

Charles West and Catherine Wood and the Early Development of Children's Nursing at Great Ormond Street Hospital for Sick Children 1852–1888

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Abstract

This article investigates the origins of children's nursing in England through the work of Dr Charles West and Catherine Wood, who were instrumental in the development of paediatric nursing at Great Ormond Street Hospital for Children, England's first in-patient hospital for sick children. It focuses on ideas developed by West and taken further by Wood, which demonstrated that sick children differed fundamentally from sick adults, both in how they reacted to disease and in their care needs, and how as result, sick children required specially trained nurses. The article uses the writings of both West and Wood, and also the extensive archives of the Great Ormond Street Hospital for Children, to explore the development of these ideas.

Keywords: Paediatric Nursing, Sick Children, Charles West, Catherine J Wood, Great Ormond Street Hospital; GOSH, 19th Century

1 Introduction

In 1983 Malcolm Newby, writing in a new journal on the history of nursing, bemoaned the lack of work on the history of children's nursing in the UK, urging future researchers to take up the challenge.¹ Sadly, the call went unanswered, and this absence persists to this day. Even in histories of children's hospitals, of which there are many, nurses receive scant attention, with discussion limited in the main to the organisation of the nursing department, brief biographies of nurse leaders, and to note the growth in the size of the department as the hospitals grew. None that I consulted have attempted to describe how nursing was carried out or how new children's nurses were trained (if at all).² Two histories stand out from the crowd: Bruce Lindsay's unpublished PhD thesis, 'Who cares? The morphology of 'caring' in children's hospitals, 1852-1950'; and Samantha Foot's unpublished MA dissertation, 'The Alexandra Hospital for Children with Hip Disease'. The former focuses on the Jenny Lind Hospital for Sick Children in Norwich which opened in 1853, and the latter on the Alexandra Hospital in Queen Square London, which opened in 1867. Both discuss the organisation of their hospitals'

¹ Newby 1983. The history of nursing in the UK had been dominated for many years by Brian Abel-Smith's 'A History of the Nursing Profession' published in 1960. Newby's comment was probably prompted by Celia Davies' influential work, 'Rewriting Nursing History, a collection of essays by a number of nurse historians keen to challenge the hegemony of Abel-Smith's views'. Davies 1980. Both failed to mention children's nursing.

² See for instance, Barnes 1999; Earl 1996; Guthrie 1960; Harvey 1976. As the titles indicate, most are written to mark a centenary, are celebratory in nature and do not help in the task of unpicking what nursing in a children's hospital entailed.

nursing departments, and Lindsay, in particular, discusses the meaning of ‘caring’ and the role of the nurse in detail, but neither examines the training of nurses.³

Only two historians have attempted to plot the development of children’s hospitals as a concept. In 1989, H Edward Seidler, in his ‘Historical Survey of Children’s Hospitals’, decried the lack of academic work on the subject, but his survey ran to only seventeen pages and mentioned nursing only in passing.⁴ The key text on the subject in the UK remains Elizabeth Lomax’s 1996 book on the development of children’s hospitals in nineteenth century Britain, ‘Small and Special’, which delves into nursing arrangements in some detail, comparing institutions across the country. It has a chapter dedicated to the topic ‘Doctors and Nurses’, but it too tends to focus on structure and organisation of nursing departments; there is no analysis or detailed description of hospitals’ approaches to training sick children’s nurses.⁵ One explanation for the lack of detailed work on children’s nurses and their training possibly stems from the paucity of material in hospital archives, perhaps reflecting a view that nurses were regarded as on a par with servants and records of their work were unimportant to note or keep.⁶ Nevertheless, and although an updated survey of the subject is probably overdue, Lomax’s book is invaluable for anyone needing an introduction to the evolution of children’s hospitals in the UK.

Histories of the development of paediatrics as a discipline are also few and far between, focus almost entirely on the USA and fail to mention nursing in any detail.⁷ This article focuses on the Great Ormond Street Hospital for Sick Children, the UK’s first in-patient children’s hospital, which opened in February 1852, as the Hospital for Sick Children at Great Ormond Street (HSC).⁸ It uses hospital archives and the writings of Dr Charles West (the hospital’s founder) and Catherine Wood (the hospital’s first ‘trained’ head of the nursing) to investigate the development of a new approach to nursing child patients, which was child-centred and differed in some significant ways from adult nursing.⁹ I hope to achieve three objectives: to make a new contribution to the history of children’s nursing; to bring the work of Catherine Wood to prominence; and to try once more to stimulate academic interest in the subject. Much has been written about the HSC but as with many hospital histories, nurses are ghostly figures in the background, warranting at best a share of a ‘Doctors and Nurses’ chapter.¹⁰ It is

³ Lindsay 2000, especially Chapter 5 Medical Cure and Nursing Care; and Foot 2011.

⁴ Seidler 1989.

⁵ Lomax 1996.

⁶ Lindsay 2000, p. 155.

⁷ See for instance: Abt 1965; Colon/Colon 1999.

⁸ Initially, the hospital was called ‘The Hospital for Sick Children’. Later, it became popularly known as Great Ormond Street, and acquired its now famous acronym, GOSH. Throughout this article, I will use the hospital’s original name, and the acronym HSC.

⁹ Catherine Wood was the HSC’s first trained Lady Superintendent, a term which replaced ‘Matron’ in the 1860s. Its use coincided with the appearance of ‘ladies’ as nurses in hospitals, following Nightingale-inspired innovations.

¹⁰ In the most recent history of Great Ormond Street there are only four references to nursing or nurses in the index. Telfer 2008.

important to note that this article is focussed entirely on hospitalised sick children and the term 'nurse' is used to designate women who worked in hospitals to provide care and support to those child patients.¹¹

2 The Founding of England's First Children's Hospital

There had been attempts in England in the late eighteenth and early nineteenth centuries to establish an institution to care for sick children, but all were based on the dispensary system, providing out-patient or home care only and making no provision for taking children into hospital.¹² One institution of note was John Bunnell Davis' Universal Dispensary for Children in London, which opened in 1816.¹³ Children were seen in out-patient clinics, medicines were dispensed and advice given to mothers; for a while Davis' venture was successful, but following his sudden death in 1824, plans to add a ward for in-patients were shelved and the hospital (and the idea of child in-patients) went into decline.¹⁴

In 1839, a young physician called Charles West, who had studied at Bonn, Paris and Berlin, took over the running of the Universal Dispensary.¹⁵ West, convinced that to improve child health it was necessary to improve understanding of childhood disease, returned to Davis' idea for in-patient facilities where childhood disease and treatments could be studied.¹⁶ The Dispensary's management committee, however, continued to oppose in-patients citing the prevalent view that sick children should not be parted from their mothers.¹⁷ There were practical objections too: a sick child would need one-to-one nursing which was expensive, and sick children spread disease and were more susceptible to it, so a hospital was the worst place for them.¹⁸

¹¹ In the nineteenth century, the word 'nurse', when associated with children, had several meanings. It could refer to breast-feeding infants, or to 'wet nurses' (women who hired themselves out to suckle babies); 'child nurse' could refer to girls hired by families to look after their young children (the term is found in the census as an occupation for girls living as servants in another family); while in wealthier families, a 'child's nurse' might be an older single woman, employed in a position akin to the modern 'nanny'. Throughout this article the term 'children's nurse' refers to women employed in hospitals to care for child patients. As will be discussed later, this multiplicity of meanings caused problems for the perceived status of nurses in children's hospitals.

¹² For an overview of the various attempts to establish institutions for the care of sick children prior to the opening of the HSC, see the Introduction in Elizabeth Lomax 1996.

¹³ Loudon 1979.

¹⁴ Lomax 1996. General hospitals avoided admitting children. In January 1843, for example, of 2,363 patients in London hospitals, only twenty-six were children under 10 years old. West 1854, p. 77.

¹⁵ For a biography of Charles West see Coley 2004. For an account of his time at the Dispensary and his efforts to raise support for a children's hospital, see Lomax 1996.

¹⁶ Lomax 1996. L'Hôpital des Enfants Malades was the oldest children's hospital in Europe; West had studied there under leading French clinicians.

¹⁷ Andrea Tanner discusses societal obstacles to children's hospitals (from both parents and society at large) in 'Choice and the children's hospital', Tanner 2007. Her chapter provides an excellent bibliography on childhood in the nineteenth century. See also Heywood 2014 or Cunningham 1995.

¹⁸ For an account of the Universal Dispensary for Children see Loudon 1979.

Children's in-patient facilities also raised reputational issues. Nineteenth-century hospitals were dependent on voluntary subscriptions and donations to keep them functioning. A good reputation was necessary to maintain the flow of donations and their annual reports, which were vehicles for reporting success stories, included tables of outcomes of treatment to demonstrate their efficiency. The high mortality rates, with which child patients were indelibly associated, were not good for business and could mask the 'good' work being done elsewhere in the hospital, putting continued support at risk. For similar reasons, child patients posed a threat to the reputations of young doctors, who made up the bulk of their staff.¹⁹ Thus, child patients were considered a liability.

These arguments had support from many quarters, not least from Florence Nightingale who was known to have grave reservations about children's hospitals. As she stated in 'Notes on Nursing', "the causes of enormous child mortality are perfectly well-known [...] in one word, defective hygiene".²⁰ Her views on children's hospitals shifted and in her later book, 'Notes on Hospitals', she dedicated a whole chapter to the subject, describing possible advantages of a hospital designed from scratch which included additional space for play (indoors and outdoors) and schoolrooms. She concluded, "If children's hospitals are to be built at all, this is the kind of plan that should be adopted", casting doubt on her commitment to the idea.²¹

West's vision for a children's hospital was therefore set against the prevailing mood. Perversely, given the issues with high mortality, he used the stubbornly high national child and infant mortality rates, which had hardly changed since the eighteenth century, to argue forcefully for his hospital. As he pointed out, "of 50,000 persons dying annually in London, 21,000 are children under [ten]." ²² This figure was only 2% lower than it had been at the beginning of the century.²³

¹⁹ Parry/Parry 1976.

²⁰ Nightingale 1859, p. 17.

²¹ Nightingale 1863, p. 131. It seems her views softened further; she was often called upon to advise on the construction of children's hospitals and their nursing arrangements. McDonald 2018.

²² West 1854, p. 77.

²³ Infant mortality remained stubbornly high throughout the century, so much so that towards the end of the century it attracted government attention and intervention. For further reading on infant mortality in the nineteenth century see Millward and Bell 2001; on specific childhood diseases see Hardy 1993. Sadly there is no comparable text to Hannah Newton's 'The Sick Child in Early Modern England', Newton 2012.



Figure 1: Dr Charles West (1816–1898)

It is worth noting that during most of the nineteenth century English hospitals were the preserve of the lower social classes, regarded by the better-off as dangerous places, where there was more chance of contracting diseases than being cured. Middle- and upper-class patients were treated in their own homes by private physicians. Hospitals, therefore, provided care for those who could not afford a private physician; admission was usually free, although some charged small fees, and they were run on a charitable basis, funded by public subscription.²⁴ However, the very poorest in society ('paupers', who came under the Poor Laws) were, in theory at least, not admitted to charitable hospitals – their care was provided in workhouse infirmaries.²⁵ Thus, on the whole, all the HSC's patients were from the respectable working classes.

In 1849, having failed to convert the Dispensary managers to his idea, West began his campaign for an in-patient hospital specifically for the treatment of children, persuading influential social reformers, including Lord Shaftesbury, Baroness Burdett-Coutts and Edwin Chadwick, to support the cause. His campaign was successful and on 14 February 1852 the doors of the Hospital for Sick Children at Great Ormond Street opened for the admission of in-patients.²⁶ West described three key objectives for his institution. The first was the medical and surgical treatment of poor children, while the second two reflected West's growing conviction that the treatment and care of sick children differed considerably from that of adult patients: to create a space for the "attainment and diffusion of knowledge regarding the diseases of children"; and the development of special training for children's nurses.²⁷

²⁴ See Woodward 1974; Abel-Smith 1964; Waddington 2003; Waddington 2000.

²⁵ Reinartz and Schwarz's edited collection of essays (2013) provides detailed discussion of medical relief under the English poor laws.

²⁶ Baldwin 2007.

²⁷ First Annual Report of the Hospital for Sick Children 1853. These ideas were not entirely new. Newton has shown in the early modern period that doctors recognised physiological differences between adults and children which dictated that their medical needs were different. Newton 2012. Other children's hospitals which opened later listed similar objectives for their institution. See for instance, Miles 1984/5.

Even after the opening of the HSC, opposition to children's hospitals had not completely dissipated, and in order to secure public support, rules were drawn up to address some of these fears, setting out clearly which patients could (and could not) be admitted. To counter disquiet about cross-infection, no cases of smallpox were to be admitted, and it was stated that it was not the "principle objective of the hospital to receive patients suffering from infectious diseases".²⁸ An age limit was applied, which restricted admission to children aged 2 to 10, in an attempt with the younger age limit to overcome the emotive image of infants being seized from their mothers' breasts and to avoid the bad publicity of high mortality rates associated with infants. The restriction on over-tens was dictated by mid-nineteenth-century ideas about children: in 1852, children as young as ten could be put to regular work and could be important contributors to the family economy.²⁹

These rules were designed to reassure donors that their money was being properly and efficiently targeted. However, despite public statements to the contrary, both rules were broken on a regular basis, from the very beginning. In the hospital's first year, infectious fevers accounted for 15% of all admissions (although there were none of smallpox) and reached a high of 35% in the following year. The first breach of the no under-two rule occurred just thirty-seven days after the hospital opened, with the admission of William Hanks, age 1 year 8 months, suffering from bronchitis and diarrhoea. Thirteen other children under 2 were admitted in the same year.³⁰

There is no doubt West was a pioneer in England of children's medicine. His textbook on children's diseases was one of the first works on the subject when it was published in 1848.³¹ It went through six editions between 1848 and 1874 and was translated into most European languages.³² It has been described as 'outstanding' by contemporaries such as US paediatrician, Abraham Jacobi, who described West as "one of the most instructive and eloquent [writers] in medical literature".³³ Medical historians, such as Fielding Garrison, have also acknowledged West's contribution to the development of paediatrics; Garrison, in his history of paediatrics, described West as probably "the greatest English pediatricist of his time, and perhaps the most genial practitioner of the art who ever lived".³⁴ A full century after the height of West's career, his reputation was still intact, Garrison remarking, "Children stopped crying and came to him at once [...] through a charming ritual, with marvellous toys, of which

²⁸ Great Ormond Street Hospital Archive. GOS/1/2/1, 24 June 1851, p. 61.

²⁹ Humphries 2016.

³⁰ Historic Hospital Admission Records Project (HHARP), www.hharp.org.

³¹ West 1848. George Armstrong's 'An Account of Diseases Most Incident to Children' (1777) was one of the first books to be published in English on child medicine. John Clarke's Commentaries on 'Some of the Most Important Diseases of Children. Part the first' (1815) preceded West's. West had a copy of both in his personal library. Charles West Library Catalogue <https://www.ucl.ac.uk/child-health/about-us/support-services/library/library-historical-collections/west-library>.

³² Garrison 1965, p. 90.

³³ As quoted in Garrison 1965, p. 89.

³⁴ Garrison 1965, p. 89.

the drawers in his office desk were full, he had no difficulty in making the most accurate diagnosis [...] never gave a medicine he had not tasted himself”.³⁵

3 A New Way of Nursing: Special Children’s Nurses

With the opening of the HSC West now had the opportunity to address the third of his objectives for the new children’s hospital: the training of nurses for sick children. He wanted a ‘professional’ nursing staff, rather than the old-type nurse who was still commonly to be found on the wards of adult hospitals. Nursing to this point had been the preserve of poorly educated, often elderly, working-class women.³⁶ When West was developing his ideal for a professional children’s nurse, Nightingale who was synonymous with the nursing revolution, was in the Crimea, her plans for nursing, including the introduction of better educated women from higher social classes, were still at an embryonic stage.³⁷

Several key themes emerge from West’s published work on children’s nursing, which are either absent or of lesser importance in adult nursing. First he believed children’s nurses should have “a feeling of very earnest love to little children, – a feeling which makes you long to be with them, to take care of them, to help them”.³⁸ Secondly, a children’s nurse must have great powers of observation, beyond those expected in adult nurses, enabling not just the accurate and detailed reporting of changes in behaviour and condition of her patients, but also the ability to interpret signs of a child’s wellbeing from their vocalisations, posture and reactions to external stimuli. Thirdly, West placed great emphasis on the importance of nutrition. He believed good nutrition was a key to successful treatment of sick children. He returns frequently i.e. to the ability of a skilled nurse to persuade her young patients to eat what has been prescribed, tempting them with treats if necessary. Finally, and unheard of in adult nursing, a nurse should be able to entertain her young charges, and West emphasised repeatedly the need for children’s wards to be welcoming and relaxed, “with marvellous toys” and other diversions for the patients.³⁹ It was important to West to justify his vision for specially trained children’s nurses, in part to distinguish them from existing preconceived perceptions of the child nurse. As discussed above, the word ‘nurse’ when associated with children had several meanings in nineteenth-century England, and for West, it was very

³⁵ Garrison, 1965, p. 90.

³⁶ Pre-Nightingale nurses have been misrepresented by some nurse historians as unreliable, ignorant old hags, an image originating in the character of monthly nurse Sairey Gamp in Charles Dickens’ ‘Martin Chuzzlewit’. More recent work has challenged this rather lazy interpretation. See for instance: Summers 1989; Helmstadter/Godden 2011.

³⁷ There is an extensive historiography on the development of nursing as a profession in the mid- to late-nineteenth century. Dingwall, Rafferty and Webster’s ‘An Introduction to the Social History of Nursing’ (1988) was one of the first to present a more nuanced history of nursing and has remained a dominant text, while Hawkins’ ‘Nursing and Women’s Labour in the 19th Century’ (2010) challenges some of the arguments about nursing and social class. It is notable though that nothing of note has been written about the nursing of children.

³⁸ West 1854, p. 8.

³⁹ Garrison 1965, p. 90.

important to differentiate his trained children's nurses from this rather mixed collection of untrained 'child minders'.

In his Handbook, West went to great lengths to explain how children's nursing differed from adult nursing and the special qualities needed in a children's nurse. Firstly, and fundamentally, there were the medical differences: signs of disease differed between children and adults, and even between children of different ages. Added to this, the course of disease was much more rapid in children, who often moved from health to crisis rapidly, requiring a nurse to recognise these signs and act accordingly. A child nurse's close observation of her patient's behaviour and its reaction to treatment was essential to the physician's diagnosis. But in addition to her clinical expertise, a children's nurse also needed to form a bond with her patients, to entertain them, to distract them from their condition and to remove their natural fear of strange people and places. Children's nurses therefore needed to be trained in clinical observation and the management of sick children, but equally importantly, training was required to nurture and develop their maternal instincts.⁴⁰ As Wood put it: "[An adult patient] is a person put in favourable surroundings for his recovery, with skilled attendants around him to direct and supervise' whereas a child patient is 'a helpless unit in the hands of a nurse."⁴¹

While West's ideas about children's nurses were discussed only briefly in the hospital's records (which concentrated much more on organisation of the nursing department), he expounded on them in 'How to Nurse Sick Children' and were further developed some years later by West's chief acolyte, Catherine Wood. Her book and a series of articles were based on her experience working with West, and it is mainly through Wood's writing that a clear impression can be gained of the novel approach to children's nursing that they had developed.⁴² The rest of this article will focus on Wood's interpretation of West's ideas, as she writes with first-hand experience of nursing and managing nurses within his new system. Her various pieces on children's nursing echo West's key messages, indicating the importance of his influence on her approach to her work.

⁴⁰ West 1854.

⁴¹ Wood 1889, p. 9.

⁴² Wood 1888 a, 1888 b, 1888 c, 1888 d, 1888 e, 1888 f, 1888 g.



Figure 2: Catherine Jane Wood (1840–1930)

Catherine Wood had originally joined the hospital in the early 1860s as a volunteer assistant, reading to the children on the wards. The HSC had recently introduced ‘lady nurses’ who undertook nurse management roles such as sister and matron (who became known as the Lady Superintendent (LSI)), while ward nursing continued to be performed by working-class nurses and probationers (trainee nurses).⁴³ During Wood’s initial time at the HSC, Isabella Babb was the LSI; she had replaced Emma Rice, an old-style matron who was in her mid-50s and in ill-health. Babb had no prior nursing experience.⁴⁴ In 1864, Wood was appointed as ‘lady sister’ on the girls’ ward but left in late 1867 to run a new hospital for children with hip disease.⁴⁵ It is probably during those early years at the HSC that her close working relationship with Charles West was established.

Her absence from the HSC did not last long; in 1870 West persuaded Wood to come back, as Superintendent of the HSC’s new convalescent hospital at Highgate. She held this post for nine years, cementing her relationship with West, and returned to the main hospital in 1879 as Lady Superintendent of the HSC. The partnership between West and Wood was to lay the foundations for the training of sick children’s nurses at the hospital, Wood taking West’s concepts and developing them into a structured nurse training scheme. The pair formed a mutually supportive relationship, West acknowledging Wood’s contribution to the development of nursing at the hospital, while Wood herself was quick to point to West as her mentor and teacher. Their relationship is illustrated by the following quote from a letter sent

⁴³ There are several histories of the HSC: see for instance Kosky 1989 and Telfer 2008. Accounts of Catherine Wood’s time at the HSC can be found in Hawkins 2020 and Bradley 1999.

⁴⁴ GOS/1/2/8, 1862, 17 April.

⁴⁵ GOS/5/2/30, 1862, pp. 180–185. This was the Alexandra Hospital for Children with Hip Disease in Queen Square, very close to the Hospital for Sick Children. Foot 2011.

by Wood to West, accompanying a proof copy of her first book, 'A Handbook of Nursing for the Home and the Hospital',

taking you at your word I have sent you the proofs of the book on Nursing. I have done the rough corrections on the first proofs; but I shall feel very grateful to you, if you will look at it [...] and honestly criticize its contents, mentioning if anything ought to be omitted or altered.⁴⁶

Although Wood says that West initiated a 'system of training' which had existed since 1852, it seems that a systematic scheme for training children's nurses did not occur until the arrival of Catherine Wood as Lady Superintendent.⁴⁷

3.1 The Importance of Observation

The identification and accurate reporting of signs of disease, which could only be achieved through intense observation of the patient, formed a considerable part of both West's and Wood's instructions to probationer nurses. While also a key part of the adult nurse's duty, in children the importance of patient observation was raised to a new level. Jonathan Gillis, a modern-day paediatrician and historian, has discussed the crucial role played by observation of child patients in taking medical histories today, and historically.⁴⁸ Some basics remain the same, child patients, whether today or in the nineteenth century, are unable to describe how they feel, what their symptoms are, or where the pain is.⁴⁹ According to Gillis, quoting from a late-nineteenth century textbook, the challenges of child medicine were "often underlined by comparing paediatrics to veterinary practice: "in both it is intelligible speech that is wanting".⁵⁰

Children use means other than verbal to communicate. Jean Antoine Eugene Bouchut, a French paediatrician, first described his idea of a child's 'language of signs' in 1845, and given West's connections to Paris and the fact he had five editions of Bouchut's book in his library (including a copy of the first edition in French), it is more than likely that Bouchut's ideas found their way into West's work.⁵¹ That West embraced Bouchut's concept can clearly be seen in his Introductory Lecture to students on diseases in children:

I must warn you [...] Your old means of investigating disease will here to a great extent fail you, and you will feel almost as if you had to learn your alphabet again

⁴⁶ GOS/11/3, 1878, quoted in Borghi/Marchetti 2018, pp. 63–74.

⁴⁷ Lomax 1996, p. 153. It is difficult to discern why this took so long. Perhaps West struggled to gain support from previous LSIs and Matrons. He had a turbulent relationship with the hospital's managers which could have been a factor. Adrian Hope, the hospital's treasurer in the 1880s, reveals the tensions in letters he wrote to his fiancée. Lancaster 2002.

⁴⁸ Gillis 2005, pp. 393–429.

⁴⁹ Gillis 2005, p. 401.

⁵⁰ Gillis is quoting from James F Goodhart's textbook (p. 2), published in 1885. Gillis 2005, p. 402. Goodhart worked at the Evelina Hospital, another London-based children's hospital which opened in 1869. He acknowledges the influence of West (among others) on his career. Goodhart 1885.

⁵¹ Bouchut 1845. Charles West Library Catalogue.

[...] You cannot question your patient, or if old enough to speak, still, through fear, or from comprehending you but imperfectly, he will probably give you an incorrect reply. You try to gather information from the expression of his countenance, but the child is fretful and will not bear to be looked at; you endeavour to feel his pulse, he struggles in alarm; you try to auscultate his chest, and he breaks out into a violent fit of crying.⁵²

West continued:

[the infant] has a language of its own and this language it must be your first objective to learn it [...] If you have not cultivated your faculties of observation, you cannot learn it, for it is a language of signs [...] if you are not fond of little children you cannot learn it.⁵³

The absence of a trained assistant, to provide reliable and regular observations of the sick child, was a driving force in West's plan to introduce trained children's nurses at his new children's hospital. It seems that, among other things, they were to be the 'educated' observer, replacing the observations of the unreliable mother.

Wood took this focus on observation further. A children's nurse 'must learn [the child's] language, and read his signs, and in the full sense of the word, must manage him.'⁵⁴ She must learn to be "quick to discern and interpret the minute variations in her patient's condition [which] can only be learned by experience and most careful observation".⁵⁵ The ability to interpret a child's signs was no simple matter and required a special sort of training. Contrary to popular belief, she noted, most young women who applied for training were not 'natural' carers but had to be taught how to manage and handle a sick child.⁵⁶ Probationers had to learn "how to observe and report upon [the child's] functions [...] its whims and fancies, its idiosyncrasies".⁵⁷

Under Wood, elements of a systemised training scheme can be found. Successful applicants (having completed a three-month trial) joined the staff as probationers, and unlike in adult hospitals, where probationers would move frequently from ward to ward, at the HSC under Wood, they remained six months or more on their first ward. As the average length of stay for patient at the HSC at this time was 33 days, she could see several children from admission to discharge, learning the art of observation and enabling bonds between child and nurse to blossom.⁵⁸ Probationers completed two years in this role before being awarded a certificate

⁵² West 1848, pp. 2–3.

⁵³ West 1848, pp. 2–3.

⁵⁴ Wood 1888 b, p. 268.

⁵⁵ Wood 1889, p. 11.

⁵⁶ In this period prevailing views of womanhood included a natural, inherently caring nature. See for instance: Summers 1979.

⁵⁷ Wood 1888 b, p. 269.

⁵⁸ GOS/1/5/2, House Committee 5 July 1888.

of competence by the medical committee.⁵⁹ As they were supervised by a least two experienced nurses, and with a high ratio of nurses to patients, critics of the scheme claimed it was slow to produce trained nurses and required a large number of trained nurses for it to work.⁶⁰

The importance of observation and understanding the ‘language of signs’ was critical to a nurse’s success. It was her duty to closely observe and accurately report to the doctor what she saw. As West wrote, “Cries are the only language which a young baby has to express his distress”; a good children’s nurse should be able to recognise and differentiate the cry of baby suffering ‘in the head, or chest, or stomach’.⁶¹ A children’s nurse should be aware of other signs too: how does the child eat, is it fretful or easily tired; sleepy or restless; thirsty or hotter than usual? Even older children had difficulty articulating how they felt and it was the nurse’s duty to observe and report changes in behaviour and appearance.

Catherine Wood gave an example of the crucial role played by nurses and the importance of detailed observation from her own experience:

In the Ward there was a boy suffering from diphtheritic paralysis. His nurse said to me, ‘I am sure this boy is worse’ (until then he had not been an anxious case.) She could give me no reason, point to no fresh symptoms, nor could I discover any change; still she noticed some minute change not apparent to a casual observer, in fact she seemed over anxious; but I took care that the House Physician was told. That was the first note of warning of a very serious and fatal change that overtook the case. [...] Now if that boy had not been one Nurse’s charge I doubt that change would i.e. would have attracted notice.⁶²

Wood described how her new nurses were trained in these skills. Probationers were given sole charge of one or two patients ‘for whom she is to care entirely’⁶³. She would

start with these patients in the morning, take their temperature, wash and dress them, give them their medicine and food, carry out any special treatment ordered, hear the Doctor’s remarks on these cases, and his orders given, follow them through the day, again take their temperatures, and finish them for the night. These children, and these only, would be in her mind.⁶⁴

Wood even suggested that a gentle sort of competition could be fostered between probationers: “Let us put into her arms some poor little neglected babe: it is to be her charge

⁵⁹ GOS/1/5/2, House Committee 5 July 1888.

⁶⁰ Wood 1889.

⁶¹ West 1854, pp. 22–25.

⁶² Wood 1889, p. 17.

⁶³ According to Sue Bradley (a paediatric nurse herself) it is often assumed that named nurses and individual care are relatively recent developments in paediatric nursing and the early roots of such schemes have been forgotten. Bradley 1999, pp. 15–19.

⁶⁴ Wood 1889, p. 14.

day by day, and she is to do her best with it". If another probationer also has a baby, the two could be encouraged in a gentle rivalry as to whose child prospers best, and in Wood's eyes, this could only be to the advantage of the little patients.⁶⁵

3.2 The Mothering Instinct

The theme of having love for children recurs throughout Wood's writing. In her mind, a child's nurse must become its mother for the period of time it was in hospital, gaining its trust and commanding obedience. She wrote of her nurses, "We want each nurse to gather her little ones onto her arms, with the resolve that she will spend and be spent for them. They are hers, and for a time they will look to her for a mother's love and mother's care".⁶⁶ Wood insisted that a child who is 'mothered' by its nurse will always do best; "for these little sick ones are quick at discerning those who love them and the nurse will have the most success who makes an individual study of her patients".⁶⁷ The result of course was one-to-one nursing which was expensive, and the cost of nursing at HSC was always a headache for the Managers.

It is clear from the records that the HSC's nurses did form close relationships with their patients. Annie Eastland had been a patient at the hospital for six months when she was discharged. She returned for a second visit before being discharged again. In the hospital's archives is a small photograph album which contains photos of Annie, her siblings and her parents. (See Fig 3.)



Figure 3: Annie Eastland and her sisters

⁶⁵ Wood 1889, p. 17–18.

⁶⁶ Wood 1889, p. 17.

⁶⁷ Wood 1889, p. 11.

The album bears an inscription “A Present from Miss Dalrymple Hay, Superintendent of Ward, Hospital for Sick Children”. It is not known why Dalrymple Hay decided to present Annie with the album; perhaps Annie had the photographs with her during her long stay, to remind her of her family, and Dalrymple Hay had them bound into an album to keep them safe. The actions seem to be those of a woman who had, following West’s diktat, regarded the little girl as her own daughter during the child’s long stay under her care.⁶⁸

The emotional tie between a nurse and her charges was actually built into the rules for nurses:

It shall be the duty of every nurse, not merely to watch the children with care, and to tend them with kindness, but also by all means to keep them cheerful and contented; and while impatience, ill temper or anger towards the Patients will be followed by dismissal, the mere inability to make children happy will of itself be regarded as a sufficient cause for not retaining a Nurse.⁶⁹

This was not an idle threat. Several nurses over the years were dismissed for failing to keep children entertained, or for losing their temper with their charges. In the hospital’s first year a probationer nurse was dismissed for unkindness towards patients, while another was dismissed for gross neglect in 1869, after applying the wrong liniment and causing great pain.⁷⁰ Two nurses, at least, were sacked for hitting a patient.⁷¹ Clearly, the rule that nurses should love and care for their patients was not a sop to potential supporters, and nurses who could not adhere to it were given short shrift.

3.3 Food and the Children’s Nurse

While nutrition was important in all hospitals, it took on new prominence in the children’s hospital.⁷² Many children admitted to the HSC were suffering from diseases related to poor nutrition, and Wood wrote widely on the dangers of poor feeding, and particularly on the healing qualities of milk. “It is well ascertained”, she wrote, “that milk alone will maintain life and vigour, even in the adult [...]”⁷³ and, in times of sickness, “[...] it can combat illness, and repair the waste that illness causes”.⁷⁴

⁶⁸ A longer account of Annie’s stay at the HSC can be found on the HHARP website. <https://hharp.org/library/gosh/patients/annie-eastland.html>.

⁶⁹ GOS/8/1, p. 95. Similar instructions for nurses can be found in other children’s hospitals. See for instance Lindsay 2000.

⁷⁰ GOS/1/6/1, 1852, 15 December; GOS/1/2/11, 1869, 25 August.

⁷¹ In 1859, probationer Matilda Voyez was dismissed immediately after having ‘been seen to strike a patient’, while Mary Ann Webb was caught red handed by Miss Babb ‘beating a sick child’. GOS/1/6/2, 1853, 20 July; GOS/5/2/30, 1864, 29 August.

⁷² Hawkins/Tanner 2016, pp. 107–33.

⁷³ Wood 1889, p. 165.

⁷⁴ Wood 1889, p. 171. In 1884, Wood was commissioned to write a short treatise for the International Exhibition on Food and Health at Hyde Park. Her ‘Handbook on Food and Cookery for Infants and Invalids’ was published that year. In her ‘Handbook for the Nursing of Sick Children’, published 1889, nearly half of

Wood's ideas reflected West's own views on the primacy of good nutrition in treating sick children. Within the HSC, he promoted the importance of good nursing and careful management of sick children, including diet,⁷⁵ and Wood described the "thoughtful and scientific attention" which was given to how and what to feed young children.⁷⁶ "Now that scientific research has demonstrated the importance of food in maintaining health and balance within the body", she wrote, "many diseases previously treated with drugs can be addressed through diet instead".⁷⁷ Food and feeding were integral to successful treatment of her patients; a good diet was "recognised as an essential treatment by all medical men and [...] makes the difference of life and death in all acute cases".⁷⁸



the eighteen recipes in the appendix were milk-based, from a method to make cow's milk more like mother's own to a recipe for "bread jelly food", a nutritious version of the reviled "pap". Older children could be fed milk puddings or "milk soup". Wood 1889, pp. 229–37.

⁷⁵ West 1854.

⁷⁶ Wood 1889, p. 165.

⁷⁷ Wood 1888 c, p. 285.

⁷⁸ Wood 1889, p. 183. Wood is echoing another of the HSC's doctors, Walter Cheadle, who wrote in his introduction to 'Food and Cookery', 'In the case of invalids [...] food [...] may turn the scale in favour of life or death.' Wood 1884, p. 8. There is a considerable historiography on childhood nutrition. See for instance Hawkins/Tanner 2016, pp.107–113.

Figure 4. Sarah Coulson being encouraged to eat by her nurse

The far-reaching benefits of nutritious meals and regular mealtimes came to define the hospital's approach to feeding its patients. Patients were "prescribed" fixed amounts of nourishment in a twenty-four-hour period, and although the doctors dictated diet protocols, implementation was the nurses' responsibility. Probationers received training in the observation of a child's reaction to its food and were given some discretion (based on her training and experience) to adjust the diet in order to tempt patients to eat the quantities prescribed.

In order to overcome the reluctance of sick children to eat, Wood advised that the same nurse should feed a child at each meal (one-to-one nursing again) in order to learn its "humours and tricks".⁷⁹ This intimate relationship between nurse and patient was regarded as just important for older children, in whom "the willfulness and disinclination for food have to be conquered, and the child must be fed against its own will".⁸⁰ Wood believed this could only be achieved by "gentleness and firmness on the Nurse's part [...] there is in children a ready adaption to habit, and if systematic manner of feeding be begun, and continued during the severity of the illness, the child will more readily fall in with it".⁸¹ The image of a nurse feeding young Sarah Coulson (Fig 4), illustrates this well. Sarah was in the hospital for over twelve months in 1875–76, having suffered severe burns and had bad scarring to her chest.⁸² In this image she is watched over by a kindly-faced young nurse. During her long stay, this nurse may have become Sarah's surrogate mother; the bond between them betrayed in Sarah's sideways glance towards the nurse as the picture is taken.⁸³

Successful treatment thus depended not simply in careful medical care, but on the nurse's knowledge of nutrition and her ability to prepare meals, to such an extent that, as Wood wrote, 'the Nurse of the present day must add some knowledge of sick cookery to her curriculum before she can consider herself fully equipped for her duties'.⁸⁴

3.4 Entertainment

For both West and Wood, a children's ward had different priorities to its adult equivalent; it was impossible to maintain the same level of regularity and order in a child's ward as would be found in an adult hospital. As Wood explained

Order and discipline there must be [...] but that ward which is tidied up to perfection, in which the little ones look like well-drilled soldiers, where the home look of liberty is absent [...] is hardly suggestive of the happy heart of a child; toys

⁷⁹ Wood 1888 c, p. 283.

⁸⁰ Wood 1888 c, p. 284.

⁸¹ Wood 1888 c, p. 284.

⁸² Sarah Coulson's story. <https://hharp.org/library/gosh/patients/sarah-coulson.html>.

⁸³ Hawkins/Tanner 2013, pp. 209–236.

⁸⁴ Wood 1888 c, p. 285.

and games are as much a part of the treatment as the physic, and the ceaseless chatter and careless distribution of the toys are surely quite consistent with a well-ordered children's ward.⁸⁵

For West, the importance of distraction was paramount. A distressed child should be soothed by a tune or telling stories. If a child was frightened of water, when bath time came around, the nurse could make "a baby quite happy [...] [by putting the bath] a couple of corks or bungs with feathers stuck in them, for the baby to play with".⁸⁶ According to West, it was a nurse's "special business [...] when a child is ill [...] to give it pleasure".⁸⁷

Images of the wards provide evidence of these ideas in practice, from the earliest days of the hospital (Fig 5).



Figure 5. Image of a ward at the HSC in 1859

In this image, the hospital's two doctors are in the foreground (West on the right and Dr Jenner on the left) surrounded by chaos as they examine two patients. There are toys scattered across the floor, children in walking frames roam freely and two little girls watch on with curiosity as one patient is examined by West. At the back of the ward, another little girl is in a swing attached to the door frame. Ambulant children play with building bricks and crayons at the central table and even those bed-ridden have a supply of toys on their bed tables.⁸⁸

Photographs of the children in the gardens at both HSC and its convalescent home at Highgate also provide evidence of the importance of encouraging play (Figs. 6 and 7).

⁸⁵ Wood 1889, pp. 11–12.

⁸⁶ West 1854, p. 64.

⁸⁷ West 1854, pp. 61–62.

⁸⁸ The image was reproduced in *The Illustrated London Times*, 24 April 1858, p. 301.



Figure 6: Children and nurses in the HSC's garden, c.1912



Figure 7. Children playing in the gardens at Cromwell House, c. 1900

Although these images date from the turn of the twentieth century, earlier written records refer to children playing in the gardens. In 1854 it was noted that the matron be empowered to provide "such assistance as required to enable the convalescent patients to be taken into

the garden on Sunday mornings⁸⁹ and in 1860, Mrs West (a lady visitor, and wife of Dr West) reported that on Sundays after dinner the children “played either in the room or the garden”.⁹⁰

A regular column on HSC patients in Aunt Judy’s Magazine (a popular publication for middle-class children) referred to one young boy whose health was continuing to improve, “and was [now] well enough to be taken out into the hospital garden almost daily during the recent fine weather.” The article continued that he should soon be well enough to go to Highgate, where its ample playground and the garden surrounded by “patrician trees [was always] pleasant to the children”.⁹¹



Figure 8: Aunt Judy’s cot and occupant

The hospital was well supplied with toys, and records abound with references to donations of toys and books to keep the little ones amused. In fact, donors were sometimes a little over enthusiastic; in 1872 it received several presents of rocking horses even though there were six in the store, surplus to requirements. The House Committee suggested disposing of the unwanted rocking horses to other institutions.⁹² Minutes also refer to donations of go-carts,

⁸⁹ GOS/1/2/4, 1854, 5 October.

⁹⁰ GOS/5/2/30, 1860, July.

⁹¹ Aunt Judy’s Magazine Vol 9 no 60, 1871. Aunt Judy’s Magazine, edited by Margaret Gatty, published an article about the hospital in 1868, and such was the response from its readers that a fundraising campaign was started, raising enough to support a bed named after it. Thereafter, each month the magazine ran a story about the child occupying the Aunt Judy’s Magazine cot.

⁹² GOS/1/5/1, 1872, 20 June.

walking machines, a doll's house and a swing, among many other toys. A letter from Catherine Wood to Arthur Lucas (Chairman of the Management Committee) illustrates how important these gifts were. Writing during a period of financial crisis for the hospital, Wood regretted the decline in public interest in the institution: "We have lost our hold on the public and we sadly miss that personal interest that was taken in the Children by the friends of old when gifts, treats [and] amusements were abundantly offered for them."⁹³

The nurses, charged with keeping their patients amused, looked for many ways to entertain them. When a cuckoo clock was donated to the hospital, the nurses gathered all the children who could be moved so they were present when it struck the hour for the first time. Not knowing what was going to happen, the children watched on as "wonder and surprise gave place to shouts of laughter" when the little bird retired shutting the little door behind him.⁹⁴

As another form of entertainment, pets, if not encouraged, were certainly tolerated. A little Skye terrier became the constant companion of the convalescent patients when they were out in the garden. According to Aunt Judy, "'Jim' was a great favourite with all the children and will long be remembered for his gentleness [...] [he] used to accompany the children one by one into the wards, and, not until the door was closed on the last one, would he leave the passage to rest in his kennel".⁹⁵

A 'Special Correspondent' who visited the HSC in 1889 on behalf of 'The Hospital', reported their impressions: "The first ward visited was the Victoria, a glance inside which conveys a general impression of homeliness and comfort. There are birds and goldfish, plants and flowers in plenty, pictures line the walls, and toys lie everywhere around."⁹⁶ It seems that Wood and West's vision of a children's hospital as a place of comfort and security, with a homely feel, had been achieved.

4 Conclusion

Charles West and Catherine Wood worked together to develop a new kind of nurse, trained specially to take care of sick children in hospital. As this article demonstrates, they believed passionately that sick children required a different kind of nursing to their adult counterparts, and the nursing philosophy they developed was child centred and holistic. While West developed the theory, Wood was instrumental in putting it into practice. Her nurses should 'love' their patients as if they were their mothers; and they would learn this by focussing on individuals, learning to observe them in minute detail, to read changes in behaviour and recognise meaning in their vocalisations in order to help doctors diagnose and treat their charges. They would learn the importance of good nutrition, and how to encourage their young charges to eat. At the same time, and in a significant departure from nursing adults,

⁹³ GOS/5/2/49, 1885.

⁹⁴ Aunt Judy's Magazine 1869, 1 March.

⁹⁵ Aunt Judy's Magazine 1869, 1 March.

⁹⁶ Anonymous, 1889. 'The Hospital' was a leading journal on hospital management edited by Henry Burdett.

children's nurses were also to be entertainers, keeping their patients amused and encouraging play.

While the focus on the importance of close observation can be found in Nightingale's 'Notes on Nursing'⁹⁷ and in most later training manuals for adult nursing,⁹⁸ West's and Wood's insistence that children's nurses should 'love' their patients and keep them entertained, was not a feature of adult nurse training. Thus, children's nursing was marked out by them as different from normal adult nursing models of the time, requiring specific systems of training. In children's hospitals which emerged in the shadow of Great Ormond Street, such as the Jenny Lind at Norwich (in 1853) or the Sick Children's Hospital in Glasgow (in 1883), there was a similar insistence on the importance of developing a bond between nurse and her young patient, and of keeping their charges entertained.⁹⁹

West defined, and Wood enabled, the development of this new type of nurse, a children's nurse, who would be seen by society as professional and skilled. But the continued confusion between West and Wood's trained nurses and the untrained nursery nurses and child minders of middle-class homes hampered attempts to establish children's nursing as a specialist discipline within the body of professional nursing. When nursing itself was finally recognised as a profession, through the establishment of a central register overseen by the General Nursing Council, children's nurses (alongside male nurses and asylum nurses) were marginalised, acknowledged only in a supplementary register.¹⁰⁰ As Wood lamented, "In the past [...] it was considered quite unnecessary to provide a Trained nurse for a sick child [...] the nurse [...] was often some useful, motherly woman from the neighbourhood."¹⁰¹ And despite Wood's best efforts, these prejudices lingered into the 1920s and, some would argue, beyond. As arguments over general versus specialist training continue to be debated, Sue Bradley concluded: "As for the arguments [Wood] used to justify her beliefs – we may yet be required to draw upon them again!"¹⁰²

Note: All photos in this article have been reproduced courtesy of the Archive Service, Great Ormond Street Hospital for Children NHS Foundation Trust.

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⁹⁷ See Nightingale 1859, Chapter XIII, Observation of the Sick.

⁹⁸ See Hawkins 2010.

⁹⁹ For a discussion of the importance of play and love for children at the Royal Hospital for Sick Children at Glasgow see Hawkins/Tanner 2013; and at the Jenny Lind, see Lindsay 2000.

¹⁰⁰ Glasper 2021. In 1919 the Nurses' Registration Act was passed by Parliament, after decades-long battle to establish a professional basis for nursing. The General Nursing Council for England and Wales was formed the following year, with the Nursing Register (which the GNC had a legal responsibility to maintain) opened in 1921. Shepherd 2019.

¹⁰¹ Wood 1888 b, p. 268.

¹⁰² Bradley 1999, p. 18.

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