

# Woman's Mission and Professional Knowledge: Nightingale Nursing in Colonial Australia and Canada

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**SUMMARY.** The introduction of Nightingale-style nursing was widely lauded but frequently accompanied by passionate disputes. This article examines the disputes that arose on the two occasions that the Nightingale Fund sent a team of nurses overseas. The two teams respectively introduced Nightingale nursing in Sydney, Australia, and Montreal, Canada. Both teams were led by a Lady Superintendent, Lucy Osburn in Sydney, and Maria Machin in Montreal. In both cases, the Nightingale Fund Council withdrew its support within three years. The Australian and Canadian cases are well-documented but, despite the insights they offer, neglected in the literature. In this article we focus on how the concept of the woman's mission undermined the equally important concept of nurses' professional training. Nightingale nurses were valued not just because they were lay women with religious-style vocations and training in personal values, but also because they had been taught clinical skills. Their greatest achievements came from the vast improvements they made to patient care. Their greatest opposition came from their leaders' attempts to transfer their power and status as ladies to the sphere of the public hospital. Nightingale nurses gained the moral high ground at the expense of contemporary opposition and a persistent devaluing of nursing skills.

**KEYWORDS:** Lucy Osburn, Maria Machin, Nightingale nursing, nineteenth century, Sydney Hospital, Montreal General Hospital, Florence Nightingale, woman's mission, nursing practice, ladies, empire.

## *Introduction*

The Nightingale Fund Council sent only two teams of trained nurses abroad. In 1868, Lucy Osburn and five nurses arrived at the Sydney Infirmary and Dispensary (later Sydney Hospital), in the colony of New South Wales (hereafter NSW), Australia. Seven years later, in 1875, Maria Machin and four nurses went to Montreal General Hospital in Canada. The introduction of the new trained nursing personnel in these two hospitals caused violent disputes that spilled over into public controversy.

The disputes that flared into such public prominence were similar to those caused by the introduction of Nightingale nursing in hospitals in England. This similarity reflected the common culture of medicine throughout the British Empire.<sup>1</sup> The best-documented English disputes occurred at Guy's and King's College Hospitals in London in the 1870s and 1880s. A number of scholars have investigated these disputes. Moore detailed the struggles at King's College Hospital and she, Peterson, Waddington, and others, revealed the intense bitterness of the fight when sisterhood

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<sup>1</sup> R. MacLeod, 'Introduction', in R. MacLeod and M. Lewis (eds), *Disease, Medicine, and Empire* (London, 1988), p. 3.



FIG. 1. *Lady Superintendent Lucy Osburn*

Source: J. Godden

‘central’ nursing was introduced at Guy’s. ‘Central’ nursing refers to the organization of nursing under a central head. Moore analysed these clashes in terms of the patriarchal structure of the medical profession while Peterson and Waddington stressed the extension of medical authority in the hospital power structure.<sup>2</sup> Summers focused on the struggles of nurses, moral reformers, and philanthropists

<sup>2</sup> M. Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley, 1978), pp. 180–7; K. Waddington, ‘The Nursing Dispute at Guy’s Hospital 1879–80’, *Social History of Medicine*, 8 (1995), 211–30; A. Knight, ‘The Great Nursing Dispute of Guy’s Hospital 1879–80’, *International History of Nursing Journal*, 3 (1997), 52–68; J. Moore, *A Zeal for Responsibility* (Athens, Georgia, 1988).



FIG. 2. *Miss Maria Machin*

Source: Florence Nightingale Museum, reproduced with permission

from the perspective of the relationship of private life to public agency in the nineteenth-century women's movement. She placed particular emphasis on the religious inspiration underlying the energies of its leaders, including Florence Nightingale.<sup>3</sup> All of these approaches provide valuable explanations and illustrations of the complex and bitter conflicts that often resulted from the introduction of trained nurses.

While acknowledging the importance of all of the above issues, we focus on another key, but neglected factor. This factor was the way the concept of a woman's mission undermined the need for professional training for nurses, and the resulting devaluation of the considerable body of knowledge needed by effective nurses. Florence Nightingale and the Nightingale Fund Council emphasized class, gender, and the moral authority of ladies as sources of nursing's power. This emphasis obscured and undervalued nurses' clinical expertise.

In both Montreal and Sydney, nursing and other public health issues were public matters of civic pride. Both cities were rapidly expanding port cities, ambitious to

<sup>3</sup> A. Summers, *Female Lives. Moral States* (Newbury, 2000).

replicate the best of British culture. In Quebec, this civic ambition was given an edge by rivalry with the Francophone population, and, in both cities, respect for the achievements of the Catholic nursing sisterhoods. Similarly in both cities, a growing awareness of colonial slums and high instances of mortality and morbidity also fuelled civic determination to institute health reforms.<sup>4</sup>

The significance contemporaries placed on the conflict surrounding the introduction of Nightingale nursing in Canada and Australia is not reflected in the secondary sources. Despite the importance of nursing as one of the largest occupations for women, and of nurses themselves as major contributors to health care, the history of nursing, until recently, has been generally neglected. There is no nineteenth-century equivalent of McPherson's scholarly examination of twentieth-century nursing in Canada.<sup>5</sup> The only comprehensive study of nineteenth-century nursing in Australia declares it was not intended to be 'an analytical work or . . . critical examination of the subject'.<sup>6</sup> In older works, the conflicts that arose are dismissed as personal failings of the nursing leaders involved, or as false starts in the glorious story of progress.<sup>7</sup> Only Baly put the two colonial experiences, briefly, in the context of the overall struggle to implement Nightingale nursing. However, she also subscribed to the personal failure approach.<sup>8</sup> Yet, these colonial stories, so well-documented and so dramatic in the intensity of the passions aroused, provide broadly relevant insights into the difficulties experienced during a time of significant change in hospitals, 'scientific medicine', and nursing practice. The Sydney and Montreal conflicts offer a clearly delineated explanation of the whirlwind Nightingale nurses reaped when they challenged the paternalistic culture of nineteenth-century hospitals.

### *Woman's Mission and the New Nightingale Nursing*

The establishment in 1860 of the famous Nightingale Training School at St Thomas's Hospital in London had an overwhelming impact on hospitals and health care. Nineteenth-century teaching hospitals were part of the charity infrastructure, serving vagrants, the lame, and the sick poor. Like other charities, they stressed order, regularity, strict economy, and providing services only to the deserving poor while attempting to turn away those who could afford to pay.<sup>9</sup> By 1860, hospitals had undergone rapid and, for some, painful transformation. Doctors increasingly viewed the teaching hospitals, not so much as philanthropic refuges for the sick poor, but as sites for teaching medical students and undertaking medical research.<sup>10</sup> To a large

<sup>4</sup> S. Fitzgerald, *Rising Damp. Sydney 1870–90* (Melbourne, 1987); Paul-André Linteau, 'Histoire de Montréal depuis la confédération', 2nd edn. (Montreal, 2000), pp. 15–36, 39–44.

<sup>5</sup> K. McPherson, *Beside Matters* (Toronto, 1996).

<sup>6</sup> B. Schultz, *A Tapestry of Service* (Melbourne, 1991), p. ix.

<sup>7</sup> E.g., F. MacDonnell, *Miss Nightingale's Young Ladies* (Sydney, 1970); H. MacDermot, *History of the School of Nursing of the Montreal General Hospital* (Montreal, 1961).

<sup>8</sup> M. Baly, *Florence Nightingale and the Nursing Legacy*, 2nd edn (London, 1997), pp. 17–18.

<sup>9</sup> F. Prochaska, *Women and Philanthropy in Nineteenth-century England* (Oxford, 1980); K. Waddington, *Charity and the London Hospitals 1850–98* (London, 2000).

<sup>10</sup> B. Abel-Smith, *The Hospitals 1800–1948* (London, 1964), pp. 16–31.

extent, the aims of medical practitioners and the philanthropists sitting on the boards coincided. Both groups shared the middle-class Victorian belief in the need for economy and order in public institutions, and aversion to any tendency towards 'pauperisation'. Their interests diverged when the doctors wanted to implement expensive changes that facilitated the new medical practice: new and more hygienic buildings, supportive rather than depleting therapies, cleaner techniques, and new technologies. Many doctors also demanded improved and more labour-intensive nursing.<sup>11</sup>

Bleeding, purging, vomiting, salivating, and blistering formed the basis of the old medical therapeutics. Under this depleting regime, typically the first duty of a sister was to keep her ward clean and see that all filth was removed twice daily. The first duty of the nurses was to remove the bandages and other cloths discarded by surgeons and undertake such duties as 'attend the working of all the Vomits'.<sup>12</sup> Essentially cleaning women, nurses required little education.

By 1868, when Osburn arrived in Sydney, a different understanding of disease processes had resulted in a dramatic change in hospital therapeutics.<sup>13</sup> Supportive and nourishing treatment replaced depletion therapies. Food, drink, and medicines were often prescribed for patients every half hour, day and night.<sup>14</sup> The new emphasis on diet, cleanliness, ventilation, and moral management demanded a systematic, disciplined, 24-hour nursing service. By 1874, when Machin arrived in Montreal, nurses were responsible for new technologies such as the hypodermic syringe, clinical thermometer, and more sophisticated urinalysis.<sup>15</sup> To function effectively, nurses also had to have some understanding of physiological processes.

The introduction of anaesthesia at mid-century, and the ensuing explosion of surgical procedures and techniques, led surgeons to press for nurses who could identify and treat post-surgical complications.<sup>16</sup> In 1863, in the United Kingdom, Bristowe and Holmes' influential report reflected the new attitude. They concluded that nurses, like doctors, needed training in a school attached to a hospital.<sup>17</sup> The introduction of antiseptic techniques a few years later added to the knowledge an efficient nurse required. Lister's advocacy of the use of diluted carbolic acid in the treatment of wounds quickly spread throughout the British Empire. Antiseptic techniques had been advocated in Sydney since just before Lucy Osburn's arrival, although, as Poovey argued, they were unevenly understood and slowly adopted.<sup>18</sup>

<sup>11</sup> C. Helmstadter, 'Early Nursing Reform in Nineteenth-Century London', *Medical History*, 46 (2002), 325–50; B. Dickey, *No Charity There: A Short History of Social Welfare in Australia*, 2nd edn. (Sydney, 1987).

<sup>12</sup> Duties of Sisters and Nurses, n.d. [1700s], London Metropolitan Archives (hereafter LMA)/H1/ST/A25.

<sup>13</sup> C. Helmstadter, 'Early Nursing Reform in Nineteenth-century London', 325–50.

<sup>14</sup> Medical Officer of the Privy Council, 1863 Report (P.P., 1864, XXVIII) pp. 484–5.

<sup>15</sup> C. Helmstadter, 'Two Centuries of Clinical Knowledge', *Knowledge Development, Proceedings of Workgroup of European Nurse Researchers* (Helsinki, Finland, 1988), pp. 13–15, 22; C. Helmstadter, 'The Passing of the Night Watch', *Canadian Bulletin of Medical History*, 11 (1994), 37–8.

<sup>16</sup> J. South, *Facts Relating to Hospital Nurses* (London, 1857), p. 10.

<sup>17</sup> Medical Officer, Report, 1864, pp. 485–7.

<sup>18</sup> G. Pringle, letter to *Sydney Morning Herald*, 30 January 1868, 6; M. Poovey, *Uneven Developments: The Ideological Work of Gender in mid-Victorian England* (Chicago, 1988).

Antiseptic treatment was being introduced at Montreal General Hospital in 1877 when Nurse Jane Styring arrived as a member of Machin's team. It resulted in substantial extra work for the nurses but, as Styring explained, she had learnt the technique at St Thomas's and became an authority in Montreal.<sup>19</sup>

Despite the support which well-trained nurses provided the medical staff, their introduction clashed with philanthropic goals. Many hospital boards resisted the medicalization of hospitals, a medicalization that devalued their own role and expertise as philanthropists. They also resisted the increased expense of the newly medicalized hospital with its more costly patient care. Inserted into this power struggle were the new 'lady' nursing superintendents, bringing a different ideological approach to the sick poor and making decisions on the grounds of a more professional nursing practice rather than on the strictest economy.<sup>20</sup>

The clinical benefits of Nightingale-style trained nursing were not sufficient to justify its introduction. Proponents of Nightingale nursing utilized the concept of the woman's mission. The woman's mission was a powerful construct used by leaders of the women's movement to force their way into the public sphere. Woman's role was to nurse 'the wounded of liberal capitalism'.<sup>21</sup> Women, they argued, were more caring, self-sacrificing, and compassionate; qualities needed in the public sphere, including in hospitals.<sup>22</sup> Cleanliness and discipline were also stressed, intertwined with the new sanitary science and scientific medicine.<sup>23</sup> Then there was Florence Nightingale's stress on a nursing vocation, largely drawn from Protestant nursing sisterhoods.<sup>24</sup> As Nelson argued, Florence Nightingale's genius lay in her success in harnessing 'the vocational wave of women in a way that removed religious tensions yet maintained its pious energy'.<sup>25</sup> With a few exceptions, Nightingale nursing was a woman's occupation.<sup>26</sup> The new trained nurse, Florence Nightingale insisted, had first to be a good woman, sober, honest, truthful, punctual, quiet, trustworthy, and neat in person, before she could be taught nursing skills. A superintendent should be first, a lady of character with management capacity, and secondly, possess nursing training and knowledge.<sup>27</sup> To Florence Nightingale, class-based character, vocation, and gender were as essential as nursing training in creating an effective nurse. Helping to hide the need for nursing expertise was the fact that

<sup>19</sup> F. Nightingale (hereafter Nightingale), note, [c. 29 May 1883], British Library (hereafter BL) 47747.

<sup>20</sup> J. Godden and C. Helmstadter, 'The Dissemination of Nightingale Nursing: Health Politics in Two Colonial Settings', in Y.I. Ulman (ed.), *Proceedings of the 38th International Congress of the History of Medicine* (2002), forthcoming.

<sup>21</sup> S. Schama, *A History of Britain*, 3 vols, vol. 1 (London, 2002), p. 253.

<sup>22</sup> Helmstadter, 'Two Centuries of Clinical Knowledge', pp. 20–1; W. Roberts, "'Rocking the Cradle for the World'", in L. Kealey (ed.), *A Not Unreasonable Claim* (Toronto, 1979) 15–45, especially pp. 35–7.

<sup>23</sup> A. Bashford, *Purity and Pollution* (London, 1998).

<sup>24</sup> S. Munn, *Stolen Daughters, Virgin Mothers* (London, 1999); R. Huntsman, M. Bruin, and D. Holtum, 'Twixt Candle and Lamp', *Medical History*, 46 (2002), 351–80.

<sup>25</sup> S. Nelson, *Say Little, Do Much* (Philadelphia, 2001), p. 79.

<sup>26</sup> Nightingale, 'Una and the Lion', *Good Words*, 1 (1868), 360–6; Nightingale to M. Machin (hereafter Machin), 27 June 1878, University of Toronto Archives, MS#229, (hereafter U of T); Nightingale to W. Windeyer, 2 September 1873, Windeyer papers, Mitchell Library, Sydney (hereafter ML) MS18618.

<sup>27</sup> E.g. Nightingale, 'Nurses, Training of, and Nursing the Sick', [1882], in L. Seymer (ed.), *Selected Writings of Florence Nightingale* (New York, 1954) 319–51, pp. 322, 351–2.

much of nursing was seen as 'dirty work', dealing with human wastes and weaknesses and as such deemed unfit for public discussion.<sup>28</sup>

Originally, the Nightingale School sought to recruit working-class and lower middle-class women: 'Persons of superior manners and education, ladies in fact, are not as a rule required, but rather women of somewhat more ordinary intelligence, belonging to those classes in which women are habitually employed in earning their own livelihood.'<sup>29</sup> By 1866, the Fund followed the example of the Anglican sisterhoods and accepted lady probationers. As outlined by Summers, ladies explained this social anomaly by interpreting their nursing as part of Christian women's mission to relieve the suffering of the sick poor, an argument that fitted well with the hospitals' charitable role.<sup>30</sup> The Nightingale School used the Anglican sisters' system of 'Special' or 'Lady Probationers', probationers who were 'gentlewomen by birth and education, daughters of the upper middle and middle class', and who, after their year's training, became nursing managers.<sup>31</sup> To indicate their status, such ladies used the title 'Lady Superintendent' rather than the old title of matron. Even so, it was too radical a concept to imagine working-class nurses holding positions senior to middle-class nurses. To preserve the social hierarchy, Florence Nightingale argued that superior nursing skills should not earn ordinary, working-class probationers promotion to Sister or into higher management.<sup>32</sup>

Anna Jameson, a leader in the first generation of the women's movement in England, illustrates the mid-Victorian understanding of the power of class-based gender. She argued in 1855 that hospitals required doctors who could set aside 'too sensitive human sympathies' and apply their 'masculine firmness of nerve and strength of understanding'. Hospitals also needed 'the presence of the feminine nature to *minister* through love as well as the masculine intellect to *rule* through power—the presence of those who can soothe and comfort as well as those who can heal'.<sup>33</sup> Lady nurses were believed to exercise an instant moral influence over their patients. During the Crimean War, Jameson wrote: 'In the most violent attacks of fever and delirium, when the orderlies could not hold them [the men] down in their beds, the mere presence of one of these ladies . . . had the effect of instantly calming the spirits and subduing the most refractory.' The presence of a lady, Jameson also asserted, stopped the men from swearing and drinking.<sup>34</sup>

Jameson's belief in the moral power of ladies was widespread. So too was reverence for actual and surrogate motherhood, a reverence encouraged by the fertile example of Queen Victoria.<sup>35</sup> Florence Nightingale constantly stressed the importance of motherliness in her lady superintendents. She attributed the 'great success'

<sup>28</sup> J. Lawler, *Behind the Screens* (Melbourne, 1991).

<sup>29</sup> The Nightingale Fund, *The Nightingale Fund*, 1862, p. 9, LMA/HI/ST/NC18/2/1–4.

<sup>30</sup> Summers, *Female Lives*, pp. 81–93.

<sup>31</sup> Memorandum as to qualifications of candidates for admission to the Nightingale Fund Training School for Nurses, June 1867, LMA/HI/ST/NC18/1/1.

<sup>32</sup> Nightingale to Windeyer, 2 September 1873, ML; J. Godden, "'Be good, sweet maid": Sister Probationer Nora Barton at the Sydney Infirmary', *Labour History*, 80 (2001), 141–56.

<sup>33</sup> A. Jameson, *Sisters of Charity, Catholic and Protestant* (Boston, 1857), pp. 81–4, 173, 177–8. Original emphasis.

<sup>34</sup> *Ibid.*, pp. 195–6.

<sup>35</sup> Prochaska, *Women and Philanthropy*, pp. 1–17; L. Davidoff and C. Hall, *Family Fortunes* (London, 1987), pp. 335–43; Schama, *History of Britain*, pp. 142–261.

of Agnes Jones at the Liverpool Workhouse Infirmary to her ‘maternal feeling for her Nurses—the strong wish that they should do well for their own sakes’.<sup>36</sup> Nightingale’s ‘dearest friend’, Mary Jones, commented about Lucy Osburn:

if she have not a true mother’s feeling for, and sympathy with her nurses, no other qualities she may possess can compensate for this lack. I fear nothing we could do or show her would give her this ‘heart-love’ etc. for her nurses, and theirs would I fear, be only a cold, money-getting service under her.<sup>37</sup>

Similarly, Angélique Pringle, who Florence Nightingale believed was one of the best superintendents the Nightingale School produced, considered ‘motherliness of nature . . . the most precious attribute of a nurse’.<sup>38</sup>

This characterization of maternal, lady nurses introduced inconsistency, ambiguity, and conflict into the aspiring profession. Newly-emerging professions, such as architecture or accountancy, rested on a specific body of knowledge with those in senior positions assumed to have the greater professional knowledge. By contrast, Nightingale nursing emphasized a leadership defined by a class-based, maternal gender. As Kingston pointed out, Nightingale nursing was ‘lumbered . . . with some of the most repressive notions of ladylike behaviour ever to emerge from nineteenth-century drawing-rooms’.<sup>39</sup> Such ethos also devalued nurses’ clinical knowledge, the very skills which made Nightingale nurses so useful and effective in the newly medicalized hospitals.

It was into this ethos of motherliness, religious commitment, repression, and moral influence that Lucy Osburn, in 1866, and Maria Machin, in 1873, came as Lady Probationers to the Nightingale School. Osburn and Machin were both well-educated, multi-lingual, well-connected, upper middle-class ladies. Florence Nightingale and Osburn had a cousin in common. Machin was recommended to Florence Nightingale by their mutual friend, Baroness de Bunsen, wife of the Prussian ambassador to Britain and Elizabeth Fry’s niece.<sup>40</sup> Both Osburn and Machin moved easily throughout the British Empire, travelling extensively and, in Machin’s case, finally settling in South Africa. The family circumstances of both necessitated genteel employment for the women. Osburn’s father became bankrupt when she was six years old and her sister later owned a girls’ school.<sup>41</sup> The Canadian-born Machin was the daughter of a clergyman. Before entering the Nightingale School, she had taught with her mother in a school for young women in Ontario, helped her two sisters run a school in Quebec City, and been principal of an Anglican school for young ladies in Ottawa.<sup>42</sup> A further common factor was that both

<sup>36</sup> Nightingale to H. Carter (hereafter Carter), 6 August 1867, BL47715.

<sup>37</sup> M. Jones to Nightingale, 20 August 1867, BL47744.

<sup>38</sup> A Nurse [A. L. Pringle], ‘Nurses and Doctors’, Nightingale Fund reprint for *Edinburgh Medical Journal*, May (1880), LMA/H1/ST/NC18/1/6, p. 4.

<sup>39</sup> B. Kingston, *My Wife, My Daughter and Poor Mary Ann* (Melbourne, 1975), p. 81.

<sup>40</sup> S. Wardroper (hereafter Wardroper) to Carter, 14 August 1866, LMA/H1/NC18/7/13; Wardroper to Carter, 11 August 1866, LMA/H1/ST/C18/7/12; Wardroper, Nightingale Probationers Record Book B, Entry No. 65, LMA/H1/ST/NTS/C4/2.

<sup>41</sup> B. Clare, personal communication from Osburn family letters, May 2003; J. Griffith, ‘Lucy Osburn’, in B. Naim, G. Serle, and R. Ward (eds), *Australian Dictionary of Biography*, 5 (Melbourne, 1974), pp. 377–8.

<sup>42</sup> *Eastern Townships Gazette*, 2 May 1856; *Quebec Mercury*, 24 August 1866; *City of Ottawa Directory 1870–1*, p. 51.



Osburn and Machin were 32 years old when they arrived in their respective colonies to introduce Nightingale nursing.

### *Osburn and the Australian Experiment*

The genesis of the introduction of Nightingale nursing in Sydney reflected the changing role of hospitals. For years, doctors petitioned the Infirmary Board to improve the nursing, eventually requesting that this be done by the introduction of women trained under the auspices of Florence Nightingale.<sup>43</sup> The Infirmary Board rejected these requests. The Visitors' Book, where Board members recorded their comments after regular inspections, reveals their priority as remedying the defects, and preferably rebuilding, the old, vermin-infested Infirmary premises. Board members routinely condemned the appalling state of facilities, such as the kitchens, but recorded only isolated instances of patient dissatisfaction with the nursing. The impression is that both patients and governors saw the Infirmary as providing a much-needed charity where expectations for the quality of care were low.<sup>44</sup>

The request to Florence Nightingale for nurses came from an ambitious politician making his name as a liberal reformer. Henry Parkes, Colonial Secretary in the NSW Government, took advantage of the death of one Infirmary patient, under the care—or lack of care—of a temporary wardman, to pledge government support for nursing reform. On 21 July 1866, Parkes wrote to Florence Nightingale asking her to send trained nurses, at his government's expense, to the Sydney Infirmary to reform nursing there and train nurses for the colony.<sup>45</sup> The Infirmary Board could do little but agree: the charisma of Florence Nightingale's name, and the reality of government funding, could not easily be rejected.

The experiment started brilliantly. Parkes ensured that both he and the Governor's wife greeted Osburn on her arrival with the five other nurses in Sydney in 1868. Australians were in the grip of intense enthusiasm for their first royal visitor, Prince Alfred, the Duke of Edinburgh, Queen Victoria's second son. A week later the Prince was shot in an assassination attempt and Osburn provided two of her nurses to care for him. The Nightingale nurses successfully nursed him back to health making it, despite the Prince never being in serious danger, the ultimate public relations coup.

It was, however, nearly a public relations disaster. Three weeks after she arrived in Sydney, Osburn finished a letter to her cousins, Jane and Henry Carr in London. She included the exciting news about nursing Prince Alfred. Henry Carr proudly printed and circulated copies of her letter. Florence Nightingale was justly afraid that a copy might appear in the press, or that official sources might hear of this shocking breach of royal etiquette. To make matters worse, Florence Nightingale thought the tone of Lucy Osburn's letter gossipy, vulgar, and flippant. She was afraid that if the public read it, they would compare the Nightingale nurses unfavourably with the Roman Catholic Sisters of Charity, who ran St Vincent's Hospital in

<sup>43</sup> Correspondence respecting death of David Gibson, *New South Wales Votes & Proceedings* (hereafter *NSW V&P*), 4 (1866), p. 3.

<sup>44</sup> Sydney Infirmary & Dispensary, House Visitors' Report Book, Sydney Hospital.

<sup>45</sup> H. Parkes to Nightingale, 21 July 1866, BL47757.

Sydney.<sup>46</sup> Osburn wrote her letter of resignation, but Florence Nightingale did not present it because she successfully suppressed the copies Carr had circulated.<sup>47</sup> Doubt that Lucy Osburn may not have the discreet, genteel attributes needed for a Nightingale nursing supervisor was less successfully suppressed.

A Nightingale nursing superintendent was expected to avoid conflict, especially sectarian conflicts. Evangelicals dominated the Sydney Infirmary Board, as they did most charitable boards in Sydney, but Osburn made no concessions to their sensitivities in her display of High Church practices. For example, contemporary photographs show her wearing a large crucifix.<sup>48</sup> Osburn's problems were exacerbated as neither Sydney Infirmary nor Florence Nightingale clarified her title. She had to select her own title, and, in order to distinguish her position from other colonial matrons and superintendents, chose 'Lady Superior', the title used by the head of the Sisterhood of St John's House where she had studied briefly before coming to Sydney.<sup>49</sup> She also gave the British head nurses who came to Sydney with her the title of 'Sister'. These decisions heightened fears that she was creating a sisterhood. The Infirmary later settled on 'Lady Superintendent' and for some years insisted that the Sisters be called Head Nurses.<sup>50</sup>

A major crisis erupted in 1870. Through insensitivity or arrogance, Osburn ordered the burning of some bug-infested portions of Bibles. While their destruction by burying would not have aroused comment, Bible burning was abhorred as the ultimate anti-Protestant act. A public inquiry took six weeks to hear evidence and heard allegations that she was anti-Protestant and creating a Catholic enclave and quasi-sisterhood at the Infirmary. Osburn was vindicated but the publicity was unwelcome and restricted evangelical recruitment to nursing.<sup>51</sup>

Nightingale lady superintendents were expected to avoid conflict, but were a major challenge to the patriarchal structure of the hospital. Osburn underestimated the extent to which her position as head of nursing challenged accepted power structures within medical and philanthropic circles and, in particular, Sydney Infirmary. The most powerful medical figure within Sydney Infirmary was Alfred Roberts.<sup>52</sup> Roberts' memorandum, outlining the needs of the hospital, had been attached to Parkes' letter requesting that Florence Nightingale send nurses to the colony.<sup>53</sup> Roberts had trained at Guy's Hospital before the new nursing was introduced. At Guy's, the hospital administrator, Dr Steele, had ultimate responsibility for the nursing while in the wards the sisters reported to the doctors. By contrast, the Nightingale system used the sisterhood 'central system' whereby the senior nurses reported directly to a Lady Superintendent who was a trained nurse (except,

<sup>46</sup> Nightingale to Wardroper, 4 June 1868, BL47730.

<sup>47</sup> L. Osburn (hereafter Osburn) to Nightingale, 10 August 1868, BL47757.

<sup>48</sup> MacDonnell, *Miss Nightingale's Young Ladies*, cover.

<sup>49</sup> Carter to Nightingale, 9 December 1868, BL47716.

<sup>50</sup> E.g. Sydney Infirmary, *Annual Report*, 1873, p. 4.

<sup>51</sup> Report of the Sub-Committee . . . to Inquire into the Allegations of the *Protestant Standard* (NSWLA V&P, 1870, II).

<sup>52</sup> M. Rutledge, 'Roberts, Sir Alfred', in G. Serle and R. Ward (eds), *Australian Dictionary of Biography*, 6 (Melbourne, 1976), pp. 34–5.

<sup>53</sup> A. Roberts, attached memorandum, H. Parkes to Nightingale, 21 July 1866, MLC362.

ironically, at St Thomas's).<sup>54</sup> The Fund appointed Osburn head of a central system of nursing.<sup>55</sup> Roberts, Osburn correctly judged, was immensely proud of his Alma Mater and assumed that he would be in charge of nursing, as was Dr Steele at Guy's. He advocated the introduction of nurses such as he had known at Guy's, without a supervising nursing head. He specifically requested nurses with a 'conciliating disposition' and he soon made clear to Osburn who they were to conciliate.<sup>56</sup> It is possible that Osburn was never aware of the details of Roberts' original proposal and did not understand the nature of his opposition.

Osburn's insistence that she control the nursing incurred the remorseless opposition of Roberts. He lost few opportunities to denigrate her, but it is significant that he never attempted to deny that she had improved nursing practice at Sydney Infirmary. As an active supporter of Florence Nightingale and the sanitation movement, he welcomed the Nightingale nurses' determination to maintain strict standards of cleanliness.<sup>57</sup> Osburn appears correct in her assessment that 'we save them [doctors] much trouble' and that Roberts' medical colleagues welcomed nurses who conscientiously carried out medical directions and clinical tasks such as suturing, setting fractures, and bandaging.<sup>58</sup>

Roberts had achieved his medical aims, but not his aim of control. In 1873, he publicly condemned Osburn in evidence to the Royal Commission into Public Charities. Claiming the authority of Florence Nightingale, he stated that Osburn had not succeeded in introducing Nightingale nursing. He weakened his case by being vague on the details of this alleged failure, at one point seeming to suggest it was because the nurses did not sleep adjacent to the wards. Florence Nightingale indignantly denied, not that she had said such a thing, but that she had authorized Roberts to repeat her comments. Osburn was vindicated.<sup>59</sup> Roberts moved on to the new Prince Alfred Hospital where he maintained a strict control over all aspects of the hospital, including nursing.<sup>60</sup>

Osburn also encountered bitter opposition from the Nightingale-trained nurses who accompanied her to Sydney. She gave all five nurses the title of 'Sister', a title they had not achieved in England.<sup>61</sup> The NSW government also paid them higher salaries than sisters received in London and provided them with first class passages to Sydney.<sup>62</sup> The voyage to Sydney took three months during which they lived in comparative equality. On their arrival in Sydney, the five sisters were relegated to the background while Osburn was fêted by the city's élite, led by the young, charming Governor's wife, Lady Belmore. It is little wonder that they were dissatisfied and relished newspaper criticism of Osburn sweeping around in silk

<sup>54</sup> Helmstadter, 'Passing of Night Watch', pp. 24–5.

<sup>55</sup> Wardroper, attached memorandum, W. Mayne to H. Parkes, 26 October 1866, BL47757.

<sup>56</sup> A. Roberts, attached memorandum, H. Parkes to Nightingale, 21 July 1866, MLC362.

<sup>57</sup> A. Roberts, 'On the Hospital Requirements of Sydney', *Royal Society of NSW Transactions*, (1869), 4–45.

<sup>58</sup> Osburn to Nightingale, 12 May 1873, BL47757.

<sup>59</sup> Public Commission into Public Charities, First Report, (*NSWLA V&P*, 1873–4, 6).

<sup>60</sup> J. Godden and S. Forsyth, 'Defining Relationships and Limiting Power', *Nursing Inquiry*, 7 (2000), 10–19.

<sup>61</sup> E.g. Nightingale to H. Turriff, [c. 29 April 1869], BL47757.

<sup>62</sup> Nightingale, 'Una and the Lion', pp. 360–6.

dresses and neglecting the Infirmary.<sup>63</sup> Osburn showed little understanding of their situation other than a vague impression that she had 'spoilt' them on board ship.<sup>64</sup> Certainly she refused to allow them to take advantage of colonial social fluidity or their status as Nightingale nurses. Hence her indignation when she heard that one of them, Annie Miller, referred to herself as 'Miss Miller', rather than the working-class 'Miller', when she attended church.<sup>65</sup> The five women attempted to assert their social status through what they considered their British superiority over colonials. Yet neither their education nor manners, important markers of gentility, could in Osburn's opinion support this claim.<sup>66</sup> Their behaviour undermined their claim to social status. It similarly undermined Lucy Osburn's standing, which she did not realise until it was too late. An ideal Nightingale superintendent led by example, exuding ladylike, maternal concern and inspiring obedience in her nurses, her surrogate children.

Osburn's frank honesty again worked against her. She bluntly described the five trained sisters' behaviour to Florence Nightingale. Eliza Blundell had a fierce temper and flirted so much that Osburn was reluctant to allow her to supervise any ward employing wardsmen. Haldane Turriff was a 'firebrand', who 'screamed and shrieked' at Osburn in a public street. Annie Miller had a public love affair with the resident physician. Bessie Chant developed a relationship with one of her ex-patients in the Accident Ward, became pregnant, secretly married him, and then broke her contract to leave.<sup>67</sup> Mary Barker could sulk for days but was the least trouble and the only sister to remain after the initial three-year contract. The behaviour of these women was in keeping with older norms of conduct, norms the Nightingale-trained nurses were supposed to be reforming.<sup>68</sup>

Osburn remained at Sydney Hospital until 1884. No major criticism of the nursing practice there was ever made and her trainees helped spread the Nightingale ideal of nursing throughout Australia. Yet Florence Nightingale considered Osburn's stay in Sydney a disaster and after three years effectively disowned her, refusing to communicate further.<sup>69</sup> Osburn replied plaintively that she was being 'cast off like a reprobate', and that 'I suppose I must never write to Miss Nightingale again'.<sup>70</sup> She did, but while she was still in Sydney it is unlikely she ever received a reply.

To Florence Nightingale, the improved nursing practice that Osburn introduced was less important than what she considered her moral failure of leadership. Osburn's inability to control the five British Sisters' behaviour proved, not that they were inadequately trained, but that Osburn did not exercise the moral authority of a lady or a mother; she did not fulfil her woman's mission. As Angelique Pringle wrote:

<sup>63</sup> E.g. Nightingale to Carter, 11 July 1870, BL47716.

<sup>64</sup> Osburn to Nightingale, 24 March 1870, BL47757.

<sup>65</sup> Osburn to Carter, 7 September 1869, LMA/H1/ST/NC18/10/33.

<sup>66</sup> Osburn to Nightingale, 8 October 1869, BL47757.

<sup>67</sup> Osburn to Nightingale, 2 December 1869, BL47757; B. Chant, Marriage certificate, 15 November 1869, Sydney. Thanks to Terry Smith for the latter reference.

<sup>68</sup> Helmstadter, 'Early Nursing Reform in Nineteenth-century London'.

<sup>69</sup> Carter to Nightingale, 14 July 1871, LMA/H1/ST/NC18/19; J. Godden, "'A Lamentable Failure'?: The Founding of Nightingale Nursing in Australia', *Australian Historical Studies*, 117 (2000), 276–91.

<sup>70</sup> Osburn to Carter, 6 September 1871, LMA/H1/ST/NC18/19.

In the public life of an hospital a woman will meet with many and keen trials, but she has generally in her own conduct and tone a sufficient safeguard from insult . . . a woman is certainly wanting in herself who can not soon win round patients and students and doctors to gracious and delicate ways.<sup>71</sup>

### *Machin and the Canadian Experiment*

When Maria Machin arrived at St Thomas's in 1873, Florence Nightingale quickly put her in charge of educating the probationers. During the late 1860s and early 1870s, Florence Nightingale, while never mitigating her blame of Lucy Osburn, became aware that the training, or lack of it, at St Thomas's was disastrous.<sup>72</sup> Florence Nightingale saw in Machin the solution to the School's problems and exulted in her ideal qualities. She believed Machin exercised 'the *highest* influence over women',<sup>73</sup> admired her determination and education,<sup>74</sup> and the way she mothered the probationers.<sup>75</sup> Machin was diplomatic and sympathetic towards her working-class charges.<sup>76</sup> Fourteen years after the School began, Florence Nightingale felt the probationers were finally being trained professionally and morally—Machin had rescued the School from disaster.<sup>77</sup>

As in the London teaching hospitals and in Sydney, it was the medical staff at the Montreal General Hospital who pushed for the new trained nursing.<sup>78</sup> In 1874, the Board of Governors agreed to introduce a small team of Nightingale nurses. Intense negotiations with the Nightingale Fund Council ensued. The many problems in the ageing hospital buildings were almost identical to those in Sydney and were one of Florence Nightingale's key concerns. The Governors consented to undertake extensive renovations, seriously considered building a new wing, and bought more land for this purpose.<sup>79</sup> They also agreed to pay the trained nurses higher salaries than their own nurses.<sup>80</sup>

The Nightingale Fund Council had learned from the Australian experience. The nurses travelled second class to Montreal, and, unlike Osburn, who called all members of her team 'sisters', Machin took only one sister to Montreal. Sister Helen Blower had the status of a lady and proved exemplary. The nurses therefore did not suffer from the same disjunction in status as did Osburn's team, but there were still many similar problems. Of the nine working-class nurses whom the Fund sent to Montreal, only four proved satisfactory. Martha Rice died of typhoid fever in April 1876.<sup>81</sup> Emma Randall was described as too conceited and, perhaps

<sup>71</sup> [Pringle], 'Nurses and Doctors', p. 6.

<sup>72</sup> E.g. Nightingale to Carter, [early 1872], 17 and 18 January 1873, BL47717.

<sup>73</sup> Nightingale, Probationers' Records, p. 65, LMA/H1/ST/NTS/C4/1. Original emphasis.

<sup>74</sup> *Ibid.*

<sup>75</sup> *The Gazette*, 9 November 1877, LMA/H1/ST/NC15/34/3.

<sup>76</sup> E.g. Machin to Nightingale, 1 February 1875, BL47745.

<sup>77</sup> Machin to Nightingale, 26 May 1874, BL47745; Nightingale to Carter, 28 August 1875, BL47719.

<sup>78</sup> Helmstadter, 'Early Nursing Reform'.

<sup>79</sup> Montreal General Hospital (hereafter MGH), Minutes, Committee of Management (hereafter CMM), 28 March, 17 August, 28 September, 5 October, 1 and 11 November 1874, 8 February and 15 March 1875, McGill University Archives; Nightingale to Machin, 26 August 1874, 14 April 1875, U of T.

<sup>80</sup> MGH, CMM, 26 July 1875 and 29 May 1876.

<sup>81</sup> Machin, Report to Nightingale Fund, March 1877, LMA/H1/ST/NTS/C/15/1.

for the same reason as Bessie Chant, broke her contract and left to get married. In contrast to Osburn's frankness, Machin merely delicately noted that Randall had 'deteriorated'. Jane Masters constantly fought with the other nurses and was discontented and insubordinate. She and Anna Marsh were so unsatisfactory in conduct and ward duty that Machin discharged them. Maria Sealey was too poorly educated to function effectively as a nurse, and was condemned as not working, as a Nightingale nurse should, 'from the highest motives'. Like the Nightingale sisters in Sydney, Sealey aspired to a higher social status and wrote to the hospital Committee of Management seeking Machin's position. The Committee advised Machin not to renew her contract when it expired.<sup>82</sup> After Machin fired Masters and Marsh, the President of the Hospital, Peter Redpath, authorized the engagement of two more St Thomas's nurses as their replacements. Without consulting the Committee, Machin arranged for them to come to the Hospital.<sup>83</sup> With their arrival in September 1877, she thought her team was complete and entirely satisfactory.

Nearly a year previously, from October 1876, the Committee began repeatedly pressing Machin and the Medical Board to cut back on their budgets in view of the extensive cost of the renovations and the Hospital's ballooning deficit.<sup>84</sup> It was the Hospital, not the government as in NSW, who was paying the nurses. There was a severe economic depression and the Hospital, financed largely by private donations and subscriptions, had difficulty raising money.<sup>85</sup> In May 1877, the Committee established a Sub-committee to enquire into hospital expenditure.<sup>86</sup> The following month, Redpath, who chaired the Committee of Management, left for England, and Charles Alexander, the Vice-President of the Board, took his place. Alexander and the Committee immediately began objecting to Machin acting without the Committee's prior approval in arranging such procedures as staff leave or sending to London for the two new nurses.<sup>87</sup> In August, the Committee indicated that the large outlay to upgrade their buildings was worthwhile but the higher cost of nursing and medical treatment of the patients was not.<sup>88</sup>

On 20 September 1877, Machin wrote to Florence Nightingale saying that the hospital was running better than ever before.<sup>89</sup> Four days later, the retrenchment committee released its report and the board soon adopted it. Among other recommendations, the report proposed abolishing Machin's position and replacing her with an old-style, less expensive housekeeper-matron. In essence, the report was a vicious attack on Machin's management. In the past two years, the Sub-committee claimed, the cost of food had nearly doubled while the hospital staff's wages had tripled. The Lady Superintendent's supervision was 'inadequate and inefficient', and

<sup>82</sup> Wardroper, Reports, 1876 & 1877, LMA/H1/ST/NTS/A3/1-2; Nightingale to Machin, 4 May 1876, U of T.

<sup>83</sup> MGH, CMM, 16 October and 27 November 1876; 26 February, 26 March, 2 April, 27 August 1877.

<sup>84</sup> MGH, CMM, 21 May 1877.

<sup>85</sup> *Ibid.*, 18 June 1877.

<sup>86</sup> *Ibid.*, 27 August 1877.

<sup>87</sup> *Ibid.*, 24, 26 and 28 September, 23 and 30 July, 13 August 1877.

<sup>88</sup> *Ibid.*, 24 September 1877.

<sup>89</sup> McDermot, *Montreal General Hospital*, pp. iii, 49-50.

she had not established the training school that had been one of the main objects of bringing her to Montreal.<sup>90</sup> The Committee of Management recommended retrenching two of the five housemaids and five of the 25 nurses. Convalescent patients, instead of housemaids, were to do the cleaning.<sup>91</sup>

Machin was stunned. She, Helen Blower, and the House Surgeon, Dr Cline, thought the whole plan was a plot of Alexander's.<sup>92</sup> Machin worked closely with Redpath,<sup>93</sup> but considered Alexander 'a dreadful drag to progress'.<sup>94</sup> Charles Alexander was born in 1816 in Scotland, apprenticed to marmalade makers, and migrated to Montreal in 1841. He made a modest fortune as a confectioner and caterer and became a committed philanthropist.<sup>95</sup> He rarely missed a meeting of the Committee of Management while Redpath was frequently away, usually on trips to England where he finally settled.<sup>96</sup> Alexander represented an older, less-educated generation. His views on women were old-fashioned and paternalistic, and Florence Nightingale complained that he wrote 'such an uneducated letter'.<sup>97</sup> One of the other committee members described him as 'a well disposed, illiterate, incompetent blunderer' who occupied a position he was incapable of filling.<sup>98</sup>

Charles Brydges, Alexander's chief collaborator on the retrenchment committee, was a railway magnate who Machin described as 'clear, polished and plausible but lacking in integrity' and knowing nothing of hospital work.<sup>99</sup> Born in London, England in 1827, Brydges was also a self-made man. Orphaned young, he first worked as a clerk for a railway company and ten years later, aged 26, migrated to Canada as manager of the Great Western Rail Road Company. His biographers support Machin's analysis, judging him headstrong, overconfident, and 'too abrasive to be totally effective'.<sup>100</sup> Like Alexander, he had problems dealing with a woman in a position of public authority. Both men, like the Nightingale sisters in Sydney, would have been unlikely to have obtained their social position in Britain, but in the colonies there was more social mobility.

Machin's staff had indeed increased. She had added thirteen women: six nurses and seven domestic staff.<sup>101</sup> The enlarged nursing staff reflected the heavier nursing duties which the complexities of the new medical practice required, while the new nursing's emphasis upon a more hygienic environment demanded a larger cleaning, kitchen, and laundry staff. Removing the cleaning duties from the nurses was an innovation the Anglican sisters introduced in London in the 1840s and 1850s. It

<sup>90</sup> Machin to Nightingale, 19 September 1877, BL47745.

<sup>91</sup> *Ibid.*, 28 March 1876.

<sup>92</sup> *Ibid.*, 11 May [1877].

<sup>93</sup> J. Harvey, 'Alexander, Charles', in *Dictionary of Canadian Biography* (hereafter *DCB*), XIII (Toronto, 1992), pp. 10–12.

<sup>94</sup> J. Dawson, Peter Redpath, Governor and Benefactor of McGill University (Montreal, 1894), pp. 6–9.

<sup>95</sup> Nightingale to Carter, 4 February 1875, BL47719; Harvey, 'Charles Alexander', pp. 10–12.

<sup>96</sup> MacDermot, *History of the School of Nursing*, p. 25.

<sup>97</sup> Harvey, 'Charles Alexander', pp. 10–12; Nightingale to Carter, 4 February 1875, BL47719.

<sup>98</sup> D. Watt to Carter, 18 April 1878, LMA/H1/ST/NC18/13/42.

<sup>99</sup> Machin to Nightingale, 5 November 1877, BL47745.

<sup>100</sup> A. Wilson and R. Hotchkiss, 'Brydges, Charles John', in *DCB*, XI (Toronto, 1982), pp. 121–5.

<sup>101</sup> A. Robertson, *Letter of Hospital Expenditure Addressed to Peter Redpath* (Montreal, 1877), pp. 13–14.

was one of the causes of their immense success as it enabled the nurses to devote themselves entirely to patient care.<sup>102</sup> Machin thought she would not be able to keep her staff of trained nurses if they and the patients had to take up cleaning again.<sup>103</sup> She also argued that she needed more help if she were to run a training school because her existing duties were too extensive.<sup>104</sup>

Peter Redpath and the Treasurer, Andrew Robertson, were outraged by the retrenchments. They had both been out of town when the storm broke, which was no coincidence. When they returned, they began campaigning against the new regulations.<sup>105</sup> Robertson pointed out that the Sub-committee had mixed capital with operating costs. The hospital's large debt was primarily due to the extensive renovations and the land purchase, not to the increase in the number of servants or the better food for the patients. Robertson defended the cost of the nursing staff and thought it impossible to operate the hospital effectively with fewer nurses and without a trained nurse Lady Superintendent.<sup>106</sup> The Medical Board gave Machin its unanimous support explaining that, without good nursing, medical intervention was powerless. Furthermore, a trained nurse Lady Superintendent was essential.<sup>107</sup> It was difficult for older, less-educated men like Alexander and Brydges to appreciate the doctors' view or to understand what nursing entailed. For them, nurses were domestic servants and the hospital was not primarily a medical institution. Women should not assume public authority, and philanthropists, not practitioners, should control nursing and determine hospital policy.

Despite a vicious public press campaign, Machin's supporters were successful when the matter came to the Board of Governors in November 1877. Alexander resigned 'in deep mortification'.<sup>108</sup> Machin was exonerated, but reinstated with a clause in her contract specifying that it could be terminated with three months' notice from either side.<sup>109</sup> Although vindicated, Machin was afraid that Brydges, who was determined to worry her out of office, would invoke the three months' notice clause at the earliest possible moment.<sup>110</sup> The Committee made every possible effort to retain the working-class, but not the lady, nurses.<sup>111</sup>

The final straw for Machin was a scurrilous, anonymous pamphlet that reflected the fear of women exercising authority in the public sphere. It was thought to be written at the instance of one of the members of the hospital committee.<sup>112</sup> It accused Machin, amongst other things, of being tyrannical, unholy, and more interested in advancing women's causes than in her job.<sup>113</sup> Machin believed that, as

<sup>102</sup> C. Helmstadter, 'Doctors and Nurses in the London Teaching Hospitals', *Nursing History Review*, 5 (1997), 172–8.

<sup>103</sup> MGH, CMM, 10 November 1877.

<sup>104</sup> Machin to Nightingale, 18 February 1876, BL47745.

<sup>105</sup> *Ibid.*, 19 September 1877, BL47745.

<sup>106</sup> Robertson, *Hospital Expenditure*, pp. 1–16, 18–19, 24.

<sup>107</sup> MGH, Medical Board, Minutes, 14 February 1879.

<sup>108</sup> Machin to Nightingale, 5 and 16 November 1877, 1 February 1878, BL47745.

<sup>109</sup> Machin to Carter, 19 February and 14 March 1878, LMA/H1/ST/NC18/13/38 & 41.

<sup>110</sup> D. Watt to Carter, 18 April 1878, LMA/H1/ST/NC18/13/42.

<sup>111</sup> MGH, CMM, 13 August 1878.

<sup>112</sup> *Ibid.*

<sup>113</sup> Anon., 'Montreal General Hospital, Exposure No. 1', pp. 1–4, 6, LMA/H1/ST/NC15/34/1.



a lady, she could not respond publicly and asked the Committee to refute the accusations. The Committee refused to do so.<sup>114</sup> On 30 June 1878, Machin and the five remaining Nightingale-trained nurses resigned and returned to England.

As with Osburn in Sydney, the opposition to Machin was not based on the grounds of her nursing reforms. The doctors at Montreal General Hospital were impressed by the Nightingale nurses' technical skills and pleased that they understood and were interested in their cases. Like the doctors in Sydney, they also found that the general improvement in system and discipline allowed them to implement effective therapeutic regimes for patients.<sup>115</sup> Even the Sub-committee that recommended Machin's dismissal acknowledged 'her excellent qualities in everything that relates to the important question of Nursing'.<sup>116</sup> As in Sydney, the central issue was that the Lady Superintendent's control of the nursing service changed the distribution of power within the Hospital. At Montreal, while the doctors sought the professional expertise which Machin and her nurses brought, some governors failed to understand the need for nursing knowledge and found the new nursing service a dispensable luxury in a charity. They wanted to revert to a housekeeper-style matron, a clear subordinate. The result following Machin's resignation was a compromise: the Hospital re-hired three of the unsatisfactory Nightingale nurses. They retained a Lady Superintendent, Harriet Rimmer, but she had no professional standing as she was not a nurse and was unpaid.<sup>117</sup>

### Conclusion

The difficulties which Osburn and Machin met in, respectively, Sydney and Montreal were heavily influenced by institutional politics as well as by clashes of personality. Religious bigotry also played a major role in Sydney. Medical practitioners were extending their authority in both hospitals, as they were throughout the British Empire. At Sydney Hospital, Roberts attempted to wrest power from Osburn but failed to oust her. In Montreal the medical staff wanted to safeguard Machin's position and the vastly improved nursing service but did not have enough influence in hospital governance to do so.

Osburn and Machin assumed a public agency valorized by the iconic status of Florence Nightingale. They introduced a new feminine, professionalized service into the conservative, paternalistic structure of the two hospitals. In doing so, they collided with those hospital governors and doctors who did not want to relinquish any power to nursing leaders and with those who opposed an extension of the woman's mission to the public sphere. It was appropriate for ladies to assume authority and give orders to their servants within their homes, but Roberts, in Osburn's case, and Alexander and Brydges, in Machin's case, led the opposition to these ladies when they extended that authority into the public sphere of the hospital.

<sup>114</sup> D. Watt to Carter, 18 April 1878, LMA/H1/ST/NC18/13/42.

<sup>115</sup> Machin to Nightingale, 16 October 1875, BL 47745.

<sup>116</sup> Robertson, *Hospital Expenditure*, p. 26.

<sup>117</sup> MGH, CMM, 13 August 1878; MacDermot, *History of the School of Nursing*, p. 26.

Finally, the gendered and class-bound ideology of Nightingale nursing tended to devalue clinical nursing skills and knowledge and to obscure Osburn and Machin's greatest achievements, the vast improvements they made to patient care in their respective hospitals. In the many debates about Osburn and Machin, their adversaries gave little weight to their clinical nursing work. Florence Nightingale and the Fund Council genuinely wanted to improve patient care, but the emphasis placed on an ordinary nurse being a 'good woman,' and a superintendent being a lady, tended to overshadow this goal in the eyes of the public. In the cases of Osburn and Machin, Florence Nightingale gave priority to character, religious inclination, lady-like behaviour, and moral influence. Florence Nightingale thought Machin had these qualities but she deplored Osburn's bluntness, indiscretion, and inability to control the five British sisters. Machin had been unsuccessful with four of her nurses but worked well with her remaining five nurses. When she returned to England, Osburn did not obtain a superintendent's post. In contrast, even before Machin left Montreal, Florence Nightingale was arranging for her to become matron of St Bartholomew's, the oldest and richest hospital in London.<sup>118</sup>

The Nightingale construct of nursing was unique in the way it valued gendered, class-based character above professional knowledge, and was to be a lasting legacy. The 'good woman' who fulfilled the woman's mission in ministering, soothing, and comforting, leaving 'strength of understanding' to the male doctors, became identified with the Nightingale nurse. Although Victorian values no longer prevail in society at large, the concept of nurses as comforting and caring women who require little education persist in both the nursing and the wider world today.

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<sup>118</sup> Godden, "'A Lamentable Failure'"; Machin to Nightingale, 10 June 1878, BL47745.