



Margaret M. Allemang Society for the History of Nursing

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2010 THE YEAR OF THE NURSE

FEATURE ARTICLE

Sister Mary Jones: A Founder of Modern Nursing

(Part 1) By: Carol Helmstadter

St. John's House and the Beginnings of Nursing Reform

Florence Nightingale has dominated the history of nursing reform since the beginning of the nineteenth century, and with good reason. Her charismatic personality, extraordinary energies and intellect, her heroic exploits during the Crimean War, and her close connections with pre-eminent Whig statesmen enabled her to turn her status as a national heroine into a major force for social change. In the past generation, however, some historians have questioned her long established position as the founder of modern nursing. As is usually the case when historians look into a question more closely, it becomes apparent that the mid-nineteenth century reorganization of nursing was caused by a number of intricately related forces which had been in action long before Nightingale became involved. In fact, recent scholarship has indicated that she perhaps had less to do with the establishment of the new nursing which emerged in the second half of the nineteenth century than some earlier individuals.

Reforming force

This article deals with one of these individuals, a truly great, although much less well known, pioneer nurse. Sister Mary Jones, who, I shall argue, was far more of a reforming force in nursing than Nightingale. From 1853 to 1868 Jones was the Lady-Superintendent of St. John's House, Anglican sisterhood devoted entirely to nursing. Founded in 1848, the Sisterhood took over the nursing at King's College Hospital in London, England in 1856. The nursing reforms which they introduced there were to become a model for all the other London teaching hospitals, and were the prime model for Nightingale when she established her school at St. Thomas's in 1860. Jones was to become her "dearest friend," and nearly all the principles on which Nightingale tried, rather unsuccessfully, to establish her school at St. Thomas's, were directly taken over from St. John's House and the policies which Jones had developed at King's College.

The Background to Jones Work: The Foundation and Aims of St. John's House

By the middle of the nineteenth century the old nurses, who were primarily charwomen on whom the less important parts of patient care had devolved, were simply not able to cope with the care required by the new medical establishment. Doctors and hospital administrators struggled to develop what they called a "more respectable and efficient" nurse, by which they generally meant a nurse whom they could trust to show up on time for work in a sober condition and who would be able to follow orders. The standard method used to attract a better caliber of woman was to offer better salaries, but even so, respectable workers did not come forward. Administrators also kept writing longer and stricter rules and regulations, but since they had no ability to enforce them, the new rules were of little help. As a result, as late as 1880 in the unreformed hospitals, it was the medical students who were responsible for what we would now consider basic nursing care of the more seriously ill patients.

Rebuilding services

It was an eminent academic physician, Dr. Robert Bentley Todd of King's College, who first appreciated that any improvement in the standard of nursing required a major rebuilding of hospital nursing services. In 1847 Todd approached his patient and personal friend, Charles James Blomfield, the Bishop of London, with a scheme for systematic hospital training for nurses under the aegis of the Church of England. Together, they developed a plan for a training institution in which a community of Anglican women would receive instruction in up-to-date nursing practice. Their model was based in part on the work of Pastor Fliedner at Kaiserwerth, and in part on the new training institutions for elementary schoolteachers which were being established in Britain at the time.

Todd recruited a Council, or Board, of 24 men who were to design and set policies for the sisterhood. They were largely men from the three learned

professions, the Church, medicine and the law, and many were Todd's associates at King's College, a centre of Broad Churchmanship in the Anglican Church. As a result, St. John's House was very different from the new High Church Sisterhoods which were emerging in these years. The Sisters did not wear the traditional nun's habit, they were strictly forbidden to bring a dowry, they did not take vows of poverty or monastic obedience, and they could be married or single, living in the community or at home. The churchmanship of Todd and the Council was to have a major impact on Jones' career at St. John's House.

The Sisters in the new training institution were to be unpaid, upper class ladies, also clinically trained and practicing as nurses, who would teach and supervise the paid working class nurses. The differentiation between the ordinary, working class nurses, and the Sisters was characteristic of mid-Victorian society as a whole. In 1848 with the possible exception of governessing, it was considered highly unsuitable for a lady to earn a salary; ladies could do philanthropic, but not paid, work. In fact, the sisters were required to pay a 50 pound annual fee to help support the community.

While the ladies did receive better accommodation than the ordinary nurses, the Council provided far better living and working conditions for the ordinary nurses than other nurses in London received. When the institution opened in 1849, it was housed in the elegant Fitzroy Square with a housemaid, a housekeeper, a cook and a laundress. When the nurses started their training in the hospitals, St. John's House specified they were to do no cleaning: their duties were to be exclusively attendant upon the sick. Nurses had never undergone formal training or apprenticeship; the interested and able nurses simply picked up what they could from the older nurses and the physicians and surgeons.

At St. John's House, however, each Sister underwent intensive training for two years in hospital management and nursing, and all

probationers, both ladies and working-class women, had to take a full year's training in the "technical" or manual, work of a nurse. The Sisters gave classes on nursing while the doctors lectured on anatomy, physiology, medicine and surgery.

Difficulty recruiting

Despite its vastly superior living and working conditions, the new venture had difficulty recruiting. The popular idea of a hospital nurse was so low, the Sisterhood's Annual Report stated in 1854, that respectable, educated women hesitated to become probationers. The Sisters insisted on a high standard and found, on average, they could accept only one out of 20 applicants. Another major stumbling block for the fledgling training institution was the profound hostility of the public to the new Anglican Sisterhoods. However, 1853 proved a turning point for St. John's House for in that year Mary Jones was appointed Lady Superintendent.

Sister Mary Jones and the St. John's House System of Nursing

As with so many of the pioneer nurses, little is known of Mary Jones' early life other than that she was the daughter of a cabinet maker and was born in Tamworth, Staffordshire in 1812. The archivist of the order which she founded in 1868 has been unable to find a portrait or photograph of her, and Jones herself never referred to her earlier life in writings. She first appears in 1847 at the age of 35 when she wrote to the Bishop of London asking him to recommend a religious community which she could join. He recommended one of the new High Church Sisterhoods, the Park Village community, but there is no record that she ever made contact with these Sisters.

Six years later, in 1853, Jones was in touch with Mrs. Morrice, then Lady Superintendent of St. John's House, for in that year Mrs. Morrice asked the Council to appoint Jones as a paid Sister who would act as the housekeeper. The proposal would

suggest that Jones was impecunious and one conjectures that perhaps her father had died and Jones found herself without means of support. The Council did not approve this proposal, but they did agree to change the rule that all Sisters must pay a 50-pound fee and substituted paying "such donation as the Sister could afford." Jones became a Sister shortly thereafter. Within a month Mrs. Morrice, who had not been well, resigned and Jones became Lady Superintendent.

Difficult working conditions

Under Jones' leadership the Sisterhood recruited enough nurses by 1856 to take over all of the nursing at King's College Hospital. When she negotiated the contract with the hospital, Jones arranged for a common sitting room for the nurses, separate offices for washing and a separate bedroom for each Sister. The nurses slept in dormitories in beds separated by wooden partitions with a curtain at the end. There was also a special dining room where nurses and Sisters were served their meals. This makes a striking contrast to the standard arrangements for nurses in the other London hospitals at that time: nurses generally slept in the attics and basements and had to shop for their own food which they cooked in the wards. At the Westminster Hospital in 1873 the beds were jammed into the nurses' dormitories and the nurses could not use their lavatory because there was a nurse sleeping in it. The sleeping rooms and passages leading to them were very dirty and infested with vermin, and there was also no separate room for the night nurses where they could have an undisturbed rest. A nurse who entered the London Hospital's new training school in 1875 wrote that the nurses had no sitting or dining rooms; they cooked their own breakfast and tea in the ward and ate their dinner in the lobby between the wards.

Their food was strictly rationed and on Sundays they were given almost nothing to eat. "If it had not been for an aunt who sent me food," the nurse wrote later, "I think I'd have been nearly starved." The same kind of living and working conditions existed at the

new nursing school at St. Bartholomew's Hospital in 1877.

Jones insisted on better staffing and working conditions as well. When the Sisters took over the nursing at Charing Cross Hospital in 1866, there was one nurse for every 11 or 12 patients and the nurses had to buy and cook their own food. They also had to carry the patients' food upstairs from the kitchen with whatever assistance the convalescent patients could give them. In the London hospitals, Jones told the Hospital Board, ideally there should be one day nurse for every five to ten patients and a higher ratio where children were involved. Currently there was only one night nurse for 48 men, one for 47 women and one for 20 children. No night nurse, she said, should have to look after more than 30 patients, and even then, only when they were all in the same ward, not in several different rooms as at Charing Cross. As at King's, Jones insisted that all food for the nurses should be prepared for them and served at regular hours—the health of the nurses morally and physically, and the well-being of the patients demanded that. Jones hired more domestics “for the sake of good order,” and porters to carry the diets and supplies up and down the stairs “to save the nurses' energies.”

The greatly improved education, living and working conditions which St. John's House provided made an immense difference in the standard of nursing care which the other teaching hospitals in London

were quick to note. They began recruiting St. John's House trained Sisters as Lady Superintendents, and they also began introducing selected features of their nursing system. In 1869 the *Lancet*, a leading medical journal, noted that the London hospitals were one by one taking steps to improve their nursing. But, the editor asked, what has happened to the Nightingale Fund? We see advertisements for would-be probationers to apply but we have never seen a Nightingale nurse except at St. Thomas's. On the other hand, as a letter in the *London Times* stated in 1868:

“King's College Hospital was the first to avail itself, some 13 years ago, of the advantages deriving from that system of trained and skilled nursing, under the superintendence of ladies, which is now being generally adopted, and the benefits of which are now so universally recognized”

By the late 1860's The St. John's House training system was established as the leading modern system of nursing.

Part II will appear in the next issue.

[Source: Sister Mary Jones: a founder of modern nursing, *Registered Nurse*, December-January 1994/95. Reprinted with permission from RNAO].

Alice Dunne, a Nineteenth-Century Nurse

By Judith Young

Alicia Dunne embarked on a career in hospital nursing when there were few opportunities to train as a nurse in Canada. In the 1880s, when she started work at the Montreal General Hospital (MGH), mostly untrained personnel staffed Protestant hospitals in the city while nursing nuns ran the Catholic hospitals. Many untrained nurses had a poor reputation. Alicia Dunne stands out as an example of a competent “old-style” nurse who was able to advance her career and adapt to changing times.

Dunne was born in 1846 in Quebec City where she spent her early life though we have no information on her education or family circumstances. At some point in the 1880s, when she was well into her thirties, she moved to Montreal and commenced work as a nurse at the Montreal General Hospital. At this time the hospital had no training school though there had been two attempts to start one (by Nightingale graduate, Maria Machin in 1875 and by the American Anna Maxwell in 1880). At the time of Dunne’s arrival, the living conditions for nurses were described as poor, a factor that contributed to the difficulty in recruiting respectable women. Despite these problems, MGH Medical Superintendent noted, in 1884, that the nurses “almost without exception” performed their duties satisfactorily. While no formal training was given, the Matron, Harriet Rimmer, did arrange for doctors to give some classes to the nurses. Dunne must have proved a reliable and competent worker as she was made head nurse of ward 32 and, in 1887, was chosen to be nurse in charge of the operating room (OR). She remained in this position for the next ten years.

Dunne was highly respected by doctors at MGH a fact that likely contributed to her ten-year reign over the operating rooms. She was initially trained for OR work by doctors at the hospital and subsequently was responsible for training interns and student nurses in OR techniques. Lister’s antiseptic methods had been introduced in 1877 but, in the 1880s and 90s, although hands were sterilized, no gloves or gowns were worn. According to one student nurse, Dunne gave a good training but was “a bit of a martinet.” She was “a stickler for surgical cleanliness, and nothing missed her eagle eye.”

In February 1890 Nora Livingstone arrived at the Montreal General as Lady Superintendent and quickly introduced a training programme. The first students were recruited from existing staff and Dunne was among the six who took advantage of this opportunity. They were offered a shortened course and graduated in less than a year, in December 1890. At this time Dunne was a single woman of 45 years.

As the 1890s progressed, Dunne witnessed major change at the hospital as young student nurses took over the care of patients. As an instructor of interns and student nurses she necessarily kept up with operating room techniques, however, she maintained some of the old conventions as regards her dress. She wore her own uniforms, not that of the training school, and was always immaculate in a black dress and white apron with no cap. Nora Livingstone, in her private records, described Dunne as “clear, capable, dignified” but with a “difficult temper.” When Livingstone arrived she was advised not to quarrel with Dunne and the two apparently maintained cordial relations. Livingstone’s visits to the operating rooms were very formal and only took place if Dunne was available. Doctors described Dunne as kindly but she could be scathing if she saw “needless infliction of pain.” She obviously ran the OR to their satisfaction as more than one provided a ringing endorsement of her work. Dr. A.T. Bazin, considered himself proud to have been associated with Dunne and continued to maintain contact with her after she left the hospital.

In 1897 Dunne resigned possibly due to unhappiness over her wages (a raise had been denied). Little is known of her later life or if she continued to work as a nurse after she left MGH. For some time she lived with a niece in Montreal but later returned to Quebec City where she lived with a former schoolmate. She apparently lived to a “ripe old age.”

References

1. H.E. MacDermot, *History of the School of Nursing of the Montreal General Hospital* (The Alumnae Association, Montreal, 1940).
2. Canadian census for 1891

NEWS ITEMS

REPORT ON THE ALLEMANG SOCIETY MEETING

SATURDAY, APRIL 24, 2010

NURSING IN SUDBURY 1933-1973: 42 NURSES TELL THEIR STORY

Joyce McQueen, chair of the Sudbury Nursing History Group presented some of the findings from the research project. Joyce spearheaded the five-year oral history project along with a team of nurse researchers from Sudbury. Funding for the study was raised by the group, along with support from Laurentian University and the Allemang Society. The report highlighted the retrospective reports of 42 nurses from the Sudbury Schools of Nursing.

Interviews took place from 1999 to 2005. Questions related to their childhood and education, why they chose nursing, what changes occurred in nursing training over the 40 years, residence life during training, and examined career patterns over the years. Joyce related many interesting anecdotes from the interviews, which brought back memories of their nurse training years for the participants.

The interviews are a testimony to the profession of nursing and the legacy of their work in Northern Ontario. For more information Google “The Sudbury History of Nursing fonds”

RNAO Annual General Meeting 2010 and 85th Anniversary

Honorary Life Membership was conferred on two long-standing members of RNAO who have made a contribution to nursing.

Suzanne Finnie has been an RNAO member for 36 years, and has led the association through historic changes. In 1996, she spearheaded the amalgamation of three chapters in east Toronto to create Region 7. She was a member of RNAO’s Board of Directors from 1995 to 1999 and helped shape nursing policy. Finnie is also one of Canada’s earliest nurse practitioners. She was President of the Nurse Practitioners’ Association of Ontario from 1977 to 1979 and helped to draft the Standards of Practice for Nurse Practitioners. Finnie spent her career--nearly four decades long--caring, teaching and mentoring in family practice and primary care nursing, and truly exemplifies the highest standard of professionalism.

Beverley Simpson has been an RNAO member for 20 years and has made significant contributions to nursing education and practice; many colleagues describe her as one of nursing's best cheerleaders. She helped develop, and is a key program director for the Dorothy Wylie Nursing Leadership Institute which helps shape nursing leaders. Simpson was also instrumental in the reorganization of the Registered Nurses' Foundation of Ontario. Her efforts in organizing a fundraising system have ensured that registered nurses and nursing students seeking financial support get the chance to further their education. Simpson's quiet persistence and can-do attitude also helped her work with the University of Toronto and the College of Nurses of Ontario to create the first acute care nurse practitioner program in Canada.

President's Award for Leadership in Clinical Nursing Practice

This award is presented to a staff nurse who consistently demonstrates expertise and evidence-based practice.

Marie Tandoc works in the intensive care unit at Trillium Health Centre where she mentors other critical care nurses and is a preceptor for new staff nurses.

Sandra Hooper is a nurse practitioner with the City of Ottawa's Healthy Sexuality Clinic whose commitment to public health encourages leadership, critical thinking and clinical excellence.

RNAO Award of Merit

This award recognizes registered nurses who have made an outstanding contribution to RNAO and to the profession of nursing in Ontario.

Jill Staples is President of the Kawartha Victoria Chapter. She has recruited a diverse executive membership and promoted RNAO to nurses throughout the community.

Museum of Health Care at Kingston

Ontario's Museum and Technology Fund has granted \$15,000 to the Museum to establish a new feature on the web site entitled "From our Collection". The page will include a series of short illustrated profiles of various objects, images and documents drawn from the MHC collection.

MHC Special Award for the History of Science was won by Gregory Borschneck, Kings Town School, at the 2010 Frontenac, Lennox and Addington Science Fair held at Queen's University. His project was entitled "Polio: A Canadian Perspective".

HISTORY OF NURSING WRITING PRIZE

The Allemang Society is offering a prize of \$500 for the best essay in the history of nursing written by a student in the year September 2009 through June 2010.

Criteria for submissions:

1. The paper may deal with any topic in the history of nursing in any period and in any country.
2. Papers should be a minimum of 8 pages, and a maximum of 25 pages in length including footnotes.
3. Both undergraduate and graduate students may submit.
4. The student must be enrolled in a university or community college in Ontario. Students **from any faculty, including nursing, social science, humanities and science**, are invited to apply.

The deadline for submission is **June 30, 2010**. The prize will be awarded at the 2010 AGM.

Papers may be submitted either by email or in hard copy. Electronic copies should be in Microsoft Word and include academic affiliation, address, telephone and fax numbers. Students submitting in hard copy should send three copies. The first copy should have the name, academic affiliation, address, telephone, fax and email. The accompanying two copies should have no identification.

Please send papers to:

Lynn Kirkwood
570 McCann Road
Portland, ON
K0S 1V0
Email: Kirkwood@rideau.net

MEMBERSHIP RENEWAL

Remember to renew your membership. Your support is needed to carry out our mandate of information sharing to promote and preserve nursing history.

Upcoming conferences

Canadian Association for the History of Nursing

2010 Annual Meeting, Winnipeg, June 18-20

“Continuities, Contingencies and Fault Lines: Nursing 100 Years After Nightingale”

A century after her death, Florence Nightingale continues to cast a long shadow over the History of Nursing, especially in the English-speaking world, where the Nightingale narrative long served as a basis of assertions of a universal body of knowledge, and a unitary sphere of practice that justified nursing’s professional claims. In the last quarter century, however, historians have increasingly turned their attention to illuminating the diversity of nursing practitioners, the contingency of nursing practice, and nursing’s location within the social, national and imperial projects. <http://www.cahn-achn.ca/>

International Perspectives on Nursing History

September 14-16, 2010, London, England

European Nursing History Group and the American Association for the History of Nursing, Inc.

To be held in the International Year of the Nurse, and timed to run alongside commemorative events to mark the centenary of the death of Florence Nightingale, the conference aims to showcase innovative and scholarly work by nurse-historians and academics from allied disciplines. The conference will appeal to historians of nursing and medicine, women's historians, critical theorists and intellectual historians.

See <http://www.aahn.org/conference.html> or <http://www.nursesvoices.org.uk/conference/> for more information.

Canadian Nurses Association Biennial Convention

June 7-9, 2010 Halifax, Nova Scotia.

Innovation in Action: The Power of Nursing is the theme for the convention in beautiful Halifax. Our exciting program will bring you up to speed on the latest health-care trends and arm you with forward-thinking tactics to help you influence health policy and improve the system. You have the power to make a difference!

See http://www.cna-nurses.ca/cna/news/events/convention/default_e.aspx for more information.

OBITUARIES

This section is to recognize the contributions of past nurses and others to the health profession and to society as a whole. Their accomplishments are noteworthy.

O’Heir, Susan, 78, of Toronto, Ontario, formally a resident of Montreal. Ms O’Heir passed away peacefully on April 15, with family at her side. She was a retired nurse who practiced at Montreal Neurological Institute, Montreal Children’s Hospital and the Hospital for Sick Children, Toronto. Ms O’Heir also taught nursing at the University of Toronto. She earned a Bachelor of Science in Nursing from the University of Toronto and received her Master of Arts in English Literature from York University. Ms O’Heir was a proud member and former secretary of the Pembroke Welsh Corgi Association of Canada, Ontario/Quebec section. She loved nothing more than her family, friends, her corgis and the summers she spent at her cottage on Lake Simcoe. [Excerpted from The Globe and Mail, April 21, 2010].

Upjohn, Jean Aileen, nee McCannell, came to the end of her valiant fight in her 95th year on March 24, 2010, as a resident at the Veteran’s Wing of Sunnybrook Health Sciences Centre. Jean grew up in Inglewood, Ontario and graduated from the



Hospital for Sick Children’s School of Nursing in 1938. She was appointed an Officer in the Royal Canadian Medical Corps in September 1939 and served in the European theatre during World War 11 attaining the

rank of Lieutenant (Nursing Sister). Thanks to all the staff at K-1 Centre for their kind, attentive care in Jean’s final months.

[Excerpted from The Globe and Mail, March 25, 2010].

Editor Newsletter

Jaime Lapeyre. jaime.lapeyre@utoronto.ca

Dorothy Wylie. Please contact her regarding news items, short articles, announcements, etc.

All contributions are welcome.

223-602 Melita Crescent

Toronto, ON M6G 3Z5

wyliedm@aol.com