

SPREADING NIGHTINGALE NURSING. A SLOW AND TORTUOUS PROCESS

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Abstract

This article studies four matrons who tried to introduce Nightingale nursing into their hospitals: Angélique Lucille Pringle at the Royal Edinburgh Infirmary 1874–1887, Maria Machin at the Montreal General Hospital 1875–1878, Emily Aston at the Eastern Hospital 1887–1889, and Flora Masson at the Radcliffe Infirmary 1891–1896. Contrary to popular belief, Nightingale nursing did not spread rapidly around the globe. Although many early nursing reformers called their training schools Nightingale schools, few understood Nightingale's basically religious approach to nurse training. Some Nightingale matrons simply ran the nursing service in the old way but these four matrons did try to introduce some or all of Nightingale's principles. The article studies the opposition from hospital governors and doctors with whom they had to deal, the motivations of the four matrons and the progress they made.

Keywords: Nightingale training, Nightingale principles, Lucille Pringle, Maria Machin, Emily Aston, Flora Masson

1 INTRODUCTION

Florence Nightingale's devoted efforts to improve nursing have dominated the history of nursing to the point that the term "Nightingale nursing" has become a synonym for nursing reforms, whether they have anything to do with her or not.¹ This is partly because she made enormous contributions to the new nursing, and partly because early nursing leaders were anxious to disassociate themselves from the old nurses, who almost all belonged to the lowest level of society and lacked Victorian respectability. Nursing reformers preferred associating with the elevated social status Nightingale enjoyed. They renamed the position of hospital matron "lady superintendent" to differentiate themselves from the old lower middle-class matrons, while many who knew nothing about Nightingale's principles adopted her name for their training schools. Two of the earliest historians of nursing, Nutting and Dock, who never had any contact with Nightingale and were not aware of her vision for trained nursing, provide an excellent example. Once refined ladies took the lead teaching Nightingale principles, they claimed, nursing became a profession and trained nursing spread immediately and almost magically around the world.² Nightingale's fame did spread almost magically around the world and gave a level of respectability to the new nursing, but few nursing reformers were familiar with Nightingale principles. For those who understood her aims, nursing reform was a very slow, tortuous process. Despite the ongoing interest in Nightingale herself, few historians have studied the reforms in the early years. Apart from Monica Baly's *Florence Nightingale and the Nursing Legacy* and Judith Moore's *A Zeal for Responsibility*, both published in the 1980s, and Helmstadter and Godden's *Nursing Before Nightingale*, published in 2011, there are no major works on early nursing reforms.

¹ Helmstadter/Godden 2011, pp. 169–170.

² Dock/Nutting 1920, p. 73.

This article fills that gap in the historiography of nursing by studying the lengthy and often painful advance of nursing. I examine the experiences of four Nightingale-trained matrons who worked from 1874 to 1896. The matrons are Lucille Pringle at the Royal Edinburgh Infirmary 1874–1887, Maria Machin at the Montreal General Hospital 1875–1878, Emily Aston at the Eastern Hospital in Homerton in northeast London, 1887–1890, and Flora Masson at the Radcliffe Infirmary in Oxford 1891–1896. Although the four hospitals differed in mission, setting and funding sources, the opposition the new lady superintendents met was similar and arose in part from the class structure and gendered beliefs of their era. Other factors intervened as well. Trained nursing was markedly more expensive than the old nursing system and placed a strain on hospital budgets at a time when revenues were restricted. Equally important, many hospital governors continued to think of nurses as maids-of-all-work, as they had been in the old nursing system, rather than as women who, in the new era of medicalized hospitals, needed special education and a high degree of competence. All four matrons were very competent nurses and good teachers but three gave up the struggle and resigned. This article also demonstrates the terrible toll the work took on the matrons, and how those with religious commitment like Nightingale, Pringle and Machin tended to survive longer than those without.

What was the new trained nursing and what were the Nightingale principles which these matrons, worked so hard to introduce? In part, major medical advances determined Nightingale's principles: doctors demanded clinical knowledge, assessment skills and professional judgement.³ Nightingale appreciated that nurses had to have these abilities to succeed in their own practice as well as to meet medical men's needs but she insisted on another aspect: nursing should be a spiritual commitment. Woman's mission, a powerful nineteenth century social construct, prescribed that ladies should not enter the public sphere because they were physically and intellectually inferior to men and therefore not able to handle the responsibilities involved in public institutions such as business and government or, in the case of the new matrons, public hospitals. However, woman's mission also posited that ladies were above all motherly,⁴ and by motherly Victorians meant ladies were more religious, caring, self-sacrificing, and compassionate than men. Nightingale accepted this definition of motherliness and thought it made women ideally qualified to be nurses. As her most successful protégée, Lucille Pringle wrote, "motherliness of nature" is "the most precious attribute of a nurse."⁵ Nightingale postulated three principles for good nursing. First was this natural, or motherly, component. Second was "the intellectual (or professional) motive, the desire & perpetual effort to do the thing as well as it can be done⁶ – to nurse or to teach up to the ideal." Third, and most important for Nightingale, was the religious motive.⁷

Current critics of Nightingale usually take no account of the centrality of religion in her work. A good example is Sarah DiGregorio, who accuses Nightingale of establishing the racism and class bias which has troubled the development of modern nursing. She believes she placed the social values of her era over appropriate nursing care. DiGregorio seems unaware of Nightingale's religious dedication to helping those who were less fortunate.⁸ On the other hand, Lynn McDonald, the foremost Nightingale scholar today, emphasizes that religion was the driving force in all of Nightingale's work.⁹ Today it is generally accepted that the Nightingale School at St. Thomas's Hospital was the first secular training school.¹⁰ It was secular in the sense that it was not a sisterhood and in the nineteenth century sense that

³ Helmstadter/Godden 2011, pp. 4–8.

⁴ Crawford et al. 2020, pp. 2–7, 47–49.

⁵ Pringle 1880, pp. 1049–1050.

⁶ All underlinings are original.

⁷ Florence Nightingale to Caroline Stephen, [May 1869], British Library (BL), 47802, fols 22–30.

⁸ DiGregorio 2023, pp. 5, 39–40, 48–50, 54–55.

⁹ McDonald 2022, p. 7.

¹⁰ Baly 1997, p. 216.

it was non-denominational. But because of Nightingale's religious commitment it was not secular in the twenty-first century sense of having no connection with religion. There were so many "disappointments, such sickenings of the heart, such contradictions" in founding a new service, she said, that she did not believe anyone could succeed "except by feeling that he or she was called to the work by God [...] that he or she is a fellow-worker with God." Nurses must have this sense of "serving God & man," she wrote, "Without the higher motive we Nurses can do nothing."¹¹

Ideally, Nightingale also wanted nurses to dedicate their whole lives to nursing, eschewing marriage. However, she did not achieve this goal. By the 1890s, as British society became less spiritually oriented and more options for women's work opened, she had to acknowledge that very few women entering nursing did so as a religious vocation.¹² Pringle and Machin accepted Nightingale's more spiritual view of nursing but the two matrons who came from the next generation, Aston and Masson, did not.

2 LUCILLE PRINGLE

Angélique Lucille Pringle (1846–1920) was the earliest of the four matrons and is generally recognized as the most successful nineteenth century matron the Nightingale School produced. The school she established at the Edinburgh Infirmary adhered more closely to Nightingale's ideal than did the school at St. Thomas's, as Monica Baly so ably demonstrated.¹³ Ironically, the Nightingale School was one of the two last training schools in the 12 London teaching hospitals to hire a matron who was a trained nurse and was the first school to use the probationers as cheap replacements for staff nurses. In 1868 Nightingale published an article, "Una and the Lion," which described Agnes Jones, a Nightingale-trained matron of the Liverpool Workhouse Infirmary, who died there of typhus at the age of 33. Nightingale portrayed her as a Christian martyr who devoted herself to Christ's poor and laid down her life for them.¹⁴ "Una and the Lion" inspired Pringle to go into nursing, entering training at the exceptionally young age of 22 in 1868. She proved an exceptional nurse and an enormous success with probationers, staff nurses, the other sisters and Nightingale. Probationers complained that few of the other sisters had taught them anything but Pringle taught them a great deal. She actually "showed us how to do things herself," one working-class probationer explained.¹⁵

The lady probationers were equally impressed. Rachel Williams was considering leaving training after her first seven months because she was so disgusted with the atmosphere in the school. She found it a godless place where there was no spirit "except getting through the work at the least cost and the most credit to oneself, nothing but the most servile servant service." But when she was transferred to Pringle's wards everything was different. Pringle raised the tone of everyone – surgeons, dressers, patients and probationers. "Everything was done unto God," Williams reported. She saw Pringle as a real power but, although she exercised it so well, Williams thought authority was a real cross to her.¹⁶

Like Nightingale, Pringle used diplomacy and feminine tact when dealing with opposition. She had an excellent political sense: one of her key principles was to avoid inciting opposition from the doctors. "A woman [...] is certainly wanting in herself," she wrote, "who cannot soon win round patients and [medical] students and doctors to gracious and delicate ways." She was also extremely pragmatic. Horrible

¹¹ Florence Nightingale to Caroline Stephen, [May 1869], BL, 47802, fols 22–30.

¹² Crossland to Florence Nightingale, 18 June 1894, BL, 47741, fols 143–144.

¹³ Baly 1987, pp. 33–59.

¹⁴ McDonald 2004, pp. 278–280, 290–301.

¹⁵ Nightingale notes, 16 February, 2 May, 11 June 1873, BL, 47762, fols 13, 54, 64.

¹⁶ Nightingale notes, 5, 31 May 1873, BL, 47747, fols 1–2, 3, 8.

working conditions in hospitals made them attract mainly “shiftless people who could not do better for themselves, or clever people hindered by some flaw of character.” Pringle firmly believed that nurses, “severely tried by their manual work for the patients while their intelligence, observation, judgement, and temper are under a continuous strain,” should never have to do the rough heavy cleaning demanded of them.¹⁷

In November 1872 the Nightingale Fund sent Elizabeth Barclay as matron, Pringle as assistant matron, and seven Nightingale staff nurses to the Royal Edinburgh Infirmary to introduce Nightingale nursing. Pringle did not want to go to Edinburgh; she only agreed to go so she could be near her mother who was dying of ovarian cancer.¹⁸ Barclay soon proved incompetent and was forced to resign, while Pringle had done so well the governors appointed her interim matron and eventually matron. “Miss Pringle knows how to manage,” a lady probationer reported. “One feels the Highest Presence with her as she goes about the Hospital,” but, she later added, “she looks very tired.”¹⁹ Pringle’s constant exhaustion was typical of all the successful lady superintendents. The responsibility for such a major operation as a nursing staff in a large academic hospital was a harrowing job. A society which assumed women lacked managerial and business abilities made it worse, for many hospital governors strongly resisted giving lady superintendents the authority they needed to run an efficient service.

Nursing had been a minor concern for management committees in the past and continued to be so for many governors in Edinburgh. However, in 1872 the governors appointed a professional administrator, C. H. Fasson, a retired military surgeon general²⁰ who, as a surgeon, appreciated the enormous difference which good nursing made in medical outcomes. He became a strong and consistent supporter of Pringle. Shortly after their new building opened in 1879, a new Committee of Managers made up new rules without knowing what the new nursing involved and without consulting Pringle. She managed to get the rules changed.²¹ When the Board agreed to do away with bonuses and instead pay the nurses a higher salary and then did just the opposite, keeping the bonuses and lowering the nurses’ wages, Pringle convinced them to reverse the policy. She also persuaded the governors to make major improvements in the living conditions of the ward assistants. Attracting lady probationers was the most difficult task for all matrons, as we will see with Flora Masson, but Pringle had no problem recruiting them,²² and she worked steadily at turning her probationers into pupils rather than simply using them as cheap replacements for staff nurses.

Nevertheless, despite her outstanding successes throughout her stay in Edinburgh, Pringle found the work so difficult that she continuously asked Nightingale’s permission to resign. When her mother died three months after she arrived in Edinburgh,²³ Pringle immediately told Nightingale she wanted to leave; she felt unequal to the terrible responsibilities she had to shoulder. Fasson and the Management Committee convinced her to stay until Christmas but, she told Nightingale, “I wish to consider it settled that I leave at Christmas.”²⁴ In 1880 she told Nightingale, “I have held this post under protest,” and furthermore, she did not like living in Edinburgh. “Do I have your sanction to leave?” she asked. Nightingale told her it was her duty to stay although she agonized over whether she had the right to tell her so.²⁵ That sanction did not come. Pringle’s health began to show signs of the tremendous strain under which she worked. In January 1884 she again told Nightingale she was waiting to be relieved of her charge. She had come to Edinburgh on condition that it was for only three months and now she had been in Scotland ten years.

¹⁷ Pringle 1880, pp. 1049–1050.

¹⁸ Florence Nightingale to Bonham-Carter, [27 October] 1872, London Metropolitan Archives (LMA), H01/ST/NC1/72/37, fol. 12.

¹⁹ Nightingale note, 30 May 1877, BL, 47762, fol. 246.

²⁰ McDonald 2009 a, p. 305.

²¹ Lucille Pringle to Florence Nightingale, 1 May 1880, BL, 47734, fols 116–119.

²² Lucille Pringle to Florence Nightingale, 15 January 1882, BL, 47734, fols 152–159.

²³ Florence Nightingale to Rachel Williams, 17 January 1874, Florence Nightingale Museum (FNM), FNM/LMA/H01/ST/NC3/SU180/74/15.

²⁴ Lucille Pringle to Florence Nightingale, 23 April, 15 May 1874, BL, 47734, fols 16–21.

²⁵ Lucille Pringle to Florence Nightingale, 29 June 1880, BL, 47734, fols 125–128.

At last, she had the nursing running smoothly, the governors completely trusted the nurses and all the doctors were finally pleasant to them.²⁶ She was now so ill that she had to take over two months sick leave. Nightingale again refused to sanction her resignation and she again agreed to continue until her “earthly Chief” (the Nightingale nurses often called Nightingale Mother Chief) approved it.²⁷

Nightingale did not want the Nightingale Fund to lose such an important hospital as the Royal Infirmary and viewed the terrible strain on Pringle as constituting a kind of living Christian martyrdom. As well, in the class-bound and deferential society of Victorian England, Nightingale used her social position to enforce her wishes on her matrons. Although not an aristocrat, Nightingale moved in the top levels of aristocratic society and would invite matrons to her family’s homes or to her own home in London to encourage them.

Nightingale saw Pringle frequently and she found it a great privilege and honor to be invited to the homes of such socially elite people. “To the end of my life I shall look back on it as a privilege most singular,”²⁸ Pringle wrote after her first visit. “If I had not seen you I think I must have sent in my resignation at the end of this month if it had not been for my visit to you.”²⁹ she effused after another. Pringle finally gained Nightingale’s approval in 1887, when Sarah Wardroper retired and she succeeded her as matron of St. Thomas’s.

3 MARIA MACHIN

Maria Machin (1843–1904) entered the Nightingale School in March 1873 at the age of 31. She was a Canadian who, as a teenager, had helped her mother teach in her school for young ladies.³⁰ Then she and her two sisters ran a school in Quebec City³¹ and in 1869 Maria became principal of an Anglican seminary for young ladies in Ottawa.³² She made a deep impression on Nightingale. “Of altogether superior education,” she wrote, “the highest character and most spiritual tone and purpose, excepting Agnes Jones.” Nightingale judged her “chastened in spirit: of masculine determination and education: experienced in life and its trials: unflinching in resolution to carry out God’s work: [...] fitted to exercise the highest influence over women.”³³ In short, Machin fulfilled Nightingale’s requirements for a good nurse. It is also noteworthy that although Nightingale’s education, like Machin’s, was one which few men expected ladies to have, she described Machin’s education and commitment as masculine attributes.

Because of her extensive teaching experience, Nightingale quickly made Machin Home Sister, the nurse in charge of the Nurses Home and teaching the probationers. The prayer, asking the Holy Spirit to “incite us to dedicate ourselves and our work daily to God”³⁴ that Machin wrote and said every evening with the probationers, illustrates her religious approach to nursing. The probationers said she took immense pains with them and was so patient. She had “such grace and dignity” and told them to tell her when anything was the matter with them. She spoke as kindly as a mother to them, and, like Pringle, she taught them so much.³⁵

Machin’s experienced, sympathetic, kind and systematic approach made her an enormous success. Unfortunately for St. Thomas’s, before she had completed her first few months as Home Sister, the

²⁶ Lucille Pringle to Florence Nightingale, 16 January 1884, BL, 47734, fols 186–191.

²⁷ Lucille Pringle to Florence Nightingale, 23 July, 10 December 1884, BL, 47734, fols 205–210, 214–217.

²⁸ Lucille Pringle to Florence Nightingale, 14 September 1874, BL, 47734, fols 23–26.

²⁹ Lucille Pringle to Florence Nightingale, 14 September 1874, BL, fols 23–26, 1 March 1876, fols 44–47.

³⁰ Eastern Township Gazette (1856).

³¹ Quebec Mercury (1866), 24 August; Quebec Directory (1866/67), pp. 236–237.

³² Ottawa Times (1869); Quebec Directory (1866/67), pp. 236–237.

³³ Maria Machin, Probationers Records, LMA/H1/ST/NTS/C4/2, p. 65.

³⁴ Maria Machin, Note, July 1874, BL, 47745, fol. 32.

³⁵ Nightingale Notes, 16, 18, 20 May 1874, BL, 47762, fols 118, 120, 123.

governors of the Montreal General Hospital asked her to introduce Nightingale nursing there and she agreed to go. Founded in 1822, the Montreal General was the teaching hospital for McGill University and received almost all its funding from subscriptions and donations. Its board of governors did not include the medical staff; rather the doctors formed a Medical Board which the governors sometimes consulted, though they frequently rejected the medical staff's recommendations. Since at least 1866 the Medical Board had been pushing the Committee of Management to engage a better class of nurse. The governors made real efforts to attract more able women, improving their housing and increasing wages but without any noticeable improvement in the standard of nursing.³⁶ Then, hard pressed by the Medical Board, the Committee came round to introducing Nightingale nurses and in 1874 the Board finally approved the idea. They appreciated it would be more expensive but thought the added expense would be worthwhile.³⁷

The 139-bed hospital building dated from the 1820s and had many structural problems. It also desperately needed more beds because the medical staff routinely admitted more than 139 patients. The Committee was considering demolishing one of the hospital's two wings and replacing it with a new state-of-the-art 100-bed building similar to St. Thomas's in London. In August 1874 the governors completed renovations in the second wing and, rather than demolishing the first wing, decided to enlarge its wards and introduce better heating and ventilation. The Board was badly divided between those who wanted to have an impressive hospital building and those who wanted to spend the money on patient care. They noted that hospital expenses were increasing because they were treating more patients, but nevertheless continued to mull over building the proposed 100-bed hospital. In April 1875, six months before Machin and her nurses arrived, the Board of Governors bought property contiguous to their existing land for the modern hospital some wanted to build.³⁸

Machin, lady nurse Helen Blower, and three staff nurses started work on 4 October 1875. Four weeks later, the governors reported that the new Lady Superintendent and her nurses had surpassed their most sanguine expectations.³⁹ So successful was Machin that, after only four months, the governors placed the whole hospital administration in her hands, asking her to carry through every reform, not simply nursing reforms. She had no wish to be sole manager of the hospital and found the range of her duties far too extensive, but she dutifully worked closely with Peter Redpath, President of the Board of Governors, making numerous changes.⁴⁰ She hired cleaning women so she could remove the cleaning duties from the nurses, allowing them to concentrate on patient care and making the hospital more hygienic and presentable; she added six more nurses, improving the nurse-patient ratio from 1:18 on days to 1:9½.⁴¹ The doctors were delighted with the superior patient care and with the way the Nightingale nurses understood their cases.⁴²

The Nightingale Fund Council eventually sent six more staff nurses. Blower and four staff nurses proved excellent but of the other five staff nurses, one died in a typhoid fever epidemic and another absconded to get married without giving notice. Two were so unsatisfactory that Machin dismissed them and she did not renew the contract of the fifth.⁴³ She took the failure of her nurses as her own failure although she tried not to take it personally but rather as something God allowed either for her own good or for his glory.⁴⁴ Machin and her Nightingale nurses had been training the Canadian nurses clinically from the time they arrived and, by June 1877, Machin considered three or four to be good, reliable nurses.⁴⁵

³⁶ Committee of Management, 1866–1874, McGill University Archives, Montreal General Hospital Archives (MGH), *passim*.

³⁷ Committee of Management, 11 November 1874, MGH.

³⁸ Committee of Management, 28 April 1875, MGH.

³⁹ Committee of Management, 31 October 1875, MGH.

⁴⁰ Maria Machin to Florence Nightingale, 16 February 1876, BL, 47745, fols 66–67.

⁴¹ Committee of Management, 8 October 1877, MGH.

⁴² Maria Machin to Florence Nightingale, 16 October 1875, BL, 47745, fols 63–65.

⁴³ Godden/Helmstadter 2004, pp. 169–170.

⁴⁴ Maria Machin to Florence Nightingale, 11 May 1877, BL, 47745, fols 77–81.

⁴⁵ Maria Machin to Florence Nightingale, 29 June 1877, BL, 47745, fols 83–86.

The governors, however, were pushing for a formal training school. A school meant much more work for Machin when her duties were already onerous but in June 1876 she agreed to start one with six probationers. Indicating how little they understood of what trained nursing meant, some governors thought six far too few and a year ridiculously long for training, while others wanted a training school because it would provide them with good nurses if someone in their family were ill.

But, as in most hospitals, the principal reason the governors were so eager to establish training schools was because they diminished the cost of trained nursing⁴⁶ which was so much more expensive. Formerly, women with no nursing experience whatsoever started as staff nurses at full salary but when they could be called probationers, they were paid at a very much lower rate. Machin and her Nightingale nurses were training Canadian nurses clinically but they were staff nurses and being paid at staff nurse, not probationer, rates. Furthermore, Machin and Blower were being paid more than the hospital had ever paid a matron or a nurse, and the Nightingale staff nurses were being paid more than the Canadian staff nurses.⁴⁷ Machin's nursing service was indeed more expensive. Unfortunately, Machin never began her school because severe typhoid and diphtheria epidemics left her so short-staffed.

In October 1876 the Committee began repeatedly pressing both Machin and the Medical Board to cut back on their expenses. Machin responded by laying off the housekeeper and added her extensive duties to her own.⁴⁸ The Great Agricultural Depression 1873–96 had pushed the whole province of Quebec into a severe economic depression and the governors were having difficulty balancing the budget. The hospital had run with a balanced budget, and sometimes with a significant surplus until 1874, the year before the Nightingale nurses arrived, when expenditures began far outrunning income.

Table I. Hospital Expenditures and Revenue 1870–1877

Year	Total Revenue	Total Expenditure
1870	\$ 20,741.83	\$ 19,727.42
1871	\$ 25,812.58	\$ 25,489.71
1872	\$ 34,383.62	\$ 22,897.68
1873	\$ 38,557.39	\$ 31,270.79
1874	\$ 35,846.46	\$ 45,013.27
1875	\$ 44,333.36	\$ 59,224.53
1876	\$ 39,186.60	\$ 45,616.59
1877	\$ 41,721.13	\$ 52,084.29

Source: Committee of Management: Report of Retrenchment Sub-Committee, 24 September 1877, MGH.

In May 1877 the Management Committee appointed a Sub-Committee for Retrenchment with Vice-President of the Board Charles Alexander as its chair.⁴⁹ Normally, Redpath chaired the Management Committee but he was frequently away in England. On 30 June 1877 he left for one of his lengthy stays there⁵⁰

⁴⁶ Maria Machin to Bonham-Carter, 16 June 1876, LMA/H01/ST/NC18/36.

⁴⁷ Committee of Management, 26 July 1875, 29 May 1876, MGH.

⁴⁸ Committee of Management, 27 November 1876, 5, 12 February 1877, MGH.

⁴⁹ Committee of Management, 21 May 1877, MGH.

⁵⁰ Maria Machin to Florence Nightingale, 29 June 1877, BL, 47745, fols 83–86.

and would not return until late October. As Vice-President, Alexander then took over the chair. Andrew Robertson, the Treasurer, who was a strong supporter of Machin, was out of town on business at the same time.⁵¹ Alexander was a poorly educated first-generation immigrant who had made a small fortune in the catering business. He did not accept the somewhat more advanced status of women in the colonies⁵² and objected strenuously to Machin's assumption of so much authority. She considered him a drag to progress and wished he would resign.⁵³ He was strongly supported by fellow board member Charles Brydges, also a poorly educated first-generation immigrant who objected vigorously to the way Machin exercised so much authority. Machin described him as a "great railway man" who was "clear, polished and plausible but lacking in integrity."⁵⁴ She had previously noted and been astonished at the painful changes in Alexander and some of his colleagues when Redpath was away.⁵⁵ Once Redpath and Robertson were both away, Alexander and Brydges made their move. They initiated a virulent press campaign against Machin and the Committee and began objecting to everything she did without their express approval. For example, they took her to task for granting Blower leave without first obtaining their authorization. Machin diplomatically replied that this had been her practice for two years, but now that she knew the governors wished to authorize leaves, she would seek their approval first.⁵⁶ She obviously severely underestimated Alexander's perseverance and ability to sway the Committee when Redpath and Robertson were away. Likewise, she overestimated the strength of Redpath's support.

In September 1877 Machin and Blower, who acted unofficially as assistant matron, thought the hospital was running better in every department than it ever had. As well, they finally had an excellent team of four Nightingale staff nurses.⁵⁷ It was just at this point that the Retrenchment Sub-Committee released its report, which recommended firing Machin and some of her nurses, resuming the old, much cheaper system of nursing with a housekeeper as matron, and fewer nurses and cleaning staff. Nurses and patients were again to help with the cleaning. The report accused Machin of being the main cause of the hospital's large deficit because she had increased her staff and, equally important, had not established a training school.

The Board of Governors approved and immediately adopted the committee's recommendations, ordering them to proceed directly.⁵⁸ The Medical Board objected unanimously and forcefully. They strongly deprecated an untrained matron and declared the current number of nurses barely adequate. Without the nurses' assistance, they said, doctors "would be powerless for good." To indicate their willingness to retrench, they suggested cutting their own salaries in half, which was done later.⁵⁹ But the doctors were powerless because they had no representative on the Management Committee or Board.

Machin was stunned. The governors had never objected to the increases in her staff, she told Nightingale. If she resigned, she said, Blower would go with her, as would the four Nightingale staff nurses, who did not want to stay under another matron, especially the kind the committee wanted.⁶⁰ Nightingale of course urged Machin to remain. "We do serve not a committee but the Lord," she wrote, "I cannot fancy you remaining: but endure: at least a little longer."⁶¹

The Management Committee and Board of Governors had not informed Redpath, who was then in London, of their decision to implement the Retrenchment Committee's recommendations. It was not

⁵¹ Maria Machin to Florence Nightingale, 19 October 1877, BL, fols 97–101.

⁵² http://www.biographi.ca/en/bio/alexander_charles_13E.html, accessed January 22, 2024.

⁵³ Maria Machin to Florence Nightingale, 11 May 1877, BL, 47745, fols 78–81.

⁵⁴ Maria Machin to Florence Nightingale, 5 November 1877, BL, 47745, fols 102–104.

⁵⁵ Maria Machin to Florence Nightingale, 15 January 1877, BL, 47745, fols 75–77.

⁵⁶ Committee of Management: 23, 30 July 1877, MGH.

⁵⁷ Maria Machin to Florence Nightingale, 19 September 1877, BL, 47745, fols 91–95.

⁵⁸ Committee of Management: 24, 26, 28 September 1877, MGH.

⁵⁹ Medical Board, 8, 15 October 1877, 6 May 1878, MGH.

⁶⁰ Maria Machin to Florence Nightingale, 19 September 1877, BL, 47745, fols 91–95.

⁶¹ Florence Nightingale to Maria Machin, 22 October 1877, University of Toronto Archives, MS Collection 229, fol. 12.

until October that he learned of the major changes from Henry Bonham-Carter, the Secretary of the Nightingale Fund. Redpath's surprising response to this unexpected news was that he had many other pressing engagements and could do nothing about it.⁶² Machin reported that his "luke-warm and undecided conduct" throughout Brydges' persecution of her "excited surprise even among his intimate friends."⁶³

By contrast, Robertson was furious when he returned to Montreal, and immediately began fighting the retrenchment measures which dealt with the nursing. He could not imagine that friends of the hospital would be willing to revert to the old system of an untrained superintendent of nurses. Many governors who were not on the Board had approached him as soon as he returned, declaring they would withdraw their support from the hospital if Machin and her trained nurses were dismissed. Robertson very much regretted having been away when the new budget was drawn up, and especially regretted that, contrary to proper procedure, the Sub-Committee had not submitted the budget to him as Treasurer before presenting it to the Committee and the Board.

He forced the Committee to appoint a new Retrenchment Sub-Committee, which he himself chaired. He demonstrated that the first Sub-Committee did not understand his annual statements and, furthermore, had no idea of accounting principles. For example, they tripled the hospital's salary expenses by merging the salaries of the construction workers who were doing the renovations with those of the hospital's staff. The hospital's large debt, Robertson showed, was primarily due to the extensive renovations and the land purchase. He and the new Sub-Committee submitted an accurate financial statement and a realistic budget, balancing it by closing beds.⁶⁴

"The battle is over," Machin wrote Nightingale following the Board meeting on 14 November when the governors reinstated her. Robertson proved himself a noble friend and one of the few men who could handle Brydges and still preserve the peace.⁶⁵ Unfortunately, the battle was not over. Alexander was deeply humiliated and resigned but Brydges did not. Determined to force Machin out of office, he kept the vicious press campaign going in full swing. Machin did endure longer – seven months – but by the end of October, the governors had laid off most of the housemaids and scrubbing women, heavily burdening the nurses, who had to help with the cleaning.⁶⁶ In December, Machin was so thin and run down that she had to take ten sick days. The hospital atmosphere was so toxic that it was extremely difficult to keep the nursing running smoothly.⁶⁷

In February 1878, an anonymous and untruthful eight-page pamphlet, believed to be written by a governor or at his order, was published and widely circulated. It claimed the governors had dismissed Machin because of her ignorant and imperious conduct to the hospital's officers and employees, her direct opposition to the Committee and her malicious persecution of employees. She had totally failed to place nursing on a proper footing and never lost an opportunity of libeling the characters of the officers, employees, and other persons who refused to sanction her Jesuitical system.⁶⁸

Machin asked the Committee to investigate the pamphlet's accusations and publicly refute them. On Brydges' motion, the Committee responded "that statements made in an anonymous pamphlet do not deserve the trouble of an enquiry and that the only proper course to pursue is to treat them with

⁶² Redpath to Bonham-Carter, 9 October 1877; Bonham-Carter to Redpath, 16 October 1877, LMA/H01/ST/NC18/13/35–36.

⁶³ Maria Machin to Bonham-Carter, 1 September [1878], LMA/H01/ST/NC18/13/10.

⁶⁴ Robertson 1877, pp. 1–16, 18–20, 24, 28–29.

⁶⁵ Maria Machin to Florence Nightingale, 5, 16 November 1877, BL, 47745, fols 102–104.

⁶⁶ Committee of Management, 29 October 1877, MGH.

⁶⁷ Blower to Florence Nightingale, 30 December 1877, BL, 45804, fols 277–278.

⁶⁸ The Suppressed Report and the Lady Superintendent, LMA/H01/ST/NC15/34/1, pp. 1–6.

perfect silence." There was a clause in Machin's contract stating that both the Board and the Lady Superintendent had the right to terminate the contract giving three months' notice⁶⁹ and she knew Brydges would invoke it at the first opportunity, so when the Board refused to refute the pamphlet she could see no point in continuing. The governors made every effort to retain Blower and the Nightingale staff nurses but they all stood firmly with Machin and, giving three months' notice, resigned as of 30 June 1978.⁷⁰

Redpath then sent Bonham-Carter an even more astonishing letter. None of the nurses had any cause of complaint against the hospital, he said, yet they were putting it in an embarrassing position. If they stayed, they would be paid what they would receive elsewhere. In other words, the hospital would pay them at the lower Canadian staff nurse rate. Redpath wanted the Nightingale Fund to put pressure on the nurses to stay. Bonham-Carter, who was by no means always sympathetic with the nurses, replied that Machin was "extremely justified" in resigning and the staff nurses were free to make their own decisions.⁷¹ The opposition Machin had to deal with was extremely personal and unethical and sadly showed how easily hospital governors could be misled by dishonest members. However, her religious commitment to advancing nursing compelled her to struggle on until it was obvious, even to Nightingale, that her position was untenable.

4 EMILY ASTON

The third and fourth matrons, Emily Aston and Flora Masson, were conventionally religious but did not take up nursing as a call from God. They were more interested in Nightingale's second basic principle, professionalism. Aston (1851–1914) entered training in 1875 at the age of 24. She got off to a bad start when Home Sister Mary Crossland told Nightingale that she was a spoilt child who was smart but thin-skinned.⁷² She nevertheless had a successful career as a probationer and was soon made a sister. At first, Nightingale considered her the best sister in the hospital⁷³ but by 1881 she no longer looked on her favorably because she considered her a "New Woman," or "new man" as she sarcastically called the women who, starting in the 1870s, began pushing for more independence and the same education and career opportunities as men. New Women aroused opposition among the more conservative public, including Nightingale, who thought them especially lacking in the supposed self-sacrificing devotion of motherhood. For example, she thought Nurse Kent was a sweet little nurse when she worked under a different sister but under Aston's influence, "she put on the 'new man' of Miss Aston," and was "vulgarly self-asserting & a harsh & not truthful critic. Kent was a princely Nurse," Nightingale said, "her reports on methods were almost perfect" but Aston had "lowered her morally rather than raising her."⁷⁴

In 1887 Aston was appointed matron of the Eastern Hospital in Homerton. She was an experienced matron for, after several years as a sister at St. Thomas's, she had served three years as matron of the Government Civil Hospital in Colombo, Ceylon (Sri Lanka). It had been a difficult position because colonial society expressed the standard opposition to ladies in positions of authority. Even more difficult, the Ceylonese considered nursing menial and degrading work, so parents would not allow their daughters to enter training. As a result, Aston had to draw most of her probationers from the

⁶⁹ Committee of Management, 14 November 1877.

⁷⁰ Committee of Management, 8 April, 13 June 1878, MGH.

⁷¹ Redpath to Bonham-Carter, 25 April 1878, Bonham-Carter's response, 16 March 1878, LMA/H01/ST/NC18/13/4.

⁷² Nightingale note, December 1875, BL, 47738, fol. 18.

⁷³ McDonald 2009 a, p. 173; 2009 b, p. 325.

⁷⁴ Florence Nightingale to Crossland, 1881, BL, 47747, fol. 163.

Church of England orphan asylum. These girls were very young, “dreadfully apathetic” in her view, and lacked the energy and necessary physical strength to do the work. Worse still, they were not interested in nursing. Adjusting to the colonial situation, Aston hired ward assistants to do most of the nursing care.⁷⁵ She tried to make the young girls understand that, even if they were not required to do the actual nursing, they were required to see that the ward assistants did their work conscientiously.⁷⁶ After three years in Colombo, Aston returned to St. Thomas’s as a sister before going to the Eastern Hospital.

The Eastern, or Homerton Hospital, as it was also called, was not one of the prestigious teaching hospitals but rather one of the new, recently built, publicly funded Metropolitan Asylum Board (MAB) hospitals, often called Poor Law hospitals because the MAB incorporated the old Poor Law infirmaries. These infirmaries were basically chronic care institutions, where the work was much less exciting and interesting than the work in cutting-edge teaching hospitals like the Edinburgh Infirmary. They were notorious for using their inmates as nurses, resulting in very poor care.

The chronic care aspect also meant the doctors did not require the highly skilled nurses on whom doctors in the more academic hospitals were dependent, so Aston was the only one of the four matrons who was not required to establish a training school. However, Nightingale was especially anxious to see improved nursing in the MAB hospitals and was urging some of her candidates for matronships to consider them. She had not kept in touch with Aston as she did with her favorite nurses but when she learned that she was working in a Poor Law infirmary, she invited her to visit her. What Aston told her about the nursing at Homerton was not encouraging.

Things went reasonably well until 1889, when a new medical superintendent, Dr. Collie, was appointed. An older man, almost ready to retire,⁷⁷ he immediately took charge of the nursing. This was not surprising because, under the old nursing system, doctors were in charge of the nursing in their wards and treated their sisters as personal servants.⁷⁸ Collie treated Aston as a traditional old-fashioned housekeeper matron – in charge of the laundry, linen, cleanliness of the wards and discipline of the nurses, but in no way involved in or responsible for nursing care. He did not allow her to give classes, and even if she saw a nurse mismanaging a patient, she could not instruct the nurse. Of the 103 women the hospital employed, none of the staff nurses were trained and only seven of the 32 charge nurses had some training. Collie promoted ward maids in their teens to nurse and from nurse to charge nurse; one of the young women whom he made charge nurse was only 16 years old. He said he preferred the very young people because they were more biddable.⁷⁹

Aston thought the nursing staff badly needed discipline and training while Nightingale was appalled that the nurses were receiving no moral instruction. “The only living beings who can be called Moralizers to the Nurses are 2 Roman Catholic Sisters of Charity who visit in the Wards,”⁸⁰ she wrote. Aston desperately wanted to resign but, as with all her matrons who were having difficult times, Nightingale strongly pressured her to stay. She was the only lady matron in the whole Poor Law system in 1889 and Nightingale could not bear letting the Nightingale Fund lose its foothold there. “I steadily impressed upon her that she must not resign,” Nightingale said, “but that [...] she must by tact & temper, work out the salvation of these poor little sick brats, and finally gain the power which she must have to fulfil the responsibility.”⁸¹

⁷⁵ Emily Aston to Crossland, 25 August 1884, BL, 47738, fols 340–341.

⁷⁶ Emily Aston to Wardroper, 27 August 1884, BL, 47733, fol. 190.

⁷⁷ Emily Aston to Florence Nightingale, 8 December 1890, BL, 45810, fols 124–129.

⁷⁸ Nightingale note, 11 March 1878, BL, 47761, fols 13–15.

⁷⁹ Florence Nightingale to Maude Stanley, 30 December 1889, BL 47758, fols 195–196, 200.

⁸⁰ Florence Nightingale to Maude Stanley, 30 December 1889, BL 47758, fol. 204.

⁸¹ Florence Nightingale to Maude Stanley, 30 December 1889, BL 47758, fol. 196.

Unfortunately, Nightingale thought Aston lacked the necessary tact and temper.⁸² She may have had a point, for Aston was not deferential and, as a New Woman, sometimes stood up for herself rather than always deferring to Collie.

Collie insisted that Aston consult him about what went into her weekly report to the Management Committee, then write it out and bring it to him for his approval before she could submit it. She considered this humiliating but complied. On Christmas Day she organized a party for the children and brought a piano into one of the wards. One of the nurses, Nurse Barnes, asked if the nurses could dance. Aston replied that the party was for the children, not for the entertainment of the nurses, and she thought the children would not find the dancing amusing. Barnes then summoned Collie to the ward, who informed Aston he had told the nurses they could dance and they should do so. Aston explained she wished he had told her so beforehand so that she would not have been put in the difficult position of giving counter orders, but he held firm. Feeling that Collie's public ignoring of her authority could only lead to the destruction of any trace of influence she had ever had, Aston resigned.⁸³ Nightingale was thoroughly disgusted, declaring that Aston had been given greater powers than any other matron but "had thrown them all away by personal antagonism," letting her personal feelings take precedence over advancing nursing.⁸⁴

Nightingale was not being fair. She knew Collie did not give Aston any of the power she needed to fulfil the responsibility. Nightingale had been placed in humiliating positions in the Crimean War hospitals, where she had struggled tenaciously and ultimately successfully against Sir John Hall, the principal medical officer of the field army. Her main support in the government came from Sidney Herbert but, when the Aberdeen government fell on 30 January 1855, he was out of office for the remaining 14 of the 18 months the British were in the war. In the new Palmerston government, Benjamin Hawes, Under Secretary of the War Department, was opposed to Nightingale, as were many of his civil servants. It was not until two weeks before the peace treaty was signed on 30 March 1856, a month after the fighting had officially stopped, that Lord Panmure, the Secretary for War, issued a General Order confirming Nightingale's position as head of the army nursing service.⁸⁵ She described her support from the War Department as "feeble and treacherous." She was always expecting it to say, "Could we not shelve Miss N.? We dare say she does a great deal of good. But she quarrels with the authorities & we can't have that."⁸⁶

Nightingale wanted her nurses to persist as tenaciously as she had. However, she failed to appreciate that she had many advantages which they lacked. First, after the first two or three months of the Crimean War, she had the strong support of public opinion; by contrast, Aston was totally unknown to the public. Second, Nightingale spent more than half of her time during the war in Turkey, hundreds of miles away from Hall in the Crimea, and she won the backing of most of the doctors in Scutari; Aston had to work closely with Collie every day. Then Nightingale reported directly to the War Office while the Army Medical Department was a civilian department, so Hall did not have the direct contact with the ministry which half-heartedly supported Nightingale. Finally, and most important, Nightingale moved in the top levels of society and, as Sidney Herbert pointed out when he recruited her in 1854, her knowledge of administration was important but far more important was her rank in society, which gave her advantages which no one else had.⁸⁷ In the deferential society of Victorian Britain, Nightingale's social status was indeed

⁸² Florence Nightingale to Maude Stanley, 30 December 1889, BL 47758, fol. 205. ⁸³ Emily Aston to Florence Nightingale, 6 Jan 1890, BL 45809, fols 254–259.

⁸⁴ Florence Nightingale to Crossland, [c. 11 January 1890], BL, 47739, fol. 183.

⁸⁵ Bostridge 2008, pp. 290–293.

⁸⁶ Florence Nightingale to Samuel Smith, 6 March 1856, BL, 45792, fols 17–18.

⁸⁷ Cook 1913 (Vol. I), p. 153.

paramount, especially compared to that of medical men, whose social status had risen significantly but was nevertheless far below that of Nightingale.

Aston was a middle-class lady but she certainly did not move in aristocratic circles. She felt that Collie was set against her from the beginning and he enjoyed the support of his Board and the chairman in particular. As she wrote later, from a similar situation as matron of the Gibraltar Colonial Hospital, "It is almost impossible to work reforms unsupported."⁸⁸ She was justified in believing that, despite her efforts to cooperate with Collie, nursing at the Eastern Hospital could not be improved while he was there.⁸⁹ However, Collie was close to retirement age, and if Pringle or Machin with their religious commitment had been in Aston's place, they would probably have patiently "endured" until he retired.

5 FLORA MASSON

Flora Masson (1856–1937) entered the Nightingale Training School in July 1886 at the age of 28. Her father was the professor of English literature at the University of Edinburgh (there is only one full professor in each department of British universities) and her mother was a suffrage campaigner. Before entering training, together with her mother and sister, Flora had been active in the local suffrage campaigns. Later she became a writer.⁹⁰ Despite Masson's work in the women's movement, Nightingale did not consider her a New Woman. She thinks she is radical, Nightingale said, but she was really "a gentlewoman lady of high education." She found her rather aristocratic, although a bit stiff at first, but noted that "she always managed her nurses and people very well and was exceedingly clever."⁹¹ Masson served very successfully as a sister at St. Thomas's and in 1891 was appointed matron of the Radcliffe Infirmary, Oxford University's teaching hospital.

Founded in 1770, the Radcliffe was poorly endowed and, when Masson arrived, was in the midst of a fundraising campaign to improve its outdated buildings. It was a teaching hospital but not a cutting-edge hospital where skilled nursing was essential for successful medical practice – Masson said that one year of clinical experience at St. Thomas's was worth two at the Radcliffe.⁹² Unlike the Montreal General, doctors did sit on the board of governors. On arrival, Masson thought the whole hospital overstaffed and the nurses' sleeping quarters unsatisfactory, but she felt optimistic because she expected some trained nurses from St. Thomas's and there were two excellent sisters who had been at the Radcliffe for some years.⁹³ Throughout her stay at the Radcliffe she constantly sought advice from Nightingale, who, as with all her favorite pupils, corresponded with her and invited her to her family's homes. Like the other matrons, Masson was in awe of Nightingale, partly as a national heroine but largely because of her social status. She considered it bold even to write to her without getting Nightingale's special permission first⁹⁴ and, like Pringle, was effusively grateful to her for actually deigning to see her in person.⁹⁵

Masson identified the hospital's small endowment and its probationer system as major problems. The probationers were young ladies who came for one year and paid for their training, thus providing a small source of income for the hospital. Masson considered them singularly childish and undisciplined, "very dilettantish and lukewarm." She thought their clinical work poor and their manner of dressing positively amusing: "some in outdoor uniforms with flying veils, others including the sisters in blouses and sunhats

⁸⁸ Emily Aston to Florence Nightingale, 8 December 1890, 8 October 1891, BL, 45810, fols 124–129.

⁸⁹ Emily Aston to Florence Nightingale, 11 April 1890, BL, 45810, fols 318–320.

⁹⁰ <https://www.scottishwomenwritersontheweb.net/writers-a-to-z/rosaline-masson>; <https://www.doi-org.myaccess.library.utoronto.ca/10.1093/ref:odnb/34924>, accessed May 3, 2024.

⁹¹ Nightingale notes, [c. August 1891], BL, 47750, fols 21–22.

⁹² Florence Nightingale to Bonham-Carter, 8 August 1893, BL, 47725, fols 103–104.

⁹³ Flora Masson to Florence Nightingale, 26 September 1891, 7 February 1892, BL, 47750, fols 26–45, 51–52.

⁹⁴ Flora Masson to Florence Nightingale, 15 July 1891, 13 March 1892, BL, 47750, fols 13, 61.

⁹⁵ Flora Masson to Florence Nightingale, 1 December 1894, BL, 47750, fols 183–184.

with wreaths of flowers and other personal adornments." A third problem was that, with no housekeeper, Masson was spending most of her time weighing food and giving out all the drugs, laundry and dressings.⁹⁶ She herself had to inspect every sheet before the nurses could change them.⁹⁷ She needed a housekeeper and thought the Committee would agree but was afraid to ask for one because the governors were offering such a low salary that no competent person would apply. Equally important, there was no space in the hospital to accommodate a housekeeper.⁹⁸ This was a standard problem in all the teaching hospitals. They had been designed when medical and surgical activity was minimal and hence needed few nurses. Hospitals now required much larger nursing staffs but had been built with no space to house them.⁹⁹

Masson felt the whole staff, and especially the lady probationers, severely lacked discipline and immediately set about introducing stricter regulations. A year after her arrival, a probationer complained to the Management Committee about her.¹⁰⁰ It was to be the first of many complaints against Masson, every single one of which, on investigation, was found to have no factual basis. She believed her insistence on better discipline triggered the complaints from the lady probationers who, she thought, did little work and whom she deprecatingly referred to as "the girl-nurses."

Unusually for a teaching hospital at the time, the Radcliffe had a Nursing Committee which had five members. Without speaking to Masson first, this committee also complained to the Management Committee about her.¹⁰¹ By 1892 she had three (working-class) staff nurses from St. Thomas's. They worked well but were not popular with the medical staff.¹⁰² The doctors enjoyed the company of the young lady nurses and complained that the nurses Masson appointed were not as young or smart.¹⁰³ Since they did not do much pioneer work or research, they could get along reasonably well without highly skilled nurses. Masson said they wanted "pretty and glib attenders on the staff" and a matron who did not interfere with the nursing.¹⁰⁴

The Rev. J. Frank Bright, the Treasurer to whom Masson reported, told her the complaints against her did not hold water but he believed she was too strict and the staff did not like her. Masson replied that she did not expect or even wish to be liked in that way. However, she could see that Bright preferred the "happy-go-lucky tone" of the lady probationers and the old "easy-going ways" to her more disciplined approach. She was especially disapproving of the unchaperoned hospital dances, which she wanted Bright to abolish. He thought that would be too harsh but did agree to have them chaperoned.¹⁰⁵

By 1893 the hospital had expanded from the 80–100 beds when Masson first arrived to 116–126, and, with a staff of 70 women, she still had no housekeeper or assistant matron. She was also finding the lack of support from the governors and doctors harassing and told Nightingale she was considering resigning. Nightingale responded immediately, as always advising against it. When Masson heard that House Physician Dalgleish was telling the servants that he was going to complain to the Committee about her, she summoned him to meet with her. She told him she "always spoke to and not of people" to which he replied that he didn't care what her feelings were.¹⁰⁶ Again she considered resigning: if Dalgleish did not resign, she felt she would have to. At this point, she was in crisis mode, no longer writing Nightingale for

⁹⁶ Flora Masson to Florence Nightingale, 24 September, 28 November, 6 December [1891], 7 February 1892, BL, 47750, fols 36–52.

⁹⁷ Flora Masson to Florence Nightingale, 22 February 1893, BL, 47750, fols 78–83.

⁹⁸ Flora Masson to Florence Nightingale, 19 May [1892], 9 March 1893, BL, 47750, fols 67–70, 84.

⁹⁹ Helmstadter 2021, pp. 137–157.

¹⁰⁰ 5 October 1892, Oxfordshire Health Archives, Radcliffe Infirmary Archives (RI), RI/CM C1/19.

¹⁰¹ Nightingale notes, 3 August 1893, BL, 47750, fol. 114.

¹⁰² Flora Masson to Florence Nightingale, 13 March, 19 May [1892], BL, 47750, fols 61, 67–70.

¹⁰³ Flora Masson to Florence Nightingale, 2 August 1894, BL, 47750, fols 178–179.

¹⁰⁴ Flora Masson to Florence Nightingale, [14] January 1894, BL, 47750, fols 143–146.

¹⁰⁵ Flora Masson to Florence Nightingale, 22 February 1892, 20 February 1893, BL, 47750, fols 55–58, 74–77.

¹⁰⁶ Flora Masson to Florence Nightingale, [23 July 1893], 8 July, 4 August 1893, BL, 47750, fols 88–99, 110–112.

advice but sending numerous telegrams. Nightingale was highly distressed; she was afraid Masson did not pay enough attention to what she called “the thin-skinned-ness of the Medicos.”¹⁰⁷ Bonham-Carter had some sympathy with Bright and thought Masson’s manner might be part of the difficulty.¹⁰⁸ However, in the end it was Dalgleish who had to resign.¹⁰⁹

Yet another crisis came when Mr. Symonds, the House Surgeon, made a scene about the nursing in the operating room. This time it was Masson who complained to the Committee and Symonds had to apologize. However, seven months later, Symonds refused Masson’s recommendation for theater nurse, and the Committee assigned him the “nurse in pink with fair hair” he asked for. Masson tried to explain to the governors why she should make the appointments unilaterally, but they simply could not understand what she was talking about. The following October, the new House Surgeon, Mr. Gowing, complained about the nursing in the children’s ward. It was another crisis for Masson but the governors again supported her, following which House Physician Boyd as well as Gowing resigned in protest.¹¹⁰

In July 1895 Masson was once more in a crisis state. A few months previously, keeping it secret from Masson, Dr. Collier, one of the visiting physicians who sat on the Management Committee, established an executive nursing committee. Like Alexander and Brydges, who waited until Redpath and Robertson were out of town, Collier waited to set up his committee until he knew that Masson’s two main supporters, Lord Dillon, who had replaced Bright as Treasurer, and Mrs. Green, would be away. This committee then took evidence from sisters who did not support Masson and published a very unfavorable report. Masson only heard about it indirectly and was absolutely enraged. As with Dalgleish, she demanded that Collier come to see her. She told him this was not a course of action any superintendent of nursing would tolerate: when the nursing was involved, he had to consult her first. She then wrote a letter of protest to the Committee¹¹¹ which she sent to Nightingale for her approval. Nightingale considered it too belligerent. She had told Masson that she could not give her any advice until Masson told her more about the Treasurer’s view of things and that she considered it unwise to act in a hostile way. A kitten of mine, she told Masson, taught me one of the secrets of life. The kitten said, “Stand your ground & kiss your enemy’s nose.”¹¹²

This was indeed Nightingale’s approach when dealing with opposition: she always found out as much information as possible about the situation, then took up her position and stood her ground. However, while not giving ground, she was always extremely gracious and courteous, and sometimes positively flattering. On this occasion Nightingale advised Masson to leave her defense in Dillon’s hands. Then if he was not successful, even Nightingale supposed Dillon, governors who supported Masson, and Masson herself would have to resign. Dillon did prevail and Masson did not send her belligerent letter or resign¹¹³ but it was obvious that she had completely lost the confidence of the doctors and was rapidly losing the support of the lay governors.

Despite her heavy housekeeping burdens, in February 1892 Masson managed to begin laying the foundations for a real training school. She introduced a second class of probationer, women who would serve two years with no pay before getting their certificates, and she arranged for doctors’ lectures for sisters and nurses. She hoped to gradually do away with the paid staff nurses and replace them with the non-paying probationers. She also wanted to do away with all paying probationers, but the Committee said it could not afford that.

¹⁰⁷ Florence Nightingale to Bonham-Carter, 24 July 1893, BL, 47725, fol. 80.

¹⁰⁸ Bonham-Carter to Florence Nightingale, 5 August 1893, BL, 47725, fols 96–98.

¹⁰⁹ Committee of Management, 2 August 1893, RI/C1/19.

¹¹⁰ Committee of Management, 3, 17 October 1894, RI/1/C1/20.

¹¹¹ Flora Masson to Florence Nightingale, 17 July, 25 September [1895], BL, 47750, fols 201–205.

¹¹² Florence Nightingale to Flora Masson, no date, University of Leeds Archives, BC MS Letters 1 Flora Masson/Nightingale.

¹¹³ Flora Masson to Florence Nightingale, 27 July [1895], BL, 47750, fols 204–205.

What she thought she needed more than anything else to attract lady probationers was a modern nurses' home. When the Committee raised the premium for lady probationers to £28, Masson told them they were deterring applicants. If the young ladies could afford £28, she said, they usually chose better nursing schools where the standard premium was only a few pounds more. With its dreadful quarters for probationers, the Radcliffe simply could not compete with these schools.¹¹⁴

On 4 November 1896 Masson reported on the first full year of her new training system. It had not been a success. Of 203 applications, only 29 women were serious enough to fill out the application form. Of the 20 whom Masson accepted, she dismissed six as inadequate and one had to withdraw because of poor health, so only 13 remained.¹¹⁵ She had to hire four nurses paid at full salary to bring the staff up to full strength.¹¹⁶ She explained she had not designed her staffing plan to make money but rather to get what she called "good material." Furthermore, she felt she was understaffed. She and her committee ideally wanted 42 nurses but now she could barely house 38 because there was only accommodation for 37.¹¹⁷

The Committee was not impressed and, on 18 November, voted eight to four to discontinue Masson's nursing system and revert to the old system of all paying probationers with only one year of training. Masson was reduced to a mere housekeeper and caterer and felt she must resign, which she did on 16 December 1896. Lord Dillon had already resigned because he also believed the old one-year, all paying probationer system did not provide adequate training.¹¹⁸ If Dillon fully supported Masson, Mrs. Green did not. She believed Masson was partly at fault. Nightingale was not as hard on Masson as she had been on Aston but felt, quite reasonably, that she had not handled the situation well. She was at a loss to "know what can be done between an 'angry' woman [Masson] & a maniac man like Symonds."¹¹⁹ Masson unrealistically acted as if she had the authority she believed she should have but clearly did not have. This may have been partly because she was a gentlewoman of high social standing and expected the doctors to respect that. However, she clearly was unwilling to make the compromises Pringle, Machin and Aston had, and she made no effort to cultivate support from either the governors, doctors or lady probationers.

6 CONCLUSION

Working with governors who considered nursing the lowest form of domestic service, and who did not want to see women in positions of authority, placed these four matrons in intensely harrowing positions. Pringle's success came from her extraordinary competencies, the steadfast support of Fasson, her deferential and diplomatic approach, and Nightingale's refusal to sanction her continuously sought resignation. Nightingale succeeded in keeping Pringle at her post but, for all her influence and social status, failed with the other three matrons. In fact, she reluctantly agreed that two of the three really had no choice but to resign.

Machin was as deferential and diplomatic as Pringle and, unlike Pringle, gained complete authority over her nursing service almost immediately. Paradoxically, it was her success that incited the ferocious enmity of Alexander and Brydges. She became the victim of a divided and indecisive Committee, a weak

¹¹⁴ Committee of Management, 23 March 1892, RI/C1/19; Flora Masson to Florence Nightingale, 22 February 1892, 3 August, 21 December 1893, 19 October 1895, BL, 47750, fols 55–58, 114, 121–193, 220–221.

¹¹⁵ Committee of Management, 4 November 1896, RI/1/C1/20.

¹¹⁶ Committee of Management, 15 April, 7 October 1896, RI/1/C1/20.

¹¹⁷ Committee of Management, 4 November 1896, RI/1/C1/20.

¹¹⁸ Committee of Management, 18 November, 2 December 1896, RI/1/C1/20.

¹¹⁹ Florence Nightingale to Bonham-Carter, 3, 15 December 1896, BL, 47728, fols 1, 15–16.

president, and the personal animus of two unethical governors. Aston and Masson belonged to a different, more secular generation and, as New Women, were less deferential and willing to work within the woman's mission structure. Masson never considered Pringle's principle of avoiding opposition from the doctors and her confrontational approach and disdain of the lady probationers made her lose the support of doctors, governors and her nurses. It also made her an easier target for the unethical behavior of Collier and his colleagues. Aston was more flexible and willing to make compromises but when Collie reduced her to an old-fashioned housekeeper matron, she was not willing to spend ten years cultivating doctors' support as Pringle had done.

Finance played no role in Aston's case. She was not to start a training school, and in fact was not even allowed to give classes. It was a minor factor in Machin's case where the Committee's vacillating and conflicting financial policies were the major cause of the hospital's deficit. Although her nursing service was decidedly more expensive in a time of financial restraint, she achieved tremendous improvements. At the Radcliffe, finance was more important. Unlike Machin's highly successful nursing service, Masson's unsuccessful system did not justify the added expense. Still, in all three cases where the matrons resigned, it was their demand for authority in the hospital administration which underlay the governors' dissatisfaction.

It was very difficult to make major changes in established administrative cultures. The four matrons were relatively young women – in their early thirties, with Pringle in her twenties when she started – and most governors were older, conservative men who believed it ill-advised to delegate authority to ladies, while Alexander and Brydges found it positively outrageous. In general, by the 1890s, doctors in the leading hospitals strongly supported trained nursing because they were so dependent on skilled nursing, but most lay governors remained opposed to giving matrons the authority they needed to function effectively. The less religiously inclined Aston and Masson wanted just as genuinely to advance nursing but, without the strong spiritual commitment of Nightingale, Pringle and Machin, they lacked the determination to struggle on in the face of so many defeats. They were not willing to accept the compromises, or what Nightingale termed disappointments, heartbreaks and contradictions, which were necessary to succeed in an environment which denied the capabilities of women. Although she failed to make nursing a religious vocation, Nightingale's privileged social position and her status as a national heroine helped her advance nursing reform and the standing of women. The three matrons who failed did not enjoy those advantages but we should acknowledge their valiant and pioneer efforts in the same cause.

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