cleaton 'after leaving the Workhouse had returned thereto in state of Drunkenness and totally unfit for her duties and that she had since absconded'. The Board resolved unanimously to dismiss her.<sup>64</sup> The mentions of intoxicated nurses are thus extremely rare in Banbury poor law records. The paucity of accusations of drunkenness suggests, in line with Alistair Ritch, that the tales of drunken and disorderly workhouse nurses were probably exaggerated.<sup>65</sup>

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<sup>57</sup> 1909 Minority Report, p. 728.

<sup>58</sup> See also Negrine 2008, p. 99; Hawkins 2010, p. 76.

<sup>59</sup> Lumley 1848, p. 31; Lumley 1869, pp. 25–26.

<sup>60</sup> Smith 1870, pp. 230–234.

<sup>61</sup> For example, in 1870, the Poor Law Board wished to know if nurse Mary Rogers could read and properly understand the medical officer's 'written directions upon the Medicines prescribed for the sick'. In their reply, the Guardians gave their assurance that the medical officer was satisfied with Rogers' ability to read. Board of Guardians: Minute Book, February 3 and February 10, 1870, OHC, PLU1/G/1A1/16.

<sup>62</sup> Board of Guardians: Minute Book, December 24, 1873, OHC, PLU1/G/1A1/18.

<sup>63</sup> Board of Guardians: Minute Book, January 8, 1874, OHC, PLU1/G/1A1/18.

<sup>64</sup> Board of Guardians: Minute Book, October 10, 1869, OHC, PLU1/G/1A1/16.

<sup>65</sup> Ritch 2014, p. 296.

In the 1890s, at the ‘true dawn’ of professional workhouse nursing, the appointment of pauper nurses was officially banned by the passing of the Nursing in Workhouses Order of 1897. It was also stipulated in the Order that where Guardians appointed three salaried workhouse nurses, one of them must be a trained nurse and hold the position of a superintendent nurse. Furthermore, as Kim Price so aptly puts it, the Local Government Board ‘opened the floodgates to probationer nurses’, that is, nurses who were trained in workhouse infirmaries for a career in the same.<sup>66</sup> However, the speed of development should not be exaggerated in the case of the ‘true dawn’, either: as pointed out in the 1909 Minority Report, Guardians in some unions chose to evade the Nursing in Workhouses Order altogether by appointing what were called ‘ward maids’ to do the work of nurses.<sup>67</sup> In addition, pauper nurses were still employed under the title of ‘helpers’ or even ‘probationers’ in the less developed workhouses well into the twentieth century.<sup>68</sup>

Banbury poor law records give the impression that towards the end of the nineteenth century the Guardians were to a certain extent interested in modernising medical care and nursing in the workhouse. In the early 1890s, the Board decided to erect a separate building for sick children ‘at the North end of the present Infirmary for the purpose of isolating the sick children from the aged and infirm Inmates’.<sup>69</sup> It was planned that ‘the Nurse or Nurses would attend to the Children in the new building in the same manner they had hitherto done in the Infirmary’.<sup>70</sup> Given that the 1909 Minority Report mentioned the lack of separate wards or buildings for sick children as one of the common shortcomings of workhouse medical care,<sup>71</sup> the Banbury Board of Guardians’ resolution seems fairly progressive; neither did the Guardians attempt to circumvent the Nursing in Workhouses Order but appointed a superintendent nurse at the turn of the century. She was responsible for overseeing the work of charge nurse(s) and assistant nurse(s).<sup>72</sup>

#### 4 Workhouse Nursing in Late Nineteenth-Century Finland

By the late nineteenth century, the Finnish workhouse system was taking shape. The Finnish state poor relief authorities, the Inspectorate of Poor Relief, sought among other things to monitor the qualifications for workhouse staff. In the early 1890s the state authorities recommended that small rural workhouses – which, in fact, comprised the majority of Finnish workhouses – should be managed by a female governor, a matron. In the eyes of the authorities workhouses represented an extension of the private home, thus, rendering them amenable to female leadership. The Inspectorate’s notion was in line with the contemporary pattern of thought typical of Florence Nightingale among others: as women had an inborn aptitude for nurture and education, they were more than capable of both taking care of the infirm paupers and converting the able-bodied ones into respectable citizens. In supervising activities that were considered more masculine – such as male paupers’ work in agriculture and forestry – the matron was assisted by a male steward. The

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<sup>66</sup> Price 2015, p. 181; see also Hawkins 2010, p. 90. For scandals and debates which led to the passing of the Order, see Price 2015, pp. 135–137.

<sup>67</sup> 1909 Minority Report, p. 861.

<sup>68</sup> Twining 1893, p. 122; Wood 1991, p. 91, 136; Longmate 2003, pp. 206–207; Price 2015, pp. 124–125; 135–136.

<sup>69</sup> Board of Guardians: Minute Book, July 28, 1892, OHC, PLU1/G/1A1/28.

<sup>70</sup> Board of Guardians: Minute Book, September 8, 1892, OHC, PLU1/G/1A1/28.

<sup>71</sup> 1909 Minority Report.

<sup>72</sup> See for example Board of Guardians: Minute Book, August 29, 1901, OHC, PLU1/G/1A1/34.

supreme power within the institution nevertheless rested with the matron, because the results of a workhouse mainly depended on the internal order in the institution and not on its agricultural productivity.<sup>73</sup>

Not all women were regarded as fit for the position of a matron. In order to clarify this, the Inspectorate introduced qualifications for workhouse matrons in 1892. These included literacy as well as skills in housekeeping, nursing, mental health nursing, childcare and bookkeeping.<sup>74</sup> This meant that in small workhouses the duties of matron and nurse were combined – and where both a matron and a nurse were appointed, it was nevertheless regarded as useful for the matron to have a good knowledge of nursing.<sup>75</sup> In fact, similar preferences emerged in England, where the improvements in the standards of workhouse infirmaries affected a matron's qualifications as well: matrons with nursing qualifications were much in demand.<sup>76</sup>

As there was no bespoke education available for workhouse matrons in Finland until the 1920s, prospective applicants had to decide unaided where to practise in order to meet the qualifications. The state poor relief authorities pointed out that a training period in a hospital was especially useful, because it both provided the applicant with practical skills in nursing and helped her find out whether or not she was fit to be a nurse (or a matron). After all, most people were 'likely to find the patients miserable, their wounds and bodily injuries repulsive and the lunatics frightening'.<sup>77</sup> The state authorities' records, however, contain information on nurse training for less than one fifth of those women who were appointed as workhouse matrons between 1880 and 1918. In addition, this information is often sporadic regarding the place and duration of nurse training. 'Nursing experience' could mean anything: a certificate from a private physician stating that the applicant had 'practised nursing' for a couple of days, a six-weeks' training course organised by the Finnish Red Cross, a six months' training course in a provincial hospital or several years' experience as a professional nurse or a deaconess.<sup>78</sup>

The wide variety covered by the term 'nursing' was linked to the fact that a systematic training scheme for nurses was not established by the government until 1892, when the Finnish Senate began to organise nurse training courses in all six provincial hospitals.<sup>79</sup> At the same time, an

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<sup>73</sup> For more on the ideal of female leadership in workhouses, see Satka 1994, pp. 261–263; Pulma 1995, p. 117; Annola 2011, pp. 66–82, 200–201; Annola 2019 a. For more on how taking up the role of a matron affected individual women's lives, see Annola 2017, pp. 145–155; Annola 2018; Annola 2019 b, pp. 190–195.

<sup>74</sup> Helsingius 1892, pp. 2–4.

<sup>75</sup> Annola 2011, p. 105.

<sup>76</sup> 1902 Report, p. 18, 40; see also Crowther 1981, pp. 117, 124–125, 149.

<sup>77</sup> Helsingius 1892, pp. 2–4.

<sup>78</sup> The database, which contains 483 workhouse matrons, was compiled by the present author for her doctoral thesis.

<sup>79</sup> Florence Nightingale's *Notes on Nursing* was translated into Swedish in the early 1860s, Swedish being the official language of Finland until 1863. The first steps towards Nightingale nursing were taken in the late 1880s by nurse Anna Broms, who was appointed superintendent nurse of the newly-opened Helsinki Surgical Hospital in 1888. She organised the first training course for Finnish nurses there in 1889. Broms had studied nursing in Stockholm and at the Edinburgh Royal Infirmary under Angelique Lucille Pringle, who was one of Florence Nightingale's pupils. Broms also visited St Thomas's hospital in London. Nurse Ellen Ekblom, however, was the only Finnish nurse ever to meet Florence Nightingale in person. Ekblom visited St Thomas's hospital in 1896, and Nightingale was eager to learn more about the aseptic methods then in use in Finland. According to Nightingale, Ekblom could teach her and the nurses at St Thomas's 'a great deal more than we could teach her'. Nurse Sophie Mannerheim, in turn, studied at St Thomas's in the years 1899 to 1902. She was appointed the superintendent

alternate route to nurse training existed in the form of four Deaconess Institutions. Two of these were established in the 1860s in Helsinki and Vyborg. The model for these was taken from similar institutions in Kaiserswerth (where Florence Nightingale had studied nursing in the 1850s), Dresden and St. Petersburg. The two other Finnish deaconess institutions were established after a Norwegian model in the 1890s.<sup>80</sup> Both provincial hospitals and deaconess institutions provided training in theoretical and practical aspects of sick-nursing.

Variation in Finnish nurse training was reflected in the quality of workhouse nursing. On the one hand, a record of Johannes workhouse in eastern Finland, dated 1914, reveals that the state poor relief authorities were of the opinion that a matron who was a trained nurse could to a certain extent substitute for a doctor. The authorities gave the following statement on the local Poor Relief Board's choice of matron: 'Deaconess Anna Serenius has, without any doubt, sufficient nursing skills and experience. This is especially important in municipalities such as Johannes, where there is no municipal medical officer.'<sup>81</sup> Given that there were over 500 municipalities but only 144 municipal medical officers in Finland in 1910,<sup>82</sup> the state authorities' statement was certainly topical.

On the other hand, the records reveal that in some workhouses practical nursing duties were entrusted to pauper women – and that the local Poor Relief Boards were happy with their performance. For example, it was reported from Hausjärvi workhouse, southern Finland, in 1910 that nursing was satisfactorily performed by a female inmate who preferred men's clothes and went by a man's name.<sup>83</sup> In Kirkkonummi workhouse, southern Finland, a female inmate named Karolina Pettersson was used as a nurse in between her illegitimate pregnancies in the early 1900s. Surprisingly enough, it appears that she was still in her post in 1913, taking care of the mentally ill. According to the inspection report, both the Poor Relief Board and the medical officer considered her skilled and trustworthy despite her background and the fact that her vocal cords were damaged as a result of a venereal infection which she had contracted earlier in her life. One of the state authorities described her appearance as 'forbidding', while even more amazingly, another state official appears to have later added, rather dryly, in the margin of the report: 'I suppose we cannot demand beauties?'<sup>84</sup>

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nurse of Helsinki Surgical Hospital in 1904. Sorvettula 1998, pp. 41–42, 67, 429, 432, 447; Tallberg 2003, pp. 816–817; McDonald/Nightingale 2009, pp. 12, 491–495. For a detailed account of the development of the nursing profession in Finland, see Tallberg 1989; Tallberg 1991; Sorvettula 1998.

<sup>80</sup> Markkola 2016, pp. 139–144; Paaskoski 2017, pp. 35–39, 97. Louisa Twining, one of the prime movers behind the English workhouse infirmary movement of the 1860s, was also profoundly impressed by the deaconess institution in Kaiserswerth. In a pamphlet published in 1858, Twining suggested that a similar institution – albeit remodelled to suit 'the English tastes' – could benefit those women in her home country who wished to work in poor relief. However, according to Carmen M. Mangion, the deaconess movement gained only marginal significance in Britain, as the development of nursing profession was bound to the emergence of the secular model of voluntary hospitals. Twining 1858, p. 25; Mangion 2016, p. 181.

<sup>81</sup> Instructor Bruno Sarlin to Inspector Gustaf Adolf Helsingius, April 3, 1914, The National Archives of Finland, The Archives of the Inspector of Poor Relief, Johannes municipality, Fb:13.

<sup>82</sup> Hakosalo 2010, p. 1548.

<sup>83</sup> Inspection record, September 19, 1910, The National Archives of Finland, The Archives of the Inspector of Poor Relief, Hausjärvi municipality, Fb:19.

<sup>84</sup> Inspection record, September 5–6, 1902; Instructor Axel Nilsson to Inspector Gustaf Adolf Helsingius, November 29, 1913, The National Archives of Finland, The Archives of the Inspector of Poor Relief, Kirkkonummi municipality, Fb:3. Judging by handwriting, the dry remark was added by Inspector Helsingius.

Furthermore, it appears that the line between a pauper and a nurse was a fine one: a pauper could become a nurse, but at the same time, a nurse could become a pauper. In an inspection held in Kuopio workhouse, eastern Finland, in 1900, a former nurse was found among the unmarried mothers residing in the institution. According to the inspection protocol, her downfall was the consequence of an affair with the workhouse steward.<sup>85</sup> While it is not known whether she was a trained nurse or not, her fate nevertheless highlights a characteristic of early twentieth-century Finland: individual misfortunes could not be relieved by the primitive social security system of the time.<sup>86</sup>

The ambivalence considering the practical nursing arrangements in workhouses indicates that, similar to England, the Finnish Poor Relief Boards were often slow or reluctant to follow the instructions given by the state poor relief authorities. In principle, the Finnish state authorities had the right to intervene in Poor Relief Boards' choices of workhouse officers by virtue of their legal obligation to ensure that the existing poor relief and health legislations were obeyed in the municipalities. At the same time, however, the qualifications for workhouse matrons, for example, did not bind the local boards in the same sense, as for example, the English Consolidated General Order did. Thus the qualifications represented a grey area in the legislation. Given that the Inspectorate consisted of one Inspector and three Instructors, there was only so much the state authorities could personally do in a relatively large country with inadequate means of communication.

## 5 Workhouse Nursing in the Early Twentieth Century

The number of nursing staff in Banbury Union workhouse increased steadily over the years. While in 1855 nursing had been the responsibility of a male nurse and his female assistant, in 1911 the nursing staff consisted of a superintendent nurse, a senior charge nurse, a junior charge nurse, two senior nurses, and two junior nurses.<sup>87</sup> The following year the Local Government Board gave their blessing to the introduction of a probationer nurse scheme at Banbury Workhouse infirmary.<sup>88</sup> With the opening of an infirmary in the 1870s and a separate building for sick children in the 1890s, the number of beds for sick inmates had also increased. In 1914 it was reported by the medical officer that there were over a hundred beds for the sick in the institution.<sup>89</sup> It seems therefore that medical functions gained more floorspace in Banbury Union workhouse during the period studied – a development that culminated after the Second World War with the transformation of the workhouse into a National Health Service hospital. These changes reflect the fact that the

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<sup>85</sup> Inspection record, June 11–12, 1900, The National Archives of Finland, The Archives of the Inspector of Poor Relief, Kuopio city, Fb:32.

<sup>86</sup> For more on encountering impoverishment in nineteenth- and early twentieth-century Finland, see Frigren/Hemminki 2017.

<sup>87</sup> Board of Guardians: Minute Book, March 23, 1854, OHC, PLU1/G/1A1/9; January 4, 1855, OHC, PLU1/G/1A1/10; November 9, 1911, OHC, PLU1/G/1A1/42. The Banbury Board of Guardians formulated qualifications for nurses in 1911. Both superintendent nurse and senior charge nurse were to have undergone at least three years' training in nursing as well as to hold a recognised qualification in midwifery. A junior charge nurse, too, was to be a trained nurse. The two senior nurses, by contrast, were only expected to have practical experience in nursing.

<sup>88</sup> House Committee: Minute Book, December 31, 1912, OHC, PLU1/G/2A1/4.

<sup>89</sup> Banbury Poor Law Union House Committee (House Committee): Minute Book, May 19, 1914, OHC, PLU1/G/2A1/4.

workhouse formed an ‘organic’ unit, which evolved to meet the changing ideologies and needs associated with poor relief and healthcare.<sup>90</sup>

The development was not without problems: the emergence of a superintendent nurse at the turn of the nineteenth and twentieth centuries complicated power relations in English workhouse infirmaries and caused friction among staff members.<sup>91</sup> The main cause of these problems was the ambivalent status of superintendent nurses, as provided for by the Nursing in Workhouses Order (1897). Although the superintendent nurse supervised the work of other nurses and pauper helpers in the infirmary, these were all nevertheless under the master’s and the matron’s command.<sup>92</sup> These conflicts are represented also in Banbury poor law records. In the summer of 1901, the Board of Guardians were contacted by the superintendent nurse stating that she was dissatisfied because ‘she had not the power to give Assistant Nurses leave of absence’. The Board, who were aware that ‘certain difficulties’ had indeed ‘arisen between the Master and Matron and the Nurses at the Workhouse’,<sup>93</sup> tried to ameliorate the situation later the same year by authorising the superintendent nurse to give leave of absence to assistant nurses.<sup>94</sup>

It appears, however, that the friction persisted and that the tense atmosphere in the workhouse infirmary provided a fertile soil for accusations of bad nursing. For example, in early 1902 the master reported to the Banbury Board of Guardians that ‘the Superintendent Nurse had been rude and insulting to the Matron’ and that an inmate had complained about the way in which the superintendent nurse had treated her.<sup>95</sup> The superintendent nurse, in turn, presented the Board with two letters stating that the inmate in question, ‘a woman named Emily Edwards’, had withdrawn her accusations. As a consequence, the Board decided to free the superintendent nurse of any blame, and instead dismiss the master and the matron.<sup>96</sup> It seems that the Banbury Board of Guardians believed in fresh starts: as the superintendent nurse and the assistant nurse handed in their resignations the following year, the Board resolved to give notice to the second assistant nurse as well. Although no fault was found with the manner in which the said nurse had performed her duties, it was ‘desirable for the good administration of the Workhouse Infirmary that a complete change of the nursing staff be made’.<sup>97</sup>

It is likely that the power struggles contributed to the difficulties the Banbury Board of Guardians experienced in retaining the nurses they appointed between 1903 and 1906. There was nothing

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<sup>90</sup> See also Crowther 1981, pp. 136–137; Crompton 1997, p. 235; Reinartz/Schwarz 2013, pp. 3–5. Correspondingly, a schoolmaster and mistress were an essential part of the staff until the late 1870s, when Banbury Board of Guardians decided to send workhouse children to the local schools and schoolteachers’ services were thus no longer needed. Board of Guardians: Minute Book, November 28, 1878, OHC, PLU1/G/1A1/20; September 27, 1881, OHC, PLU1/G/1A1/22.

<sup>91</sup> 1902 Report, pp. 29–30; 1909 Minority Report, p. 862; see also McDonald/Nightingale 2009, p. 587. See also Board of Guardians: Minute Book, August 29, 1901, January 16, 1902, February 24, 1902, March 13, 1902, OHC, PLU1/G/1A1/34.

<sup>92</sup> 1902 Report, p. 33, 35.

<sup>93</sup> Board of Guardians: Minute Book, August 29, 1901, OHC, PLU1/G/1A1/34.

<sup>94</sup> Board of Guardians: Minute Book, December 19, 1901, OHC, PLU1/G/1A1/34.

<sup>95</sup> Board of Guardians: Minute Book, January 16, 1902 and March 13, 1902, OHC, PLU1/G/1A1/34.

<sup>96</sup> Board of Guardians: Minute Book, March 24, 1902, OHC, PLU1/G/1A1/34.

<sup>97</sup> Board of Guardians: Minute Book, January 29, 1903, OHC, PLU1/G/1A1/35. The local newspapers such as the *Banbury Guardian* and the *Banbury Advertiser* followed the disagreements keenly – an interesting topic for a study of its own.

unusual *per se* in the rapid turnover of nurses: it was stated in the 1909 Majority Report that rural Guardians ‘frequently experience a difficulty in obtaining nurses for their workhouses’<sup>98</sup> It appears that nurses’ lack of commitment was not necessarily regarded as a sign of their bad nursing ethics but rather as an indicator of an intolerable working environment. It was suggested in the Majority Report that trained nurses were not interested in positions in rural workhouses because of the ‘inadequacy of the nurses’ salaries, the unsatisfactory accommodation provided, the long hours and monotony of the occupation, the absence of companions of equal social status, and the general dislike of young people for quiet country districts’.<sup>99</sup> The turnover of nurses in Banbury Union workhouse, however, was exceptionally rapid: between 1903 and 1906, no less than fifteen nurses resigned from service in the workhouse.<sup>100</sup> For example in Wolverhampton Union workhouse a total of eighteen nurses were employed over a period of *fifty* years.<sup>101</sup>

In 1906, the Banbury Board of Guardians appointed a special committee to consider the situation, because the rapid turnover of nurses was regarded as detrimental to the quality of nursing as a whole. Bad nursing ethics was not brought into discussion in this case, either. In pondering the nurses’ lack of commitment, the special committee pointed out that although the relations among nurses were now good, continuous friction persisted between the nursing staff and the workhouse staff. However, it appears that as the committee were unable to prove that the friction was the direct cause of the difficulties in retaining nurses, and because there was, in fact, little they could do to reorganise the power relations in the workhouse as a whole, they chose to lay the blame elsewhere. The committee decided to concentrate on improving the nurses’ harsh working conditions and ended up suggesting that their lives and surroundings should be made ‘as bright as possible’.<sup>102</sup> As an immediate response, the House Committee decided to improve the nurses’ diet with cake and jam.<sup>103</sup> In 1908 further plans were made to refurbish the nurses’ common room in order to make it more comfortable.<sup>104</sup> These proceedings, too, indicate that the local Guardians were interested in maintaining the quality of nursing in the workhouse.

Accounts of friction among workhouse staff become more numerous again around 1910. This time the majority of the Guardians laid the blame on superintendent nurse H. A. Hart, who had held her office for several years and whose ‘relations with certain other officials of the Workhouse’ had not proved ‘altogether happy’.<sup>105</sup> It appears, firstly, that there was indeed a series of minor conflicts between nurse Hart and other staff members. She had, for example, trodden on the master’s toes by granting one of the assistant nurses a permission to accommodate a guest for a couple of

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<sup>98</sup> 1909 Majority Report, p. 273.

<sup>99</sup> 1909 Majority Report, p. 273. Similar thoughts had been expressed in the 1880s by Louisa Twining, who encouraged female Guardians in particular to relieve the monotony of the nurses’ lives. Moreover, as pointed out by the matron of Marylebone Workhouse Infirmary in 1894, a trained nurse would not stay where pauper help was allowed, because in such places a nurse ‘who is not conscious deteriorates at once and is no longer a nurse but labour mistress’. Twining 1858, p. 16; Twining 1887, pp. 9–11; Twining 1893, p. 261; Elizabeth Vincent to Florence Nightingale, December 23, 1894, quoted in McDonald/Nightingale 2004, p. 487.

<sup>100</sup> Board of Guardians: Minute Book, November 1, 1906, OHC, PLU1/G/1A1/38.

<sup>101</sup> Ritch 2014, p. 256.

<sup>102</sup> Board of Guardians: Minute Book, November 1, 1906, OHC, PLU1/G/1A1/38.

<sup>103</sup> House Committee: Minute Book, November 13, 1906, OHC, PLU1/G/2A1/1.

<sup>104</sup> House Committee: Minute Book, February 2, 1908 and February 18, 1908, OHC, PLU1/G/2A1/2.

<sup>105</sup> Board of Guardians: Minute Book, November 9, 1911, OHC, PLU1/G/1A1/42.

nights,<sup>106</sup> insulted the matron,<sup>107</sup> and failed to cooperate with the laundry staff.<sup>108</sup> Second, the number of accusations of bad nursing increased in 1911–1912, which either indicates that nurse Hart was unable to properly supervise her juniors, or implies that the friction resulted into more or less fabricated accusations. Superintendent nurse Hart resigned in January 1912.<sup>109</sup> It seems, however, that the situation calmed down completely only after 1912, when the Guardians finally received new orders from the Local Government Board, stating that master and matron were to be ‘relieved of the duty of visiting the sick and lying-in wards’ and that some of their responsibilities were to be delegated to the superintendent nurse.<sup>110</sup>

The complaints recorded in Banbury Union 1911–1912 show that the line between good and bad nursing manifested in a variety of ways. In one case a patient received a burn from a too-hot water bottle;<sup>111</sup> in another, a patient was allegedly gripped too tightly;<sup>112</sup> while in a third example, an infant patient was left unfed for ten and a half hours (instead of four).<sup>113</sup> In other examples: the nurses failed to report to the medical officer that one of the patients had fallen over;<sup>114</sup> and one of the nurses neglected her patients and apparently failed to ‘use both fact and kindness in dealing with patients under her charge.’<sup>115</sup> These complaints reveal that a nurse’s obligation to promote the well-being of her patients was considered so important that failures – whether real or fabricated – were likely to receive public attention. In addition, the resignation of superintendent nurse Hart indicates that – as Florence Nightingale had stated – nursing skills alone did not make a good nurse. While the Board of Guardians desired to acknowledge Hart’s qualities as a nurse, they were nevertheless of the opinion that her resignation was likely to be in the best interests of the institution.<sup>116</sup>

As in England, accounts of bad nursing become more numerous in the Finnish material during periods of power struggles in or around the workhouse. The poor law records show that friction among workhouse staff was not unknown in Finland, either. Conflicts between the matron and the nurse were inevitable given their overlapping expertise and the practical work in the institution. It seems that such disagreements became more common towards the end of the period studied, heralding the major change which was to take place after the passing of the Finnish Poor Law of 1922, when the workhouses ceased to exist as multipurpose institutions and the focus shifted towards professional care for the elderly. As in the English case, this implies that as nursing in general became more professionalised, it was natural for the nurses to aim at organising their wards in the way that *they* regarded to be most practical. In other words, the move away from bad nursing could result in conflict in the institution.

Accusations of bad nursing could also reflect the prevailing – or changing – power relations in society at large. In 1912, Matilda Bergström, the matron of Siuntio workhouse in southern Finland, was accused of neglecting the care of Elin Lindgren, a seventeen-year-old girl, who was ‘in the last stage

<sup>106</sup> House Committee: Minute Book, October 13, 1908, OHC, PLU1/G/2A1/2.

<sup>107</sup> House Committee: Minute Book, May 23, 1911, OHC, PLU1/G/2A1/3.

<sup>108</sup> House Committee: Minute Book, March 2, 1909, OHC, PLU1/G/2A1/2; September 27, 1910, OHC, PLU1/G/2A1/3.

<sup>109</sup> Board of Guardians: Minute Book, January 18, 1912, OHC, PLU1/G/1A1/42.

<sup>110</sup> Board of Guardians: Minute Book, March 28, 1912, OHC, PLU1/G/1A1/42.

<sup>111</sup> House Committee: Minute Book, March 28, 1911, OHC, PLU1/G/2A1/3

<sup>112</sup> House Committee: Minute Book, March 28, 1911, OHC, PLU1/G/2A1/3.

<sup>113</sup> House Committee: Minute Book, August 29, 1911, OHC, PLU1/G/2A1/3.

<sup>114</sup> House Committee: Minute Book, December 19, 1911 and January 2, 1912, OHC, PLU1/G/2A1/3.

<sup>115</sup> House Committee: Minute Book, October 22, 1912, OHC, PLU1/G/2A1/4.

<sup>116</sup> Board of Guardians: Minute Book, November 9, 1911, OHC, PLU1/G/1A1/42.

of tuberculosis'. According to Elin's mother, the matron had left the seriously ill girl all alone in the workhouse infirmary for two nights, which is why the mother had decided to bring her daughter home. Elin died soon after. In the police investigation that followed, the matron stated that she had tried to take care of Elin 'to the best of her ability' and that the girl herself had not complained about anything at all. Matilda Bergström further explained that she had not left the patient alone for the first night but 'checked on her'. As for the second night, the matron had 'asked one of the inmates to stay' with Elin, but the patient had preferred to sleep alone. In the end, no further measures were taken against the matron, because the local Poor Relief Board was in general satisfied with her. It was also pointed out that the complaints of Elin Lindgren's mother were not to be taken seriously because she was known to be 'a woman with a reputation', who was not married to the man she was living with.<sup>117</sup> The case of Elin Lindgren shows that the plaintiff's social status may have had an impact on the way in which his or her complaint about bad nursing was dealt with. A mother with a questionable reputation could not convince the state poor relief authorities or the police that the matron had been wrong in leaving the terminally ill patient alone.

In the early 1900s and the 1910s the shortcomings of Finnish workhouse nursing as well as the perceived inconsistencies in dealing with the complaints were to a growing extent brought up by socialists, who collected paupers' complaints and published them in the newspapers.<sup>118</sup> The socialists regarded the workhouse system as a prime example of inequality in municipal decision-making and the oppression of the poor and were thus eager to provide the paupers with an opportunity to appeal to public opinion.<sup>119</sup> In the tense political atmosphere of the time, this led into a plethora of complaints about bad nursing, such as maltreatment of patients, filthiness in infirmaries and carelessness in dealing with patients with infectious diseases. According to one of the most blatant complaints, the matron of Pietarsaari workhouse in western Finland had allowed a consumptive patient to gnaw at bones, after which the bones were dried in the oven and served to the rest of the inmates in a soup.<sup>120</sup> The authorities dismissed most complaints as groundless.

## 6 Conclusion

This article has explored 'bad nursing' in local-level poor law records in England and Finland and discussed the findings against the contemporary reports and guidebooks on nursing and workhouse maintenance. As Banbury Union workhouse in England was both fifty years older and ten times larger than most workhouses in Finland, the evolution of workhouse nursing is much longer and more versatile in the former. In England the workhouse system was established long before the emergence of the principles of medical nursing. In Finland, by contrast, these two developed simultaneously at the turn of the nineteenth and twentieth centuries, which explains the

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<sup>117</sup> August Wrede to Inspector Gustaf Adolf Helsingius, June 15, 1912; A record of a police investigation, July 30, 1912; District Police Superintendent Carl W. Troberg to Inspector Gustaf Adolf Helsingius, August 15, 1912, The National Archives of Finland, The Archives of the Inspector of Poor Relief, Siuntio municipality, Fb:2.

<sup>118</sup> For paupers' agency, see Green 2006, 2010; Annola 2019 a.

<sup>119</sup> Annola 2011, pp. 234–239. Finland introduced universal suffrage in national elections in 1906, but universal suffrage in local government elections had to wait until 1917. Prior to that, the right to vote was based on property qualifications.

<sup>120</sup> A newspaper clipping from *Vapaa Sana*, September 10, 1909, The National Archives of Finland, The Archives of the Inspector of Poor Relief, Pietarsaari municipality, Fb:23.

attempts to combine professional nursing with workhouse management from the beginning. Models were taken from abroad. In addition to realigning themselves with the nursing principles introduced by Florence Nightingale in Great Britain, the Finnish intelligentsia also acquired knowledge from Germany and Norway.

In both countries 'bad nursing' manifested in nurses' failure to perform their duties, in their maltreatment of paupers, their tendency to end up in power struggles with other workhouse staff members, and, to some extent, in their disorderly conduct such as drinking or promiscuity. It also appears that the expectations associated with a nurse's duties and her performance changed over time as nursing became more medicalised and professionalised. However, this article's findings concur with previous studies in suggesting that the speed of change in local-level poor relief should not be exaggerated. In fact, one of the things the English and Finnish workhouses have in common is the local Boards' tendency to stick to their own understandings of nursing and resort to pauper nurses as 'helpers' well into the twentieth century. As such, a local-level study may yield valuable knowledge by showing that the definitions of 'bad nursing' and 'good nursing' were, indeed, relative.

The article raises the question whether or not local-level poor law records provide enough information for a study of bad nursing in the workhouse. The English source material used in this article is ample, but as the documents were created for administrative purposes only, they have their limitations. While the minutes of Banbury Poor Law Union do indeed deal with the everyday life in a workhouse, they fail to reflect certain subtle undercurrents such as practical working arrangements or minor crises in the institution. Similarly, the Finnish documents provide information on workhouse officers and the overall conditions in the workhouses, but as the Finnish documents arose from situations in which the normal routine of the institution was interrupted by an intervention by the state authorities, it is likely that problems and discontinuities are overrepresented in the material.

Moreover, as both English and Finnish poor law records tend to be fairly concise, detailed quotations from individual nurses or other officers are extremely rare. Consequently, it has not been possible to track individual nurses' experiences in the scope of this study. This calls for a broader analysis of workhouse nurses utilising a more extensive set of material. In the English case, this would mean using poor law records from different unions and from the central files held at The National Archives. In the Finnish case, a more detailed study on workhouse nursing would mean digging deeper into local-level material and finding new kinds of sources, sporadic as they may be. It is likely that a closer analysis of disagreements between local workhouse officers would provide more information on individual nurses' experiences and agency vis-à-vis bad (or good) nursing.

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