

A Maker of Matrons’?
A study of Eva Lückes’s influence on a generation of nurse leaders:
1880–1919

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Volume One of Two

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Abstract

This thesis examines how Eva Lückes, matron of The London Hospital between 1880–1919 influenced a generation of nurse leaders. The nursing historiography suggests that the nascent profession was trying to establish itself as an élite service. This study's initial aim was to determine whether Lückes was a 'maker of matrons' and whether she had selected her protégées solely from the higher-classes. The empirical primary sources for this study, which is in part a prosopography, was gathered from the archives of The London Hospital, the Royal College of Nursing, the British Library, and a range of local archives across the country. This established that 474 women could be identified who became matrons, having trained or worked under Lückes. Their social class was determined using genealogical techniques, which found that Lückes did not select these future matrons by social class alone; the primary sources showed that Lückes selected 'suitable' women with education and the right 'tone', and used character training to mould her version of the new Nightingale 'model' nurse. The research revealed that Lückes selected 'special' nurses for managerial training during their probationary period, or their early careers. Lückes was mentored by her friend Florence Nightingale, and in turn, acted as mentor and patron to her nurses. The study reveals Lückes's not inconsiderable vicarious influence, through her nurse leaders on civilian and military nursing. It uncovered the part she played in the professionalisation of Poor Law infirmaries and voluntary hospitals, and in the development of the Queen Alexandra's Imperial Military Nursing Service. Lückes accessed patronage and beneficial networks – often from the social élite and a 'web' of London Hospital supporters, in order to disseminate a reformed nursing diaspora both at home and overseas. The thesis considers Lückes's role in the professionalisation of nursing against the impact of industrialisation, and developments in hospital, and nursing provision. Where appropriate to this study, ongoing debates about Lückes's disciplinarian management style, her treatment of nurses during the 1890 Metropolitan Hospitals Enquiry, her determined opposition to centralised nurse registration including a mandatory three-year training programme are considered, and whether these issues impinged on the careers of the nursing leaders. The study is set against the context of increasing education, careers for women and their changing role in society. It is framed largely by general nursing and cultural history, but gender, social and women's history also inform the thesis.

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I would like to dedicate this research to my beloved mother-in-law Daphne who died of Covid-19 in May 2020 during the first lockdown, and to Eva Lückes, Mary Pinsent and the other inspirational 'Londoners' who made this research possible.

Abbreviations

ANB	: Army Nursing Board
ANS	: Army Nursing Service
ANSR	: Army Nursing Service Reserve
BNA	: British Nurses' Association (founded 1887)
RBNA	: Royal British Nurses' Association (from 1892 when a Royal Charter was granted)
PCANSR	: Princess Christian's Army Nursing Service Reserve
QAIMNSR	: Queen Alexandra's Imperial Military Nursing Service
QAIMNS	: Queen Alexandra's Imperial Military Nursing Service Reserve
QARNNS	: Queen Alexandra's Royal Naval Nursing Service
QVJIN	: Queen Victoria's Jubilee Institute for Nurses
RAMC	: Royal Army Medical Corps
TFNS	: Territorial Force Nursing Service
VAD	: Voluntary Aid Detachment

Glossary of phrases

'At-Homes'	: Lückes encouraged her current and former nurses to visit her to maintain contact and held a weekly open house on a designated weekday evening. She also invited them to visit by appointment.
'Fast-tracked'	: For the purpose of this study nurses who were promoted to a leadership position within three years of qualification are considered to have been 'fast-tracked'. Lückes also 'fast-tracked' probationers during their training.
'Londoners'	: Nurses who trained, and or worked at The London Hospital.
'Nightingale'	: Term used for a nurse who trained at the Nightingale School of Nursing, St Thomas's Hospital London.
Lupus	: Inflammation of the skin caused by Tuberculosis.
'Nightingale-style' nurse:	<p>A nurse who has been trained in the 'Nightingale-style' of new reformed nursing which was commenced in 1860 at the Nightingale School. Many matrons adopted this style of training, although they had not actually trained at the Nightingale School – but may have trained under a 'Nightingale'.</p>

Probationer: a trainee / student nurse

- i. Regular Probationer – one who after a trial period signed a contract for a two-year programme of paid training at The London Hospital. Lückes also referred to them as ordinary probationers.
- ii. Paying Probationer – one who paid for segments of training, generally in three-month blocks. Occasionally they undertook more than one block. Sometimes they transferred to regular probationer. Also known in other hospitals as ‘Lady’ or ‘Special’ probationers.
- iii. Pupil Probationer – one who undertook seven weeks training in basic anatomy, physiology, bandaging and ward skills before taking examinations in these subjects prior to commencing on the wards. This was commenced at Tredegar House, the Preliminary Training School for The London in 1895. Not all probationers undertook this programme.

‘The London’ : The London Hospital

The London Hospital Private Nursing Institution:

Large hospitals, such as The London Hospital established Private Nursing Institutions in order to supply wealthy clients with trained nurses. They often generated much needed extra income for the hospitals with which they were associated.

Tredegar House: Preliminary Training School for The London Hospital, opened in 1895.

The First in England and the blueprint for nurse education introduced following the 1919 Registration of Nurses Act.

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Chapter One

Introduction

Introduction

Eva Charlotte Ellis Lückes was matron of The London Hospital in Whitechapel, London, between 1880–1919, and has a reputation for being determined, and a challenging and exacting disciplinarian.¹ She is often critiqued in the historiography for her ‘sweating’ – treatment of nurses, and intransigence to accept centralised regulation of the nascent profession.² However, she was also known as a ‘great maker of matrons’,³ and this, along with her influence on a generation of matrons, has largely been overlooked in the narrative of the nursing profession, and has not yet been researched in depth.

Lückes was born in 1854,⁴ just before her future friend, mentor and confidante, Florence Nightingale, went to the Crimean War with a number of nurses to care for sick and wounded soldiers. The nursing reforms accelerated following the war, and in 1860 the Nightingale School of Nursing was founded at St Thomas’s Hospital, London; this was the first secular training establishment for nurses. Lückes started nurse training in 1876, during the first wave of reforms.⁵ The modernisation of nursing is said to have occurred in two phases; the ‘pioneering age’ which ran from the 1850s until the 1880s, and the ‘mothering age’ which ran until 1919 when the Nurse’s Registration Act was passed.⁶

¹ Carol Helmstadter, ‘Building a New Nursing Service: Respectability and Efficiency in Victorian England’, *Albion: A Quarterly Journal Concerned with British Studies*, 35, 4 (Winter 2003), 590–621, see in particular: 619. Grainne Anthony, ‘Distinctness of Idea and Firmness of Purpose. The Career of Eva Lückes: A Victorian Hospital Matron.’ (Unpublished Master of Arts dissertation, London Metropolitan University, 2011)

² Susan McGann, *The Battle of the Nurses: a study of eight women who influenced the development of professional nursing, 1880–1930* (London, Scutari Press, 1992), 9–34. Anthony, ‘Distinctness of Idea and Firmness of Purpose.’, see in particular: 63–67 and 73–99. Debbie Palmer, *Who cared for the carers? A History of the occupational health of nurses, 1880–1948* (Manchester, Manchester University Press, 2014), see in particular: 12–26, 37–38

³ Anonymous, ‘The last of the Pioneers’, *The Nursing Mirror and Midwives’ Journal*, XXVIII, 726 (22 February 1919), 313

⁴ Eva Charlotte Ellis Lückes, Birth Certificate, 8 July 1854, Exeter, Devon; General Register Office for England and Wales

⁵ Please see: Appendix Ai: Eva Lückes’s timeline

⁶ Martha Vicinus, *Independent Women, Work and Community for Single Women, 1850–1920* (London, The University of Chicago Press, 1985), 87–88. Helmstadter, ‘Building a New Nursing Service’, 593–594

Nightingale's use of patrons, mentoring and networking ensured that a significant number of 'Nightingale' trained nurses were disseminated into hospitals across Britain and the world.⁷ Lückes came from a bourgeois / middle-class background, and her father who had also been a bank manager, invested in a variety of new industrial developments including a railway company and a coal mine.⁸ Lückes was born at a time when women were subordinate to men. The prevailing Victorian middle-class culture promoted the 'angel in the house' domestic ideology of private and public spheres, which Nightingale felt constrained by, and railed against.⁹ Lückes was over thirty-years junior to her future mentor, and benefitted from improvements to the education system. More unusually for a middle-class girl she was not educated at home, but went mainly to Cheltenham Ladies College, a leading girls' school, whose headmistress, Dorothea Beale, was a pioneer and reformer of women's education.¹⁰ As her father's businesses collapsed,¹¹ Lückes's extensive education was instrumental in enabling her to find paid respectable and acceptable work. By the last-quarter of the nineteenth century opportunities for women were opening up, and new acceptable and respectable professions offered salaried careers for educated women to become financially independent.¹² Before she entered nursing, Lückes had undertaken philanthropic visiting in her community, as well as running her family home, and managing their servants.¹³ These experiences are perhaps why Lückes selected the nascent nursing profession for her future career.

⁷ Monica Baly, *Florence Nightingale and the Nursing Legacy*, 2nd edn (London, Whurr Publishers Ltd, 1997), Lynn McDonald (ed.), *The Collected Works of Florence Nightingale, Volume 13: Florence Nightingale: Extending Nursing* (Ontario, Wilfred Laurier Press, 2009). Lynn McDonald, 'Mythologizing and De-Mythologizing' in Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 91–114

⁸ See: Appendix Aii: Henry Lückes's timeline

⁹ Paul Crawford, Anna Greenwood, Richard Bates, Jonathan Memel, *Florence Nightingale at Home* (Palgrave Macmillan, Switzerland, 2020), see in particular: 47–78

¹⁰ Jane McDermid, 'Women and Education' in June Purvis (ed.), *Women's History: Britain, 1850–1945* (London, Routledge, 2000), 107–130, 109–111. Josephine Kamm, *How Different from Us: A Biography of Miss Buss and Miss Beale* (London, Routledge, 2011) [Available at: ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/hud/detail.action?docID=958244>]

¹¹ See Henry Lückes's timeline, Appendix Aii.

¹² June Purvis (ed.), *Women's History: Britain, 1850–1945* (London, Routledge, 1995). Ellen Jordan, *The Women's Movement and Women's Employment in Nineteenth Century Britain* (London, Routledge, 1999). Susie Steinbach, *Women in England, 1760–1914, A Social History* (London, Phoenix, 2005). Gillian Sutherland, *In Search of The New Woman: Middle Class Women and Work in Britain 1870–1914* (Cambridge, Cambridge University Press, 2018)

¹³ The 1871 census shows two servants living in their family home – others may have 'lived out': Henry R. Lückes, RG10/5298, 6; The General Record Office, The England and Wales Census 1871 for Newland, Gloucestershire; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 20 October 2020]. See also Appendix Aii: Henry Lückes's timeline and Grainne Anthony, 'Distinctness of Idea and Firmness of Purpose.', 20–21



Image 1.1: A young Eva Lückes circa 1880¹⁴
Credit: Barts Health NHS Trust Archives and Museums, London

After her training, Lückes undertook a number of positions before she was appointed matron of The London Hospital, in 1880, aged 26.¹⁵ Lückes's appointment was considered surprising by some, who thought she was a rather 'young and very pretty girl...'¹⁶ despite her friends attempt to make her look older before her interview.¹⁷ However, Lückes was probably appointed because she had already drawn up a programme to reform nursing at The London Hospital (hereafter 'The London').¹⁸



Image 1.2: The London Hospital, Whitechapel: exterior, 1800–1899.
Credit: Wellcome Collection, reference 566817i

¹⁴ Portrait photograph of Miss Eva C.E. Lückes as young woman, Mendoza Galleries; Photographs; RLHLH/P/3/21/1; Barts Health NHS Trust Archives and Museums, London

¹⁵ See Appendix Ai: Eva Lückes's timeline. House Committee Minutes, 20 July 1880; House Committee Minutes, 1878–1880; RLHLH/A/5/39, 518–519 and House Committee Minutes, 27 July 1880; House Committee Minutes, 1878–1880; RLHLH/A/5/39, 523–524 and Matron's Report to House Committee, 5 October 1880; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 41; Barts Health NHS Trust Archives and Museums, London

¹⁶ Sir Frederick Treves, *A Tribute to a Great Woman*; Matron's Correspondence and Papers; RLHLH/N/7/25, n.p.; Barts Health NHS Trust Archives and Museums, London

¹⁷ Lord Knutsford, *Eva C.E. Lückes*, Private Publication, 1919; RLHPP/KNU/3/3, 6; Barts Health NHS Trust Archives and Museums, London

¹⁸ A.E. Clark-Kennedy, *The London: A study in the Voluntary Hospital System, Volume Two, 1840–1948* (London, Pitman Medical Publishing Company, 1963), 95

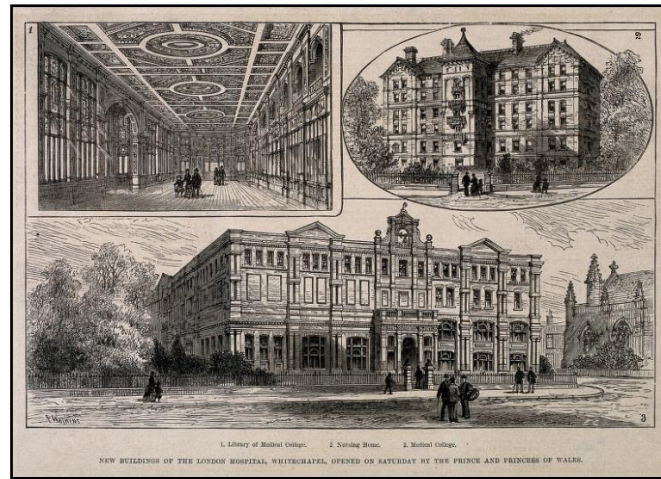


Image 1.3: The London Hospital, Whitechapel: the medical college and nursing home, circa 1877.
Credit: Wellcome Collection, reference 39503i

This was the largest hospital in England, and was situated in the East End of London, where many residents experienced appalling poverty, deprivation and disease, as a result of the industrial revolution and subsequent urbanisation.¹⁹ Lückes was one of the first trained nurses to become a matron of a voluntary hospital in London.²⁰ She built the nursing department into the largest in England and introduced several innovations including a private nursing institution.²¹ Lückes improved the accommodation, diet, education and training of her nurses, initiated the use of external examiners, and established a preliminary training school for potential probationers.²² In the years before her death, she was regarded by some to have become ‘the leader of the Nursing Profession.’²³ Despite considerable ill health, Lückes refused to retire, and died ‘in harness’²⁴ at ‘The London’ in 1919, aged 64.²⁵

Postgraduate research into nurses who worked in the 1897 Maidstone typhoid epidemic, identified that a number of Lückes’s current, and former nurses from The London Hospital

¹⁹ Ibid, 62–67. See also: Charles Booth’s Poverty Maps (1886–1903) [Available at: <https://booth.lse.ac.uk/map/16/-0.0608/51.5163/100/0>, accessed on 21 February 2022]

²⁰ See Appendix B: Training status of voluntary hospital matrons in London, 1880s

²¹ Matron’s Report, 29 September 1885, House Committee Minutes, 1884–1886; RLHLH/A/5/42, 253–254; Barts Health NHS Trust Archives and Museums, London

²² McGann, *The Battle of the Nurses*, 9–34. Anthony, ‘Distinctness of Idea and Firmness of Purpose.’, 53–72

²³ Sir Arthur Stanley to Lady Northcliffe, 3 July 1916; Sir Arthur Stanley letters; RCN1/1/1916/7; RCN Archive and Library, Edinburgh

²⁴ Anonymous, ‘A Great Matron’s Personality: Thirty-Nine Years Matronship’, *The Hospital*, 65, 1707 (22 February 1919), 448

²⁵ Eva Charlotte Ellis Lückes, Death Certificate; 16 January 1919, The London Hospital; General Register Office for England and Wales. Jonathan Evans, ‘Lückes, Eva Charlotte Ellis (1854–1919)’, *Oxford Dictionary of National Biography* (Oxford, 2010) [Available at: <https://doi.org/10.1093/ref:odnb/49192>, accessed on 30 September 2021]

(hereafter known as ‘Londoners’), worked in this outbreak.²⁶ That research revealed that more of her nurses were from the higher social classes than others who worked in the epidemic, but had trained elsewhere.²⁷ It was also intriguing that Lückes was known as a maker of matrons, and that Nightingale referred to her as a ‘Matron of Matrons.’²⁸ This led to two central issues for this new study; that as well as being a maker and leader of matrons, perhaps Lückes had deliberately selected women of a higher-class to become future leaders of the nascent profession. Lückes’s opposition to a centralised state registration and mandatory nurse training scheme, and her strict regime of discipline, has received much analysis in the primary and secondary sources.²⁹ However, the perception that she was a ‘matron of matrons’ has not been comprehensively explored, neither has an analysis been undertaken of the social background of the women whom she selected for training, in particular those who became matrons.

Historiography

Lückes was appointed matron of ‘The London’, during a period of significant change for Victorian women, and in particular for those like herself, from the middle-classes. In nineteenth-century England the role, status and identity of women changed significantly and nursing historiography has contributed appreciably to the scholarship of women’s history.³⁰ The majority of Lückes’s matrons worked in general nursing; therefore, this is the focus of this review.

Since the emergence of women’s history in the 1970s, the role of women from the late-eighteenth century is the subject of ongoing debates. In *Independent Women, Work and*

²⁶ Sarah Rogers, ‘The Nurses of the 1897 Maidstone Typhoid Epidemic: Social Class and Training. How representative were they of mid-nineteenth century nursing reforms?’ (Unpublished Master of Letters dissertation, March 2016)

²⁷ Ibid, 19–22

²⁸ Letter from Florence Nightingale to Eva Lückes, Claydon, 2 January 1891; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/4; Barts Health NHS Trust Archives and Museums, London

²⁹ See for example; Primary sources: H.M.S.O., *Report from the Select Committee of the House of Lords on Metropolitan Hospitals, etc., together with the Proceedings of the Committee, Minutes of Evidence, and Appendix, 1890*, and also for 1891; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London. See also Editorials in *The Nursing Record*, particularly between July 1890–1892, for example: Editorial, ‘The London Hospital – III’ *The Nursing Record*, 5 (24 July 1890), 37–38. For secondary sources see for example: Carol Helmstadter, ‘Old Nurses and New: Nursing in the London Teaching Hospitals Before and After the Mid-Nineteenth-Century Reforms’, *Nursing History Review*, 1 (1993), 43–70, 64. Palmer, *Who cared for the carers?*, 11–29

³⁰ For example, see works by Carol Helmstadter, and also: Vicinus, *Independent Women*. Anne Summers, *Angels and Citizens, British Women as Military Nurses, 1854–1914*, rev. edn (Newbury, Threshold Press Ltd, 2000). Sue Hawkins, *Nursing and Women's Labour in the Nineteenth Century* (London, Routledge, 2010)

Community for Single Women, 1850–1920, Martha Vicinus initiated the debate about how women’s roles were redefined in the nineteenth century, although she overlooked the part that working-class women may have made to the nursing profession.³¹ Some historians argue that the prevailing middle-class domestic ideology created notably separate gendered role divisions and the stereotypical ‘angel in the house’ perception of Victorian middle-class ladies.³² Other academics have challenged these theories, including Amanda Vickery who argues that women’s influence increased in the nineteenth century, particularly within philanthropic activities.³³ This probably enabled Lückes’s ‘entry’ into the public sphere, and ultimately nursing. In *A Zeal for Responsibility; the Struggle for Professional Nursing in Victorian England, 1863–1883*, Judith Moore concurred that nursing opened up new spheres for women such as Lückes, who exerted influence on a wider plane than might have hitherto been possible.³⁴ Generally, with the exception of in-depth analysis by notable women’s historians, and feminist historians such as Eva Gamarnikow, the history of nursing was often overlooked, or seen as hagiographical and Whiggish.³⁵

The History of Nursing in The British Empire which Sarah Tooley wrote in 1906, is a typical example of early nursing historiography, with uncritical analysis, and a narrative of an inevitable progression and improvement in nursing.³⁶ It was not until 1960 that the direction of nursing history began to change. A sociologist, Brian Abel-Smith, changed the course of nursing historiography with his social and political analysis, *A History of the Nursing Profession*.³⁷ This seminal work initiated a change in the analysis and presentation of nursing history from a focus on advancement to a fuller consideration of nursing alongside other lines of historical enquiry such as social, women’s and gender history – a shift from uncritical to critical historical analysis.³⁸

³¹ Vicinus, *Independent Women*, 85–120

³² For example, see: Catherine Hall, *White, Male and Middle-class: Explorations in Feminism and History* (Cambridge, Polity Press, 1992), see in particular: Part II, Gender and Class

³³ Amanda Vickery, ‘Golden age to separate spheres?’ in Pamela Sharpe (ed.), *Women’s Work, The English Experience, 1650–1914* (London, Arnold, 1998), 296–332. M. Jeanne Peterson, ‘No Angels in the House: The Victorian Myth and the Paget Women’, *The American Historical Review*, 89, 3 (June, 1984), 677–708

³⁴ Judith Moore, *A Zeal for Responsibility; the Struggle for Professional Nursing in Victorian England, 1863–1883* (London, The University of Georgia Press, 1988)

³⁵ Eva Gamarnikow, ‘Nurse or Woman: Gender and Professionalism in Reformed Nursing, 1860–1923’ in Pat Holden and Jenny Littlewood (eds), *Anthropology and Nursing* (London, Routledge, 1991), 110–129

³⁶ Sarah A. Tooley (1906), *The History of Nursing in The British Empire*, Reprint (London, Forgotten Books, 2018)

³⁷ Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960)

³⁸ See for example: Celia Davies (ed.), *Rewriting Nursing History* (Beckenham, Croom Helm, 1980)

A number of nursing historians concur that apart from a general focus on Florence Nightingale, ‘the important influence of key figures...’³⁹ – such as Lückes, have largely been omitted and this has a negative impact on the historiography of nursing.⁴⁰ Ordinary nurses also receive mainly scant attention in hospital histories.⁴¹ The few early-mid-twentieth century accounts of Lückes’s career are in histories of nursing, or of The London Hospital, and which, if she is mentioned, tend to be adulatory and reverential.⁴² Retired London Hospital Consultant Physician, and Dean of the Medical College, A.E. Clark-Kennedy wrote *The London: A study in the Voluntary Hospital System, Volume Two, 1840–1948* in 1963.⁴³ Despite possible bias and loyalty, he was more critical and objective than other writers in his analysis of Lückes’s matronship.⁴⁴ Recently a number of nursing historians have more rigorously scrutinised her career.⁴⁵

When Lückes was appointed matron of The London Hospital, nursing reformers were trying to elevate the status of the nascent profession, by attracting women from the higher social classes,⁴⁶ which was also the case in elementary school teaching.⁴⁷ Nurses during this period were mainly female, and nursing, along with teaching, was one of the few career opportunities opening up for respectable, middle-class women.⁴⁸ Abel-Smith contested the

³⁹ Stuart Wildman and Alistair Hewison ‘Rediscovering a history of nursing management: From Nightingale to the modern matron’, *International Journal of Nursing Studies*, 46 (2009), 1650–1661, 1650

⁴⁰ Barbara Mortimer, ‘The history of nursing: yesterday, today and tomorrow’ in Barbara Mortimer and Susan McGann (eds), *New Directions in the History of Nursing: International Perspectives*, (Abingdon, Routledge, 2005), 1–21, 2. Anne Marie Rafferty and Rosemary Wall, ‘An Icon and Iconoclast for today’, in Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 130–141, 140

⁴¹ Barbara Mortimer, ‘The history of nursing: yesterday, today and tomorrow’, 1–21, 1. See for example: J.A. Cholmeley, *History of the Royal National Orthopaedic Hospital* (London, Chapman and Hall Medical, 1985) and Henry W. Gray and John A. Thomson, *Glasgow Royal Infirmary: A Light thru’ the Mirk* (Milton Keynes, www.lulu.com, 2019)

⁴² E.W. Morris, (1910), *A History of The London Hospital*, Reprint (USA, Bibliolife, 2009). Honnor Morten, *How to Become a Nurse and How to Succeed*, 3rd edn (London, The Scientific Press Ltd, 1895). Tooley (1906), *The History of Nursing in The British Empire*

⁴³ Clark-Kennedy, *The London*

⁴⁴ Ibid. For examples of bias and loyalty see: E.W. Morris, (1910), *A History of The London Hospital*, Reprint (USA, Bibliolife, 2009), 214. E.W. Morris was the Hospital Secretary and house governor from 1903–1930.

⁴⁵ McGann, *The Battle of the Nurses*, 9–34. Sheila M. Collins and Edith R. Parker, ‘A Victorian matron; no ordinary woman. Eva Charlotte Ellis Lückes, 8 July 1854 – 16 February 1919’, *International History of Nursing Journal*, 7, 3 (Spring 2003), 66–74. Anthony, ‘Distinctness of Idea and Firmness of Purpose’

⁴⁶ Helmstadter, ‘Old Nurses and New’, 43–70

⁴⁷ David A. Coppock, ‘Respectability as a prerequisite of moral character: the social and occupational mobility of pupil teachers in the late nineteenth and early twentieth centuries’, *History of Education*, 26, 2 (1997), 165–186, 166

⁴⁸ A recent study argues that Physiotherapy in Germany was specifically developed for middle-class women, see: Sandra Schiller, ‘The emergence of physiotherapy in Germany from the mid-19th to the mid-20th centuries: A “female profession” concerned with movement in the health care arena’, *Physiotherapy Theory and Practice*, 37, 3 (March 2021), 359–375

popular myth that the new nurses were all from the middle-classes.⁴⁹ Twenty years later during the third-quarter of the twentieth century, a significant body of literature examining the history of nursing developed. This was led by Christopher Maggs's pioneering work, 'Nurse Recruitment to Four Provincial Hospitals, 1881–1921'.⁵⁰ Maggs's research concurred with Abel-Smith's earlier assertion, and shifted nursing history towards a discipline based on rigorous empirical research and analysis of primary sources, in tandem with the historiography.⁵¹ Following his study a number of academics have also determined that nursing was not completely middle-class.⁵² Subsequently, historians have explored and written revisionist accounts about various themes within nursing history.⁵³ In 2010, Sue Hawkins initiated the use of W.A. Armstrong's Social Classification model for her innovative research into the social class of the 'regular' probationers who trained at St George's Hospital, London, between 1850–1900.⁵⁴

A review of the literature about social class reveals a lack of overall consensus about what is meant by class, and offers various models of social classification.⁵⁵ Historians also debate

⁴⁹ Abel-Smith, *A History of the Nursing Profession*, 34

⁵⁰ Christopher Maggs, 'Nurse Recruitment to Four Provincial Hospitals 1881–1921', in Celia Davies (ed.), *Rewriting Nursing History* (Beckenham, Croom Helm, 1980), 18–40. Christopher J. Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983)

⁵¹ Ibid

⁵² Maggs, 'Nurse Recruitment to Four Provincial Hospitals 1881–1921', 18–40. Maggs, *The Origins of General Nursing*. See also Ann Simnett, 'The pursuit of respectability: women and the nursing profession 1860–1900', in Rosemary White (ed.), *Political Issues in Nursing: Past, Present and Future*, Vol.2 (Chichester, John Wiley & Sons, 1986), 1–23. Janet Likeman, 'Nursing at University College Hospital, London, 1862–1948. From Christian Vocation to Secular Profession' (Unpublished PhD thesis, University of London, 2002), 39

⁵³ See for example: Summers, *Angels and Citizens*. Sioban Nelson, *Say Little, Do Much* (Philadelphia, University of Pennsylvania Press, 2001). Margaret R. Currie, *Fever Hospitals and Fever Nurses; A British Social History of Fever Nursing: A National Service* (Abingdon, Routledge, 2005). Patricia D'Antonio, *American Nursing: A History of Knowledge, Authority and the meaning of Work* (Baltimore, The Johns Hopkins University Press, 2010). A. Borsay and B. Hunter (eds), *Nursing and Midwifery in Britain since 1700* (London, Palgrave Macmillan, 2012). Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, Oxford University Press, 2014). Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Wartime Nursing Practices, 1854–1953* (Manchester, Manchester University Press, 2015). Gerard M. Fealy, Christine E. Hallett and Susanne Malchau Dietz (eds.) *Histories of Nursing Practice* (Manchester, Manchester University Press, 2015). Patricia D'Antonio, Julie A. Fairman and Jean C. Whelan (eds), *Routledge Handbook on the Global History of Nursing* (Abingdon, Routledge, 2016). Madonna Grehan, 'Colonial Investigations as Primary Sources in Colonial History,' *Agora*, 56, 3 (2021), 29–33

⁵⁴ Hawkins, *Nursing and Women's Labour*, see Chapter Two. W.A. Armstrong, 'The Use of Information about Occupation', in E.A. Wrigley (ed.), *Essays in the use of Quantitative Methods for the Study of Social data* (Cambridge, Cambridge University Press, 1972), 191–225

⁵⁵ This debate begins with the earliest commentators on the British social class structure, Karl Marx and Max Weber: Karl Marx, 'On Classes' in Rhonda F. Levine (ed.), *Social Class and Social Stratification: Classic Statements and Theoretical Debates* (Oxford, Rowman and Littlefield Publishers Inc., 1998), 41–42. Max Weber, 'Class, Status, Party' in Rhonda F. Levine (ed.), *Social Class and Social Stratification: Classic Statements and Theoretical Debates* (Oxford, Rowman and Littlefield Publishers Inc., 1998), 43–56. R.S. Neale, *Class and Class-Consciousness in Early Nineteenth-Century England: Three Classes or Five? Victorian Studies*,

about how best to measure class; Joanna Bourke argues that classifying women by men's occupations was unacceptable,⁵⁶ whilst others highlight the complexity of describing and ascribing class.⁵⁷ In order to study these women a scheme must be selected, although it is acknowledged that all have drawbacks. Amongst nursing historians, the overall consensus is that Armstrong's Social Classification model is an appropriate tool, although it is not perfect, in part because it is a mid-twentieth-century scheme (see discussion in Chapter Two, pages 52–53).⁵⁸ Armstrong assigns social class based on the 'father's occupation, as recorded in the decennial censuses',⁵⁹ which is perhaps similar to Lückes's own perception of how social status was assessed, and particularly that of nursing leaders. Armstrong's scheme has subsequently been utilised by Keiron Spires, Stuart Wildman and Sarah Rogers to research varying cohorts of nineteenth-century trained nurses, which has enabled direct comparison of the current research with these studies.⁶⁰ These historians concur with Maggs and Hawkins, and conclude that nursing was not exclusively a middle-class occupation, although Rogers established that more of The London Hospital nurses within the Maidstone cohort were from the higher-classes than in the other studies.⁶¹ Whilst Janet Likeman supports the traditional view of nursing with her claim that the majority of the University College Hospital probationers in her study were from the higher-classes, her data reveals that 41% – a significant minority, were actually from the lower-social classes.⁶² Hawkins and Ann Simnett's studies also indicate that there was increasing gentrification of nursing during the late-nineteenth century, as more middle-class women entered the profession.⁶³ Because of

XII, 1 (September 1968), 5–32. Harold Perkin, *The Rise of Professional Society; England since 1880* (London, Routledge, 1989). David Cannandine, *Class in Britain* (London, Yale University Press, 1998). Andrew Miles, 'Social Structure, 1900–1939' in Chris Wrigley (ed.), *A Companion to Early-Twentieth-Century Britain* (Malaysia, Wiley-Blackwell, 2009), 337–352

⁵⁶ Joanna Bourke, *Working-Class Cultures in Britain, 1890–1960: Gender, Class and Ethnicity* (London, Routledge, 1994), 4

⁵⁷ Dina M. Copelman, *London's Women Teachers. Gender, class and feminism 1870–1930* (London, Routledge, 1996), 35. David A. Coppel, 'Respectability as a prerequisite of moral character', 165–186, 166

⁵⁸ Armstrong, 'The Use of Information about Occupation', 191–225

⁵⁹ Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic', 17

⁶⁰ Stuart Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860–1900', (Unpublished PhD thesis, University of Birmingham, May 2012). Keiron Andrew Spires, 'Nurses in the Boer War (1899–1902)' (Unpublished PhD thesis, University of London South Bank, 2013). Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic'

⁶¹ Rogers argues that the overall data may have been skewed by a number of women who had trained at The London Hospital, along with some who were selected by Lückes from current nursing staff to attend a number of private patients in the epidemic.

⁶² Janet Likeman used the Registrar General's five descriptors of social class, although she did not use W.A. Armstrong's methodology. Likeman, 'Nursing at University College Hospital, London, 1862–1948', 39

⁶³ Susan Hawkins, 'Myth and Reality: uncovering and discovering the nurses of St George's Hospital, London, 1850–1900' (Unpublished PhD thesis, University of Kingston, April 2007). Hawkins, *Nursing and Women's Labour*, 63–65. Simnett, 'The pursuit of respectability', 1–23

research parameters, none of these studies researched the social class of nurses between 1902–1919, a key period in the professionalisation of nursing, and for the status of women. All these studies ended before the full impact of improved education reforms, and increased employment opportunities for women may have impacted on nursing.⁶⁴

Furthermore, none of these studies focused solely on nursing leaders. Women's historian Vicinus argues, that nursing leaders were selected by their status in society rather than their training.⁶⁵ There is limited research into the social class of nursing leaders, although Carol Helmstadter's study of the Crimean nurses found that it was the 'ladies' who were seen to have the appropriate leadership skills.⁶⁶ In 'Structured by Class, bound by Gender', Jane Brooks established that a two-tier nursing system existed at St Thomas's Hospital and that the 'special', paying probationers, who were generally from the higher-classes, were favoured for promotion to positions of authority, which emulated society at that time.⁶⁷ This was also found to be the case in other professions during this period; entry for women to senior Civil Service positions was also hierarchical and determined by class.⁶⁸ As in nursing, the employment of women from the higher-classes was also intended to raise the tone of other professions.⁶⁹ Conversely, in *Nursing and Women's Labour in the Nineteenth Century*, Hawkins concluded that nurses at St George's were promoted by skill, not class, which resonates with this study's findings about how Lückes selected her nurses.⁷⁰

⁶⁴ It is felt that if Simnett's study had been extended, for example, until the end of the First World War, it might have shown more fully the difficulties of recruitment and subsequent impact on the social class of nurses at St Bartholomew's Hospital and been more comparable with the proposed study. The dates of her study do not completely correlate with St Bartholomew's Hospital matrons' appointments, and potentially differing recruitment practices, for example Ethel Manson was matron from 1881–1887 and Isla Stewart from 1887–1910.

⁶⁵ Vicinus, *Independent Women*, 85–88, 92–94

⁶⁶ Carol Helmstadter, 'Shifting Boundaries: Religion, Medicine, Nursing and Domestic Service in Mid-Nineteenth-Century Britain', *Nursing Inquiry*, 16, 2 (2009), 133–143

⁶⁷ Jane Brooks, 'Structured by Class, bound by gender', *International History of Nursing Journal*, 6, 2 (2001), 13–21, 13. Jane Brooks, "'Visiting rights only": the early experience of nursing in higher education, 1918–1960' (Unpublished PhD thesis, London School of Hygiene and Tropical Medicine, University of London, 2005)

⁶⁸ Anna Davin, 'Telegraphists and Clerks', *Bulletin of the Society for the Study of Labour History*, 26 (Spring 1973), 7–9. David Coppock found that by 1891 pupil teachers were largely from the intermediate and upper working classes, see: Coppock, 'Respectability as a prerequisite of moral character', 176. Frances Widdowson, *Going Up into the Next Class: Women and Elementary Teacher Training, 1840–1914, Explorations in Feminism* (London, Women's Research and Resources Centre, 1980), 26–27, 84. Sutherland, *In Search of The New Woman*, 48–49. See also: Mary Campbell-Day, 'Mary Gurney (1836 - 1917) and the reform of English female education' (Unpublished PhD thesis, University College London Institute of Education, 2021)

⁶⁹ The use of refined middle-class women to raise the tone in elementary teaching was 'largely unsuccessful', see: Coppock, 'Respectability as a prerequisite of moral character', 177

⁷⁰ Hawkins, *Nursing and Women's Labour*, 71

A key feature of the reformation of nursing was the style of training, which, depending on the particular hospital and matron, focused on a combination of technical and character training. Monica Baly argues that Nightingale, Lückes's mentor, placed greater emphasis on character training than academic education,⁷¹ and Abel-Smith agrees that some reformers considered personal characteristics to be more important than educational qualifications.⁷² In *The Politics of Nursing Knowledge*, Anne Marie Rafferty argues that nurse training was tantamount to character training.⁷³ A number of historians debate the view that higher-class nurses, would 'inculcate' a better standard of care and behaviour into the working-class nurses, therefore improving the status of the profession.⁷⁴ In her paper 'Old Nurses and New: Nursing in the London Teaching Hospitals Before and After the Mid-Nineteenth-Century Reforms' Helmstadter claimed that the reformers utilised middle-class women to refine the pre-reform nurse's characteristics and behaviour, and produce a more obedient and efficient workforce.⁷⁵ In 'Grooming Nurses for The New Century: Analysis of Nurses' Registers in London voluntary hospitals before the First World War', Maria Lorentzon concurs, finding that other matrons also focused on certain 'desirable' characteristics.⁷⁶ It is possible that Lückes's focus on middle-class, lady-like characteristics, as evidenced in her nurse's reports, and also in her nursing textbooks, was her attempt at influencing the character of the future profession, and its leaders.⁷⁷ This study's approach enables a more nuanced narrative of the social background of the nursing leadership.

Whilst social class and status is a central thread which runs throughout the thesis, the study is largely set within the discipline of the history of nursing, and in particular the professionalisation of nursing. The focus of much of the historiography about Lückes's role in the professionalisation of nursing discusses her reactionary stance against centralised state

⁷¹ Baly, *Florence Nightingale and the Nursing Legacy*, 29, 30

⁷² Abel-Smith, *A History of the Nursing Profession*, 22

⁷³ Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 40–41

⁷⁴ Anne Summers, 'The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and Her Detractors, c. 1830–1860', *Victorian Studies* (Spring, 1989), 365–386. Jordan, *The Women's Movement*. Hawkins, *Nursing and Women's Labour*. Carol Helmstadter, 'A Third Look at Sarah Gamp', *Canadian Bulletin of Medical History*, 30, 2 (2013), 141–159

⁷⁵ Helmstadter, 'Old Nurses and New', 43–70

⁷⁶ Maria Lorentzon, 'Grooming Nurses for The New Century: Analysis of Nurses' Registers in London Voluntary Hospitals before the First World War', *International History of Nursing Journal*, 6,2 (2001), 4–12

⁷⁷ Lückes's textbooks include: Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899) and Eva C.E. Lückes, (1893), *Hospital Sisters and Their Duties*, Reprint (Cambridge, Cambridge University Press, 2012). See also: Register of Probationers; RLHLH/N/1/1–27 and Register of Sisters and Nurses; RLHLH/N/4/1–4; Barts Health NHS Trust Archives and Museums, London

led nurse registration, a standardised three-year programme of nurse training, a College of Nursing, and her management style. Susan McGann's biography of Lückes in *The Battle of the Nurses: a study of eight women who influenced the development of professional nursing, 1880–1930* and Grainne Anthony's M.A. dissertation 'Distinctness of Idea and Firmness of Purpose. The Career of Eva Lückes: A Victorian Hospital Matron' allude to Lückes's role as a 'matron maker', but both focus on her opposition to the professionalisation of nursing, her innovative training scheme and improvements to nursing at The London Hospital.⁷⁸ The historiography about the 'despotic' management style of some matrons has focused largely on the Guy's Hospital dispute and the allegations about Lückes, both whilst she was briefly matron of Pendlebury Hospital, and later of 'The London'.⁷⁹ Wildman recently added to this debate with his examination of management issues in Lincoln, which suggests that the refusal by hospital managers to accept new style matrons was more widespread than previously thought.⁸⁰

Although it is acknowledged that whilst Lückes was matron of The London Hospital, she did 'produce' many 'new-style' nurses, the examination of how reformed nurses were disseminated has focused almost entirely on nurses produced at the Nightingale School. Baly and Lynn McDonald have both examined the impact of Florence Nightingale, and the Nightingale School of Nursing, at spreading a 'new-style' nursing diaspora.⁸¹ In 'Mythologizing and De-Mythologizing' McDonald challenged Baly's assessment that the Nightingale School was of limited success in disseminating reformed nursing.⁸² McDonald suggests that it is unlikely that any other school, including The London Hospital School of Nursing – which Lückes ran, was as successful at disseminating nursing leaders.⁸³ In *The Collected Works of Florence Nightingale: Volume 13, Extending Nursing* McDonald

⁷⁸ McGann, *The Battle of the Nurses*, 9–34. Anthony, 'Distinctness of Idea and Firmness of Purpose', 32–72

⁷⁹ See: Moore, *A Zeal for Responsibility*, 51–97. Keir Waddington, 'The Nursing Dispute at Guy's Hospital, 1879–1880', *The Journal of The Society for The Social History of Medicine*, 8, 2 (1995), 211–230. Anthony, 'Distinctness of Idea and Firmness of Purpose.' Sheri Tesseyman, Christine Hallett, and Jane Brooks, 'Crisis at Guy's Hospital (1880) and the nature of nursing work', *Nursing Inquiry*, (Wiley onlinelibrary.com, 2017; 24: e12203), 1–8 [Available at: <https://doi.org/10.1111/nin.12203>, accessed on 30 July 2019]. See also: Mary Fisher, 'Miss Fisher's Case', *The Nursing Record* (9 March 1893), 125–26

⁸⁰ Stuart Wildman, 'Were they to have petticoat government in the hospital?' The reform of nursing in nineteenth-century Lincoln, *Women's History Review*, (2021), 1–19, DOI: 10.1080/09612025.2021.1966891

⁸¹ Baly, *Florence Nightingale and the Nursing Legacy*, 215, 221. Lynn McDonald (ed.), *The Collected Works of Florence Nightingale, Volume 12: Florence Nightingale: The Nightingale School*, (Ontario, Wilfred Laurier Press, 2009), 29–31. McDonald (ed.), *The Collected Works of Florence Nightingale, Volume 13*, 5–9.

McDonald, 'Mythologizing and De-Mythologizing', 91–114

⁸² Ibid, 105–114

⁸³ Ibid, 106

discusses the matrons whom Nightingale mentored.⁸⁴ Nightingale's use of mentoring, networking and patronage is self-evident within the historiography; in *Notes on Nightingale*, Sioban Nelson and Rafferty acknowledge her 'privileged background' and impeccable social connections.⁸⁵ Lorentzon and Kevin Brown assess how Nightingale mentored Rachel Williams, another nineteenth-century reforming matron.⁸⁶ These concepts have not been analysed in relation to other matrons, including Lückes, the 'matron maker' and an influential champion of reformed nursing. Willa Fields' examination of the role of mentors on the careers of Nightingale, and three American leaders of nursing was brief and one-sided as she did not consider that Nightingale and her contemporaries may also have become mentors.⁸⁷

Before undertaking her 'new-style' nurse training, Lückes undertook philanthropic visiting in the community, and would probably have been exposed to her father's networking among business colleagues. Historians have identified that philanthropic patronage enabled Victorian women to have an active role outside the home, and wield social influence.⁸⁸ In 'A Home from Home – Women's Philanthropic Work in the Nineteenth Century' Anne Summers argues that these visits gave some women 'a taste of power' beyond the family home, such as that wielded by Lückes as matron.⁸⁹ Furthermore, women's historians concur that philanthropic visiting led to the development of respectable, and socially acceptable professions for women in teaching, social work and nursing.⁹⁰

Despite society accepting that these were acceptable professions for women to work in, their professional actions were constantly scrutinised, just as Lückes found during the 1890 House

⁸⁴ McDonald (ed.), *The Collected Works of Florence Nightingale, Volume 13*. McDonald (ed.), *The Collected Works of Florence Nightingale, Volume 12*, 29–31

⁸⁵ Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 1

⁸⁶ Maria Lorentzon and Kevin Brown, 'Florence Nightingale as mentor of matrons: correspondence with Rachel Williams at Saint Mary's Hospital', *The Journal of Nursing Management*, 11 (2003), 266–274

⁸⁷ Willa L. Fields, 'Mentoring in Nursing: a historical approach', *Nursing Outlook*, 39, 6 (1991), 257–261. Moreover, she controversially argues that mentors could not become 'great people', which is contestable in Nightingale's case.

⁸⁸ F.K. Prochaska, 'Charity Bazaars in Nineteenth-Century England', *Journal of British Studies*, 16, 2 (Spring 1977), 62–84. Anne Summers 'A Home from Home – Women's Philanthropic Work in the Nineteenth Century' in Sandra Burman (ed.), *Fit Work for Women* (London, Croom Helm, 1979), 33–61. Frank Prochaska, *Royal Bounty: The Making of the Welfare Monarchy* (London, Yale University Press, 1995), 69

⁸⁹ Summers, 'A Home from Home', 45

⁹⁰ See for example: Elaine Thomson, 'Women in Medicine in late Nineteenth and Early Twentieth-Century Edinburgh: A Case Study' (Unpublished PhD, University of Edinburgh, 1998). Purvis (ed.), *Women's History: Britain, 1850–1945*. Steinbach, *Women in England, 1760–1914*. Sutherland, *In Search of The New Woman*

of Lords enquiry into Metropolitan Hospitals.⁹¹ In *Charity and the London hospitals, 1850–1898*, Keir Waddington argues that The London Hospital’s finances suffered directly as a result of claims made about Lückes’s treatment of nurses, during this enquiry.⁹² It is possible that without the patronage which Lückes, and ‘The London’ enjoyed, that she would not have stayed in post for over a further twenty years, and scholars concur that the royal family and social élite’s support was essential for charitable enterprises.⁹³ Frank Prochaska in *Royal Bounty: The Making of the Welfare Monarchy*, identifies the role that influential members of society had in developing nursing services, such as Princess Christian’s Army Nursing Service Reserve and Queen Alexandra’s Imperial Military Nursing Service (hereafter QAIMNS).⁹⁴ The role that matrons, such as Lückes, played in developing these services is largely overlooked and she remains like many of the women in this study, largely hidden from the current historiography into the development of military nursing. In *Queen Alexandra’s Royal Army Nursing Corps* Juliet Piggott identifies the role that Sydney Holland, Chairman of The London Hospital, took in the restructuring of the QAIMNS, but Lückes’s role and influence was not discussed.⁹⁵ Although Summers in *Angels and Citizens, British Women as Military Nurses, 1854–1914*, refers to some of Holland’s involvement during the development of various military nursing services, she also overlooks Lückes’s input.⁹⁶

Since Maggs’s research in the 1980s, nursing historians are increasingly researching the lives and careers of more ‘ordinary nurses’ whose work was largely overlooked, in favour of the biographies of Nightingale and Edith Cavell, and in the Whiggish accounts of nursing history. Ongoing scholarly research demonstrates, that despite a paucity of sources and gaps in surviving records, the historiography is expanding and challenging these debates within a framework of the history of nursing.⁹⁷ Barbara Mortimer defines this as ‘Interdisciplinary history.’⁹⁸ This study into Lückes as a maker and influencer of matrons, illustrates this argument, and will add debate to social, cultural, gender, hospital history, and women’s history. This research focuses on the influence which Lückes exerted both deliberately and

⁹¹ Anthony, ‘Distinctness of Idea and Firmness of Purpose.’, 63–67

⁹² Keir Waddington, *Charity and the London hospitals, 1850–1898*, (Woodbridge, The Boydell Press, 2015), 128–130

⁹³ David Cannadine, *Lords and Landlords: The Aristocracy and the Towns 1774–1967* (Old Woking, Leicester University Press, 1980), 222. Prochaska, *Royal Bounty*. Waddington, *Charity and the London hospitals*

⁹⁴ Prochaska, *Royal Bounty*, 115, 126

⁹⁵ Juliet Piggott, *Queen Alexandra’s Royal Army Nursing Corps* (London, Leo Cooper Ltd, 1975), 38–43

⁹⁶ Summers, *Angels and Citizens*, 204, 207

⁹⁷ D’Antonio, Fairman and Whelan (eds), *Routledge Handbook on the Global History of Nursing*

⁹⁸ Mortimer, ‘The history of nursing: yesterday, today and tomorrow’, 15

vicariously through her matrons, and not that which she exerted through her written works – which has been examined by other historians.⁹⁹

Methodology

In *Capturing Nursing History: A Guide to Historical Methods in Research*, Sandra Lewenson and Eleanor Herrmann stressed the importance of rigorous historical research, and how an understanding of the nursing profession's past can lead to a deeper appreciation of current issues.¹⁰⁰ As Christine Hallett says 'History is an attempt to make sense of and understand the past.'¹⁰¹ A number of scholars have explored new methodologies, utilised new sources of evidence,¹⁰² and recognise that history is more nuanced and complex than simple 'truths', and that personal experiences and prejudices should be considered when interpreting the past.¹⁰³

In order to establish whether Lückes was a 'matron maker', or if this was merely a myth, historical, prosopographical and genealogical methodologies were utilised, and a wide range of unpublished and published primary sources were consulted. The study includes the women for whom records were found – those who worked under, or were trained by Lückes during her tenure at The London Hospital, and who were appointed to positions of authority over other nurses. For uniformity, throughout this thesis nursing leaders are referred to as matron, although nursing leaders in this study and during this period, had a number of job titles including: Lady Superintendent, Sister-in-Charge, Superintending Sister, Nurse-Matron, and Matron. Only women who appeared to be in charge of other nurses were included in the study, therefore some of the school nurses were excluded if it was not possible to establish if they were in charge of other nurses.

⁹⁹ Anthony, 'Distinctness of Idea and Firmness of Purpose.', 61–63. Sheri Tesseyman, 'Complex Alliance: A Study of Relationships Between Nursing and Medicine in Britain and the United States of America, 1860–1914' (Unpublished PhD thesis, University of Manchester, 2013)

¹⁰⁰ Sandra B. Lewenson and Eleanor Krohn Herrmann, (eds.), *Capturing Nursing History: A Guide to Historical Methods in Research* (New York, Springer Publishing Company, 2008), 1–10

¹⁰¹ Christine Hallett, "'The truth About the Past?'" The Art of Working with Archival Materials', in Sandra B. Lewenson and Eleanor Krohn Herrmann (eds.), *Capturing Nursing History*, 1 (New York, Springer Publishing Company, 2008), 49–158, 156

¹⁰² See for example: Patricia D'Antonio, Julie A. Fairman and Jean C. Whelan, 'Introduction', in D'Antonio, Fairman and Whelan (eds), *Routledge Handbook on the Global History of Nursing*, 1–7

¹⁰³ See for example: Lewenson and Herrmann (eds.), *Capturing Nursing History*. Sioban Nelson and Anne Marie Rafferty, 'Introduction', in Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 1–8. Hallett, "'The truth About the Past?'" 149–158

Firstly, in order to identify any matrons fitting the study criteria, the individual nursing personnel records, and hospital management records of The London Hospital were consulted for the period between 1880–1919, including the Sisters and Nurses Registers (1880–1919),¹⁰⁴ Lückes’s Supplementary Register which she commenced in 1889 and survives in printed format from 1894–1916,¹⁰⁵ and The London Hospital’s House Committee Minutes.¹⁰⁶ The database of the online archive of The Royal London Hospital¹⁰⁷ and Lückes’s annual circular letter to her nurses (1894–1916) were also examined.¹⁰⁸ These sources enabled the identification of a large number of women, who having trained, and or worked, under Lückes at ‘The London’, went onto become matrons. A considerable number of nursing leaders were also identified in the appointments section of contemporary nursing journals and supplements, available either online¹⁰⁹ or in archives, including *The Nursing Times*, *Nursing Mirror*, *Nursing Notes*, *The Nursing Record* and *The British Journal of Nursing*, and nursing supplements in *The Hospital*.¹¹⁰ Because of previous wear and tear, access to journals was occasionally limited because ‘preservation may take precedence over access.’¹¹¹

It was noticed that certain matrons regularly had career appointments published, often in multiple journals (See Appendix K: Career Histories). It is possible that the nurses who self-promoted their careers were more likely to be identified by this study, and therefore those who did not ‘publicly advertise’ their career may have, like ordinary women in history, been hidden from view.¹¹² One ‘matron’ was excluded from the study; although she stated in the nursing press that she had trained at The London Hospital, her descendants disputed this, nor were there corroborating records.¹¹³ Indeed, in the British Nurses’ Association’s Register of

¹⁰⁴ Register of Sisters and Nurses; RLHLH/N/4/1–4; Barts Health NHS Trust Archives and Museums, London

¹⁰⁵ The Supplementary Register is printed in: Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2; Barts Health NHS Trust Archives and Museums, London

¹⁰⁶ House Committee Minutes 1880–1920; RLHLH/A/5/40–55, Barts Health NHS Trust Archives and Museums, London

¹⁰⁷ Barts Health Archive Catalogue [Available at: <http://www.calmhosting01.com/BartsHealth/CalmView/default.aspx>, accessed on 30 September 2021]

¹⁰⁸ Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2; Barts Health NHS Trust Archives and Museums, London

¹⁰⁹ *The Nursing Record* / *The British Journal of Nursing*, 1888–1956 [Available at: <https://rcnarchive.rcn.org.uk>, accessed on 30 September 2021]

¹¹⁰ The first journal commenced in 1888. It was not possible to consult complete runs of all journals; many are not yet digitised and are crumbling. If a particular issue was not available for one year, it was sometimes available at another archive for that year.

¹¹¹ Hallett, “‘The truth About the Past?’”, 154

¹¹² Sheila Rowbotham, *Hidden from History*, 3rd edn (London, Pluto Press, 1977)

¹¹³ It was not possible to locate her as a paying or ordinary probationer. Marie Louisa Thomas may just have visited for experience or a lecture, such as the Duchess of Woburn did (see Chapter Three). For Thomas’s appointments see: Anonymous, ‘Appointments’, *The Nursing Mirror and Midwives’ Journal*, 22 (26 February

Trained Nurses for 1891 Lückes identified at least two nurses who stated that they had trained at ‘The London’ even though they had not completed their training.¹¹⁴

A number of archives and online databases were fruitful in providing evidence about some of the matrons’ careers. These included the records of the Overseas Nursing Association,¹¹⁵ and online databases such as The British Red Cross VAD Archive, the Boer War Nurses, the British Nurses Association membership list, and War Office records for British Army Nurses, 1914–1918.¹¹⁶ The use of an extensive number of primary sources enabled the identification of 474 matrons who were appointed to leadership positions during Lückes’s tenure at The London (see Appendix C: Database and Appendix K: Career Histories).¹¹⁷

It is acknowledged that this dataset is probably incomplete, but it is beyond the scope of this study to examine surviving hospital records and local papers from home and abroad, in order to identify potentially even more nursing leaders from The London Hospital. The dataset is an evolving record set, and if further matrons are identified during other studies they can be added. A weakness of this study is that the overall social class data of all nurses who trained, let alone worked at ‘The London’ during this period has not been investigated. There are at least 2793 probationers who commenced training during this period and it would have been an enormous amount of further research to establish the social class of all these nurses, and is beyond the scope of this study (see Appendix I: Attrition and examination rates of probationers, 1880–1915). Of the 474 matrons who were identified, it was possible to assess and allocate a social class to 337 of them. It is acknowledged that the social class may not be representative of all The London Hospital nurses employed and trained by Lückes. However,

1916), 422. Anonymous, ‘Appointments’, *The British Journal of Nursing*, 56 (26 February 1916), 188.

Anonymous, ‘Appointments’, *The British Journal of Nursing*, 57 (2 September 1916)

¹¹⁴ Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 5 April 1891; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.36–37; The British Library, London

¹¹⁵ These are held at the Bodleian Library, Oxford. A searchable catalogue is accessible online [Available at: <https://archives.bodleian.ox.ac.uk/repositories/2/resources/2767>, accessed on 19 October 2021]

¹¹⁶ British Red Cross First World War Volunteers [Available at: <https://vad.redcross.org.uk>, accessed on 19 October 2021]. Boer War Nurses database [Available at: <https://boerwarnurses.com>, accessed on 19 October 2021]. The records of the Royal British Nursing Association [Available at: <https://kingscollections.org/nurses/home>, accessed on 19 October 2021] and The War Office records for British Army Nurses [Available at: <https://www.nationalarchives.gov.uk/help-with-your-research/research-guides/british-army-nurses-service-records-1914-1918>, accessed on 19 October 2021]

¹¹⁷ Sarah Rogers, ‘The matron maker’, *Nursing History Now* (Royal College of Nursing History of Nursing Society publication, Autumn 2018), 10–11

it gives an indication of the type of women she wished to employ, and often recommended for leadership positions.

A major strength of this study is the rigorous empirical research, which produced a large volume of data from a considerable number of surviving sources, from a wide-range of archives.¹¹⁸ Barts NHS Health Trust holds a substantial archive of records which were produced by the nursing and management departments of The London Hospital during this period and are central to this study.¹¹⁹ Even this archive has suffered known losses; the written Supplementary Registers, first commenced by Lückes in 1889 / 1890 were reputedly thrown away in the mid to late-twentieth century.¹²⁰ Fortuitously, for this research in particular, Lückes shared a print copy of it with her nurses in her annual circular letter, so the majority of the data from this record survives. This illustrates Susan McGann's argument that nursing records have even less chance of survival than that the 50% likelihood of general archives being discarded.¹²¹ L.A. Hall suggests that 'there is little awareness of the status...' of the records which are occasionally found 'in skips, on rubbish tips...' and 'saved from a bonfire.'¹²²

Once the women were identified it has been difficult to discover more about some of their careers. Hall argues that nursing 'tend to be less well-documented than medicine',¹²³ and although a large number of records survive at 'The London' this is not the case elsewhere. Even for those women in this study who ran prestigious hospitals, the records – if they were ever created, do not all now survive. A number were culled during the controversial Second World War Salvage Scheme which destroyed 'cultural artefacts, including historical documents', and included a number of social and economic records, including Poor Law documents.¹²⁴ It is also suggested that administrative changes, such as the foundation of the

¹¹⁸ See Bibliography: Archives consulted.

¹¹⁹ Barts Health NHS Trust Archives and Museums, North Wing, St Bartholomew's Hospital, Smithfield, London, EC1A, 7BE

¹²⁰ Lückes discusses the formation of the Supplementary Register in a letter to Florence Nightingale in 1889: Letter from Florence Nightingale to Eva Lückes, 10 South Street, Park Lane, W., 17 October 1889; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/3; Barts Health NHS Trust Archives and Museums, London

¹²¹ Susan McGann, 'Researching nursing's history: Archival sources for research into the history of nursing,' *Nurse Researcher*, 5, 2, Winter (1997 / 98), 19–29, 19

¹²² L.A. Hall, 'Nurses in the archives: archival sources for nursing history', in A.M. Rafferty, J. Robinson and R. Elkan (eds), *Nursing History and the Politics of Welfare* (London, Routledge, 1997), 259–273, 268

¹²³ Ibid, 259

¹²⁴ Peter Thorsheim, 'Salvage and Destruction: The Recycling of Books and Manuscripts in Great Britain during the Second World War', *Contemporary European History*, 22, 3 (2013), 431–452, 449

National Health Service in 1948, or hospitals' financial constraints, may have also lead to records being discarded.¹²⁵ In at least one instance, a letter from Lückes to the mother of a former probationer 'disappeared' from a local archives, although it was eventually found.¹²⁶ Other personal records are known to have been destroyed posthumously at the owners request, as in Lückes's case. She instructed in her will that any personal letters which she had kept should be destroyed following her death.¹²⁷ London Hospital trained military Matron-in-Chief, Ethel Hope Becher, has left a remarkably small archival footprint – just two letters and her nursing records survive in the archives of The London Hospital, along with her War Office Service Record at The National Archives, but her official War Office papers simply 'do not exist.'¹²⁸

A wide range of genealogically indispensable primary sources, including: decennial censuses, contemporary newspapers and baptism, birth, marriage and death records or indexes were consulted to research each nurse's family tree. Examples of how three nurses were identified using a variety of primary sources are shown in Appendix D: Examples of how nurses were traced. This enabled the occupations of the next of kin to be identified for 337 of these women (see Chapter Two). A number of the matron's descendants were successfully contacted, and some were occasionally able to corroborate information, or not. The descendants of Helen Bendall and Annie Young generously shared information about their ancestors', including photographs, references, and life stories.¹²⁹ The material in their personal records supports Hallett's argument that previously unused sources such as these can be very fruitful.¹³⁰

¹²⁵ J. Foster and J. Sheppard, 'Archives and the History of Nursing' in C. Davies, *Rewriting Nursing History* (London, Croom Helm, 1980), 200–214, 206–207

¹²⁶ Letter from Eva Lückes to Lady Lucy Hicks Beach about her daughter Eleanor's training at The London Hospital, 17 June 1903; Papers of Lady Lucy Hicks Beach; D2455/F3/7/1/3/1; Gloucestershire Heritage Hub, Gloucester

¹²⁷ Eva Charlotte Ellis Lückes, The Last Will and Testament; Signed 1 August 1918; Proved in London 28 March 1919 [Available from <https://probatesearch.service.gov.uk>]. 'It is my habit to burn nearly all letters and I wish it clearly understood that there are no official or important letters amongst the few reserved at present on the chance of their perusal affording me pleasure at any future time.' This was possibly to maintain her privacy, see Karin Koehler, *Thomas Hardy and Victorian Communication, Letters, Telegrams and Postal Systems* (London, Palgrave Macmillan, 2016), 51

¹²⁸ Becher's will is brief and does not mention specifically mention personal records, see: Dame Ethel Hope Becher, The Last Will and Testament; Signed 12 March 1945; Proved in Lewes, 15 November 1948 [Available from <https://probatesearch.service.gov.uk>]. Yvonne McEwen, *In the Company of Nurses* (Edinburgh, Edinburgh University Press Ltd, 2014), 181

¹²⁹ Information shared by Christine Mary and Sheila Langley. See Appendix K: Career Histories

¹³⁰ Hallett, "The truth About the Past?", 153

A number of social classification schemes have been used with historical data such as produced by this study, although it is acknowledged that all have drawbacks.¹³¹ It is acknowledged that classifying women is problematical (see discussion, pages 26–27). As Bourke argues, classifying women by ‘categories such as occupation, income, or relationship to modes of production as indicators of class is clearly unsatisfactory...’.¹³² Many of Lückes’s matrons were unwaged, or did not work prior to their training, and if they were, were often working in an occupation which would be classified lower than that of their next of kin (see Appendix K: Career Histories and Appendix J: Previous employment type).¹³³

Classification models such as M. Anderson’s complex ten-class scheme examined income and regularity of income; it is beyond the scope of this study to assess the income and status of each of the nurses’ next-of-kin in local directories and other primary sources.¹³⁴ Although Armstrong’s classification scheme was designed to identify largely male occupations, it is considered the most suitable model to analyse the social classes of these nurses.¹³⁵ He specifically designed it for use with written census data, which was a key primary source in researching these matrons and their families.¹³⁶ When used in conjunction with a wide variety of primary sources it enabled many of the nurses to be genealogically identified (Appendix D: Examples of how nurses were traced). Armstrong’s tool has ‘Won substantial support from students of the census, and any serious study of social stratification should make use of it, at least for purposes of comparison.’¹³⁷ Armstrong based his five class social classification scheme on the Registrar General’s 1951 occupational attribution list, which he adapted to reflect Victorian occupations from the 1841 and 1851 York census, and

¹³¹ Bart Van De Putte and Andrew Miles, ‘A Social Classification Scheme for Historical Occupational Data’, *Historical Methods: A Journal of Quantitative and Interdisciplinary History*, 38, 2 (2005), 61–94. K. Schürer, ‘Understanding and Coding the Occupations of the past: The Experience of Analysing the Censuses of 1891–1921’ in Kevin Schürer and Herman Diederiks (eds), *The Use of Occupations in Historical Analysis* (Germany, St. Katherinen, 1993), 101–162

¹³² Bourke, *Working-Class Cultures in Britain, 1890–1960*, 4. See also: Neale, *Class and Class-Consciousness*, 5–32. Perkin, *The Rise of Professional Society*. Marx, ‘On Classes’, 41–42. Weber, ‘Class, Status, Party’, 43–56. Cannandine, *Class in Britain*. Miles, ‘Social Structure, 1900–1939’, 337–352

¹³³ Appendix K: Career Histories

¹³⁴ M. Anderson, *Family Structure in 19th Century Lancashire* (Cambridge, Cambridge University Press, 1971) cited in D.R. Mills and K. Schürer, ‘Employment and Occupations’ in Dennis Mills and Kevin Schürer (eds), *Local Communities in The Victorian Census Enumerators Books* (Leigh-on-Sea, Leopards Head Press Ltd, 1996), 136–160, 151–2

¹³⁵ Armstrong, ‘The Use of Information about Occupation’, 214

¹³⁶ This research into Lückes’s matrons used the original copies of the enumerators’ forms; Armstrong, ‘The Use of Information about Occupation’, 214. See also: Edward Higgs and Amanda Wilkinson, ‘Women, Occupations and Work in the Victorian Censuses – Revisited’, *History Workshop Journal*, 81 (Spring 2016), 17–38

¹³⁷ Mills and Schürer, ‘Employment and Occupations’, 152

their inferred social status.¹³⁸ Drawing upon the work of Max Weber he also classified the occupations of people who were employers into a higher social banding; for example, farmers, and merchants.¹³⁹

Despite the minor reservations which were discussed earlier Armstrong's Social Classification scheme was selected to analyse the empirical data in this study.¹⁴⁰ His scheme enabled identification of the nurses' fathers from the decennial censuses. It also enables comparison with other research into historical cohorts of nurses (see findings and discussion in Chapter Two, pages 56–59). The nurses in this study were allocated to a class based on their parental occupation immediately prior to training. The resulting data was analysed using simple statistics, and indicates that Lückes did not select and promote women purely from the upper and middle-classes.

The prosopographical element of this study examined some of the common biographical details of the often-disparate women in the cohort. Prosopography is 'the study of biographical detail about individuals in aggregate',¹⁴¹ and 'targets the common aspects of people's lives.'¹⁴² A number of nursing historians have used it to demonstrate how the common characteristics of a cohort of nurses can reveal new trends and patterns about nurses and nursing which were previously unknown, and this has added debate to the historiography.¹⁴³ Recently some historians have challenged a view that prosopography constructs group or collective biographies, arguing that it is a distinct and separate methodology.¹⁴⁴ This study is not a collective biography, but as a result of the research it has been possible to establish common features of the nurses' training and careers. Furthermore, it has enabled the identification of partial career histories, or as in the case of Annie

¹³⁸ Armstrong, 'The Use of Information about Occupation', 191–225

¹³⁹ Weber, 'Class, Status, Party', 43–56

¹⁴⁰ Armstrong, 'The Use of Information about Occupation', 191–225

¹⁴¹ Dion Smythe, 'Putting Technology to Work: The CD-ROM Version of The Prosopography of The Byzantine Empire I (641–867)', *History and Computing*, 12, 1 (2000), 85–97

¹⁴² Barbara Caine, *Biography and History*, 2nd edn, (London, Red Globe Press, 2019), 55

¹⁴³ Hawkins, 'Myth and Reality'. Helmstadter, 'Shifting Boundaries', 133–143. Wildman, 'Local Nursing Associations. Spires, 'Nurses in the Boer War (1899–1902). Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic'

¹⁴⁴ See Krista Cowman, 'Collective Biography', in Simon Gunn and Lucy Faire (eds), *Research Methods for History*, 2nd edn (Edinburgh, Edinburgh University Press Ltd, 2016), 85–103. Caine, *Biography and History*, 54–55. K.S.B. Keats-Rohan, 'Progress or Perversion? Current Issues in Prosopography: An Introduction' (2003) [Available at: <https://users.ox.ac.uk/~prosop/progress-or-perversion.pdf>, accessed on 8 February 2021]

McIntosh, an individual biography.¹⁴⁵ This was possible through the large number of primary sources which have been consulted throughout the research, including letters exchanged between Lückes and Nightingale, and a number of private letters written by Lückes, her former nurses, and the hospital chairman. Where records were created and survive, hospital management documents for a few matrons were also researched. Records relating to the development of the QAIMNS, and the War Office service records of specific military nurses, and those of some naval nurses were also consulted. These, along with relevant secondary literature, also informed the study, and led to the conclusion that Lückes was a ‘matron maker’, and that she significantly influenced a generation of nursing leaders, and the early reformation of nursing.

Ethical considerations

Lückes is known for her blunt and forthright assessment of her nurses.¹⁴⁶ A contemporary described the records which Lückes wrote about her nurses as ‘long-winded garrulous statements, many of which are evidently written with a malicious bias.’¹⁴⁷ Lorentzon found a ‘high degree of subjectivity’ among the records in her small study.¹⁴⁸ All records were analysed with this in mind, and the conventions of the period. In 1993 the American Association for the History of Nursing drew up ethical guidelines for nursing historians, which remain relevant today and stress the need to act responsibly to the subjects in a study.¹⁴⁹ As Heidi McKee and James Porter argue, these documents ‘are also people’,¹⁵⁰ and with that in mind, where material about a nurse is cited, or analysed, it is used with the utmost sensitivity, and the feelings of a nurse’s descendants are respected.¹⁵¹

¹⁴⁵ See Appendix K: Career Histories. Annie McIntosh. Sarah Rogers, ‘McIntosh, Annie Sophia Jane, (1871-1951)’, *Oxford Dictionary of National Biography* (Oxford, 2020) [Available at: <https://doi.org/10.1093/odnb/9780198614128.013.65995>, accessed on 13 February 2020]

¹⁴⁶ Anonymous, ‘Nursing Echoes’, *The Nursing Record*, 6 (19 March 1891), 137–138

¹⁴⁷ W.H. Wilkins, ‘The London Hospital and its Nurses’, *The National Review*, 17, 97 (March 1891), 118–129, 127

¹⁴⁸ Lorentzon, ‘Grooming Nurses for The New Century’, 9

¹⁴⁹ Nettie Birnbach, ‘Ethical Guidelines and Standards of Professional Conduct’, in Sandra B. Lewenson and Eleanor Krohn Herrmann (eds.), *Capturing Nursing History* (New York, Springer Publishing Company, 2008), 167–172

¹⁵⁰ Heidi A. McKee and James E. Porter, ‘The Ethics of Archival Research’, *College Composition and Communication*, 64, 1 (September 2012), 59–81

¹⁵¹ Sandra B. Lewenson and Eleanor Krohn Herrmann, ‘Using Ethical Guidelines and Standards of Professional Conduct’, in Sandra B. Lewenson and Eleanor Krohn Herrmann (eds.), *Capturing Nursing History* (New York, Springer Publishing Company, 2008), 173–179, 173, 176–177

Research Findings

The study found that firstly, Lückes influenced the style of reformed nurses through her selection and training programme. Lückes selected nurses, partly by their parental occupation, but also by education, and character, which she also instilled into them through character training, in order to mould her version of Nightingale's 'model' nurses. The evidence suggests that she preferred to employ educated, refined, and cultured nurses who displayed the expected Victorian middle-class womanly characteristics, such as cleanliness and tidiness, self-sacrifice, honesty and truthfulness, and who were disciplined, sober, punctual and obedient. It is contended that Lückes thought that women similar to herself, with these middle-class qualities would bring 'tone' to enhance, and increase, the acceptability and respectability of the profession. Secondly, the research also found that Lückes selected her future matrons by both class and tone. The evidence suggests that she used class as an indicator of a suitable tone which would elevate the respectability of the profession. The empirical data revealed that the nurses identified by this research came largely came from social classes I, II and III.

The study found that thirdly, Lückes was mentor and patron to her nurses, and capitalised on mentoring, patronage and networking, to influence the appointment and dissemination of London Hospital nurses and therefore the spread of reformed nursing. The sources demonstrate that Lückes was mentored by Nightingale. There is evidence that she applied this technique to the support she gave to her nurses, and future matrons, probably to influence the dissemination of reformed nursing, and to encourage loyalty to 'The London', and its training style. Apparently, she also wanted to ensure that the reputation of the hospital and its nursing department was positively publicised, and to generate funds for The London Hospital via her nurses whilst they worked for other employers. The analysis suggests that Lückes deliberately harnessed patronage via hospital supporters and visitors from among the social élite, including British and European royalty. She often accessed and tapped into this support via Sydney Holland, and possibly through her friendship with Nightingale. Lückes also acted as a patron to her nurses. The empirical data reveals that Lückes networked, and encouraged her nurses to build networks of 'Londoners', and to keep in touch with each other. She recommended them for positions with former 'Londoners', and also it seems for positions at nearby hospitals. Lückes also motivated them to acquire new, and nurture old supporters for the hospital. The amount of networking is particularly highlighted in the career histories of the matrons as shown in Appendix K: Career Histories.

Fourthly, Lückes influenced the development of civilian nursing in Poor Law infirmaries and voluntary hospitals. She was vicariously influential and successful. Lückes used the strategies discussed above to instil through her matrons and nurses, her style of ‘Nightingale-style’ reformed nursing into a wide variety of hospitals and institutions. Her style of training was different to the scientific style preferred by another nurse reformer, Mrs Bedford Fenwick and her supporters.¹⁵² Lückes’s notable successes were the appointments of her matrons to a number of Poor Law infirmaries and large voluntary hospitals in a few major cities. She identified a number of ‘special’ probationers whom she ‘fast-tracked’. Lückes gave management training to them, often through early promotion during their training, and, or, immediately afterwards. Because of Lückes’s reputation as a reforming matron and success at modernising ‘The London’s’ nursing department, her nurses were sought after¹⁵³ until the last few years of her life.¹⁵⁴ Lückes’s influence and reputation enabled her matrons to become reforming diaspora in some larger metropolitan and provincial voluntary hospitals, and Poor Law infirmaries. The matrons modernised and professionalised the nursing departments and training schools within these hospitals, implementing Lückes’s style of Nightingale nursing. A number of her nursing leaders succeeded Nightingale trained matrons in a few hospitals, thereby probably maintaining this style of reformed nursing. Lückes sent some of her ‘special’ personnel, whom she might have preferred to have stayed to support her work at ‘The London’, in order to ‘save’ hospitals, which, in her eyes, were failing. Lückes may have influenced a noteworthy number of ‘her’ matrons to support an anti-registration manifesto in 1904, which rejected centralised state registration.

Lastly, the research revealed how Lückes influenced the development of military nursing behind the scenes. Prior to the development of the QAIMNS in 1902, several ‘Londoners’ had served, or were currently serving in the Army Nursing Service, some of whom were working in senior positions. It is not known if Lückes’s friendship with Nightingale, or her connections with ‘The London’ had any bearing on these appointments. The first surviving evidence of Lückes’s influence on military nursing was when Lückes and Holland, selected a number of nurses to work as Queen Alexandra’s special nurses during the Second Anglo-

¹⁵² Rafferty, *The Politics of Nursing Knowledge*, 40–41. Isla Stewart and Herbert Cuff, (1899), *Practical Nursing*, Reprint (Milton Keynes, Andesite Press, 2017). See also: Hallett ““Intelligent interest in their own affairs”, 95

¹⁵³ Matron’s Annual Letter, No.22, Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 29; Barts Health NHS Trust Archives and Museums, London

¹⁵⁴ McGann, *The Battle of the Nurses*, 33

Boer War. Lückes influenced the development of Queen Alexandra's new military nursing service behind the scenes, through her symbiotic relationship with Holland, and his connections with the royal family. Holland consulted her when drawing up plans for the new service, some of which have the 'hallmarks' of Lückes's influence, including the length of training and service required to join the new service. Lückes infiltrated the Army Nursing Board via a network of London Hospital supporters, and developed a 'web' of influence. This included Sir Frederick Treves; Norah, Lady Roberts; Queen Alexandra – who was a keen supporter and President of The London Hospital from 1904; and London Hospital trained civilian matron, Mabel Cave.¹⁵⁵ Lückes probably influenced the promotion of at least one Londoner for a high-profile position within the new nursing service. Three 'Londoners' became Matrons-in-Chief, later becoming 'Dames', and several others were appointed as matrons. At the inception of the service in 1902, one 'Londoner' was appointed Principal Matron of Queen Alexandra's Imperial Military Nursing Service; in 1910 all three 'top' positions were filled by 'Londoners', and by 1914 / 1915, 'Londoners' held three of the six key leadership positions in military nursing. These women appear to have promoted other 'Londoners' to matronships. Lückes was also consulted by Queen Alexandra about the formation of her new Queen Alexandra's Royal Naval Nursing Service, and supplied staff for it, and also for the nursing service of the new Royal Flying Corps.

Chapter Outlines

Chapter Two uses empirical evidence to illustrate how Lückes selected and trained her future matrons and argues that Lückes selected nurses with what she saw as, and referred to, as the 'right class', as an indicator of tone, and along with character training, worked to mould the perfect reformed nurse. The social class data resulting from this prosopographical research is discussed. Examples of nurses in this study are used to demonstrate how Lückes tried to mould and impose her style of nursing upon a generation of nursing leaders. The third chapter considers how Lückes used networking, patronage and mentoring to disseminate reformed nursing, and nurses of 'tone' across the world. It assesses how she accessed the social élite to facilitate appointments for her matrons, including a number of 'prestigious' posts. Using examples largely from England of matrons in the study, it discusses the impact of networking and patronage on the careers of these nurses, and the dissemination of professionalised nursing. Chapter Four examines how Lückes influenced civilian nursing, in

¹⁵⁵ Mabel Cave was matron of the Westminster Hospital, London, see Appendix K: Career Histories

the context of two types of institution: Poor Law infirmaries and voluntary hospitals. The themes of class, tone, networking, mentoring and patronage, which run throughout the thesis, will be discussed as appropriate in relation to the careers of matrons in this study. The fifth chapter argues that Lückes was most influential in the development of the military nursing service. It discusses the factors in her success, in particular her use of tone, mentoring, patronage and networking, her symbiotic relationship with the hospital chairman, and The London Hospital web of influential social élite and aristocracy. Chapter Six concludes the thesis with a resumé and discussion about the main findings, and what this research adds to the current historiography. Avenues for further research, and how the data will be further utilised and shared with academics, will also be discussed.

Conclusion

Lückes was highly influential – her concept of Preliminary Training Schools was incorporated in the mandatory training scheme adopted following the 1919 Nurses Registration Act. However, her intransigence to accept centralised state registration and a mandatory three-year training programme curtailed her influence, which waned during the last decade of her tenure. Lückes's refusal to accept change impacted on the careers of some of her nurses long after her death; some of whom could not register following 1922 if they did not pass the examination for State Registration which was not 'automatically' sat by probationers at The London Hospital.¹⁵⁶ If Lückes had accepted these moves to professionalise nursing, her wider achievements and impact might well have been regarded more favourably by some individuals in the nursing world when she died, and lived on longer through 'Londoners' if they were appointed as matron. Furthermore, the legacy of her career and her wider influence might have received a more balanced appraisal during her lifetime and within some of the historiography.

¹⁵⁶ Lückes's influence lived on through her successor and former assistant matron, Beatrice Monk; until at least 1926 'Londoners' were given no help in passing the state examinations required for registration and 'only' sat the hospital examination. In 1948 at the start of the National Health Service, state registration became mandatory and Margaret Broadley – a nursing tutor, found herself teaching several of her contemporaries who were still not state registered, one of whom had worked as a nurse for over twenty years simply left the profession rather than take the mandatory examination. See: Margaret E. Broadley, *Patients Come First: Nursing at 'The London' Between the Two World Wars* (London, The London Hospital Special Trustees, 1980), 91–95. In 1923, Miss Monk urged nurses in her annual letter to give State Registration a 'serious thought' and she warned them that if they wished to register as a State Registered Nurse after July 1923, they would have to sit an examination: *Matron's Annual Letter to Nurses*, Vol. II, *Matron's Annual Letter to Nurses, 1916–1931*; RLHLH/N/7/3, No.2, April 1923, 12–13; Barts Health NHS Trust Archives and Museums, London

Chapter Two

Eva Lückes: Creating the ideal nurse: social background, ‘tone’ and characteristics

Introduction

Eva Lückes’s appointment as matron of The London Hospital in 1880 coincided with ‘La Belle Epoque’, during which professional career opportunities for ‘respectable middle-class women’ opened up.¹⁵⁷ For Lückes, her promotion to the matronship of the largest hospital in England, was an extraordinary opportunity at a critical point in the development of the nascent profession, and overlapped with the second wave of nursing reforms. She was appointed at a significant point in the development of the profession, as it strove to throw off the public perception of ‘Sarah Gamp’ style working-class nurses, and make trained nursing more attractive to respectable higher-class women.¹⁵⁸ Lückes followed the first generation of nurse reformers who had established the need for trained nurses, and was one of the first matrons of a London voluntary hospital who was a trained nurse.¹⁵⁹

The London Hospital House Committee had been trying since around 1840 to reform nursing,¹⁶⁰ and in 1879 it formed a subcommittee who would ‘inquire into the present system of nursing... and to suggest such remedies as it may think expedient.’¹⁶¹ In 1880 Lückes was selected to reform and establish a professional trained nursing service within the hospital.¹⁶² This chapter considers how Lückes influenced a generation of nursing leaders, and thereby the nascent profession, through her selection and training processes in which she tried to identify and train suitable nurses to elevate the ‘tone’ of the profession. Firstly, this chapter will argue that Lückes perceived the profession and background of the nurses’ fathers as an

¹⁵⁷ James F. McMillan, *France and Women 1789–1914, Gender, Society and Politics* (London, Routledge, 2000), 148

¹⁵⁸ For example, see: Anne Summers, ‘The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and Her Detractors, c. 1830–1860’, *Victorian Studies* (Spring, 1989), 365–386. Carol Helmstadter, ‘A Third Look at Sarah Gamp’, *Canadian Bulletin of Medical History*, 30, 2 (2013), 141–159

¹⁵⁹ See Appendix B: The training status of voluntary hospital matrons in London, 1880s

¹⁶⁰ Elizabeth S. Haldane (1923), *The British Nurse in Peace and War*, Reprint (India, Facsimile Publisher, 2018), 50–51

¹⁶¹ Matron’s Report to House Committee, 11 November 1879; House Committee Minutes, 1878–1880; RLHLH/A/5/39, 316; Barts Health NHS Trust Archives and Museums, London

¹⁶² See Appendix Ai: Eva Lückes’s timeline. House Committee Minutes, 20 July 1880; House Committee Minutes, 1878–1880; RLHLH/A/5/39, 518–519; Barts Health NHS Trust Archives and Museums, London. House Committee Minutes, 27 July 1880; House Committee Minutes, 1878–1880; RLHLH/A/5/39, 523–524; Barts Health NHS Trust Archives and Museums, London. Matron’s Report to House Committee, 5 October 1880; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 41; Barts Health NHS Trust Archives and Museums, London

indicator of their social status, class, and gentility; secondly, she sought educated nurses whom she thought would have the right social background and ‘tone’. Finally, and because Lückes felt that there were insufficient nurses of the right type, this thesis demonstrates that she utilised character training to instil her future leaders with the Victorian middle-class characteristics of discipline, obedience, selflessness and punctuality, ensuring that they elevated the new profession with the ‘right tone’. These themes will be examined in relation to the 474 matrons in this study.¹⁶³

Christopher Maggs’s ground-breaking research into the social backgrounds of nineteenth-century nurses dispelled the myth that the new reformed nurses were all from the highest classes.¹⁶⁴ More recently a number of nursing historians have also demonstrated that the new reformed ‘nurses were not exclusively from the upper and middle-classes.’¹⁶⁵ This study, which is among the first to examine the class of a cohort of nursing leaders, has found that only a third of these leaders were from the highest social class. These findings challenge Jane Brooks’s assertion that nursing created a ‘two-tier’, class-based system and that ‘the matrons and sisters ...were invariably from quite a different class.’¹⁶⁶

In common with other nurse reformers, Lückes believed that womanly qualities were essential in a ‘good nurse’, and she was, perhaps initially, trying to slot women into the pre-existing hospital culture. However, the evidence suggests that from very early on Lückes tried to influence the profession, firstly by seeking women of the ‘right class’.

¹⁶³ See Appendix C: Database

¹⁶⁴ Christopher Maggs, ‘Nurse Recruitment to Four Provincial Hospitals 1881–1921’ in Celia Davies (ed.), *Rewriting Nursing History* (Beckenham, Croom Helm, 1980), 18–40

¹⁶⁵ Sarah Rogers, ‘The Nurses of the 1897 Maidstone Typhoid Epidemic: Social Class and Training. How representative were they of mid-nineteenth-century nursing reforms?’ (Unpublished Master of Letters dissertation, Dundee, March 2016), 1. See also: Ann Simnett, ‘The pursuit of respectability: women and the nursing profession 1860–1900’ in Rosemary White (ed.), *Political Issues in Nursing: Past, Present and Future*, Vol.2, (Chichester, Wiley, 1986), 1–23. Janet Likeman, ‘Nursing at University College Hospital, London, 1862–1948. From Christian Vocation to Secular Profession’ (Unpublished PhD thesis, University of London, 2002). Sue Hawkins, *Nursing and Women’s Labour in the Nineteenth Century* (London, Routledge, 2010). Stuart Wildman, ‘Local Nursing Associations in an Age of Nursing Reform, 1860–1900’, (Unpublished PhD thesis, University of Birmingham, May 2012). Keiron Andrew Spires, ‘Nurses in the Boer War (1899–1902)’ (Unpublished PhD thesis, University of London South Bank, 2013)

¹⁶⁶ Jane Brooks, ‘Structured by Class, bound by gender’, *International History of Nursing Journal*, 6, 2 (2001), 13–21, 13, 20

Finding nurses of the right social background

Lückes appeared to recruit the future nursing leaders examined in this study by their parents' profession or occupation. Apparently, this was her initial selection criterion – it gave her an impression of each nurse's potential suitability and gentility, and confirmed that they were from the 'right class' or background. Lückes possibly thought that women whose fathers had professional occupations would add social status, cachet and respectability to nursing, and to the hospital, and that this might attract other respectable gentlewomen to train as nurses.¹⁶⁷ Furthermore, daughters of clergy and medical practitioners might have been imbued with social responsibility and a sense of public service. Women like herself from upper and middle-class backgrounds, would have developed managerial skills whilst running their households and managing servants. For some of the formative years of her life, Lückes – the daughter of a businessman, was brought up in an upper-middle-class lifestyle and a hierarchy in society which respected and admired professional people. Notwithstanding her father's financial problems and bankruptcy in the mid-1870s, it is likely that the family continued to live with the features of a middle-class lifestyle, but in impoverished gentility.¹⁶⁸ Arguably Lückes was like matrons of other voluntary hospitals, and initially at least she put her faith 'in women from their own class, who they hoped would become leaders at other, as-yet-unreformed hospitals.'¹⁶⁹



Image 2.1: Eva Lückes standing by a potted plant, late 1880s¹⁷⁰
Credit: Barts Health NHS Trust Archives and Museums, London

¹⁶⁷ Carol Helmstadter, 'Building a New Nursing Service: Respectability and Efficiency in Victorian England', *Albion: A Quarterly Journal Concerned with British Studies*, 35, 4 (Winter 2003), 590–621. Carol Helmstadter, 'A Real Tone, Professionalizing Nursing in Nineteenth-Century London', *Nursing History Review*, 11 (2009), 3–30

¹⁶⁸ See Appendix Aii: Henry Lückes's timeline. Henry Richard Lückes sold their large family home in 1875, see: Anonymous, 'Preliminary Announcements... To Sell by Auction', *Gloucester Journal* (17 April 1875), 4. This coincided with his business going into liquidation, see: 'Notices', *The London Gazette* (27 July 1875), 3788. In 1878 he was declared bankrupt, see: Anonymous, 'Bankruptcy notices', *The London Gazette* (18 January 1878), 305

¹⁶⁹ Martha Vicinus, *Independent Women, Work and Community for Single Women, 1850–1920* (London, The University of Chicago Press, 1985), 97

¹⁷⁰ Portrait photograph of Miss Eva C.E. Luckes standing by a potted plant, by H.S. Mendelssohn, late 1880s; Photographs; RLHLH/P/3/21/4; Barts Health NHS Trust Archives and Museums, London

Class, society and Lückes

Until the mid-eighteenth century a person's place in society was generally described as their rank, or order.¹⁷¹ Over the next hundred years, the term 'class' was increasingly used to describe an individual's social position, and by the mid-nineteenth century the use of this phrase was ingrained.¹⁷² During the nineteenth and early-twentieth centuries Britain is described as a 'rigid class society', which focused on status, occupation and economic wealth; these features defined an individual's social class.¹⁷³ Society was centred around the family unit, and a person's social class was derived from the occupation of the male, 'head of the household.'¹⁷⁴ Although Lückes documented the occupations of her probationers in their records, she asked for their father's, or their husband's occupation on their application forms.¹⁷⁵ This reflected the general acceptance at that time, that a father's occupation determined the social class and status of their family.¹⁷⁶

A review of the secondary literature reveals frequent debates between historians about 'social class', and yet no predominant agreement. Since the mid-nineteenth century when Karl Marx first hypothesised his original two social class, capital versus labour theory, there has been a lack of consensus by historians and sociologists on how to describe the class structure of society.¹⁷⁷ Marx argued that a person's position in the class hierarchy was based on their role in the production process. In the early-twentieth century Max Weber described a four part model of social status which was based on 'values and life-styles',¹⁷⁸ and included a fourth

¹⁷¹ P.N. Furbank, *Unholy Pleasure: The Idea of Social Class* (Oxford, Oxford University Press, 1985), 5

¹⁷² Alan Kidd and David Nicholls, 'Introduction: The Making of The British Middle-Class?' in Alan Kidd and David Nicholls (eds), *The Making of The British Middle-Class? Studies of Regional and Cultural Diversity Since the Eighteenth Century* (Thrupp, Sutton Publishing, 1998), xv–xl, xvi

¹⁷³ Geoffrey Crossick, 'The emergence of the lower-middle-class in Britain: a discussion' in Geoffrey Crossick (ed.), *The Lower-Middle Class in Britain* (London, Croom Helm, 1977), 11–60

¹⁷⁴ See for example: Hawkins, *Nursing and Women's Labour*, 186. Stephen Brooke, 'Class and Gender', in Francesca Carnevali and Julie-Marie Strange (eds), *20th Century Britain, Economic, Cultural and Social Change* (Harlow, Pearson Education Ltd, 2007), 42–57

¹⁷⁵ See: Registers of Nurse Probationers, 1880–1919; RLHLH/N/1, 1–26 and Nurse Probationers Files; RLHLH/N/8/1–17; Barts Health NHS Trust Archives and Museums, London. The surviving application forms which were used between 1892–1917 asked the same question.

¹⁷⁶ W.A. Armstrong, 'The Use of Information about Occupation', in E.A. Wrigley (ed.), *Essays in the use of Quantitative Methods for the Study of Social data* (Cambridge University Press, Cambridge, 1972), 191–225. Hawkins, *Nursing and Women's Labour*, 186

¹⁷⁷ David Cannadine, *Class in Britain* (London, Yale University Press, 1998). Karl Marx, 'On Classes' in Rhonda F. Levine (ed.), *Social Class and Social Stratification: Classic Statements and Theoretical Debates* (Oxford, Rowman and Littlefield publishers Inc., 1998), 41–42. Andrew Miles, 'Social Structure, 1900–1939' in Chris Wrigley (ed.), *A Companion to Early-Twentieth-Century Britain* (Malaysia, Wiley-Blackwell, 2009), 337–352

¹⁷⁸ Peter Burke, *History and Social Theory*, 2nd edn (Cambridge, Polity Press, 2005), 63

professional class.¹⁷⁹ There are proponents of various models which range from two class to five class models,¹⁸⁰ and some historians challenge the very existence of social class per se.¹⁸¹ More recently social historians have variously described a professional class,¹⁸² or ‘forgotten’ middle-class¹⁸³ which developed during the Industrial Revolution, and often worked in the nascent professions, including medicine and public health.¹⁸⁴ Some postmodernists claim that the middle-class is purely a concept, not a reality.¹⁸⁵ David Cannadine’s interpretation of a three class model overlaid by hierarchy has resonances with this study.¹⁸⁶

It is likely that Lückes’s concept of social status, or social hierarchy, was formed during her upbringing as an upper to middle-class woman. Lückes was formally educated, read widely, and quoted from works by Johann Wolfgang von Goethe, William Shakespeare and Sir Edwin Arnold.¹⁸⁷ She was probably familiar with the social hierarchy depicted within contemporary nineteenth-century literature, including works by Charles Dickens, George Eliot and Jane Austen. In Austen’s *Emma*, the heroine ascribed certain behaviours to characters from a particular class, and it is possible that, whether subconsciously or consciously, Lückes applied the practice ‘Of deciding that individuals must have certain characteristics because they are members of a certain class...’ to her employment of nurses.¹⁸⁸ Although Austen’s descriptions of behaviour were written nearly fifty years before Lückes was born in 1854, they were probably still considered relevant. By the mid-nineteenth century an evangelical element of the middle-classes was beginning to assert moral authority over the ‘ill behaved’ aristocratic classes.¹⁸⁹ Lückes had a strong religious belief, and she would have been instilled with the middle-class domestic ideology; that a woman’s place was in the home, and that her role as the ‘angel in the house’ included the moral education of the

¹⁷⁹ Max Weber, ‘Class, Status, Party’ in Rhonda F. Levine (ed.), *Social Class and Social Stratification: Classic Statements and Theoretical Debates* (Oxford, Rowman and Littlefield Publishers Inc., 1998), 43–56

¹⁸⁰ R.S. Neale, ‘Class and Class-Consciousness in Early Nineteenth-Century England: Three Classes or Five?’, *Victorian Studies*, XII, 1 (September 1968), 5–32

¹⁸¹ Patrick Joyce, *Visions of the People, Industrial England and the question of class, 1848–1914* (Cambridge, Cambridge University Press, 1994), 22

¹⁸² Harold Perkin, *The Rise of Professional Society; England since 1880* (London, Routledge, 1989), 367

¹⁸³ *Ibid*, 362

¹⁸⁴ Lawrence James, *The Middle-Class: A History* (London, Abacus, 2018)

¹⁸⁵ Furbank, *Unholy Pleasure: The Idea of Social Class*, 8

¹⁸⁶ Cannadine, *Class in Britain*, 22–23

¹⁸⁷ For examples of literature which Eva Lückes copied down, see: Commonplace book compiled by Eva Lückes, 1874–1918; RLHPP/LUC/4 /1 and Commonplace book compiled by Eva Lückes, 1884–1891; RLHPP/LUC/4 /2; Barts Health NHS Trust Archives and Museums, London

¹⁸⁸ Jane Nardin, ‘Charity in Emma’, *Studies in the Novel: No.1. Jane Austen* 7, 1 (1975), 61–72, 62

¹⁸⁹ Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle-Class, 1780–1850* (London, Routledge, 1987), 21

servants.¹⁹⁰ Arguably, she based her initial decisions about which nurses to employ as much on her previous experience, as on contemporary literature. Lückes may have initially precluded some women from the lower-classes, because they would have ‘unsuitable’ manners and would lack the gentility which she associated with the upper and middle-classes.¹⁹¹

Lückes’s concept of behaviour, by which is meant attitude, demeanour, education, and manners, is probably what she meant by class. Amanda Vickery argues that in the eighteenth century ‘politeness was built on the rule of decorum, which held that all should behave strictly according to their rank, station...’.¹⁹² These concepts of gentility continued into the mid-nineteenth century and helped to construct the middle-class domestic ideology.¹⁹³ When Lückes described a ‘lady’ or nurse as ‘not of the right sort’, she may have thought that they were lacking in gentility or tone. Clearly, Lückes was trying to mould the nascent profession by improving the status of ‘the new trained nurse’ in order to appeal to women with middle and upper-class backgrounds and to move away from the propagandists image of ill-disciplined, untrained, slatternly nurses. However, there is evidence that refutes these caricatures. A number of the ‘old style’ nurses at ‘The London’ were compassionate and careful, and when they retired, Lückes supported their pension applications, as in Hannah Cowley’s case, because she had ‘always borne a good character.’¹⁹⁴ In order to improve the perception of nursing it is probable that Lückes thought educated refined wealthy women would have the ‘necessary’ social mores associated with their class. Brooks argues that the new lady nurses would ‘inculcate’ the working-class nurses with their higher standards of behaviour.¹⁹⁵ It is likely that Lückes thought that ‘ladies’ were more trainable, and moreover amenable to being moulded into the nurses she desired as ward sisters, as well as for

¹⁹⁰ Catherine Hall, *White, Male and Middle-class: Explorations in Feminism and History* (Cambridge, Polity Press, 1992), 75–93. Apparently Lückes would have preferred to stay at home, whom she described leaving as her ‘greatest sorrow’. It is thought that Lückes partly found paid employment because of the family’s financial insecurity, see: Lord Knutsford, *Eva C.E. Lückes*, Private Publication, 1919; RLHPP/KNU/3/, 4; Barts Health NHS Trust Archives and Museums, London and Grainne Anthony ‘Distinctness of Idea and Firmness of Purpose: The Career of Eva Lückes: A Victorian Hospital Matron.’ (Unpublished Master of Arts dissertation, London Metropolitan University, 2011), 24

¹⁹¹ Amanda Vickery, *Behind closed doors: At home in Georgian England*, 2nd edn (London, Yale University Press, 2019), 16, 53, 298

¹⁹² *Ibid*, 53

¹⁹³ Davidoff and Hall, *Family Fortunes*, see Chapter Three: 149–192

¹⁹⁴ Hannah Cowley had been in the service of the hospital for nineteen years when she retired as Nurse Isolation: Matron’s Report to House Committee, 5 June 1883; House Committee Minutes 1882–1884; RLHLH/A/5/41, 245; Barts Health NHS Trust Archives and Museums, London

¹⁹⁵ Brooks, ‘Structured by Class, bound by Gender’, 13–21

leadership roles outside the hospital. Tantalisingly Lückes is not explicit about what she means by ‘right type’; and as with her definition of social class, her thoughts have to be gleaned from other sources including her personal letters and published documents.

Lückes refers to class in Charles Booth’s contemporaneous interviews, letters to Nightingale, and in the probationers’ records.¹⁹⁶ These sources suggest that she thought that it was more than class, which made a ‘reformed’ nurse. As part of Booth’s sociological survey of working life in London between 1886 and 1903, a number of salaried women were interviewed, including matrons from some of the leading London hospitals and nursing institutions. In her interview Lückes stated a preference for ‘Ladies’, but that she would employ ‘parlour maids and housemaids of the better sort only.’¹⁹⁷ Lückes wrote to Nightingale about the difficulty of employing nurses who were the right ‘type of woman (not exactly her social class)...’ [original emphasis].¹⁹⁸

The historiography and sociology of social classification

Even today in the twenty-first century, the concept of class is entrenched in British people’s self-perception and subconscious.¹⁹⁹ The concept of ‘class’ is used to understand, and categorise, social and economic inequality which existed historically and is prevalent today, although recently the use of class as an analytical tool has been challenged.²⁰⁰ Before 1913 when the General Register Office undertook the first national public classification, Britain had no ‘official’ social structure.²⁰¹ The new classification described five social classes which categorised individuals based on their occupation, wealth and status within communities, and has been described as a professional occupational classification model.²⁰² It is unlikely that Lückes would have any concept of a formal classification system.

¹⁹⁶ Letters from Eva Lückes to Florence Nightingale: 1889–1899; The Nightingale Papers; Add MS 47746, Vol. CXLIV; The British Library, London. Registers of Nurse Probationers, 1880–1919; RLHLH/N/1, 1–26; Barts Health NHS Trust Archives and Museums, London. C. Booth, Life and Labour, Law and Medicine, Interviews; Booth Collection B153, IV, I; The London School of Economics Library, London

¹⁹⁷ Interview with Eva Lückes, 29 April [1896]; C. Booth, Life and Labour, Law and Medicine, Interviews; Booth Collection B153, IV, I, 220; The London School of Economics Library, London

¹⁹⁸ Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 8 June 1892; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.114; The British Library, London

¹⁹⁹ Selina Todd, ‘Class, experience and Britain’s twentieth-century’, *Social History*, 39, 4 (2014), 489–508

²⁰⁰ Brooke, ‘Class and Gender’, 42–57. Francesca Carnevali and Julie-Marie Strange, ‘Introduction’ in Francesca Carnevali and Julie-Marie Strange (eds), *20th Century Britain, Economic, Cultural and Social Change* (Harlow, Pearson Education Ltd, 2007), 1–4

²⁰¹ Miles, ‘Social Structure, 1900–1939’, 338

²⁰² Simon R.S. Szreter, ‘The Genesis of the Registrar-Generals Social Classification of Occupations’ in *The British Journal of Sociology*, 35, 4 (December, 1984), 522–546

Social classification of The London Hospital matrons

W.A. Armstrong's Social Classification scheme was used to identify the social class of each matron in this study (see discussion in Chapter One, pages 26–27).²⁰³ Armstrong's criteria that employers should be assigned to a higher-class was adhered to, where it was possible to verify that the nurse's next of kin had employed staff. Because some occupations such as a stage coach driver and a rag and paper merchant are not included in this scheme the researcher used their subjective 'best judgement' to allocate these to a class. This research assessed the nurse's class at a given point in their lives, so it does not reflect any changes in parental occupation, which could lead to a change in social class, before or after they started training. It is thought likely, that even if a previously wealthy family were living in impoverished gentility, as had occurred to Lückes's family, that she would have still associated them with the higher-classes. The identification of Sarah Wilshaw's social class highlights the fluidity of class, and some of the issues with Armstrong's classification. Her father's occupation is not specifically listed, and as discussed earlier, the class nurses were allocated to was based on their parent's occupation immediately before these future matrons commenced at 'The London'.²⁰⁴ An examination of her father's occupation in the 1871 and 1881 decennial censuses failed to indicate that he was an employer. But, if the allocation had been based on his class from the 1861 census when he employed '306 hands' Wilshaw would have been assessed as being from Social Class I, rather than Social Class III.²⁰⁵ Further research revealed that her father's business was liquidated in October 1883, six months before she began training, and that in January 1884 it was suspended from trading.²⁰⁶ However, Lückes may have thought that Wilshaw had the 'tone' and manners of someone who had benefited from the upbringing and education which is associated with a privileged, wealthy, upper-class background. These issues illustrate Gillian Sutherland's argument that, 'If the men are difficult to classify, it is even harder to classify the women.'²⁰⁷

²⁰³ Armstrong, 'The Use of Information about Occupation', 191–225

²⁰⁴ George Wilshaw, RG9/2585, 4; The General Record Office, The England and Wales 1861 Census for Sutton, Macclesfield and George Wilshaw, RG11/3497, 7; The General Record Office, The England and Wales 1881 Census for Sutton, Macclesfield; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 28 May 2020]. Armstrong, 'The Use of Information about Occupation', 191–225

²⁰⁵ Ibid

²⁰⁶ Anonymous, 'Petitions for Liquidation by Arrangement', *The Manchester Courier, and The Lancashire General Advertiser* (27 October 1883), 7. Anonymous, 'Commercial Intelligence', *The Manchester Courier, and The Lancashire General Advertiser* (1 January 1884), 6

²⁰⁷ Gillian Sutherland, *In Search of The New Woman: Middle Class Women and Work in Britain 1870–1914* (Cambridge, Cambridge University Press, 2018), 88

Social classification findings of The London Hospital Matrons

Examples of the classes to which matrons were apportioned and their parental occupations using Armstrong's model, are shown in Table 2.1 below. This model enabled comparisons with other historical analyses of the social class of nurses. Nursing historians have used Armstrong's scheme to study the class of nineteenth-century nurses who worked in: St George's Hospital, the Second Anglo-Boer War, the 1897 Maidstone typhoid epidemic, and Local Nursing Associations.²⁰⁸ It should be noted that the data sets are not 'like for like' as each study covered different time frames, and nurses who worked in different spheres. However, they do enable a broad comparison with the social class of the nurses identified in this new study between 1880–1919.

Social Classification	Description	Parental occupations of the matrons
I	Professional: upper and middle-classes	Accountant, Army Officer, Clergyman, Land Owner, Ship Owner, Solicitor, Surgeon, Surveyor
II	Intermediate: Bourgeois	Company Manager, East India Merchant, Farmer, Fruit Broker, Teacher
III	Skilled occupations: upper working-class	Boarding House Keeper, Currier, Fire Insurance Clerk, Milliner, Master Mariner, Silk Maker
IV	Semi-skilled workers	Agricultural Labourer, Miner, Stoker, Game Keeper
V	Unskilled workers: lower working-class	General Labourer, Time Keeper

Table 2.1: W.A. Armstrong's Social Classification scheme with examples of the matron's father's occupations

Keiron Spires identified the social class of 13% of the Second Anglo-Boer War nurses; Sarah Rogers classified 37% of the Maidstone typhoid epidemic nurses; Sue Hawkins assigned a class to 45% of the St. George's Hospital nurses, 1882–1901 and Stuart Wildman attributed a class to 76% of the Local Nursing Association assistant matrons and matrons, 1882–1901.²⁰⁹

²⁰⁸ Hawkins, *Nursing and Women's Labour*. Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860–1900'. Spires, 'Nurses in the Boer War (1899–1902)'. Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic'

²⁰⁹ Spires, 'Nurses in the Boer War (1899–1902)', 119. Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic', 17. Susan Hawkins, 'Myth and Reality: uncovering and discovering the nurses of St George's Hospital, London, 1850–1900' (Unpublished PhD thesis, University of Kingston, 2007), 16; Sue Hawkins also kindly supplied her social class data. N.B. For the purposes of this study Stuart Wildman's data from 1882–1901 was analysed, and assistant matrons were also included as leaders of nurses in this calculation. As a further six matrons were not classified for this period, they were excluded from this percentage, see: Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860–1900', 285. As with Hawkins' study the relevant portion of data have been analysed for this comparison.

The matron's records in Wildman's study contained more personal information than the ordinary nurses, which may have enabled a higher identification rate.²¹⁰ A social class has been assigned to 71% of the 474 nurses in this study, who trained at 'The London', and subsequently were employed as matrons. A number of factors may have contributed to this identification level: the amount of biographical information within The London Hospital records, a higher level of 'footprint' left behind within other primary sources and the nurses' wish to self-promote. Lückes and The London Hospital Chairman, Sydney Holland may also have promoted these particular appointments. Increasing accessibility of records, both online and in archives, and escalating digitisation and indexing of primary sources, may have further aided this research.²¹¹ This study may have also benefitted from the researcher's postgraduate academic training in genealogy.

Social class, by percentage	The London Hospital Matrons: 1880–1919
I	31
II	35
III	28
IV	5
V	1

Table 2.2: The London Hospital matron's data shown by percentage

This research identified that 66% of these matrons were from social classes I and II, hence it is likely that class, or the characteristics and behaviours associated with the higher-classes was an important factor in their promotions (see Table 2.2 above). This is lower than the studies of London Hospital trained nurses who worked in the Maidstone typhoid epidemic and the Local Association matrons, which found that 85% and 95% respectively were from classes I and II.²¹² The background of the women in these two studies may have contributed to their appointments. Lückes may have deliberately selected nurses with more obvious tone and gentility whom she thought were most suited to work in private homes during the

²¹⁰ Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860–1900', 137

²¹¹ For example, the British Newspaper Archive, which was launched online in November 2011 now has amassed over 45 million pages and adds over 100,000 new pages per day, which are searchable digitally via a subscription, see: <https://www.britishnewspaperarchive.co.uk> [accessed on 14 October 2021]. Ancestry.com, one of a number of genealogy sites now offers researchers over 30 billion records from 80 countries [Available at: <https://www.ancestry.com>, accessed on 15 October 2021]

²¹² N.B. For the purposes of this study Wildman's data from 1882–1901 was analysed, and assistant matrons were also included as leaders of nurses in this calculation. As a further six matrons were not classified in this period, they were excluded from this percentage, see: Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860–1900', 285. Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic', 20

Maidstone typhoid epidemic.²¹³ That more of the nurses from St George's and 'The London' were from the upper-classes reflects the gentrification of nursing during the last two decades of the nineteenth century, and an increasing acceptance that nursing was a respectable profession in which upper and middle-class ladies could obtain paid employment.²¹⁴ However, both these data sets are statistically small samples, which may have distorted the findings.²¹⁵

The Second Anglo-Boer War nurses project identified a similar number of women from the upper and middle-classes, as found by this research into Lückes as a 'matron maker'.²¹⁶ It was likely that the military nurses would largely be from the higher-classes as preference was given to the daughters of military officers.²¹⁷ That two-thirds of matrons from 'The London' were from social classes I and II, suggests that Lückes was actively employing more women whose father had a professional background. It also suggests that hospitals governors were favouring educated women, who would discipline and instil morals and good behaviour into working-class staff.²¹⁸ Furthermore, it seems likely that Lückes's matrons would have increased employability, because they had trained at one of the 'prestigious London teaching hospitals.'²¹⁹ Future employers might consider that these 'Nightingale-style' nurses would bring 'a better nursing service' to their institution.²²⁰

Maggs's claim that nursing was a social 'melting pot', has been reinforced to a certain extent by recent historiography which also refuted the myth that nurses in the late-nineteenth century were exclusively from the upper-classes.²²¹ St George's Hospital did not employ

²¹³ Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic', 20–23

²¹⁴ Arlene Young, '“Entirely a woman's question?”: Class, Gender, and the Victorian nurse', *Journal of Victorian Culture*, 1 (2008), 18–41

²¹⁵ There are 19 Local Nursing Association assistant matrons and matrons, and 20 Maidstone typhoid epidemic nurses. Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860–1900', 285. Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic', 20

²¹⁶ Spires, 'Nurses in the Boer War (1899–1902)', 119–121

²¹⁷ Discussion of the War Office Committee on the reorganisation of the Army Medical and Army Nursing Service, July 1902; WO 33/208, 133; The National Archives, Kew

²¹⁸ Gerry Holloway, *Women and Work in Britain since 1840* (London, Routledge, 2005), 120

²¹⁹ Vicinus, *Independent Women*, 114. Carol Helmstadter, 'Old Nurses and New: Nursing in the London Teaching Hospitals Before and After the Mid-Nineteenth-Century Reforms', *Nursing History Review*, 1 (1993), 43–70, 62

²²⁰ Carol Helmstadter, 'Reforming hospital nursing: the experiences of Maria Machin', *Nursing Inquiry*, 13, 4 (December 2006), 249–258, 258 and Carol Helmstadter, 'Maria Machin at the Montreal General Hospital: A study in revisionism', *The Bulletin of the UK Association for the History of Nursing*, 8, 1 (2020), 1–9

²²¹ Maggs, 'Nurse Recruitment to Four Provincial Hospitals 1881–1921', 18–40. Simnett, 'The pursuit of respectability', 1–23. Likeman, 'Nursing at University College Hospital, London, 1862–1948', 38–39. Hawkins, *Nursing and Women's Labour*, 54. Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic', 19–25

paying probationers, which could explain why they appointed fewer nurses from social classes I and II than this study, and that 44% of the St. George's nurses were from social classes III, IV and V.²²² Hawkins demonstrated that the St George's nurses experienced upward social mobility.²²³ The London Hospital matrons were less socially mobile, as 66% were from the higher-classes – although based on Armstrong's algorithm, the remaining third of the cohort did 'enjoy' social advancement.²²⁴

Introducing nurses of the 'right class' to 'The London'

Throughout her forty-year tenure at 'The London' Lückes tried to influence the tone of the profession, but she struggled to recruit enough well-educated probationers of the 'right class'. In November 1881 Lückes reported to the House Committee that: 'Although we have a good number of applications for probationer spaces I do not think they come quite from the class that we could now receive with advantage', and she suggested that if the advertisements were placed in 'Papers such as *The Queen*, *The Guardian*, *The Christian World*, it might be of service in gaining applicants from the right class.' [author's italics].²²⁵ In the 1880s, possibly to initially instil class into The London Hospital's nursing department, Lückes employed a number of trained or experienced nurses to responsible positions as ward or night sisters who were from the higher-classes. Some of those who later on became matrons, are shown below in Table 2.3 below.

²²² Sue Hawkins kindly supplied her social class data. Hawkins, *Nursing and Women's Labour*, 54

²²³ Ibid

²²⁴ Armstrong, 'The Use of Information about Occupation', 191–225

²²⁵ Matron's Report to House Committee, 15 November 1881; House Committee Minutes 1880–1882; RLHLH/A/5/40, 379; Barts Health NHS Trust Archives and Museums, London

Year appointed at The London Hospital	Name	Social class	Father's Occupation	Previous nursing experience	First appointment after The London Hospital
1881	Elizabeth Sturge	I	Surveyor	Two years'	Matron of a children's convalescent home for hip disease in Bournemouth
1882	Rosabella Paulina Fynes Clinton	I	Clergyman	Two years' experience and trained at the British Hospital, Endell St.	Visitor for the Trained Nurses Association to Workhouse Infirmary
1882	Ellen Moir	I	Free Church Minister	Two and a half years at the Royal Infirmary Edinburgh and private nursing at the Westminster Hospital	Matron, St. Pancras Infirmary, London
1885	Clara Eastmond	II	Farmer, employing men	Three years at Addenbrooke's Hospital	Matron, Government Civil Hospital, Hong Kong
1887	Marion Mackey	I	Army Staff Surgeon	Eight years' experience, including three years as Superintendent of Nurses at Newcastle	Matron, Ear Nose and Throat Hospital, London

Table 2.3: Higher-class experienced nurses whom Lückes employed during the 1880s

This review of the Register of Sisters and Nurses suggests that Lückes specifically 'imported' these nurses 'because there were no trained workers of our own to promote.'²²⁶ Furthermore she appears to have selected them to help her raise the 'tone': she thought that Elizabeth Sturge was 'a nice-minded woman and her influence would always be on the right side.'²²⁷ Lückes described Ellen Moir 'as excellent in every respect... and proved most helpful in

²²⁶ Elizabeth Sturge, Register of Sisters and Nurses; RLHLH/N/4/1, 76; Barts Health NHS Trust Archives and Museums, London

²²⁷ Ibid

every way...’ – and probably helped influence the early stages of nursing reform at ‘The London’.²²⁸ By employing them as sisters, it seems that she was trying to expedite the process of making nursing at the hospital a respectable profession, before she had trained sufficient ‘home-grown’ nurses with the right characteristics. Lückes noted that Sturge was ‘very efficient in training probationers...’,²²⁹ and it is likely that she wanted them to inculcate the other nursing staff with their middle-class characteristics, thereby improving the ‘tone’ of the future profession. Clara Eastmond epitomised the new ideal nurse and was ‘orderly, industrious and methodical...’; she managed her nurses well, with ‘good control’ and her wards were neat and tidy.²³⁰

This research shows, that from the 1890s, as the reforms became effective, many more middle-class women started training at ‘The London’ (see Figure 2.1 below).²³¹ These results are similar to those from other studies, including that by Ann Simnett who found that nursing at St Bartholomew’s Hospital became more gentrified between 1881 and 1892, and also found that an increasing number of women from the professional class were attracted to the profession.²³²

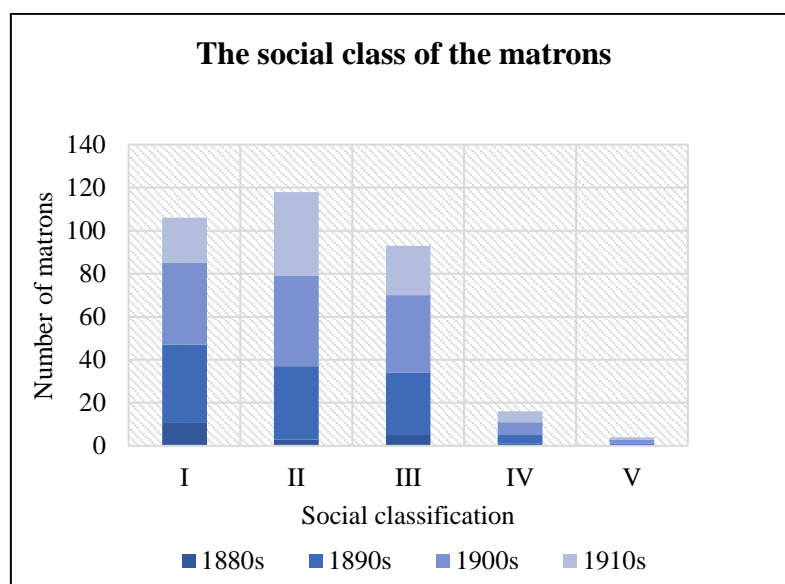


Figure 2.1: The social class of The London Hospital matrons, 1880–1919

²²⁸ Ellen Jean Moir, Register of Sisters and Nurses; RLHLH/N/4/1, 41; Barts Health NHS Trust Archives and Museums, London

²²⁹ Elizabeth Sturge, Register of Sisters and Nurses; RLHLH/N/4/1, 32; Barts Health NHS Trust Archives and Museums, London

²³⁰ Clara Eastmond, Register of Sisters and Nurses; RLHLH/N/4/1, 65; Barts Health NHS Trust Archives and Museums, London

²³¹ It was only possible to determine the social class of 337 of the 474 matrons.

²³² Simnett, ‘The pursuit of respectability’, 1–23

As Anne Marie Rafferty observes, ‘Making nursing respectable would expand employment opportunities for middle-class women.’²³³ Although Simnett suggests that ‘the working-class element in nursing was opting out by the end of the century...’,²³⁴ this is contrary to the situation at ‘The London’ as suggested by this study, and Simnett’s results reflect the preference of St Bartholomew’s Hospital for middle-class nurses. From the 1890s Lückes increasingly employed women from the lower-classes, whose fathers worked in skilled and semi-skilled occupations such as floristry, gardening or as a coach driver (classes III and IV respectively).²³⁵ This may be a result of the widening range of employment opportunities that were opening up for women,²³⁶ and that Lückes, in common with other reforming matrons, struggled to meet the demand for trained nurses of the ‘right’ class.²³⁷ In 1904, Holland, Chairman of The London Hospital, stated at a parliamentary enquiry into nurse registration that nurses mainly came from a ‘better class of people, not the middle class...’.²³⁸ He bemoaned that ‘there is a shortage of applicants of the right class of women. ... We sometimes despair a great deal of the class of women that are applying.’²³⁹ Arguably, Lückes also shared his view.

The research data from this study suggests that many of the matrons had fathers who worked in the emerging professions such as accountants, bankers and engineers, as well as those whose fathers were in the church, law, medicine and military (classes I).²⁴⁰ This has similarities with the occupations of the fathers of the first candidates to the Queen Alexandra’s Imperial Military Nursing Service (hereafter QAIMNS) between 1902–1914.²⁴¹ Lückes appeared to share the army’s recruitment philosophy and, where possible, selected probationers by their ‘education, character, and social status...’.²⁴² She also appointed a

²³³ Anne Marie Rafferty, ‘The Seductions of History and the Nursing Diaspora’, *Health and History*, 7, 2 (2005), 2–16

²³⁴ Simnett, ‘The pursuit of respectability’, 8

²³⁵ See Appendix C: Database

²³⁶ Holloway, *Women and Work in Britain since 1840*, 11

²³⁷ Vicinus, *Independent Women*, 96

²³⁸ Sydney Holland, 14 July 1904, 39, paragraph 547; *Minutes of Evidence Taken Before the Select Committee on The Registration of Nurses*, 1904; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London

²³⁹ Sydney Holland, 19 July 1904, 57, paragraph 860; *Minutes of Evidence Taken Before the Select Committee on The Registration of Nurses*, 1904; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London

²⁴⁰ See Appendix C: Database

²⁴¹ Anne Summers, *Angels and Citizens, British Women as Military Nurses, 1854–1914*, rev. edn (Newbury, Threshold Press Ltd, 2000), 195

²⁴² Discussion of the War Office Committee on the reorganisation of the Army Medical and Army Nursing Service, July 1902; WO 33/208, 133; The National Archives, Kew

significant number of women whose fathers were ‘in trade’ and therefore from the upper-working classes, who also became matrons.

‘Paying probationers’

Another way that Lückes influenced the reformation of the profession, and found more nurses of the right ‘class’ and ‘tone’ was through the introduction of paying probationers to ‘The London’. A number of hospitals introduced paying, special or lady probationer schemes which enabled women to become ‘nurses of a superior grade.’²⁴³ These schemes were often shortened to three months, and were seen as a preparation for senior appointments in the nursing hierarchy.²⁴⁴ Some hospitals only appointed paying probationers as sisters.²⁴⁵ This had a threefold benefit for hospitals: it encouraged more educated and higher-class women to enter nursing, elevated the status of nurses, both publicly and in individual hospitals, and also provided a source of much needed income.²⁴⁶

In April 1881 Lückes was authorised to accept probationers who would pay ‘A guinea a week for short periods of hospital training.’²⁴⁷ However, over a year later, she said that the ‘uncomfortable bedroom accommodation’ was deterring paying probationers because:

The majority of persons who are willing to pay for their training will not dispense with a separate bedroom of some kind, especially as it is to be had elsewhere. It will seem rather a pity if we remain unable to utilise the educational advantages both theoretical and practical which we possess and which cannot fail to attract a superior class of workers – for the want of better sleeping accommodation...²⁴⁸

Because Lückes focused on the extra much needed income, and the ‘added-class’ that paying probationers would bring to the hospital, she skilfully obtained permission to increase both the nursing establishment and their sleeping accommodation. Furthermore, the added cachet

²⁴³ National Association for Providing Nurses for the Sick Poor, *Report of the Sub-Committee of Reference and Enquiry*, 15 July 1875, 70 [Available at: <https://archive.org/details/b20409461>, accessed on 11 October 2020]

²⁴⁴ Monica Baly, *Florence Nightingale and the Nursing Legacy*, 2nd edn (London, Whurr Publishers Ltd, 1997), 55–64

²⁴⁵ Summers, *Angels and Citizens*, 98. Simnett, ‘The pursuit of respectability’, 6–7

²⁴⁶ Anthony, ‘Distinctness of Idea and Firmness of Purpose’, 43–44

²⁴⁷ House Committee Meeting, 5 April 1881; House Committee Minutes 1880–1882; RLHLH/A/5/40, 182; Barts Health NHS Trust Archives and Museums, London

²⁴⁸ Matron’s Report to House Committee, 4 July 1882; House Committee Minutes 1882–1884; RLHLH/A/5/41, 19–20; Barts Health NHS Trust Archives and Museums, London

that a ‘superior class’ of nurses might bring to the hospital persuaded the frugal House Committee to expedite ‘a scheme for introducing a class of persons as nurses, willing to pay for their training...’.²⁴⁹ The paying probationers, who had to be ‘educated ladies’,²⁵⁰ could start before they reached 25 years, paid thirteen guineas for a three month training period,²⁵¹ had their own individual sleeping accommodation outside the hospital and were not required to undertake night duty.²⁵² Otherwise Lückes made no distinction between them and the regular probationers, ‘whether ladies or others...’.²⁵³ This research is unique in that it considers the matrons’ social class – and employment, prior to them becoming probationers. Janet Likeman researched the recruits to University College Hospital, and found that between 1890–1899, 21% were paying probationers, although their social classes are not known.²⁵⁴ The data revealed that during the 1890s, 33% of The London Hospital probationers paid for at least part of their training, (see Figure 2.2). The secular nature of nursing at ‘The London’ possibly attracted more paying probationers than at University College Hospital, which was associated with the All-Saints Sisterhood until 1899.

²⁴⁹ Ibid, 21

²⁵⁰ Standing Orders for Probationers, 22 March 1881; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 170; Barts Health NHS Trust Archives and Museums, London

²⁵¹ Regular probationers were not considered strong enough to start before 25 years, see: Standing Orders for Probationers, 1888, London Hospital; Charter, Bye-Laws, and Standing Orders of The London Hospital; RLHLH/A/1/18, 143–144; Barts Health NHS Trust Archives and Museums, London, and Standing Orders for Probationers, 22 April 1895; House Committee Minutes, 1895–1897; RLHLH/A/5/46, 73–74; Barts Health NHS Trust Archives and Museums, London. However, by 1904–1905 Lückes admitted that they now accepted probationers from 22 years old.

²⁵² Standing Orders for Probationers, 1888, London Hospital; Charter, Bye-Laws, and Standing Orders of The London Hospital; RLHLH/A/1/18, 143–144; Barts Health NHS Trust Archives and Museums, London. Letter from Eva Lückes to a prospective probationer, London Hospital, Whitechapel, E., 7 April 1891; Matron’s Correspondence and Papers; RLHLH/N/7/22; Barts Health NHS Trust Archives and Museums, London

²⁵³ Letter from Eva Lückes to a prospective probationer, London Hospital, Whitechapel, E., 16 September 1886; Matron’s Correspondence and Papers; RLHLH/N/7/5 and Standing Orders for Probationers, 22 April 1895; House Committee Minutes, 1895–1897; RLHLH/A/5/46, 73–74; Barts Health NHS Trust Archives and Museums, London

²⁵⁴ Likeman, ‘Nursing at University College Hospital, London, 1862–1948’, 178–179

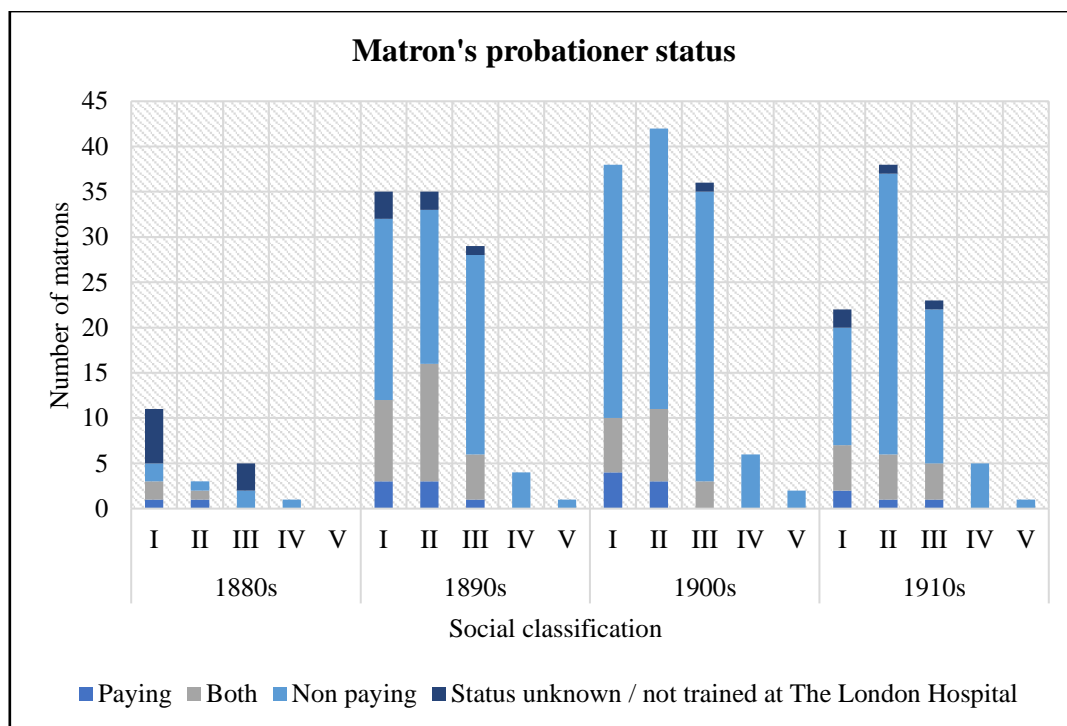


Figure 2.2: Matron's probationer status by social class and decade: 1880–1919

Throughout the period a number of the matrons commenced training as paying probationers, but significantly more ‘converted’, became regular probationers and completed a full training programme. This suggests that some were perhaps under age to become a regular probationer, and were paying to ‘sample’ nurse training before committing to a three to four-year agreement. A few paid for the whole of their two-year training.²⁵⁵ As nursing became accepted as a respectable profession,²⁵⁶ noticeably fewer nurses in this study entered via this route. Although paying probationers schemes were phased out in many hospitals, they were still being accepted at ‘The London’ in the 1910s (see discussion in Chapter Five, pages 276–277).²⁵⁷ Lückes seems to have thought that the ‘moralising influence of ladies on the working-class women...’ would elevate the tone of nursing, and attract more respectable, well-educated and intelligent women, of the ‘right tone’, thereby influencing, and positively increasing the respectability of the profession.²⁵⁸

²⁵⁵ House Committee Meeting, 4 December 1912; House Committee Minutes 1912–1914; RLHLH/A/5/53, 50; Barts Health NHS Trust Archives and Museums, London

²⁵⁶ Christine E. Hallett, ‘Nursing, 1830–1920: Forging a Profession’ in A. Borsay and B. Hunter (eds), *Nursing and Midwifery in Britain since 1700* (London, Palgrave Macmillan, 2012), 46–73, 66

²⁵⁷ Lückes was still accepting Paying Probationers during the First World War.

²⁵⁸ Brooks, ‘Structured by Class, bound by gender’, 17. See also: Vicinus, *Independent Women*, 86

Finding nurses of the ‘right tone’

Throughout her career, Lückes, in common with other reformers of nursing, including Holland, referred to ‘the right type’, ‘the right tone’, and the ‘right sort of women.’²⁵⁹ Nightingale’s description of a woman whom she wished Lückes to train, suggest that they shared a similar vision of a nurse with the ‘right tone’: ‘She is an earnest, clever, good worker – a gentlewoman in every sense of the word, and highly educated.’²⁶⁰ In 1903, Lückes tried to persuade Lady Lucy Hicks-Beach to allow her daughter to undertake further training at ‘The London’ because her ‘ready adaptability... and bright sunny temper... her keen earnest spirit pleases me very much’ [original emphasis].²⁶¹ Furthermore, Lückes wished that ‘our vacancies could be filled with “duplicates” of your daughter, but I fear that there is but little chance of such good fortune for us!’²⁶² Arguably Eleanor Hicks-Beach epitomised the type of nurse whom Lückes aspired to appoint – for her characteristics, if not also because of her social background. In 1918, Lückes wrote to one of her ward sisters, complaining that, after 38 years in post, she was still trying to ‘maintain the right tone’:

I have so much to thank you for in the excellent work you have given us, and in your active, outspoken loyalty, which has been ... such a valuable influence in helping to maintain the right tone amongst our workers at the “London”, which is so dear to my heart, and the lack of which causes, me too many individual disappointments.²⁶³

The evidence suggests that Lückes thought that nurses of the ‘right tone’ were those who ‘took an intelligent interest’,²⁶⁴ ‘had nice manners’,²⁶⁵ were honest, showed ‘unobtrusive self-

²⁵⁹ Eva C.E. Lückes, ‘Introduction’ in Christabel Osborn (ed), *Manuals of Employment for Educated Women, No. III, Sick Nursing* (London, Walter Scott Ltd, 1900), xi–xxviii, xx, xxvi

²⁶⁰ Letter from Florence Nightingale to Eva Lückes, 10 South Street, Park Lane, W., 11 May 1895; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/14; Barts Health NHS Trust Archives and Museums, London

²⁶¹ Lucy Hicks-Beach, Register of Probationers; RLHLH/N/1/7, 246; Barts Health NHS Trust Archives and Museums, London. Letter from Eva Lückes to Lady Lucy Hicks Beach about her daughter Eleanor’s training at The London Hospital, 17 June 1903; Papers of Lady Lucy Hicks Beach; D2455/F3/7/1/3/1; Gloucestershire Heritage Hub, Gloucester.

²⁶² Letter from Eva Lückes to Lady Lucy Hicks Beach about her daughter Eleanor’s training at The London Hospital, 17 June 1903; Papers of Lady Lucy Hicks Beach; D2455/F3/7/1/3/1; Gloucestershire Heritage Hub, Gloucester

²⁶³ Letter from Eva Lückes to an unknown ‘Sister’, 20 Marine Mansions, Bexhill-on-Sea, 15 September 1918; RLHLH/N/7/20, Barts Health NHS Trust Archives and Museums, London

²⁶⁴ Lucy Anne Follows, Register of Probationers; RLHLH/N/1/5, 168; Barts Health NHS Trust Archives and Museums, London

²⁶⁵ Bessie Leonard, Register of Probationers; RLHLH/N/1/5, 193; Barts Health NHS Trust Archives and Museums, London

denial’,²⁶⁶ and were ‘obedient to rules.’²⁶⁷ Lückes appeared to associate refined genteel behaviour as being synonymous with a good education, but as has been discussed earlier in this chapter, this did not necessarily mean her nurses were all from the higher-classes, or that they automatically had the ‘right tone’.

Descriptions of nurses in Lückes’s registers are an excellent indication of what Lückes meant by ‘tone’, and of which nurses, did, and did not, evince, or even exude a ‘good tone’. Nurses whose ‘tone was loud’,²⁶⁸ or had ‘an absence of sympathy, a ‘loudness’ and roughness of tone’,²⁶⁹ however excellent they were in other ways, were often denied new positions or promotions. Lückes was anxious to maintain a good tone on the wards, both amongst staff and the patients. Because one nurse was ‘disagreeable with her fellow workers, bad tempered and disoblighing’ Lückes refused to give her a new staff nurse post because ‘her general ‘tone’ and influence is so undesirable... unless she was prepared to turnover a new leaf...’.²⁷⁰ Others like Sarah Oram, who was to become an Acting Matron-in-Chief of the QAIMNS during the First World War, wanted a sister’s post, but Lückes disagreed, because although Oram’s ‘manner was gentle to patients...’ Lückes felt that ‘supervision would have been very necessary to maintain a good tone in the ward’ (see discussion in Chapter Five, pages 248–249).²⁷¹



Image 2.2: Nurses with ‘tone’ – taking afternoon tea.
Credit: Royal College of Nursing Archives and Library²⁷²

²⁶⁶ Matron’s Annual Letter, No.22; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 15; Barts Health NHS Trust Archives and Museums, London

²⁶⁷ Clarita Carmen Sable, Register of Probationers; RLHLH/N/1/20, 39; Barts Health NHS Trust Archives and Museums, London. See also her texts including: Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899)

²⁶⁸ Julia Sarsfield Murray, Register of Sisters and Nurses; RLHLH/N/4/2, 79; Barts Health NHS Trust Archives and Museums, London

²⁶⁹ Aimee Ellen Turner, Register of Probationers; RLHLH/N/1/3, 57; Barts Health NHS Trust Archives and Museums, London

²⁷⁰ Daisy Bullock, Register of Sisters and Nurses; RLHLH/N/4/1, 233; Barts Health NHS Trust Archives and Museums, London

²⁷¹ Sarah Elizabeth Oram, Register of Probationers; RLHLH/N/1/1, 163; Barts Health NHS Trust Archives and Museums, London

²⁷² Miss Neve and her nurses taking afternoon tea: Anonymous, ‘The Work of the South Wimbledon D.N.A.’, *The Nursing Times*, 10 (1 August 1914), 978

It seems that Lückes endeavoured to employ women like herself, to train as nurses, who would ‘import’ the ‘right tone’ into the profession, and that she considered education to be an important element of this strategy. The first-generation reformers founded nurse training along moral and religious lines and ‘Christian ideals of service and respect...’, and believed that ‘proper behaviour and good character...’ would instil the correct ‘tone’ to improve the profession.²⁷³ In 1861 Louisa Twining called for new nurses to have ‘a very high tone of feeling...’,²⁷⁴ and set the new nurses apart from the old ‘incapable, untrustworthy working-class nurses.’²⁷⁵ Florence Nightingale claimed that the ‘tone and state of hospital nurses’ had been elevated ‘By, more than anything else, making the hospital such a home as good young women – educated young women – can live and nurse in...’.²⁷⁶

However, Helmstadter argues that the second, more secular generation of reformers, such as Lückes, also wanted to improve patient care and deliver efficient nursing but ‘sought a tone that would help nursing achieve the higher social status...’ not desired by religious orders.²⁷⁷ In 1875, five years before Lückes’s appointment, Florence Lees, one of Nightingale’s protégées, reported that nursing should be aiming for a ‘high tone of character and discipline...’, and that the head of the training school must be a woman who could ‘maintain effective discipline, and to be able to give a real tone to the Institution.’²⁷⁸ It seems that Lückes, who had trained during the transition between the first and second generation of nursing reforms, considered tone to be a mixture of both genteel manners, and a good character, and that by improving the tone, she would achieve a higher social status, and therefore improve the respectability and acceptance of the profession. The first generation of reformers improved the tone of nursing through religious and moral training, and the second-generation – including Lückes, utilised education to make nurses of the right tone.

²⁷³ Helmstadter, ‘A Real Tone’, 24–25

²⁷⁴ Louisa Twining, (1861), *Nurses for the Sick, with a Letter to Young Women*, Reprint (Milton Keynes, Franklin Classics, 2020), 17

²⁷⁵ Helmstadter, ‘A Real Tone’, 4

²⁷⁶ Florence Nightingale, ‘Trained Nursing for The Sick Poor’, *The Times*, 14 April, 1876, 5 [Available at: https://en.wikisource.org/wiki/On_Trained_Nursing_for_the_Sick_Poor, accessed on 11 October 2020]

²⁷⁷ Helmstadter, ‘A Real Tone’, 25

²⁷⁸ National Association for Providing Nurses for the Sick Poor, *Report of the Sub-Committee of Reference and Enquiry*, 15 July 1875, 18, 20 [Available at: <https://archive.org/details/b20409461>, accessed on 11 October 2020]

Religion, moral tone and education

This thesis does not focus on religion because it deals with secular nursing reform in the late-nineteenth and early-twentieth centuries; however the use of respectable middle-class women – such as Lückes, to inculcate Christian values into the working-classes became the cultural norm.²⁷⁹ From the early-nineteenth century onwards medicine benefited from scientific advancements and new technologies which increased medical capabilities.²⁸⁰ This new empirical based medicine required more labour intensive, and skilled nursing care from educated, trained nurses and drove the creation of, and the need for, the new ‘Trained Nurse’.²⁸¹ Significant advances in medical knowledge and treatment led to new ‘supportive therapies’ which required constant nursing care, monitoring and treatment. Initially the medical students and dressers undertook much of the care, particularly at night, because of a lack of obedient and morally upright nurses who would diligently implement the prescribed care.²⁸² The pre-reform matrons were generally untrained, and merely responsible for housekeeping, employing nurses to staff the wards,²⁸³ and the doctors were responsible for the discipline of nurses on ‘their’ ward.²⁸⁴

The problem of ill-disciplined workers was not isolated to hospitals; many industries had problems with attendance and discipline.²⁸⁵ Elizabeth Fry and the Anglican sisterhoods were the first to implement more formal, apprenticeship style nurse training in the 1840s and 1850s;²⁸⁶ this format remained the principle method of nurse education until the late-twentieth century.²⁸⁷ The systematic training system introduced by St John’s House, included religious and moral training, and the new nurses lived in.²⁸⁸ This was deemed a respectable

²⁷⁹ Davidoff and Hall, *Family Fortunes*, see particularly 450–451

²⁸⁰ Helmstadter, ‘Old Nurses and New’, 43–70

²⁸¹ Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960), 20. Carol Helmstadter and Judith Godden, *Nursing before Nightingale, 1815–1899* (Farnham, Ashgate, 2011). Helmstadter, ‘Old Nurses and New’, 43–70

²⁸² Carol Helmstadter, ‘The Passing of the Night Watch: Night Nursing Reform in the London Teaching Hospitals, 1856–90’, *Canadian Bulletin of Medical History*, 11, 1 (1994), 23–69

²⁸³ Carol Helmstadter, ‘Early Nursing Reform in Nineteenth-Century London: A Doctor-Driven Phenomenon’, *Medical History*, 46 (2002), 325–350

²⁸⁴ Helmstadter, ‘The Passing of the Night Watch’, 23–69

²⁸⁵ Helmstadter and Godden, *Nursing before Nightingale*, 39–42

²⁸⁶ Judith Moore, *A Zeal for Responsibility; the Struggle for Professional Nursing in Victorian England, 1863–1883* (London, The University of Georgia Press, 1988), 3–10

²⁸⁷ Christine Hallett and Hannah Cooke, *Historical Investigations into the Professional Self-Regulation of Nursing and Midwifery: 1860–2002. Vol. One: Nursing*, see particularly: 121, 164, available at the Archives of the Nursing and Midwifery Council, London, UK. See also: Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996)

²⁸⁸ Carol Helmstadter, ‘Nurse recruitment and retention in the 19th century London teaching hospitals’, *International History of Nursing Journal*, 2, 1 (Autumn 1996), 58–69

environment for a Victorian ‘lady’ to enter; she could undertake unpaid philanthropic work, and moved acceptably from the private to the public sphere. For working-class women who needed paid employment, it gave them the chance of a better paid job and entry into a respectable profession.²⁸⁹ The Victorians considered that religious education would improve the discipline and behaviour of the working-classes, leading to a ‘socially stable society...’.²⁹⁰ The sisterhoods treated all people with consideration and respect, and recognised that better discipline and nursing care were achievable by improving the nurses’ working and living conditions. This included time off duty, and treating the working-class nurses respectfully.²⁹¹

The historiography reveals debates about when moral training was introduced, and the reasons behind it. Several historians believe that it was introduced during the mid-nineteenth-century reforms of nursing as a way of improving the ‘class basis’ of nurses,²⁹² and moving away from the disputed ‘Sarah Gamp’ caricature.²⁹³ However Judith Godden and Helmstadter claim that by the early-nineteenth century, the focus of matrons and doctors was on improving patient care, and that moral training was already present among all occupations, including nursing.²⁹⁴ They challenge Ann Bradshaw’s claim that the Nightingale Training School was the first to adopt moral and practical training, which became known as the ‘Nightingale tradition.’²⁹⁵ More recently, Hawkins suggested that a desire for ‘better educated’ nurses was ‘mistaken for ...class-based selection.’²⁹⁶ The study results in Figure 2.2 suggest that Lückes, like her contemporaries, placed more emphasis on educated women of ‘tone’ than class. The evidence indicates that Lückes thought that through moral and technical education, working-class women could become ‘refined’ nurses, albeit inculcated with middle-class values, to elevate the status and tone of nursing.

²⁸⁹ Helmstadter, ‘Nurse recruitment and retention’, 58–69

²⁹⁰ Helmstadter, ‘Building a New Nursing Service’, 596

²⁹¹ Helmstadter, ‘Nurse recruitment and retention’, 58–69

²⁹² Rafferty, *The Politics of Nursing Knowledge*, 9

²⁹³ Katherine Williams, ‘From Sarah Gamp to Florence Nightingale: a critical study of Hospital Nursing systems from 1840 to 1897’ in Celia Davies (ed.), *Rewriting Nursing History* (Beckenham, Croom Helm, 1980), 41–75, 55–58

²⁹⁴ Helmstadter and Godden, *Nursing before Nightingale*, 39–43

²⁹⁵ Ann Bradshaw, *The Nurse Apprentice, 1860–1977* (Aldershot, Ashgate, 2001), 1–28

²⁹⁶ Hawkins, *Nursing and Women's Labour*, 32

The significance of education to Lückes

Compulsory education for all was seen as a way of improving working-class discipline, time keeping and morals, and increased productivity in hospitals, as well as industry. Elementary education was rather ad-hoc until the Education Act of 1870 established a compulsory, national and secular system of elementary schools.²⁹⁷ During this period there was a belief that girls were less capable intellectually, and because they were expected to marry, less in need of a good education.²⁹⁸ However, Lückes was not educated at home by a governess, which was more common for a daughter from an upper-middle-class background,²⁹⁹ and instead she received a ‘substantial formal education...’ at two, or three boarding schools.³⁰⁰

At this time education for women was changing and the 1851 decennial census results revealed a surplus of unproductive, unmarried women.³⁰¹ The early feminist movement redefined the issue and focused on the rights of women, and their lack of educational and employment opportunities.³⁰² This movement led to improved intellectual education for women, and the development of schools such as Cheltenham Ladies College, which Lückes benefitted from attending.³⁰³ This was one of a number of schools which were regarded ‘as models for girls’ academic education...’,³⁰⁴ but a girl’s school system was far from

²⁹⁷ The Elementary Education Acts 1870 to 1893, was a series of reforming acts which ensured that mandatory education was introduced for children in all classes. Dina M. Copelman, *London’s Women Teachers. Gender, Class and Feminism 1870–1930* (London, Routledge, 1996), xiii–xiv

²⁹⁸ Josephine Kamm, *How Different from Us: A Biography of Miss Buss and Miss Beale* (London, Routledge, 2011), 87

²⁹⁹ June Purvis, *A History of Women’s Education in England* (Bristol, Open University Press, 1991), 65

³⁰⁰ See Appendix Ai; Eva Lückes’s Timeline. Anthony, ‘Distinctness of Idea and Firmness of Purpose’, 18

³⁰¹ Kathrin Levitan, ‘Redundancy, the ‘Surplus Woman’ Problem, and the British Census, 1851–1861’, *Women’s History Review*, 17, 3 (2008), 359–376. See also: Sarah Carter, *Imperial Plots: Women, Land, and the Spadework of British Colonialism on the Canadian Prairies* (Winnipeg, Canada, University of Manitoba Press, 2016), see in particular Chapter Two

³⁰² Judith Worsnop, ‘A reevaluation of the problem of surplus women in 19th century England’, *Women’s Studies International Forum*, 12, 1–2 (1990), 21–31, 23. See also: Jane Lewis, *Women in England 1870–1950: Sexual Divisions and Social Change* (Brighton: Harvester Wheatsheaf, 1984). June Purvis, ‘A Glass Half Full?’ *Women’s history in the UK*, *Women’s History Review*, 7, 1 (2018), 88–108, DOI: 10.1080/09612025.2016.1250544

³⁰³ Ellen Jordan, *The Women’s Movement and Women’s Employment in Nineteenth Century Britain* (London, Routledge, 1999), 108–113, 119–120. See also: Elizabeth Shepherd, ‘Pioneering women archivists in England: Ethel Stokes (1870–1944), record agent’, *Archival Science*, 17 (2017), 175–194. DOI 10.1007/s10502-016-9272-x. Mary Campbell-Day, ‘Mary Gurney (1836–1917) and the reform of English female education’ (Unpublished PhD thesis, University College London Institute of Education, 2021)

³⁰⁴ Jane McDermid, ‘Women and Education’ in June Purvis (ed.), *Women’s History: Britain, 1850–1945* (London, Routledge, 1995), 107–130, 109–110. In the 1860s, the Taunton Commission heard evidence that the mental capacity of both sexes was virtually the same – which was contrary to popular opinion.

widespread.³⁰⁵ Until this period upper and middle-class ladies such as Lückes, were generally taught by governesses at home, and their education was ‘at best, frivolous, with an emphasis on the social graces.’³⁰⁶ Their mothers trained them for a life of household management; for their future husbands and families, and philanthropic care in their communities.³⁰⁷ Ellen Jordan argues that families demonstrated their status by selecting schools which mimicked the education given to aristocratic daughters.³⁰⁸ It is equally possible that Lückes’s parents had liberal views on schooling for women, and wanted their daughters to receive an intellectual education, in order to widen their opportunities in life.³⁰⁹

Initially Lückes was a ‘parlour boarder’ at a private school in Malvern because she ‘was not strong.’³¹⁰ Lückes commenced at Cheltenham Ladies College in 1866, aged twelve,³¹¹ and in August 1869 she became a ‘bye’ student, before leaving the school at Easter 1870.³¹² Lückes is said to have completed her education at a finishing school in Dresden, where she learnt German and Music.³¹³ It is felt that Lückes’s intellectual and cultural education significantly

³⁰⁵ Sheila Fletcher, *Feminists and Bureaucrats, A study in the development of girls’ education in the nineteenth century* (London, Cambridge University Press, 1980), 13. See also: McDermid, ‘Women and Education’, 107–130. Campbell-Day, ‘Mary Gurney (1836 - 1917) and the reform of English female education’

³⁰⁶ McDermid, ‘Women and Education’, 109. See also: Shepherd, ‘Pioneering women archivists in England, 175–194. Campbell-Day, ‘Mary Gurney (1836–1917) and the reform of English female education’

³⁰⁷ Davidoff and Hall, *Family Fortunes*, 431–432. See also: Elaine Thomson, ‘Women in Medicine in late Nineteenth and Early Twentieth-Century Edinburgh: A Case Study’ (Unpublished PhD, University of Edinburgh, 1998). Jennifer Ayto, ‘The Contribution by Women to the Social and Economic Development of the Victorian Town in Hertfordshire’ (Unpublished PhD thesis, University of Hertfordshire, September 2012). Katie Baker, ‘From Fallen Woman to Businesswoman: The Radical Voices of Elizabeth Gaskell and Margaret Oliphant’ (Unpublished PhD thesis, University of Chester, 2018)

³⁰⁸ Jordan, *The Women’s Movement*, 110. See also: McDermid, ‘Women and Education’, 107–130

³⁰⁹ Lückes’s middle sister Nina became headmistress of at least two girls’ High School’s including one in Hereford and a new one in Monmouth, see: Nina Luckes, RG12/2063, 4; The General Record Office, The England and Wales Census 1891 for Ledbury, Herefordshire; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 21 October 2021] and Kelly’s Directory, Monmouth, Monmouthshire, 1901, part 4; Historical Directories of England & Wales; Rootsweb [Available at: freepages.rootsweb.com/~familyalbum/genealogy/kmon4.htm, accessed on 21 October 2021]

³¹⁰ Lord Knutsford, *Eva C.E. Lückes*, Private Publication, 1919; RLHPP/KNU/3/3, 5; Barts Health NHS Trust Archives and Museums, London. Parlour boarders lived with the principal’s family and enjoyed privileges not shared by the ordinary boarders, such as dining with the family, see: Richard Cronin and Dorothy MacMillan, ‘Emma, Harriet Martin and Parlour Boarders’, *Notes and Queries*, (3, 2005), 19–22

³¹¹ Eva Lückes, Bye Student Accounts 1870, n.p.; Cheltenham Ladies College, Cheltenham. H.R. Lückes Esq, Council Minute Book, 1853–1871; 24 January 1870, 293; Cheltenham Ladies College, Cheltenham. Eva Lückes, RG10/3053,124; The General Record Office, The England and Wales Census 1871 for Great Malvern, Worcestershire; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 19 September 2020]

³¹² Eva Charlotte Ellis Lückes, Nomination Register April 1866, n.p.; Cheltenham Ladies College, Cheltenham. Eva Lückes, Pupils’ Account Book, 1867–1870; 1869, n.p.; Cheltenham Ladies College, Cheltenham. ‘Bye’ students received part-time tuition in subjects such as Latin and modern languages, music, dancing and drawing, see: Gillian Avery, *Cheltenham Ladies: An Illustrated History of the Cheltenham Ladies College* (London, James and James, 2003), 13–15

³¹³ This was probably hearsay and to date there is no surviving evidence to substantiate this assertion which is made by several historians, see: Susan McGann, *The Battle of the Nurses: a study of eight women who influenced the development of professional nursing, 1880–1930* (London, Scutari Press, 1992), 9. In 1919 in a

influenced her desire to employ refined, educated women who might bring tone to nursing and elevate the profession.

Lückes's headmistress at Cheltenham Ladies College was Dorothea Beale, a pioneer of women's education, and supporter of moral-intellectual reform, who was appointed there in 1858.³¹⁴ Beale developed a school curriculum which included both academic, physical and cultural study.³¹⁵ This met parental aspirations and ensured that the pupils gained essential ladylike accomplishments to try and secure a 'good' marriage. Jordan argues that most parents cared little about the content of their daughter's education as long as it 'fulfilled the ideal of femininity defined by domestic ideology', and 'guaranteed gentility and femininity.'³¹⁶ The school's founders believed in the prevailing domestic ideology, and thought that a girl's education whilst 'preserving the modesty and gentleness of the female character, should so far cultivate intellectual powers as to fit her for the discharge of those responsible duties which devolve upon her as a wife, mother, mistress and friend, the natural companion and helpmeet for men.'³¹⁷

The exclusive boarding school was founded for 'the daughters and Young Children of Noblemen and Gentlemen',³¹⁸ and it attracted the daughters of wealthy gentlemen and professionals.³¹⁹ Lückes's father had a multifaceted employment and it is possible that he 'embellished' his career in order that his daughters' might be accepted at one of the best girl's schools in the country (see Appendix Aii: Henry Lückes's timeline).³²⁰ He may have elevated his social status in order to improve his daughters chances of a good education, and possibly marriage.

Lückes's upbringing and education probably inspired her to employ well-educated, intelligent women in order to achieve the right tone. Her father's desire to 'better' the family's

ripost to Mrs Bedford Fenwick about Lückes's 'foreign psychology' Viscount Knutsford wrote that Lückes had never been abroad, see: Anonymous 'The Passing Bell', *The British Journal of Nursing*, 62 (22 February 1919), 127 and Knutsford, 'The Duty of The London Hospital Committee' *The British Journal of Nursing*, 62 (8 March 1919), 157

³¹⁴ Vicinus, *Independent Women*, 171–187. Kamm, *How Different from Us*, see in particular Chapter VI, 51–67

³¹⁵ Avery, *Cheltenham Ladies*, 19–20. Kamm, *How Different from Us*, 87

³¹⁶ Jordan, *The Women's Movement*, 110, 111

³¹⁷ Cited by Purvis, *A History of Women's Education in England*, 84

³¹⁸ Cited by Avery, *Cheltenham Ladies*, 15. Taken from the Cheltenham Ladies College Prospectus, 1853

³¹⁹ Jordan, *The Women's Movement*, 120

³²⁰ See Appendix Aii: Henry Lückes's timeline

prospects, plus his eventual financial downfall, possibly instilled in Lückes a yearning for personal and professional status. She attended a progressive girls' public school and was a product of the education system for children of the professional classes. Harold Perkin argued that public schools prepared schoolboys for a life of service, and that they often followed their fathers into the professions, such as the military, church and medicine.³²¹ Lückes possibly preferred the daughters of the professional classes and public servants because, like their male counterparts, they would be well educated and 'well ensconced',³²² with a sense of service and vocation, such as articulated by Lückes, and as seen in the 'reformed' nursing profession.³²³ Lees, a contemporary of Lückes's, also claimed that nursing leaders should have a 'more cultivated intelligence' and come from a 'superior social station.'³²⁴ It seems that Lückes agreed with Lees's view, that in order 'to give nursing the social rank and standing that would make it a profession fit for women of cultivation, a more comprehensive education and training would be necessary.'³²⁵ Furthermore, Lückes strove to improve the status and tone of her nurses, and the profession by seeking to attract and employ similar women, whom she seems to have used as 'missionaries' and 'influencers', just as Nightingale had used the Lady Pupils from the Nightingale School of Nursing as 'missionaries in the nursing reform movement.'³²⁶

Attracting educated nurses to bring the right tone

Immediately following her appointment in 1880, one of Lückes's most pressing concerns was to improve the tone and quality of nursing at 'The London', and to supply the hospital with more nurses, who were well-trained 'Nightingale-style' nurses.³²⁷ The primary sources indicate that Lückes deliberately aimed advertisements for future probationers at a particular

³²¹ Perkin, *The Rise of Professional Society*, 371

³²² John M. Quail, 'From Personal Patronage to Public-School Privilege: Social Closure in the Recruitment of Managers in the United Kingdom from the late 19th Century to 1930' in Alan Kidd and David Nicholls (eds), *The Making of The British Middle-Class? Studies of Regional and Cultural Diversity Since the Eighteenth Century* (Thrupp, Sutton Publishing, 1998), 169–185, 177, 173

³²³ Eva C.E. Lückes (1893), *Hospital Sisters and Their Duties*, Reprint (Cambridge, Cambridge University Press, 2012). Eva C.E. Lückes, (1883), *Lectures on General Nursing*, Reprint (Cambridge, Cambridge University Press, 2012)

³²⁴ National Association for Providing Nurses for the Sick Poor, *Report of the Sub-Committee of Reference and Enquiry*, 15 July 1875, 21 [Available at: <https://archive.org/details/b20409461>, accessed on 11 October 2020]

³²⁵ *Ibid*, 25

³²⁶ Abel-Smith, *A History of the Nursing Profession*, 24

³²⁷ Matron's Report to House Committee, 5 October 1880; House Committee Minutes 1880–1882; RLHLH/A/5/40, 41; Barts Health NHS Trust Archives and Museums, London. Sheila M. Collins and Edith R. Parker, 'A Victorian matron; no ordinary woman. Eva Charlotte Ellis Lückes, 8 July 1854 – 16 February 1919', *International History of Nursing Journal*, 7, 3 (Spring 2003), 66–74, 68

type of educated woman who might read ‘better-quality’ papers such as *The Queen*, *The Guardian* and *The Christian World*: ‘A few vacancies remain for well-educated persons desiring to be trained as Nurses. Great facilities for instruction, practical and otherwise. ...Courses of lectures in nursing are regularly given.’³²⁸ However, like the majority of her contemporaries, Lückes does not appear to specify exactly what she meant by ‘well-educated’.³²⁹ It seems that in common with other reformers she was trying to attract ‘intelligent, respectable and ... refined women’³³⁰ who would instil the correct tone into hospital nursing.³³¹ Additionally, as some nurses left to gain further experience and promotion elsewhere, ‘Londoners’ infiltrated the wider nursing community, advertised the hospital, and disseminated ‘Nightingale-style’ nurses and nursing. There is evidence that Lückes, and Holland, were trying to promote London Hospital style nursing around the world (see Chapter Three).³³² They were not alone; a St Thomas’s Hospital trained matron went to America to instil ‘the tone of English nurses...’ into the American nursing graduates.³³³ Just as Lückes had problems recruiting sufficient Paying Probationers, in 1882 she complained that ‘there was a difficulty in securing an adequate supply of [Regular] Probationers...’ which she felt was because ‘the unrivalled opportunities for the training of Nurses was not sufficiently known...’.³³⁴ Lückes suggested that a circular was sent to provincial hospitals and nursing institutions pointing out the advantages of training at The London Hospital, as well as more extensive advertising.³³⁵ Throughout the registration debate, Lückes constantly argued against a mandatory three-year training programme because she felt that the more extensive experience a probationer received whilst training at a large

³²⁸ Matron’s Report to House Committee, 15 November 1881; House Committee Minutes 1880–1882; RLHLH/A/5/40, 379; Barts Health NHS Trust Archives and Museums, London

³²⁹ Christopher J. Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983), 20

³³⁰ Young, ‘Entirely a woman’s question?’, 35

³³¹ See for example: Bettina Blessing, ‘Baby and infant healthcare in Dresden, 1897–1930’, in Gerard M. Fealy, Christine E. Hallett and Susanne Malchau Dietz (eds), *Histories of Nursing Practice* (Manchester, Manchester University Press, 2015), 21–34

³³² For example, see Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2 and House Committee Minutes 1880–1920; RLHLH/A/5/40–55, Barts Health NHS Trust Archives and Museums, London

³³³ Letter from Eva Lückes to Rachael, 20 Marine Mansions, Bexhill-on-Sea, 18 September 1918; Matron’s Correspondence and Papers; RLHLH/N/7/16, Barts Health NHS Trust Archives and Museums, London. This is catalogued as being a letter to Lady Airlie and along with other letters in this series is in the process of being re-catalogued.

³³⁴ Matron’s Report to House Committee, 3 October 1882; House Committee Minutes 1882–1884; RLHLH/A/5/41, 81, Barts Health NHS Trust Archives and Museums, London

³³⁵ Ibid

general hospital such as 'The London', was superior to that gained at a smaller provincial hospital, and could therefore be shorter (see discussion in Chapter Four, pages 159–160).³³⁶

Lückes probably hoped that the improved hospital and education facilities would attract knowledgeable women with the 'right tone', who were more refined and genteel than previous applicants. Lückes, and the House Committee, appear to be aiming the adverts at a particular 'type' of educated woman: one who was from the higher-classes who had received a 'superior and prestigious' education, such as Lückes had enjoyed. In the 1890s, Lückes continued to have problems selecting sufficient suitably educated women. The 1890 Metropolitan Hospitals Enquiry created much negative publicity for the hospital and possibly aggravated Lückes's recruitment problems. She discussed the problem of employing 'More women of the right stamp...' with Nightingale.³³⁷ Because salaried occupations had become respectable and opened up to middle-class women by the 1890s, Helmstadter found that the 'prestigious London teaching Hospitals began to attract more candidates than they could accept.'³³⁸ Although Lückes told Nightingale that many were not suitable, she acknowledged that scores applied to multiple hospitals:³³⁹

Oh! The difficulties of finding suitable candidates! I have had such weary afternoons of late, trying to make up our numbers with suitable women and interviewing such miserable specimens to select from. Out of over 2000 candidates a year, it is a hard matter to select 150. By the time those disqualified by health, age and the want of education are eliminated the actual choice is very limited. You will smile and say that to find 20 capable women every 7 weeks – even though the 20 may be selected from almost all social classes in the community is a great deal to ask...³⁴⁰

Lückes seems to be seeking women with particular genteel, middle-class characteristics, and despairs of appointing sufficient 'capable' nurses. In 1896, and shortly after Holland had

³³⁶ See for example: Eva Lückes, 13 April 1905; Report from the Select Committee on Registration of Nurses together with the Proceedings of the Committee, Minutes of Evidence and Appendix, July 1905; 25–26, paragraphs 502–519; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London

³³⁷ Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 8 June 1892; The Nightingale Papers; Add MS 47746, ff.112; British Library, London

³³⁸ Helmstadter, 'Old Nurses and New', 62

³³⁹ Interview of Eva Lückes, 29 April [1896]; C. Booth, Life and Labour, Law and Medicine, Interviews; Booth Collection B153, IV, I, 220; The London School of Economics Library, London

³⁴⁰ Letter from Eva Lückes to Florence Nightingale, Madeira Villas, Ventnor, August 18, 1895; The Nightingale Papers; Add MS 47746, ff.307–309; British Library, London

been elected to the House Committee, Lückes was still striving to employ ‘suitable’ nurses, and hoped to entice applicants with the extra, new accommodation which was shortly to be opened.³⁴¹ Again an advertisement was placed in *The Queen*: ‘Vacancies For Probationers... Ladies, (who must be between 25 and 35 years of age, and of good education) ...’.³⁴² Lückes’s recruitment problems may have been exacerbated in this period because career opportunities were opening up for middle-class women in other occupations, including teaching.³⁴³ Equally perhaps, Lückes was rather particular in her choice of probationers, despite there being plenty of applicants. She may have thought that many applicants were not sufficiently well-educated. Although compulsory education for all had been introduced from 1870 onwards, Gillian Sutherland found that approximately only 68% of children regularly attended school.³⁴⁴ Whilst the age for mandatory school attendance was raised in stages from 1880, it was not until 1918 that children had to remain at school full time until aged 14.³⁴⁵

Lückes preferred to employ women who had not trained before so that she did not have to ‘untrain’ and retrain them in her style.³⁴⁶ However, many women had to seek paid employment before Lückes’s preferred starting age, as their families could not afford to keep them at home until they could start training at 25 years old.³⁴⁷ Several of her successful probationers who became matrons, had trained twice – firstly, at a local hospital, and secondly, at ‘The London’ including Annie McIntosh (see Appendices J: Employment history and K: Career Histories).³⁴⁸ McIntosh was Lückes’s senior assistant matron for several years, and controversially became Matron of St Bartholomew’s Hospital, London, in 1910 (see

³⁴¹ Advertisement: ‘Nurses, Probationers’, *The Queen, The Lady’s Newspaper* (19 September 1896), n.p. [Available at: <https://www.britishnewspaperarchive.co.uk>, accessed on 20 August 2020]

³⁴¹ Matron’s Report to House Committee, 29 June 1896; House Committee Minutes 1895–1897; RLHLH/A/5/46, 336; Barts Health NHS Trust Archives and Museums, London

³⁴² Advertisement: ‘Nurses, Probationers’, *The Queen, The Lady’s Newspaper* (19 September 1896), n.p. [Available at: <https://www.britishnewspaperarchive.co.uk>, accessed on 20 August 2020]

³⁴³ Copelman, *London’s Women Teachers*, 18

³⁴⁴ Gillian Sutherland, *Elementary Education in The Nineteenth Century* (London, The Historical Association, 1971), 18–19

³⁴⁵ Purvis, *A History of Women’s Education in England*, 26

³⁴⁶ See Appendix K: Career Histories

³⁴⁷ Vicinus, *Independent Women*, 104

³⁴⁸ Annie Sophia Jane McIntosh, Register of Probationers; RLHLH/N/1/6, 6; Barts Health NHS Trust Archives and Museums, London. See Appendix C: Database and Appendix J: Matron’s previous employment type. It is hard to give a definitive figure as it is not explicit in the registers whether the nurses had ‘officially’ trained, or had purely worked as untrained nurses, however 24% of the cohort appear to have worked in nursing before training at ‘The London’.

discussion in Chapter Four, pages 202–210). She had trained first at Borough Hospital in Birkenhead, before training at ‘The London’.³⁴⁹

Lückes expressed her concerns about the candidates’ lack of education with former and current staff in her annual Matron’s Letter and said that ‘a large proportion of applicants... are ... not sufficiently educated...’.³⁵⁰ However she was always hopeful that the improved accommodation would lead to ‘many [applications] from nice, sensible women...’.³⁵¹ Lückes also tried to mould future nursing applicants and wrote in *General Nursing*: ‘We may all agree that, at the present stage of development of trained nursing, the highest class of nurse is comparatively rare...it is difficult to know how to secure exactly the right women in sufficient numbers...’.³⁵² Arguably Lückes was actually referring to the tone, or type of nurse, rather than their social class. In her introduction to the *Sick Nursing* edition of Christabel Osborn’s, *Manuals of Employment for Educated Women*, Lückes stressed that ‘suitable women of every class can obtain work’,³⁵³ again emphasising that having the right tone was more important than social background.³⁵⁴

By the start of the twentieth century an increasing variety of employment opportunities for women had a continued impact on recruitment to nursing. Lückes and Holland continued to take any opportunity to highlight that there were still opportunities for ‘would-be nurses of the right kind...’ [original emphasis].³⁵⁵ In 1910 Lückes emphasised to the hospital’s nursing alumni that ‘many demands for the best workers remain unfulfilled...’.³⁵⁶ In the build up to the First World War she complained about the lack of the ‘right sort’ of nurses: ‘the public find it difficult to secure an adequate supply of the ‘right type’ of trained nurses to fill the

³⁴⁹ Sarah Rogers, ‘McIntosh, Annie Sophia Jane, (1871–1951)’, *Oxford Dictionary of National Biography* (Oxford, 2020) [Available at: <https://doi.org/10.1093/odnb/9780198614128.013.65995>, accessed on 13 February 2020]

³⁵⁰ Matron’s Annual Letter, No.3; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.3, June 1896, 2; Barts Health NHS Trust Archives and Museums, London

³⁵¹ Ibid

³⁵² Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899), xi

³⁵³ Eva C.E. Lückes, ‘Introduction’ in Christabel Osborn (ed.), *Manuals of Employment for Educated Women, No. III, Sick Nursing* (London, Walter Scott Ltd, 1900), xi–xxviii, xii

³⁵⁴ Ibid, xx

³⁵⁵ Matron’s Annual Letter, No.15; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.15, April 1908, 18; Barts Health NHS Trust Archives and Museums, London

³⁵⁶ Matron’s Annual Letter, No.17; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.17, March 1910, 24; Barts Health NHS Trust Archives and Museums, London

constant increasing number of posts...'.³⁵⁷ After hostilities started Lückes was inundated with applications from 'ladies' who wished to gain experience as paying probationers in order that they might nurse injured soldiers (see discussion in Chapter Five, pages 276–277).³⁵⁸ She felt that 'there are some very nice, earnest women amongst them',³⁵⁹ and was 'hopeful that this sudden influx into the hospitals of women who have never turned their attention towards nursing before...' would lead to 'a more adequate supply of educated candidates than has been forthcoming in recent years.'³⁶⁰

Despite Lückes's determination to appoint only educated, genteel women, there is evidence that not all recruits were able to manage the academic level which she set; in 1916 she reported that a probationer had left the hospital 'because her education proved below the standard necessary for passing examinations.'³⁶¹ In 1916 Lückes explained to Lady Northcliffe her opposition to the proposed College of Nursing, and reasoned that 'The lack of education may make examinations a serious stumbling block to many who yet have the qualities and intelligence required to make good practical Nurses...'.³⁶² Lückes also argued that 'some Training Schools are far better adapted to the production of one class of Nurse than they are to another.'³⁶³ It seems that Lückes preferred educated nurses, regardless of their social class, because they would be more likely to pass the examinations, and reflect well on her training programme. Moreover, if they did not prove to have 'nurse-like' traits and a suitable 'tone', she would try to instil into them the right tone, and mould them into The London Hospital version of reformed nurse. As Helmstadter and Godden argue, 'education meant moral and intellectual discipline, imparting values and building character.'³⁶⁴ Lückes passed on to her protégées, her aspiration that educated women of a good social position and tone would lead the profession. When Edith Cavell applied for nurse training at

³⁵⁷ Matron's Annual Letter, No.21; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.21, April 1914, 6; Barts Health NHS Trust Archives and Museums, London

³⁵⁸ Matron's Annual Letter, No.22; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 9; Barts Health NHS Trust Archives and Museums, London

³⁵⁹ Matron's Report to House Committee, 18 October 1914, 4; House Committee Minutes 1914–1916; RLHLH/A/5/54, inserted between 57–58; Barts Health NHS Trust Archives and Museums, London

³⁶⁰ Ibid, 5

³⁶¹ Matron's Report to House Committee, 3 January 1916; House Committee Minutes 1914–1916; RLHLH/A/5/54, 402; Barts Health NHS Trust Archives and Museums, London

³⁶² Letter from Eva Lückes to Lady Northcliffe, 26 June 1916; Matron's Correspondence and Papers; RLHLH/N/7/13; Barts Health NHS Trust Archives and Museums, London

³⁶³ Ibid

³⁶⁴ Helmstadter and Godden, *Nursing before Nightingale*, 40

‘The London’, a referee described her as ‘Well educated, intelligent and capable.’³⁶⁵ Later whilst establishing a hospital and nurse training school in Brussels, she wrote to Lückes, ‘I have made a point of educated women as the first trained nurses will become the teachers ultimately...’.³⁶⁶ A few weeks later Cavell reported to Lückes that ‘The 4 girls I have are very nice and well educated and of good social position...’.³⁶⁷ Cavell seemed to be following her mentor’s example and hoped that class indicated a good tone, but if the women lacked ‘tone’ – whatever their class, she could develop it in the nurses through character training. Because there were simply not enough nurses who evinced the right tone, regardless of their class and education, Lückes had to resort to making the ‘new-style’ nurses.

Making ideal nurses

The final element in Lückes’s attempt to elevate and influence the tone of nursing was to ‘fashion’ them into her ideal nurses. Lückes incorporated character training into her programme, in order to embed her probationers with ‘nursing characteristics’, and therefore improve obedience, hospital efficiency and productivity, and raise the tone of nursing in the hospital. Helmstadter argues that nursing reformers ‘had to fashion an efficient but low paid nurse out of an ill-educated and undisciplined work force. ...and had to meet the new demands of Victorian respectability...’.³⁶⁸ In common with other reformers Lückes, initially at least, selected higher-class women to refine the nurses’ characteristics and behaviour, and produce a more obedient and efficient workforce.³⁶⁹ These ladies became the new obedient and disciplined ‘ideal nurses’ and acted as moral agents,³⁷⁰ who would imbue their behaviours onto other nurses. Because of the lack of educated women of the right class and with the right ‘tone’, Lückes, like other matrons, had to make her ideal nurses, and utilised character training to mould her nurses into the ‘right type’.³⁷¹

³⁶⁵ Edith Cavell, reference from the Matron, Fountain Hospital Tooting, 26 April 1896; Matron’s Correspondence and Papers; RLHLH/N/7/7/29; Barts Health NHS Trust Archives and Museums, London

³⁶⁶ Letter from Edith Cavell to Eva Lückes, Bradford house, Ashton New Road, Manchester, June 1907; Matron’s Correspondence and Papers; RLHLH/N/7/7/7; Barts Health NHS Trust Archives and Museums, London

³⁶⁷ Letter from Edith Cavell to Eva Lückes, 179 Rue de la Culture, Brussels, 27 October 1907; Matron’s Correspondence and Papers; RLHLH/N/7/7/10; Barts Health NHS Trust Archives and Museums, London

³⁶⁸ Helmstadter, ‘Old Nurses and New’, 44

³⁶⁹ Ibid’, 43–70. Hawkins, *Nursing and Women’s Labour*, 57

³⁷⁰ Alison Bashford, *Purity and pollution; Gender, Embodiment and Victorian Medicine* (Basingstoke, Palgrave Macmillan, 1998), 21–24

³⁷¹ Maria Lorentzon, ‘Grooming Nurses for The New Century: Analysis of Nurses’ Registers in London Voluntary Hospitals before the First World War’, *International History of Nursing Journal*, 6, 2 (2001), 4–12

Characteristics of the ‘ideal’ ‘new-style’ nurse

The reformers ‘adopted’ Victorian middle-class women’s special traits of devotion, household management, moral superiority, selflessness, and subordination to men as nursing characteristics.³⁷² This middle-class domestic ideology of the ‘angel in the house’ transformed old nurses into the ‘new-style’ ‘angelic’ nurse.³⁷³ Twentieth-century historians generally acknowledge that the concept of womanly characteristics, and a ‘high moral stature’, which were paramount in the ‘ideal nurse’ originated from Nightingale.³⁷⁴ In 1859 Nightingale claimed in *Notes on Hospitals* that because of their unique womanly qualities women were innately suited to nursing.³⁷⁵ Lückes shared Nightingale’s conviction in the ‘good woman, good nurse’ ideology and the importance of a nurse’s characteristics.³⁷⁶ A number of Lückes’s contemporaries, both in America and Britain stressed the importance of an ideal nurse’s characteristics.³⁷⁷ Catherine Wood, Matron of Great Ormond Street Hospital, and Rachel Williams and Alice Fisher – also prominent matrons, placed less emphasis than Lückes and Nightingale on the female qualities desirable for nursing.³⁷⁸ In 1889, Clara Weeks-Shaw, an American Superintendent of Nursing noted that it was only after the nursing reforms that the selection of nurses focused on women with particular characteristics, confirming the belief that the behaviour associated with middle-class women was being used as a ‘bench-mark’ for reform.³⁷⁹

Lückes argued that womanly characteristics were essential for a successful nurse, and that with the right training, she could make a good nurse.³⁸⁰ E.W. Morris, House Governor at The London Hospital (1903–1930) argued that training could ‘perfect the inborn nursing instinct.

³⁷² Eva Gamarnikow, ‘Nurse or Woman: Gender and Professionalism in Reformed Nursing, 1860–1923’ in Pat Holden and Jenny Littlewood (eds), *Anthropology and Nursing* (London, Routledge, 1991), 110–129

³⁷³ Judith Godden, ‘Matching the Ideal? The First Generation of Nightingale Nursing Probationers, Sydney Hospital, 1868–84’, *Health and History*, 5, 1 (2003), 22–41, 38, DOI: 10.2307/40111498

³⁷⁴ Abel-Smith, *A History of the Nursing Profession*, 22. Vicinus, *Independent Women*, 85

³⁷⁵ Florence Nightingale (1859), *Notes on Hospitals*, Reprint (New York, Dover Publications Inc., 2015), 49, 54, 86

³⁷⁶ Eva C.E. Lückes (1883), *Lectures on General Nursing*, Reprint (Cambridge, Cambridge University Press, 2012)

³⁷⁷ Florence S. Lees (1874), *Handbook for Hospital Sisters*, Reprint (Milton Keynes, Lightning Source UK Ltd, 2020)

³⁷⁸ Catherine J. Wood (1878), *A Handbook of Nursing, for the Home and Hospital*, Reprint (Milton Keynes, Sagwan Press, 2018). Rachel Williams (later Norris) and Allison Fisher (1877), *Hints for Hospital Nurses*, Reprint (Milton Keynes, Franklin Classics, 2018)

³⁷⁹ Clara S. Weeks-Shaw, (1899), *A Text-Book of Nursing, For the Use of Training Schools, Families, and Private Students*, Reprint of 2nd edn (Milton Keynes, Franklin Classics, 2018)

³⁸⁰ Eva C.E. Lückes (1883), *Lectures on General Nursing*, Reprint (Cambridge, Cambridge University Press, 2012)

It can only make the woman more useful, but it cannot make the woman.³⁸¹ and he shared Lückes's belief that 'A nurse must be a true, pure, self-sacrificing, cheerful woman.'³⁸² In addition to their womanly characteristics Lückes said that nurses should be 'Truthful, obedient, punctual, calm, cheerful, pleasant, clean and neat... in addition to the essential characteristics of unselfishness and a genuine sympathy with suffering.'³⁸³ She claimed that 'Prompt, intelligent, and careful obedience...' was the 'distinguishing quality of a perfect nurse.'³⁸⁴ It seems that she shared Nightingale's preference for probationers who were well-educated women and of a good character, regardless of their social status.³⁸⁵ Furthermore, it is likely that Lückes felt that she could make them into ideal nurses if they lacked 'nurse-like' characteristics, but had some schooling. For example, she described Mary Turner as 'an excellent example of the superior servant type of probationer. She liked her work and devoted herself to it steadfastly.'³⁸⁶ This research has shown that of the 337 matrons whose social class was identified, only seven percent were domestic servants prior to their training.³⁸⁷ It is possible that Lückes preferred senior housemaids because they were already used to discipline and obedience. According to Maggs these were ideal characteristics for nurses which would improve the profession's morals.³⁸⁸

Lückes's new training programme for making nurses

Lückes's predecessors at 'The London'; Mrs Jane Nelson (1833–1867) and Miss Annie Swift (1867–1880) paved the way for her reforms of nursing and nurse training.³⁸⁹ In 1880 Miss Swift recommended that a two-year programme of training should be commenced, this was to replace the ad-hoc training which had been established in 1873.³⁹⁰ The London Hospital House Committee decided that in future the 'head of the nursing establishment ... should be

³⁸¹ E.W. Morris, (1910), *A History of The London Hospital*, Reprint (USA, Bibliolife, 2009), 206

³⁸² Ibid

³⁸³ Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899), 1

³⁸⁴ Eva C.E. Lückes (1883), *Lectures on General Nursing*, Reprint (Cambridge, Cambridge University Press, 2012), 11

³⁸⁵ Bradshaw, *The Nurse Apprentice*, 8–9

³⁸⁶ Mary Turner, Register of Probationers; RLHLH/N/1/4, 177; Barts Health NHS Trust Archives and Museums, London

³⁸⁷ See Appendix C, Database and Appendix J: Matrons previous employment type

³⁸⁸ Maggs, *The Origins of General Nursing*, 14–26

³⁸⁹ Collins and Parker, 'A Victorian matron; no ordinary woman', 68

³⁹⁰ Sheila M. Collins, 'Two Victorian matrons of the London Hospital', *The History of Nursing Journal*, 5 (1994 / 95), 57–69, 66–67

herself a trained nurse...’,³⁹¹ and as she was not formally trained, Swift resigned.³⁹² Lückes was interviewed and appointed on 27 July 1880,³⁹³ and commenced her position two months later on 4 October.³⁹⁴

During her training at The Westminster Hospital, Lückes had attended lectures on nursing by Dr Allchin, whom she attributed as her inspiration for the significant changes which she made to the probationer’s education.³⁹⁵ Lückes would have also gained further insight into the problems with nursing at ‘The London’, when she worked there as a Night Sister between November 1878 – February 1879.³⁹⁶ This enabled her to observe the system of nursing and nurse training, and it is likely that this experience and awareness of the problems within the nursing department, contributed to Lückes’s successful selection as matron eighteen months later.

Within a few months of her appointment, Lückes developed a two-year programme which was structured around two elements which were designed to ‘make’ the ideal nurse: firstly, character training, and secondly, training in the science and skills of nursing. The London Hospital House Committee and the Council of The London Hospital Medical College³⁹⁷ unanimously accepted Lückes’s proposed programme of lectures for the probationers, which she felt ‘Should enable them to obtain a high standard of proficiency’.³⁹⁸ The syllabus was to contain a weekly lecture by herself for three months, followed by a physician lecturing on elementary physiology and medical nursing, and concluded with a surgeon teaching

³⁹¹ Report of the Nursing Sub-Committee, 27 January 1880; Minutes of the Nursing Committee and Sub-Committee; RLHLH/A/9/61, 6 and, Standing Orders for the Matron, n.d.; Nursing Committee and Sub-Committee Agenda papers 1879–1881; RLHLH/A/9/62; Barts Health NHS Trust Archives and Museums, London

³⁹² Collins, ‘Two Victorian matrons of the London Hospital’, 68

³⁹³ House Committee Minutes, 20 July 1880; House Committee Minutes, 1878–1880; RLHLH/A/5/39, 518–519; Barts Health NHS Trust Archives and Museums, London. House Committee Minutes, 27 July 1880; House Committee Minutes, 1878–1880; RLHLH/A/5/39, 523–524; Barts Health NHS Trust Archives and Museums, London

³⁹⁴ Matron’s Report to House Committee, 5 October 1880; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 41; Barts Health NHS Trust Archives and Museums, London

³⁹⁵ Eva C.E. Lückes (1883), *Lectures on General Nursing*, Reprint (Cambridge, Cambridge University Press, 2012), v

³⁹⁶ Lückes is referred to as ‘Miss Lucis’, see: Names of Nurses and Sisters who have left the hospital from Nov[ember] 1878 to Nov[ember] 1879; Nursing Subcommittee Minutes: RLHLH/N/9/62, n.p.; Barts Health NHS Trust Archives and Museums, London

³⁹⁷ Gilbert Smith, Honorary Secretary Medical College Council to House Committee, 10 May 1881, House Committee Minutes, 1880–1882; RLHLH/A/5/40, 215–216; Barts Health NHS Trust Archives and Museums, London

³⁹⁸ Matron’s Report to House Committee, 17 May 1881; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 215–216; Barts Health NHS Trust Archives and Museums, London

elementary anatomy and surgical nursing. In 1895, Lückes extended her training programme to include a Preliminary Training School (hereafter PTS), whereby some probationers undertook a seven-week curriculum in basic nursing skills, anatomy and physiology, before a week of examinations prior to commencing on the hospital wards.³⁹⁹

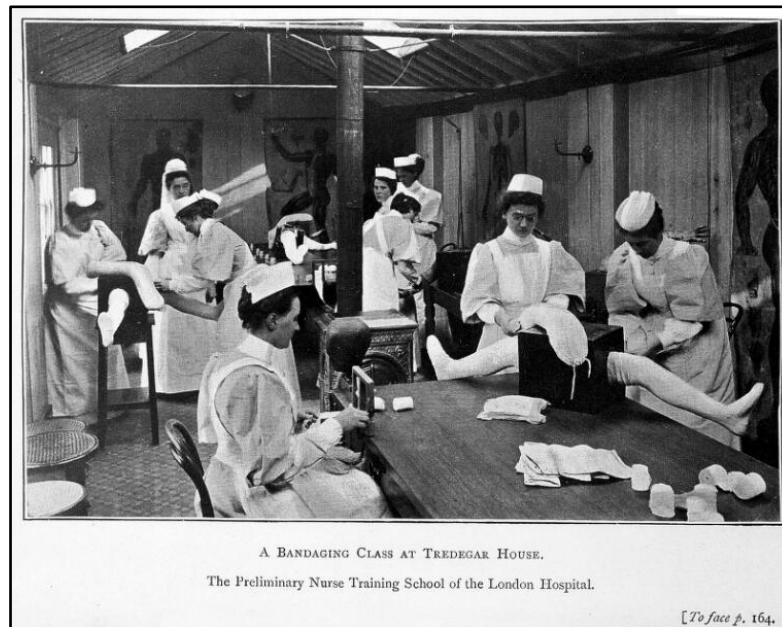


Image 2.3: Learning how to bandage at the new Preliminary Nurse Training School⁴⁰⁰
Credit: Wellcome Collection, © Sarah A. Tooley

Although this was the first in England, Lückes had ‘borrowed’ the concept of this pre-clinical course from Glasgow Royal Infirmary where it was established in 1893.⁴⁰¹ Lückes’s PTS became the prototype for nurse training following the 1919 Nurses Registration Act, and was part of Lückes’s programme to produce nurses, who had the right ‘tone’, and ultimately influence the nascent profession. In 1916, Lord Knutsford (Holland) described to Sir Henry Burdett how; ‘The mental atmosphere at Tredegar House helps to inspire enthusiasm for the work and the right tone to start with. ... The training there helps us to eliminate the obviously

³⁹⁹ This is considered to be the one aspect of the professionalisation of nursing which Nightingale and Lückes disagreed about. Lynn McDonald describes Nightingale as being ‘lukewarm’ to Lückes’s new PTS, see: Lynn McDonald (ed.), *The Collected Works of Florence Nightingale, Volume 13: Florence Nightingale: Extending Nursing* (Ontario, Wilfred Laurier Press, 2009), 150

⁴⁰⁰ Sarah A. Tooley (1906), *The History of Nursing in The British Empire*, Reprint (London, Forgotten Books, 2018), facing p.164

⁴⁰¹ Rebecca Strong, Matron of Glasgow Royal Infirmary and the hospital’s surgeon William Macewen introduced a Preliminary Training School two years before Lückes, see: Henry W. Gray and John A. Thomson, *Glasgow Royal Infirmary: A Light thru’ the Mirk* (Milton Keynes, www.lulu.com, 2019), 87–88

unsuitable and to place those who are doubtful under those ward sisters who are best qualified to form a dependable opinion.⁴⁰²

In 1884, Lückes published her lectures in her first textbook, *Lectures on General Nursing*, which was published in several editions, both nationally and internationally.⁴⁰³ In this text she stated that if nurses did not have ‘various essential qualifications ...’ they could ‘do much towards training yourselves, and without which nothing we can do for you will ever make you worthy of the name of a “trained nurse”’.⁴⁰⁴ Some reformers, including Isla Stewart, Matron of St Bartholomew’s Hospital, and her predecessor, Mrs Bedford Fenwick, (née Ethel Gordon Manson) strove for a professional, medicalised model of nursing based on scientific and technical skills.⁴⁰⁵ But Lückes and Nightingale placed great importance on moral and character training.⁴⁰⁶ This created a schism in the nursing leadership which became a key element of the registration debate.⁴⁰⁷

Lückes told Nightingale that her newly rewritten book reinforced ‘The supreme importance of character in nurses compared with the merely technical...’.⁴⁰⁸ Although Lückes implemented annual examinations, Nightingale dismissed the relevance of practical examinations, and regarded ‘character training’ as important as academic instruction.⁴⁰⁹ Lückes, and The London Hospital House Committee, placed so much emphasis on a nurse’s qualities that the hospital’s nurse training certificate recorded character, and theoretical assessments.⁴¹⁰

⁴⁰² Although this letter is catalogued as being from Eva C.E. Lückes to ‘Sir Henry’, it is thought that stylistically this was more likely to be from Knutsford. See: Letter to Sir Henry Burdett, 31st July, 1916, Kneesworth Hall, Royston, Hertfordshire; Matron’s Correspondence and Papers; RLHLH/N/7/14; Barts Health NHS Trust Archives and Museums, London.

⁴⁰³ Eva C.E. Lückes (1883), *Lectures on General Nursing*, Reprint (Cambridge, Cambridge University Press, 2012)

⁴⁰⁴ Ibid, 10–11

⁴⁰⁵ Rafferty, *The Politics of Nursing Knowledge*, 40–41. Christine E. Hallett, “‘Intelligent interest in their own affairs’: The First World War, The British Journal of Nursing and the pursuit of nursing knowledge”, in Patricia D’Antonio, Julie A. Fairman and Jean C. Whelan (eds), *Routledge Handbook on the Global History of Nursing* (Abingdon, Routledge, 2016), 95–114, 95–97

⁴⁰⁶ Rafferty, *The Politics of Nursing Knowledge*, 40–41. Hallett, “‘Intelligent interest in their own affairs’”, 95–97

⁴⁰⁷ Rafferty, *The Politics of Nursing Knowledge*, 40–41. Susan McGann, ‘Eva Charlotte Lückes: Pioneer or Reactionary? (1854–1919)’, *The History of Nursing Journal*, 3, 5 (1990/91), 24–32. McGann, *The Battle of the Nurses*, see in particular, 1–7

⁴⁰⁸ Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 4 December 1898; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.363–372, 364–365; The British Library, London

⁴⁰⁹ Baly, *Florence Nightingale and the Nursing Legacy*, 30

⁴¹⁰ Sarah A. Tooley (2006), *The History of Nursing in The British Empire*, Reprint (London, Forgotten Books, 2018), 162. Examples of London Hospital Nursing Certificates from the period are held in the archives, Miscellaneous Nursing Records; RLHLH/N/9/52; Barts Health NHS Trust Archives and Museums, London

Holland warned the probationers that nothing would ‘induce me to sign a certificate, if she [a probationer] is not up to our high standard of nursing character.’⁴¹¹ Rafferty argues that it was from this period that nurse training became synonymous with character training.⁴¹² Reformers of nursing, including Nightingale and Lückes acknowledged that nurses trained at different hospitals absorbed identifiable ‘hallmarks’ and that it was possible to ‘Characterise the “different type of nurse” “produced” as you say by each hospital...’.⁴¹³ Lückes wanted to produce a specific type of ideal nurse to reform nursing, and proudly declared to her current and former nurses: ‘I am the more desirous that those who have the right to call themselves ‘Londoners’ shall be unmistakably recognisable as such.’⁴¹⁴

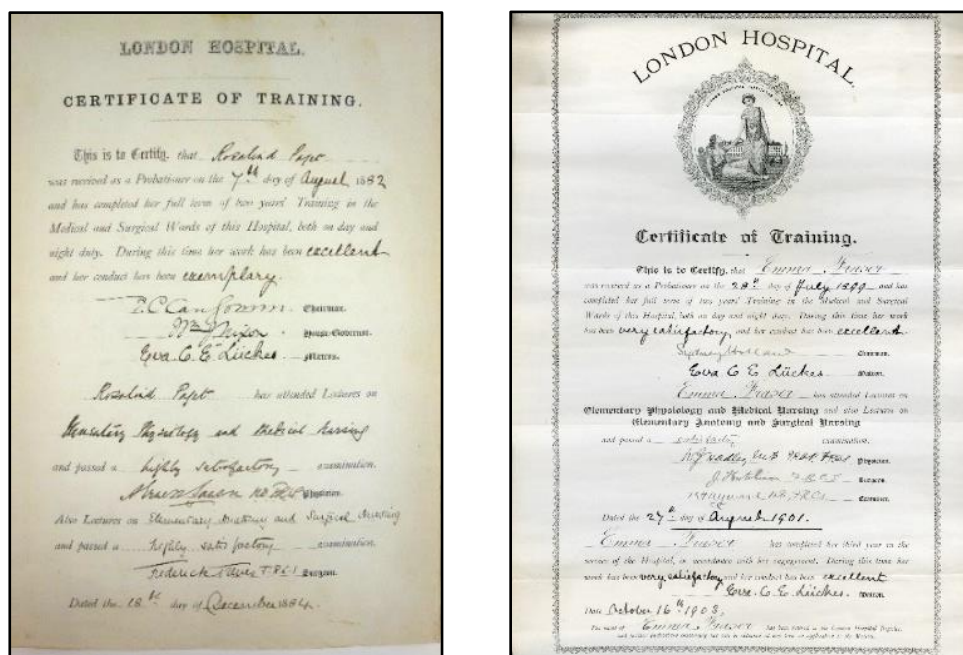


Image 2.4: Certifying character

Left: An early London Hospital certificate. Credit: Wellcome Collection⁴¹⁵

Right: A later London Hospital certificate. Credit: Barts Health NHS Trust Archives and Museums, London⁴¹⁶

⁴¹¹ Sydney Holland, A talk to the Nurses of The London Hospital, December 1897; Personal papers relating to The London Hospital; RLHLH/X/235, 1897, 8; Barts Health NHS Trust Archives and Museums, London

⁴¹² Rafferty, *The Politics of Nursing Knowledge*, 40–41

⁴¹³ Letter from Florence Nightingale to Eva Lückes, 10 South Street, Park Lane, W., April 1889; Papers of Miss Eva C.E. Lückes; RLH/PP/LUC/1/1; Barts Health NHS Trust Archives and Museums, London

⁴¹⁴ Matron's Annual Letter, No.3; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.3, June 1896, 5; Barts Health NHS Trust Archives and Museums, London

⁴¹⁵ Rosalind Paget, London Hospital Training Certificate; GC/234/A/1/1; Wellcome Collection, London

⁴¹⁶ London Hospital certificate awarded to Emma Fraser, 27 August 1901; RLHLH/X/221; Barts Health NHS Trust Archives and Museums, London

It was possible that this was because she wanted to steer nurse training away from the total focus on technical skills advocated by Fenwick and her like-minded reformers.⁴¹⁷ Fenwick and her supporters also favoured limiting entry to the profession to women ‘of gentle-birth’,⁴¹⁸ who could afford to pay for their training.⁴¹⁹ It is possible that Lückes, who accepted suitable women from every class, had the vision to realise that Fenwick’s approach would, as Vicinus argues ‘leave all but the élite hospitals empty’, therefore doing little to aid the reformation of nursing.⁴²⁰

Lückes formed the opinion early on in her matronship, that, notwithstanding the innate womanly characteristics, some women had ‘much greater natural gifts for nursing...’ which must be ‘carefully cultivated, studied, and practised, before satisfactory results can be produced, and the real talent, which some are fortunate enough to possess, is duly developed.’⁴²¹ In common with matrons of other voluntary hospitals in London, the House Committee required Lückes to keep registers of all the nurses; these are a key source which document her assessment of a nurses character, and are evidence of her attempts to improve nurses’ characteristics.⁴²² Helmstadter argues that reforming matrons such as Lückes ran ‘harsh, repressive paramilitary organization[s]...’,⁴²³ and ‘discipline and supervision were all pervasive...’ and that ‘unquestioning obedience to orders and the denial of self...’ was an essential element of the new training.⁴²⁴ This analysis of some of the probationer’s and nurse’s character reports, suggests that Lückes’s training programme was clearly disciplinarian and omnipresent. Evidently, she used the registers to implement and maintain this regime in order to shape and to influence her future nurses, and potential leaders of the new profession.

Lückes found that a nurse’s suitability was sometimes called into question by their subsequent behaviour; ‘her tone was not nearly so satisfactory as I had been led to

⁴¹⁷ McGann, *The Battle of the Nurses*, 55. Winifred Hector, *The Work of Mrs Bedford Fenwick and the Rise of Professional Nursing* (London, Royal College of Nursing and the National Council of Nurses of the United Kingdom, 1973), 35

⁴¹⁸ Lucy M. Rae, ‘A Question of “Class”’, *The Nursing Record and Hospital World* (28 June 1902), 513–514

⁴¹⁹ McGann, *The Battle of the Nurses*, 55

⁴²⁰ Vicinus, *Independent Women*, 114

⁴²¹ Eva C.E. Lückes (1883), *Lectures on General Nursing*, Reprint (Cambridge, Cambridge University Press, 2012), 5

⁴²² Lorentzon, ‘Grooming Nurses for The New Century’, 4–12

⁴²³ Helmstadter, ‘Old Nurses and New’, 44

⁴²⁴ Ibid

hope...’,⁴²⁵ and she discussed with Nightingale the difficulty of assessing a nurse’s character.⁴²⁶ Nightingale agreed that it was hard to distinguish between the ‘Well-meaning kind nurses without much capacity – the intellectual (in theory) nurses without being practical nurses...’.⁴²⁷ Although Nightingale felt that keeping a register was impossible, she acknowledged that Lückes was using the probationers reports ‘To give a real character of the nurses – of their proficiency as nurses.’⁴²⁸ Monica Baly questions the value of the formal character sheet which Nightingale insisted on for probationers at the Nightingale School,⁴²⁹ yet Lückes’s character assessments were subjective, unstructured and ‘ad lib’, and for some probationers, such as Rosalind Paget, non-existent, partly because she was a paying probationer.⁴³⁰

Maria Lorentzon’s study of probationer’s character reports from four voluntary hospitals in London concurs that comments were highly subjective, and focused on ‘appearance, conduct, morality and work performance...’.⁴³¹ Lückes’s reports are equally frank, frequently cutting and bear similarities of those written by Lucy Osburn, Matron of Sydney Hospital (1868–1884), another of Nightingale’s protégées. Godden argues that Osburn’s registers were ‘a flawed document reflecting the idiosyncrasies of its author.’⁴³² Many of Lückes’s character reports appear to be equally flawed. The personal nature of the comments in Lückes’s Register of Nurses were condemned in *The National Review* as being ‘a receptacle for all the ill-natured gossip throughout’ the hospital.⁴³³ Although all the women in this study became matrons, Lückes’s reports are often scathing, and probably erred on the side of caution for a number of reasons. Firstly, because she set such a high standard for the perfect nurse. Secondly, should there be a complaint about her dismissal of a nurse, Lückes could point out their ‘faults’, and justify the termination of their ‘agreement’, and lastly, when writing a

⁴²⁵ Betty Stewart, Register of Sisters and Nurses; RLHLH/N/4/1, 169; Barts Health NHS Trust Archives and Museums, London

⁴²⁶ Letter from Eva Lückes to Florence Nightingale, London Hospital, 4 March 1894; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.211–218; The British Library, London

⁴²⁷ Notes by Florence Nightingale, possibly after a meeting with Eva Lückes, 5 April 1889; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.4; The British Library, London

⁴²⁸ Ibid, ff.3

⁴²⁹ Baly, *Florence Nightingale and the Nursing Legacy*, 229

⁴³⁰ Rosalind Paget, Register of Probationers; RLHLH/N/1/1, 181, Barts Health NHS Trust Archives and Museums, London. There is a single one-line entry at the back of the register: Rosalind Paget December 13, 1884. Rosalind Paget, London Hospital nurses’ badge, 1882–1884; GL/236/A14; Wellcome Collection, London

⁴³¹ Lorentzon, ‘Grooming Nurses for The New Century’, 8

⁴³² Godden, ‘Matching the Ideal?’, 26

⁴³³ W.H. Wilkins, ‘The London Hospital and its Nurses’, *The National Review*, 17, 97 (March 1891), 118–129, 127. Anonymous, ‘Nursing Echoes’, *The Nursing Record*, 6 (19 March 1891), 137

reference for future employers, who might retrospectively challenge her support for the candidate.

Lückes favoured the Victorian middle-class female characteristics of: empathy, honesty, obedience, punctuality, and selflessness. Punctuality was measured by how many times they were late to their meals, and was recorded in each probationer's personal record. Lückes complained that Gertrude Waddingham was untidy in her personal appearance and unpunctual for meals, and that 'Altogether, her tone was hardly what it should have been, after having been here 10 years.'⁴³⁴ Apparently, Lückes expected that Waddingham would have been inculcated with a good tone after such a long service, and would have learnt to be punctual. Waddingham went on to become Assistant-Matron of the Royal National Orthopaedic Hospital in London for many years.⁴³⁵

Exceeding leaves of absence was a characteristic failing of old nurses.⁴³⁶ Lückes regularly reported instances of nurses leaving without permission – 'running away', or failing to return from holiday or special leave, therefore breaking their contracts. The hospital solicitors were often instructed to obtain damages from the nurses', or their guarantors'.⁴³⁷ Staff who were missing or late had a negative impact on hospitals which were financially struggling and had understaffed wards.⁴³⁸ They also presented nursing in an unprofessional light. Perhaps this is why Lückes sought nurses who were 'unselfish and conscientious',⁴³⁹ 'genuinely fond of nursing and unselfish in work',⁴⁴⁰ and put their patients, colleagues, the hospital, and the wider profession before themselves. Lückes described Emma Minnedew as 'a satisfactory probationer of average ability – not at all brilliant, but painstaking, conscientious and devoted to her patients.'⁴⁴¹ Lückes liked nurses such as Louisa Adlam for her 'gentle manner and

⁴³⁴ Gertrude Waddingham, Register of Sisters and Nurses; RLHLH/N/4/1, 227; Barts Health NHS Trust Archives and Museums, London

⁴³⁵ See Appendix K: Career Histories

⁴³⁶ Helmstadter, 'Old Nurses and New', 48

⁴³⁷ For example, see: Matron's Report to House Committee, 23 October 1911; House Committee Minutes, 1910–1912; RLHLH/A/5/52, 324; Barts Health NHS Trust Archives and Museums, London

⁴³⁸ Helmstadter, 'Building a New Nursing Service', 590–621

⁴³⁹ Gertrude Keith Douglas, Register of Probationers; RLHLH/N/1/2, 90; Barts Health NHS Trust Archives and Museums, London

⁴⁴⁰ Letitia Black, Register of Sisters and Nurses; RLHLH/N/4/1, 99; Barts Health NHS Trust Archives and Museums, London

⁴⁴¹ Emma Minnedew, Register of Probationers; RLHLH/N/1/2, 79; Barts Health NHS Trust Archives and Museums, London

[for]...the unselfish care which she bestowed upon her patients...'.⁴⁴² For Lückes nursing was a vocation, to which she had devoted her life's work and she valued nurses who displayed the same values. In her annual Matron's Letters she praised nurses who had earned reports of 'unselfish devotion and cheerful kindness...'⁴⁴³ and who showed 'self-restraint and genuine unselfishness...'.⁴⁴⁴ Emma Berridge was described in her Private Nurse's report as 'genuinely unselfish ...she worked in an unselfish spirit, and with a determination to do her duty cheerfully as well as conscientiously...' and also had 'an evident desire to reflect credit on her training school.'⁴⁴⁵ For Lückes, any positive publicity would have been welcome – in part to counter her critics, who it seems were mainly outside the hospital by 1900, and to 'reinforce' her position as matron at 'The London'. The London Hospital, and Lückes in particular, received much negative publicity during, and following the 1890 Metropolitan Hospitals Enquiry into conditions and treatment of nurses in hospitals.⁴⁴⁶ Fenwick, the Editor of *The Nursing Record* and *The British Journal of Nursing* became Lückes's nemesis throughout her career and lost no opportunity to remind the nursing fraternity about perceived failings by Lückes at 'The London'.⁴⁴⁷ The two women were diametrically opposed over the issue of centralised nurse registration.⁴⁴⁸

Lückes regarded honesty and truthfulness as essential 'nurselike' characteristics, perhaps to move away from the 'Sarah Gamp' image of dishonest old-style nurses: 'She was a good nurse but not truthful and straightforward.'⁴⁴⁹ Whilst the evidence of nurse training at 'The London' supports Helmstadter's assertion that discipline was harsh, Lückes seems to give some nurses a second chance. She regretted Mary Costford's 'decision to leave under a cloud. I would willingly have tried her in another ward...', but would nonetheless have expected the

⁴⁴² Louisa Adlam, Register of Sisters and Nurses; RLHLH/N/4/1, 191; Barts Health NHS Trust Archives and Museums, London

⁴⁴³ Matron's Annual Letter, No.18; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.18, March 1911, 11; Barts Health NHS Trust Archives and Museums, London

⁴⁴⁴ Matron's Annual Letter, No.10; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.10, April 1903, 6; Barts Health NHS Trust Archives and Museums, London

⁴⁴⁵ Emma Morgan Berridge, Private Nursing Institution Register, 1899–1901; RLHLH/N/5/5, 37; Barts Health NHS Trust Archives and Museums, London

⁴⁴⁶ For example, see: *Pall Mall Gazette* Press Cuttings, 13–29 September 1890; RLHLH/A/26/5 and Press Cuttings, 1875–1893; RLHLH/A/26/3; Barts Health NHS Trust Archives and Museums, London

⁴⁴⁷ See for example: Anonymous, 'Nursing Echoes', *The Nursing Record*, 5 (16 October 1890), 187

⁴⁴⁸ See for example: Editorial, 'The Registration of Nurses, – XIV', *The Nursing Record*, 10 (1 June 1893), 265. Hallett, "Intelligent interest in their own affairs", 95–99

⁴⁴⁹ Mary Jane Costford, Register of Sisters and Nurses; RLHLH/N/4/1, 62; Barts Health NHS Trust Archives and Museums, London

nurse to conform to her own exacting standards.⁴⁵⁰ Costford was said to have behaved ‘in a very underhand manner both towards her fellow nurses and myself’, which implies that she did not meet Lückes’s standards of loyalty.⁴⁵¹

Lückes perceived loyalty to the hospital as an important nursing characteristic. This was possibly because she wanted to avoid a repetition of complaints such as had been aired during the 1890 House of Lords enquiry, secondly, because she wanted the hospital to exude a good tone, staff to remain, and therefore reduce turnover, and thirdly because she wanted to maintain and disseminate ‘The London’ style of reformed nursing. Although Lückes felt that Florence Glover ‘was an average probationer’, Lückes thought that she was ‘thoroughly loyal in tone and feeling’,⁴⁵² and that Amy Michael ‘was a cheerful, hard-working woman with nice feelings and a loyal tone.’⁴⁵³ Elizabeth Robertson was described as a ‘rather a nice woman, with gentle, nurse like ways. She was ‘not clever, but she was conscientious and painstaking, and her tone appeared to be loyal and true.’⁴⁵⁴ These documents suggest that for Lückes achieving and maintaining a good tone was a higher priority than being a quick learner and a skilled nurse. Probationer Esme Cawley ‘was not very observant and had not much power, but there was a nice tone about her, and she had a genuine desire to get on well with work’,⁴⁵⁵ whilst Ethel Pate ‘developed slowly, but there was a very nice tone about her and she had kind and gentle manners.’⁴⁵⁶ It seems that as long as the nurses developed a nice tone under Lückes’s tutelage, and fitted her ideal of a perfect nurse she continued to employ them. Despite her training regime Lückes struggled to make model nurses, perhaps because she was so particular about the attributes of a ‘new-style’ nurse. She wrote to Nightingale complaining that although 74 probationers were about to take their final examination having

⁴⁵⁰ Ibid

⁴⁵¹ Ibid

⁴⁵² Florence Mary Glover, Register of Probationers; RLHLH/N/1/9, 104; Barts Health NHS Trust Archives and Museums, London

⁴⁵³ Amy Florence Michael, Register of Probationers; RLHLH/N/1/12, 115; Barts Health NHS Trust Archives and Museums, London

⁴⁵⁴ Elizabeth Grace Robertson, Register of Sisters and Nurses; RLHLH/N/4/2, 75; Barts Health NHS Trust Archives and Museums, London

⁴⁵⁵ Esme Cawley, Register of Probationers; RLHLH/N/1/7, 47; Barts Health NHS Trust Archives and Museums, London

⁴⁵⁶ Ethel Mary Pate, Register of Probationers; RLHLH/N/1/7, 156; Barts Health NHS Trust Archives and Museums, London

completed her training system, she was not confident ‘that the majority of them were really the right women for all the work awaiting them...’.⁴⁵⁷

As part of her plan to make nurses, Lückes and her assistants appear to critically observe and constantly monitor the nursing staff – at all stages of their careers. They identified those who needed extra training to make them into ideal nurses and were vigilant for any excuse which would enable the dismissal of an unsuitable nurse. One young nurse was considered ‘unsuitable for them to continue further training’ because of the ‘excitable manner in which she behaved.’⁴⁵⁸ Although some did improve and were shaped into model nurses, others were dismissed with frequent regularity, often after many months of training.⁴⁵⁹

Discipline was maintained through the form of a reprimand or change of role ‘matron saw her and told that she must try and improve when she came back. She was quite nice and evidently had learnt her lesson, for she took what matron had to say in the right spirit.’⁴⁶⁰ Although one nurse had been ill, she was given a ‘serious reprimand’, following which ‘she suddenly awoke to the necessity of taking more pains to produce a better quality of work.’⁴⁶¹ Lückes wrote that Mary Pinsent, who was later Matron of the Royal National Orthopaedic Hospital in London for over thirty years ‘was a fairly good Probationer and improved very much towards the latter part of her training. She ...was twice reported for carelessness in the earlier days, and needed a good deal of training to make her sufficiently business-like over her work...’ but that ‘She was punctual, very kind to her patients, and she worked pleasantly with others’ (see Chapter Four, pages 193–195).⁴⁶²

⁴⁵⁷ Letter from Eva Lückes to Florence Nightingale, London Hospital E., 8 June 1892; The Nightingale Papers; Add MS 47746; Vol. CXLIV, ff.110; British Library, London

⁴⁵⁸ Matron’s Report to House Committee, 9 November 1914; House Committee Minutes, 1914–1916; RLHLH/A/5/54, 75; Barts Health NHS Trust Archives and Museums, London

⁴⁵⁹ There are dismissals documented in the House Committee minutes on a frequent basis, see: House Committee Minutes, 1880–1920; RLHLH/A/5/40–55; Barts Health NHS Trust Archives and Museums, London

⁴⁶⁰ Judith Mary Hardcastle, Register of Probationers; RLHLH/N/1/18, 102; Barts Health NHS Trust Archives and Museums, London

⁴⁶¹ Katherine Hodgkin, Register of Probationers; RLHLH/N/1/3, 15; Barts Health NHS Trust Archives and Museums, London

⁴⁶² Mary Eliza Pinsent, Register of Probationers; RLHLH/N/1/5, 128; Barts Health NHS Trust Archives and Museums, London. Sarah Rogers, ‘Mary Eliza Pinsent "May" (1868–1960): Nursing History No.18’ (SchoolofNursing.co.uk, Collecting Nursing History, 2013) [Available at: <http://www.schoolsofnursing.co.uk/Collections1/Collections19.htm>, accessed on 15 March 2022]

The primary sources indicate that despite her use of character training Lückes had to compromise, as an increasing range of employment opportunities for women in the late-nineteenth century reduced the pool of available female labour. Lily Gostling was allowed to continue her training because ‘She had... many nice qualities. A gentle manner and willing spirit were appreciated both by the patients and her fellow workers. These together with her keen desire to train, led us to persevere with her longer than we should otherwise have deemed wise.’⁴⁶³ However, perhaps because there were simply not enough trained nurses during Lückes’s first decade at ‘The London’, Ellen Langstaff was employed as a staff nurse after her training. As a probationer she ‘was a clean, active worker and kept her wards in good order but all who had an opportunity of judging, myself included, concurred in the opinion that she was not a satisfactory sort of woman and her character not of the type that one would willingly select for a nurse.’⁴⁶⁴ Although Lückes thought that Langstaff was a good staff nurse ‘she was extremely unsatisfactory in every other respect. She was an uneducated woman with a very low moral tone, though nothing definite could be actually proved against her in this respect.’⁴⁶⁵ Despite this negative critique, Langstaff was later appointed as Matron of Worksof Cottage Hospital.⁴⁶⁶

Some nurses appeared to be ‘lost causes’ and Lückes regretted employing them as staff nurses, perhaps because they would not ‘enhance’ the profession in the way she wished. Lückes despaired about Anne Phelps, a probationer from Social Class I whose ‘head had been educated, but her character and habits must have been neglected all her life.’⁴⁶⁷ Lückes complained that ‘no faults ever appeared to be remedied. Temporary, and too often very temporary improvement was all we ever obtained from her.’⁴⁶⁸ Whatever her perceived shortcomings Phelps later became Superintendent of the Hampshire branch of Queen

⁴⁶³ Lily Almira Gostling, Register of Probationers; RLHLH/N/1/17, 29; Barts Health NHS Trust Archives and Museums, London

⁴⁶⁴ Ellen Langstaff, Register of Probationers; RLHLH/N/1/1, 89; Barts Health NHS Trust Archives and Museums, London

⁴⁶⁵ Ellen Langstaff, Register of Sisters and Nurses; RLHLH/N/4/1, 57; Barts Health NHS Trust Archives and Museums, London

⁴⁶⁶ Matron’s Annual Letter, No.8, Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.8 March 1901, 28; Barts Health NHS Trust Archives and Museums, London. Anonymous, ‘Appointments’, *The Hospital, Nursing Section*, 31, 805 (1 March 1902), 296. See also, Appendix K: Career Histories

⁴⁶⁷ Anne Isabella Emma Phelps, Register of Probationers; RLHLH/N/1/3, 225; Barts Health NHS Trust Archives and Museums, London

⁴⁶⁸ Anne Isabella Emma Phelps, Register of Sisters and Nurses; RLHLH/N/4/1, 139; Barts Health NHS Trust Archives and Museums, London

Victoria's Jubilee Institute for Nurses.⁴⁶⁹ Lückes was apparently seeking women with some 'education and character',⁴⁷⁰ and was not merely selecting nurses by their parent's occupation alone. But evidently Lückes thought that some were 'lost causes'; as a probationer Nita Courtice, was 'not altogether up to our standard' and 'lacked refinement and gentleness.'⁴⁷¹ She was described as an abrupt staff nurse who had insufficient patience with subordinates but 'was always very sorry and genuinely anxious to improve.'⁴⁷² However, Courtice apparently responded to Lückes's influence because Lückes had very few doubts in recommending her for a position as Sister in Queen Alexandra's Royal Naval Nursing Service (see Chapter Five).⁴⁷³

Lückes continued her attempts to influence the profession after her nurses had obtained their certificates and were working as staff nurses, or sisters. Evidently, she wanted to ensure that her nurses' characters continued to be nurselike and their 'tone' suitable. Probationer Gertrude Carrick was described as 'a capable woman and no fault could be found with her work. She was careful to engage in the rules, and yet her tone was not at all desirable.'⁴⁷⁴ Although Carrick was a good Private Nurse 'her appearance and manner were not sufficiently nurselike.'⁴⁷⁵ At Carrick's request Lückes reluctantly appointed her as a staff nurse 'although we felt that her 'tone' in the wards would not be desirable' and Lückes 'warned her very seriously about talking to the doctors and students... to do her justice we never had to speak to her again...'.⁴⁷⁶ This highlights how impropriety was seen as an element of bad 'tone'. In spite of Carrick's undesirable tone, Lückes went on to recommend her for a sister's post at West Ham Infirmary, and later Carrick became assistant matron of Gloucester Royal Infirmary.⁴⁷⁷

⁴⁶⁹ Phelps; Anne I. E., Roll of Queen's Nurses, 1891–1931; Roll No.914, Vol.5 (1897–1898), 98; Queen's Nursing Institute Registers; Wellcome Library, London [Available at: www.ancestry.co.uk, accessed on 26 August 2018]

⁴⁷⁰ Hawkins, *Nursing and Women's Labour*, 32

⁴⁷¹ Nita Courtice, Register of Probationers, RLHLH/N/1/11, 89; Barts Health NHS Trust Archives and Museums, London

⁴⁷² Nita Courtice, Register of Sisters and Nurses; RLHLH/N/4/2, 344; Barts Health NHS Trust Archives and Museums, London

⁴⁷³ Ibid

⁴⁷⁴ Gertrude Maud Carrick, Register of Probationers; RLHLH/N/1/10, 123; Barts Health NHS Trust Archives and Museums, London

⁴⁷⁵ Gertrude Maud Carrick, Register of Sisters and Nurses; RLHLH/N/4/2, 185; Barts Health NHS Trust Archives and Museums, London

⁴⁷⁶ Ibid

⁴⁷⁷ Anonymous, 'Appointments', *The Nursing Mirror and Midwives' Journal*, 26 (13 October 1917), 38. See also Appendix K: Career Histories

When necessity dictated, nurses working for The London Hospital's Private Nursing Institution were also subject to ongoing character training to ensure that they stayed as Lückes's ideal nurses.⁴⁷⁸ They were monitored via reports received from the patient, their families, and the doctors:

The matron will be sorry to hear that though you found nurse well trained and efficient in carrying out her duties, you considered her rather wanting in tact. It is very often small faults which spoil a nurse's career, and we are always very anxious to correct little failings before they become habits, as we think it kinder to the patients as well as to the nurses themselves.⁴⁷⁹

Even when nurses had a previously unblemished record they were under constant scrutiny, and on the basis of one report, subjected to further character training:

I am much obliged to you for your candid report on nurse... I did not understand at the time the reason for her return as she had always brought back excellent reports from the engagers and the doctors for whom she had worked. As you have now explained fully to me in what direction she failed, it has given me the opportunity to try and correct her faults before they become habits...⁴⁸⁰

Lückes's 'fast-tracked'⁴⁸¹ sisters who had received special management training, were not exempt from being 'spoken too' if they did not maintain a good enough tone, including Ethel Hope Becher who was perceived as abrupt and occasionally unpleasant,⁴⁸² and Fanny Edgecombe who was thought to fraternise with a doctor, whom she later married (see discussion in Chapter Five, pages 275–276).⁴⁸³

⁴⁷⁸ Large hospitals, such as The London Hospital established Private Nursing Institutions in order to supply wealthy clients with trained nurses. They often generated much needed extra income for the hospitals to which they were associated.

⁴⁷⁹ Copy of Letter from Eva Lückes to A. Lyndon, M.D. M.R.C.S., Grayshott, near Haslemere, 16 September, 1912; Matron's Correspondence and Papers; RLHLH/N/7/4; Barts Health NHS Trust Archives and Museums, London

⁴⁸⁰ Copy of Letter from Eva Lückes to Miss E.A. Holdship, Ormesby, Crowborough, 25 October, 1911; Matron's Correspondence and Papers; RLHLH/N/7/4; Barts Health NHS Trust Archives and Museums, London

⁴⁸¹ The concept of fast-tracking is discussed more fully in Chapter Three. Anthony, 'Distinctness of Idea and Firmness of Purpose', 49–50

⁴⁸² Ethel Hope Becher, Register of Sisters and Nurses; RLHLH/N/4/1, 162; Barts Health NHS Trust Archives and Museums, London

⁴⁸³ Fanny Augusta Edgecombe, Register of Probationers; RLH/N/1/5, 145 and Fanny Augusta Edgecombe, Register of Sisters and Nurses; RLH/N/4/1, 200; Barts Health NHS Trust Archives and Museums, London

Approximately a quarter of the 474 women in this study appear to have especially fine ‘nurse-like’ characteristics, either before training, or because they were moulded into model nurses during Lückes’s training programme. They were selected as suitable for senior positions and were ‘fast-tracked’ by Lückes either during their training, and or shortly afterwards (see discussion in Chapter Three, pages 102–110).⁴⁸⁴ Lückes wrote that Susan McGahey ‘was an excellent probationer, quick, clever, anxious to please and very desirous of getting on well’,⁴⁸⁵ and that Selina Bland ‘was thoroughly satisfactory both with regard to character and capacity for her work. She was straightforward, clear headed, businesslike and reliable, with a quick pleasant manner and an even temper which are invaluable qualities in one who has to control subordinates.’⁴⁸⁶ Lückes clearly favoured nurses who ‘took pains to maintain a nice tone in...[their] ward,’⁴⁸⁷ and who ‘kept a very nice tone in the ward both amongst [the]...patients and nurses.’⁴⁸⁸

‘Smart’ nurses: not ideal ‘London Hospital’ nurses

Whilst Lückes strove to make nurses with the right tone, she does not appear to like ‘smart’ nurses, and she tried to prevent her nurses from developing into this type of nurse. She describes one as being ‘emphatically a smart nurse...’⁴⁸⁹ or that a nurse’s practical work ‘was more showy than thorough.’⁴⁹⁰ It seems as if Lückes felt that ‘smart nurses’ were efficient, and mechanical, but not necessarily compassionate ‘She was such a smart sister in many respects, that some people were inclined to doubt whether the comfort and happiness of her patients was not occasionally sacrificed for the sake of the true appearance of her wards...’⁴⁹¹ Lückes described Edith Tucker as a ‘smart surgical nurse, but lacking in the qualities which go to make a good nurse in the true sense of the word’, although she considered Tucker responsible and suitable enough to put her in charge of the ‘Londoners’

⁴⁸⁴ See also Appendix E: The first leadership appointments of the fast-tracked matrons

⁴⁸⁵ Susan McGahey, Register of Probationers; RLHLH/N/1/2, 31; Barts Health NHS Trust Archives and Museums, London

⁴⁸⁶ Selina Bland, Register of Probationers; RLHLH/N/1/2, 64; Barts Health NHS Trust Archives and Museums, London

⁴⁸⁷ Mary Henderson, Register of Sisters and Nurses; RLHLH/N/4/3, 134; Barts Health NHS Trust Archives and Museums, London

⁴⁸⁸ Ellen Schlegel, Register of Sisters and Nurses; RLHLH/N/4/2, 192; Barts Health NHS Trust Archives and Museums, London

⁴⁸⁹ Eveline Dickinson, Register of Probationers; RLHLH/N/1/7, 59; Barts Health NHS Trust Archives and Museums, London

⁴⁹⁰ Gertrude Vacher, Register of Probationers; RLHLH/N/1/2, 78; Barts Health NHS Trust Archives and Museums, London

⁴⁹¹ Ethel Hope Becher, Register of Sisters and Nurses; RLHLH/N/4/1, 162; Barts Health NHS Trust Archives and Museums, London

sent out to nurse soldiers in Greece (see discussion in Chapter Five, pages 265–267).⁴⁹² Lückes described Clara Bannister as having ‘many good qualities and she knew her work very well. She might aptly be described as a smart sister, and throughout her time here, we fear that the showy side of her work appealed to her more directly than any other.’⁴⁹³ Perhaps Lückes’s report on Bessie Leonard indicates what she really meant by ‘smart’ nurse. Lückes wrote that Leonard ‘became an excellent surgical nurse and was a good ward manager, indeed, she was a favourable specimen of what is recognised as the ‘*smart*’ type of modern nurse. We do not consider this high praise at the London, but at any rate it indicates thorough technical knowledge and efficiency.’⁴⁹⁴ Despite these comments Bannister became Matron of Colchester Hospital,⁴⁹⁵ and Leonard, Matron of York Road Lying-in-Hospital, London.⁴⁹⁶

It seems that Lückes was not alone in her dislike of ‘smart’ nurses, and that they were also abhorrent to other sections of the nursing world. A letter published in *The Nursing Record and Hospital World* in 1896 referred to ‘smart’ nurses as ‘the evil of modern Nursing’, and that they were ‘martinets’ and ‘severe disciplinarians.’⁴⁹⁷ In 1911 a nurse wrote to *The British Journal of Nursing*: ‘Be careful about appearances, but in nothing be smart. The smart nurse may suit the unobservant, but she rasps and becomes a bore.’⁴⁹⁸ These letters illustrate that Lückes, and Fenwick in her role as editor of this journal, may very unusually have shared the same view. Lückes seems to be wary of ‘her nurses’ being tarnished by this phrase, and that she did not associate smart nurses with a good tone. Perhaps to guard against her nurses developing the characteristics of a ‘smart’ nurse, Lückes publicly and regularly praised her office assistants’ exemplary behaviour. In her annual Matron’s Letters she thanked Annie McIntosh and Marion Thomas for their ‘untiring industry and such patient interest...’ and Miss Langridge for her ‘spirit of cheerful unselfishness which the faithful performance of

⁴⁹² Edith Marie Tucker, Register of Sisters and Nurses; RLHLH/N/4/2, 134; Barts Health NHS Trust Archives and Museums, London check not in chapter five

⁴⁹³ Clara Henrietta Bannister, Register of Sisters and Nurses; RLHLH/N/4/1, 212; Barts Health NHS Trust Archives and Museums, London

⁴⁹⁴ Bessie Leonard, Register of Sisters and Nurses; RLHLH/N/4/1, 205; Barts Health NHS Trust Archives and Museums, London

⁴⁹⁵ Clara Bannister: Anonymous, ‘Appointments’, *The British Journal of Nursing*, 39 (28 December 1907), 514

⁴⁹⁶ Matron’s Annual Letter, No.15, Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.15, April 1908, 27; Barts Health NHS Trust Archives and Museums, London. Anonymous, ‘Appointments’, *The British Journal of Nursing*, 40 (22 February 1908), 150. See also Appendix K: Career Histories

⁴⁹⁷ A Nurse of Thirty-Six, ‘Live and let live’, *The Nursing Record and Hospital World*, 16 (11 January, 1896), 42

⁴⁹⁸ Anonymous, ‘How to succeed as a Private Nurse’, *The British Journal of Nursing*, 46 (4 February 1911), 87

routine and somewhat onerous duties always demands.’⁴⁹⁹ These senior nurses appear to epitomise Lückes’s ideal nurse, and it is thought that she cited their model behaviours to reinforce the characteristics that she wanted to instil into her nurses in order that they could become her ideal nurses.

Similarly, Lückes cautioned her nurses against developing into ‘mechanical nurses’,⁵⁰⁰ and in her Matron’s Annual Letters urged them to ‘guard against slackness, – against the mechanical performance of routine duties done without any of that true love of the work which sanctifies the drudgery as well as the more attractive parts of it...’.⁵⁰¹ Lückes saw nursing as a true vocation, to which, apart from family ‘duty’, she felt nurses should devote their entire lives. Whilst she stated that ‘Mechanical nurses can be produced by machinery. But what kind of substitute is a human machine for a tender-hearted woman...’,⁵⁰² and urged them to guard ‘against the tendency to become mechanical in carrying out routine duties.’⁵⁰³

Conclusion

Lückes was one of a number of remarkable women who revolutionised nursing care in hospitals, for which they needed the right women to lift the ‘tone’ of nursing and improve patient care. Not only did reformed professional nursing improve direct patient care it also permeated through the whole hospital and transformed that institution. Lückes, and Holland, appear to have associated class, such as that which is acquired through a refined social background, with a good education. They appear to have collaborated together to attract educated women of the ‘best class’, to fill the highest positions in nursing, and bring a good tone to the profession. However, as Holland acknowledged in 1904, there were not enough women of the right type, and they struggled to employ sufficient women who would bring the right tone to lead the profession:

It has a status and the best educated women coming into nursing know perfectly well the best positions in the nursing world are open to them. But the numbers of women in the upper-classes

⁴⁹⁹ Matron’s Annual Letter, No.16; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.16, March 1909, 21; Barts Health NHS Trust Archives and Museums, London

⁵⁰⁰ Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899), xii

⁵⁰¹ Matron’s Annual Letter, No.11; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 22; Barts Health NHS Trust Archives and Museums, London

⁵⁰² Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899), xii

⁵⁰³ Matron’s Annual Letter, No.12; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.12, April 1905, 10; Barts Health NHS Trust Archives and Museums, London

are comparatively small who wish to nurse. We have exhausted the number of Florence Nightingales in the world.⁵⁰⁴

Initially Lückes preferred to employ women from the higher-classes, who had been educated to a similar standard as herself, and were instilled with middle-class behaviours and manners. However, when she found that there were not sufficient middle and upper-class, well-educated women, she pragmatically employed those who were suitable from all classes. This study has shown that a third of the matrons came from the working classes (social classes III, IV and V). Lückes possibly thought that her preferred ‘upper domestic servants’, would have been imbued with middle-class characteristics by their former employers.

For Lückes, the recruitment and selection of nurses with the right character, education and social background was just the starting point to make an ideal nurse, and to influence the nascent profession. As Lückes found that some nurses lacked nursing characteristics she endeavoured to mould these nurses into suitable nurses via character training. This chapter has shown that Lückes did not purely select women from the higher-classes to achieve the ‘right tone’. Throughout her incumbency Lückes struggled to find her preferred ‘Ladies and suitable women of every class...’ despite a huge number of applicants, and she accepted probationers from across the social spectrum, in order find sufficient ‘suitable women’ to become nurses with the ‘right tone’.⁵⁰⁵ This suggests that for Lückes, recruitment was about ‘more than class’. Lückes fast-tracked the nurses whom she considered to have the most suitable attributes to lead the nascent profession. These women appear to be her favourites, and those whom she felt displayed the best leadership material, and showed courage, moral strength and leadership, were calm in a crisis and technically skilled, such as the military matrons (see Chapter Five). The following chapter will discuss how Lückes utilised patronage, networking and mentoring to promote these fast-tracked nurses to a significant number of matronships, both at home and abroad.

⁵⁰⁴ Sydney Holland, 14 July 1904, 39, paragraph 548–549; *Minutes of Evidence Taken Before the Select Committee on The Registration of Nurses*, 1904; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London

⁵⁰⁵ Standing Orders for Probationers, 22 April 1895; House Committee Minutes, 1895–1897; RLHLH/A/5/46, 73–74; Barts Health NHS Trust Archives and Museums, London



Image 2.5: Eva Lückes with a ledger circa 1890s
Credit: Barts Health NHS Trust Archives and Museums, London⁵⁰⁶

⁵⁰⁶ Eva Lückes standing with a ledger c. 1890s, Downey; Photographs; RLHLH/P/3/21/6; Barts Health NHS Trust Archives and Museums, London

Chapter Three

Eva Lückes: Shaping and Disseminating Reformed Nursing through Mentoring, Patronage and Networking

Introduction

In 1880, when Eva Lückes was appointed matron of The London Hospital, it was the only voluntary hospital serving the sick poor in the East End of London. During her 39-year tenure, Lückes made the establishment of a professional nursing department at ‘The London’ her life’s work.¹ Through mentorship Lückes encouraged, motivated and influenced her nurses; via patronage she accessed external support for her nurses; and she networked to develop beneficial ‘webs’ of London Hospital supporters.² Lückes utilised mentoring, patronage and networking to spread professional trained nurses, and influence both the careers of her nurses and reformed nursing more widely. This thesis argues that Lückes drew on her past experience of mentoring, patronage and networking during her long career at The London Hospital (hereafter ‘The London’). Along with Sydney Holland, the hospital chairman from 1896, and E.W. Morris, the hospital secretary and house governor from 1903, she became part of a highly successful triumvirate who turned around the ‘backsliding London Hospital.’³

When Lückes commenced at ‘The London’ it is likely that she had already experienced and witnessed the benefits of mentoring, networking and patronage in her personal life. After finishing her education and prior to commencing nurse training in 1876, Lückes had undertaken philanthropic visiting of the sick poor and needy in her community. During her training at two voluntary hospitals in London, Lückes may have become aware how essential patronage was to maintain these institutions (see Appendix Ai: Lückes’s timeline). Similarly, when she gained experience as a Night Sister at ‘The London’, Lückes would have become aware of the crucial need for philanthropic support. It is possible that a lack of supportive networks amplified her problems whilst she was Lady Superintendent for a few months between 1879–1880, at Manchester General Hospital for Sick Children in Pendlebury (see

¹ Lord Knutsford, *Eva C.E. Lückes*, Private Publication, 1919; RLHPP/KNU/3/3, 6; Barts Health NHS Trust Archives and Museums, London

² Matrons were proprietorial about their nurses whom they felt responsible for.

³ A.E. Clark-Kennedy, *The London: A study in the Voluntary Hospital System, Volume Two, 1840–1948* (London, Pitman Medical Publishing Company, 1963), 217

discussion in Chapter Four, page 175–176).⁴ During her career Lückes wrote to Dr William Allchin, whose lectures she had attended whilst a probationer at the Westminster Hospital.⁵ She corresponded frequently with Florence Nightingale – her friend and mentor, from at least 1889–1899.⁶

In the current nursing historiography there is a shortage of material which examines if, and how, influential matrons such as Lückes practised mentoring, networking and patronage.⁷ Although the historiography considers Florence Nightingale's mentoring of nursing leaders, the contribution made by other nurse reformers – including Lückes, is overlooked.⁸ Susan McGann's *The Battle of the Nurses* has limited goals, and is a series of biographies of the key nursing reformers during the period of this study.⁹ Similarly, Grainne Anthony's dissertation was constrained because her study focused on the impact of Lückes's 'philosophy of nursing' on her career.¹⁰ Apart from work which examines Nightingale as a mentor, there is a paucity of research into mentoring by historical nursing leaders.¹¹ This research into Lückes as a 'Matron Maker', will therefore add to that limited body of knowledge. There is implicit evidence in the historiography that some of Lückes's contemporaries used networking and patronage to support their reforms, including Mrs Bedford Fenwick during her campaign for nurse registration.¹² Similarly, after the Crimea, Nightingale initially chose to live at The Burlington Hotel, London 'in proximity to the politicians and influencers who could help her

⁴ See Appendix Ai: Eva Lückes's timeline

⁵ Eva C.E. Lückes (1883), *Lectures on General Nursing*, Reprint (Cambridge, Cambridge University Press, 2012), v. It is not known how often Lückes wrote to Allchin, as only four letters appear to survive: Postcard from Eva Lückes to Dr Allchin, 6 September 1895; MS712/230; Archive of the Royal College of Physicians, London. Postcard from Eva Lückes to Dr Allchin, 20 November 1895; MS712/235; Archive of the Royal College of Physicians, London. Letter from Eva Lückes to Dr Allchin about the university question, 2 December 1895; MS712/239; Archive of the Royal College of Physicians, London. Postcard from Eva Lückes to Dr Allchin, 3 December 1895 MS712/244; Archive of the Royal College of Physicians, London.

⁶ Correspondence between Eva Lückes and Florence Nightingale: 1889–1899; The Nightingale Papers; Add MS 47746, Vol. CXLIV; The British library, London. Letters from Florence Nightingale to Eva Lückes; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/1–20; Barts Health NHS Trust Archives and Museums, London

⁷ Susan McGann, *The Battle of the Nurses: a study of eight women who influenced the development of professional nursing, 1880–1930* (London, Scutari Press, 1992). Grainne Anthony, 'Distinctness of Idea and Firmness of Purpose. The Career of Eva Lückes: A Victorian Hospital Matron' (Unpublished Master of Arts dissertation, London Metropolitan University, 2011)

⁸ Maria Lorentzon and Kevin Brown, 'Florence Nightingale as mentor of matrons: correspondence with Rachel Williams at Saint Mary's Hospital', *The Journal of Nursing Management*, 11 (2003), 266–274. Stuart Wildman and Alistair Hewison 'Rediscovering a history of nursing management: From Nightingale to the modern matron', *International Journal of Nursing Studies*, 46 (2009), 1650–1661. Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 1

⁹ McGann, *The Battle of the Nurses*

¹⁰ Anthony, 'Distinctness of Idea and Firmness of Purpose.', 10–11

¹¹ Lorentzon and Brown, 'Florence Nightingale as mentor of matrons', 266–274

¹² Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 66–67

in her work.¹³ But to date, there is a lack of explicit examinations into how nineteenth-century nurse reformers, other than Nightingale, employed patronage and networking to support their goals.

This chapter will discuss how, having produced her ideal nurses, Lückes nurtured and mentored them – to develop and support them, and to maintain a good tone. Then, and largely through her highly successful, and symbiotic relationship with Holland, she harnessed patronage, and championed the hospital and its nursing diaspora across the globe in order to spread reformed nursing. Finally, she promoted networking to support and influence the dissemination of reformed nursing diaspora, and secure advantageous appointments for her nurses.

Mentoring

Lückes was a prolific writer, and she expressed her views about nursing in letters she wrote to former and current nursing staff, friends, and colleagues, including the influential nursing reformers, Sir Henry Burdett and Florence Nightingale.¹⁴ Lückes wrote to, and visited Nightingale for advice and support. Their surviving letters which span 1889–1899, suggest that their relationship was largely one of mentorship by Nightingale to Lückes, who also acted as Nightingale’s foremost disciple in the campaign against nurse registration.¹⁵



Image 3.1: Eva Lückes, circa 1890s

Credit: Barts Health NHS Trust Archives and Museums, London¹⁶

¹³ Paul Crawford, Anna Greenwood, Richard Bates, Jonathan Memel, *Florence Nightingale at Home* (Palgrave Macmillan, Switzerland, 2020), 9

¹⁴ The advent of the penny post in 1840 had opened up communication; see Karin Koehler, *Thomas Hardy and Victorian Communication, Letters, Telegrams and Postal Systems* (London, Palgrave Macmillan, 2016), 3–8

¹⁵ Anthony, ‘Distinctness of Idea and Firmness of Purpose.’, 6

¹⁶ Portrait of Eva Lückes; Photographs of Eva C.E. Lückes, circa 1890s; Photographs; RLHLH/P/3/21/5; Barts Health NHS Trust Archives and Museums, London

The idea of mentorship which is often given by an experienced person, is thought to have its foundation in Ancient Greek mythology. Odysseus asked his friend Mentor to supervise his young son whilst he was away in the Trojan War.¹⁷ Although academics argue that mentorship has not been valued in nursing to the same extent as in ‘predominantly male professions’,¹⁸ historians have suggested that the origins of mentorship in the profession can be traced back to Nightingale.¹⁹ There is evidence in numerous surviving letters which she wrote to her protégées, many of whom became matrons.²⁰ Maria Lorentzon and Kevin Brown found that Nightingale ‘inspired and supported’ Rachel Williams, a Nightingale trained matron, just as Nightingale later mentored Lückes.²¹

It is not known exactly when Nightingale and Lückes started their relationship; the tone of the first surviving letters from 1889 suggest that it was already well-established, although McDonald suggests that it commenced in 1889.²² Moreover, Nightingale supported another candidate – Mary Pyne, for the matronship of The London Hospital in 1880.²³ Nightingale’s affiliation with ‘The London’, commenced twenty years before Lückes became matron; in 1860, Nightingale was made a Life Governor of the hospital in recognition of her services in the Crimea.²⁴ Nightingale supported and guided Lückes during the 1890 House of Lords Metropolitan Hospitals Enquiry.²⁵ Lückes shared Nightingale’s vision for the profession, and her support for Lückes continued throughout the ongoing debates about nurse registration and standardised training. These crises became Lückes’s achilles heel, and this thesis suggests that without Nightingale’s mentorship they would have been her nemesis. Whilst Lückes

¹⁷ Karen Carroll, ‘Mentoring: A Human Becoming Perspective’, *Nursing Science Quarterly*, 17, 4 (2004), 318–322

¹⁸ Caroline Tracey and Honor Nicholl, ‘Mentoring and networking’, *Nursing Management*, 12, 10 (March 2006), 28–32, 28

¹⁹ Lorentzon and Brown, ‘Florence Nightingale as mentor of matrons’, 266–274. Glynis Collis Pellatt, ‘The role of mentors in supporting pre-registration nursing students’, *British Journal of Nursing*, 15, 6 (2006), 336–340. Steven Jacobs, ‘An analysis of the evolution of mentorship in nursing’, *International Journal of Mentoring and Coaching in Education*, 7, 2 (2018), 155–176

²⁰ See for example: Letters from Florence Nightingale to Eva Lückes; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/1–20; Barts Health NHS Trust Archives and Museums, London

²¹ Lorentzon and Brown, ‘Florence Nightingale as mentor of matrons’, 266–274

²² Lynn McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13, Extending Nursing*, (Ontario, Wilfred Laurier Press, 2009), 19

²³ *Ibid*, 129

²⁴ E.W. Morris, (1910), *A History of The London Hospital*, Reprint (USA, Bibliolife, 2009), 213

²⁵ Letter from Eva Lückes to Florence Nightingale, London Hospital, 20 December 1890; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.13–17; British Library, London. Letter from Florence Nightingale to Eva Lückes, Claydon, 2 January 1891; RLHPP/LUC/1/4; Barts Health NHS Trust Archives and Museums, London. Letter from Eva Lückes to Florence Nightingale, Tregarthen’s Hotel, Isles of Scilly, 3 February 1891; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.118–19; British Library, London

relied heavily on Nightingale for emotional support, she also discussed and shared with her mentor many ideas for improving nurse training, and the profession. In some of her letters, Lückes asked Nightingale for advice and support.²⁶ Their correspondence shows key features of mentoring, including motivation, enthusiasm and innovation.²⁷

The primary sources demonstrate how Lückes mentored her nurses and future matrons to maintain the right ‘tone’ and loyalty in The London Hospital ‘brand’. She also gave some accelerated promotion and leadership experience and used several means through which to act as a mentor which are evidenced in her letters and annual, circular Matron’s Letter.²⁸ She mentored her nurses via her weekly ‘open-house’ drop-in sessions which she held for both current and former nurses; her private correspondence, and via her Annual Matron’s Letter. It is likely that only a fraction of Lückes’s personal letters survive, partly because she specifically asked in her will that any personal letters which she may have kept and were ‘still... in existence at the time of my death...’ to be ‘destroyed and unread’ (see Chapter One).²⁹ Lückes’s surviving correspondence, indicates that she frequently mentored current and former staff, and in particular, used her letters to motivate and enthuse her nurses, and enable them to develop their careers.³⁰ This correspondence reveals another critical element of her matron making. It demonstrates how Lückes used mentoring, patronage and networking to consciously promote and spread a London Hospital, Nightingale-style trained nursing diaspora across the world.

There is abundant evidence of Lückes’s mentoring within her annual circular letters. Although Lückes’s prolific correspondence has been acknowledged by historians,³¹ her mentorship of nurses has largely been overlooked. This was a significant contribution to the early mentorship in nursing. When examined in conjunction with individual nursing records,

²⁶ Correspondence between Eva Lückes and Florence Nightingale, The Nightingale Papers; Add MS 47746, Vol. CXLIV; The British Library, London. Letters from Florence Nightingale to Eva Lückes; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/1–20; Barts Health NHS Trust Archives and Museums, London

²⁷ Ibid. Sarah Rogers, ‘Eva Lückes’s ‘retreat’ to the Isles of Scilly’, *The Bulletin* of the UK Association for the History of Nursing, 8, 1 (2020), 1–10

²⁸ Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2; Barts Health NHS Trust Archives and Museums, London

²⁹ Eva Charlotte Ellis Lückes, The Last Will and Testament; Signed 1 August 1918; Proved in London 28 March 1919 [Available from <https://probatesearch.service.gov.uk>]

³⁰ See in particular: Matron’s correspondence and papers; RLHLH/N/7, 4–9, 10–12, 17–18, 27, 54; Barts Health NHS Trust Archives and Museums, London

³¹ For example, McGann, *The Battle of the Nurses*, 26–28. Anthony, ‘Distinctness of Idea and Firmness of Purpose.’, 78–85

it appears that having made her ideal nurses, Lückes ‘fast-tracked’ particularly suitable women, and supported their promotions to prestigious positions, as in the case of Ethel Hope Becher and Emma Maud McCarthy (see Chapter Five). Lückes’s motivational mentoring of her fast-tracked potential leaders of nursing, enabled and facilitated their careers, and also encouraged them to stay loyal to their ‘alma mater’ and The London Hospital style of nursing – ultimately influencing reformed nursing.

Lückes: mentor to a cohort of fast-tracked ‘special’ nurses

Lückes selected a number of ‘special’ nurses to have accelerated promotion and leadership experience. The personnel records of all 474 future matrons in this study were examined, and chronologically categorised by the stage in their career when they were promoted to a sister’s post.³² This research found that Lückes identified leadership potential in 118 of these future leaders, whom she fast-tracked during and after their training at ‘The London’.³³ Of these 118 nurses, only 41 of them were considered ‘special’ enough to be given management experience and worked in various sister’s roles for part of their training.³⁴ The issue of Lückes using probationers as trained nurses, both in the hospital and as Private Nurses, before they had completed two-years training, became a controversial issue during the 1890 House of Lords Metropolitan Hospitals Enquiry.³⁵ This research reveals that Lückes accelerated, or fast-tracked the careers of these ‘élite’ nurses whilst they worked for her. Some of the nurses were already trained, some repeated nurse training again at ‘The London’, and others trained for the first time under her tutelage.³⁶ Whilst they nursed there, she gave these ‘favourites’ advantages. For example, Lückes gave many of them early leadership experience during their

³² The Registers of Probationers and where applicable, the Registers of Sisters and Nurses were examined. For the purpose of this study nurses who were promoted to a leadership position within three years of qualification are considered to have been ‘fast-tracked’.

³³ See Appendix E: The first leadership appointments of the fast-tracked matrons. Please note that the data shows 113 matrons; five further matrons who were fast-tracked during their training either left on completion of it, or were not promoted within the first three years after finishing.

³⁴ These 41 nurses’ names are highlighted in bold in Appendix E: The first leadership appointments of the fast-tracked matrons

³⁵ Miss Lückes, 10 July 1890, 390–391, paragraphs 6608–6624; H.M.S.O., *Report from the Select Committee of the House of Lords on Metropolitan Hospitals, etc., together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London. Lückes argued that probationers were fully trained after a year, and certificated after two, which to her was justification for giving them managerial training during their secondary probationary year.

³⁶ See Appendix J: Matrons previous employment type – this gives a sense of those who had worked, and or trained as nurses before.

training: Edith Helen Owen worked in Matron's Office for the second-half of her first year of training, and at the end of her training worked as a 'probationary sister'.³⁷



Image 3.2: London Hospital sisters including:
fast-tracked Rosalind Paget and Paulina Fynes-Clinton.
Credit: Wellcome Collection³⁸

Perhaps because she was a 'great favourite with Mr Treves...' Owen was immediately appointed as a Holiday Sister – at the end of her two-year training, and a year later she became a ward sister.³⁹ However, Lückes who was known for her high expectations and harsh judgements, often reported 'flaws' – even in her special nurses, and she often wrote negative reports about them (see discussion in Chapter Two, pages 84–85). These accounts, which Lückes probably wrote following a nurse's resignation were probably not for general or external consumption – for example, she said that Owen had a 'hopeless incapacity for general management... Her linen inventory was simply distressing!'⁴⁰ Owen left 'The London' because of her health and the fatal illness of her brother, but within three months, and despite Lückes's assessment, she was appointed Matron of St Mark's Hospital, City Road, London.⁴¹

³⁷ Edith Helen Owen, Register of Probationers; RLHLH/N/1/3, 98; Barts Health NHS Trust Archives and Museums, London

³⁸ Photograph of London Hospital Sisters; Dame Rosalind Paget, Journal Records including photographs; GC/236/B/27/2; Wellcome Collection, London

³⁹ Edith Helen Owen, Register of Sisters and Nurses; RLHLH/N/4/1, 122; Barts Health NHS Trust Archives and Museums, London

⁴⁰ Ibid

⁴¹ As Edith Owen was a 'great favourite' of Frederick Treves, it is possible that he played some part in her being appointed to St Mark's Hospital, London. Anonymous, 'Appointments', *The Hospital Nursing Supplement*, 16, 407 (14 July 1894), clix

Almost all of the fast-tracked nurses were promoted earlier than might be expected; and the majority were appointed as a sister within a year of qualification, rather than gaining Staff Nurse experience first (see Figure 3.1 below). Helena Mary Crowdace Gooding only worked for one month as a staff nurse before she was promoted to Holiday Sister.⁴² This suggests that Lückes was waiting for a suitable vacancy, and the staff nurse position was merely a stop gap for a nurse whom she considered for promotion. After over three years as a sister, Gooding was appointed as Matron of Woolwich and Plumstead Poor Law Infirmary.⁴³ Lückes attributed Gooding's appointment to 'The influence of her father, Dr Gooding, and many friends...', which 'was very serviceable to her on this occasion...'.⁴⁴ Lückes seems to have groomed her favoured nurses for promotion outside the hospital, where they would influence the nascent profession with her style of nursing and management. Owen's and Gooding's early careers demonstrate that they probably witnessed the beneficial effects of patronage and networking whilst under Lückes's tutelage at 'The London', and applied it to their own careers (see Patronage and Networking sections from page 124 onwards).

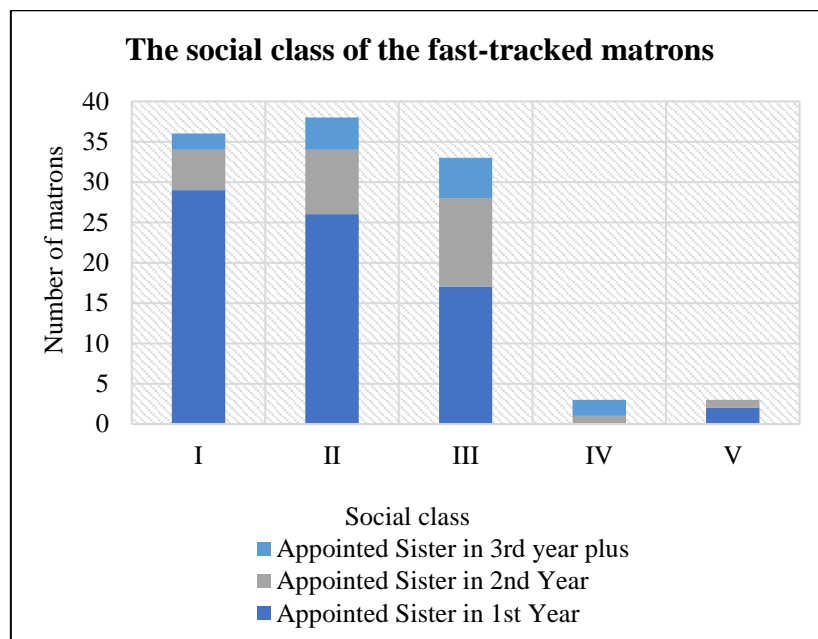


Figure 3.1: The social class of the fast-tracked matrons and stage of promotion

⁴² Helena Mary Crowdace Gooding, Register of Sisters and Nurses; RLH/N/4/1, 170; Barts Health NHS Trust Archives and Museums, London

⁴³ Anonymous, 'We may congratulate the Guardians of Woolwich Union...', *The Kentish Independent* (16 September 1899), n.p.

⁴⁴ Helena Mary Crowdace Gooding, Register of Sisters and Nurses; RLH/N/4/1, 170; Barts Health NHS Trust Archives and Museums, London. Her father held several influential positions; as well as being a local G.P. on Blackheath, Gooding's father was a member of London County Council, a magistrate, and surgeon general for the local voluntary artillery. Anonymous, 'We may congratulate the Guardians of Woolwich Union...', *The Kentish Independent* (16 September 1899), n.p.

Unlike Jane Brooks's assertion that nursing leaders created a class-based hierarchy,⁴⁵ this study found that these nursing leaders whom Lückes selected were not exclusively from the highest-class (see Figure 3.1).⁴⁶ Although a third were from Social Class I: the upper and middle-classes, a third of these matrons were from the working classes. This study challenges the widely held historiographical perception that only 'ladies' would have the necessary skills for promotion to 'superior positions' within the nursing leadership hierarchy.⁴⁷ Furthermore it suggests that Lückes, unlike Mrs Wardroper at St Thomas's Hospital, promoted her nurses based on their skill, not solely their social background.⁴⁸

Figure 3:1 also shows that the majority of these future leaders were promoted to managerial positions in the first year after training, suggesting that to Lückes at least, they quickly demonstrated their potential to become her preferred type of nursing leader. It is notable that Lückes did promote those from the higher-classes more quickly – perhaps because they exuded the right tone. By 1900, many hospitals ran three-year nurse training programmes, therefore nurses whom Lückes promoted to sister in the first year after qualification, might not have been considered as fully trained elsewhere. This was the focus of ongoing public and professional debate and dissension for most of her tenure at 'The London' (see discussion about Annie McIntosh in Chapter Four, pages 202–210).

Academics also argue that lady probationers guaranteed 'themselves of hastened promotion to senior posts...'⁴⁹ and although Lückes's own career illustrates this practice of a middle-class nurse being fast-tracked to senior leadership positions, she had undertaken training as both a paying and regular probationer (see Chapter Two).⁵⁰ Analysis of the probationer status of the fast-tracked nurses in this study also refutes this claim, as Table 3.1 shows below:

	Paying Probationer	Both: Paying and regular	Regular Probationer	Probationary Status unknown
Percentage	3	20	69	8

Table 3.1: Probationary status of fast-tracked probationers

⁴⁵ Jane Brooks, 'Structured by Class, bound by gender', *International History of Nursing Journal*, 6, 2, (2001), 13–21

⁴⁶ The graph shows the social class of 113 of the 118 matrons, as five resigned at the end of their training.

⁴⁷ Christopher J. Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983), 146–147. Rafferty, *The Politics of Nursing Knowledge*, 19

⁴⁸ Monica Baly, *Florence Nightingale and the Nursing Legacy*, 2nd edn (London, Whurr Publishers Ltd, 1997), 55–57

⁴⁹ Maggs, *The Origins of General Nursing*, 146

⁵⁰ See Appendix Ai: Eva Lückes's timeline

It is notable that the majority of Lückes's nurses who enjoyed hastened promotion had trained as regular probationers, which perhaps suggests that she supported those who had, like her, undertaken the rigours of a longer training pathway to promotion. It may be that she felt that these women were more suitable to lead the future profession. Furthermore, many paying probationers who might have been suitable for promotion, may have undertaken the training purely in order to acquire three months experience of nursing (see discussion in Chapter Two, page 60–62).⁵¹ In *Nursing and Women's Labour in the Nineteenth Century*, Sue Hawkins suggests that those who wrongly chose the nursing profession, did not do so for economic reasons, but rather that they were motivated by 'escape, self-sacrifice and husband-hunting...'.⁵² Economic necessity could explain why the majority of Lückes's fast-tracked nurses started their careers as regular probationers: they simply had to earn a living, and were probably more committed to a career in the nursing profession than the 'average' paying probationer. A further study into fast-tracking practices by other matrons of voluntary hospitals, both in London, and the provinces, would establish if 'Londoners' experiences were replicated elsewhere.

The fast-tracked women whom Lückes had moulded into ideal nurses were appointed to various types of hospitals on leaving 'The London', as demonstrated in Figure 3.2 and Appendix E: The first leadership appointments of the fast-tracked matrons. Eleven of these women whom Lückes singled out for 'leadership training' became military nurses, including Becher and McCarthy, who both entered the military nursing service at a pivotal point in its development (see discussion in Chapter Five, pages 222–225). It is not surprising that a greater number went on to run cottage hospitals due to the expansion in this type of hospital provision towards the end of the nineteenth century.⁵³ It is possible that the nursing leaders who took up these roles showed particular all-round skills such as were required to run a cottage hospital with limited nursing staff, and where medical staff often lived off site.⁵⁴

⁵¹ At 'The London' paying probationers stayed for a block of three months training, some chose to repeat this for a further block, and some stayed for a full two years as paying probationers.

⁵² Sue Hawkins, *Nursing and Women's Labour in the Nineteenth Century* (London, Routledge, 2010), 143–144

⁵³ Steven Cherry, 'Change and Continuity in The Cottage Hospitals C.1859–1948: The Experience in East Anglia', *Medical History*, 36 (1992), 271–289

⁵⁴ Cherry, 'Change and Continuity in The Cottage Hospitals C.1859–1948', 287

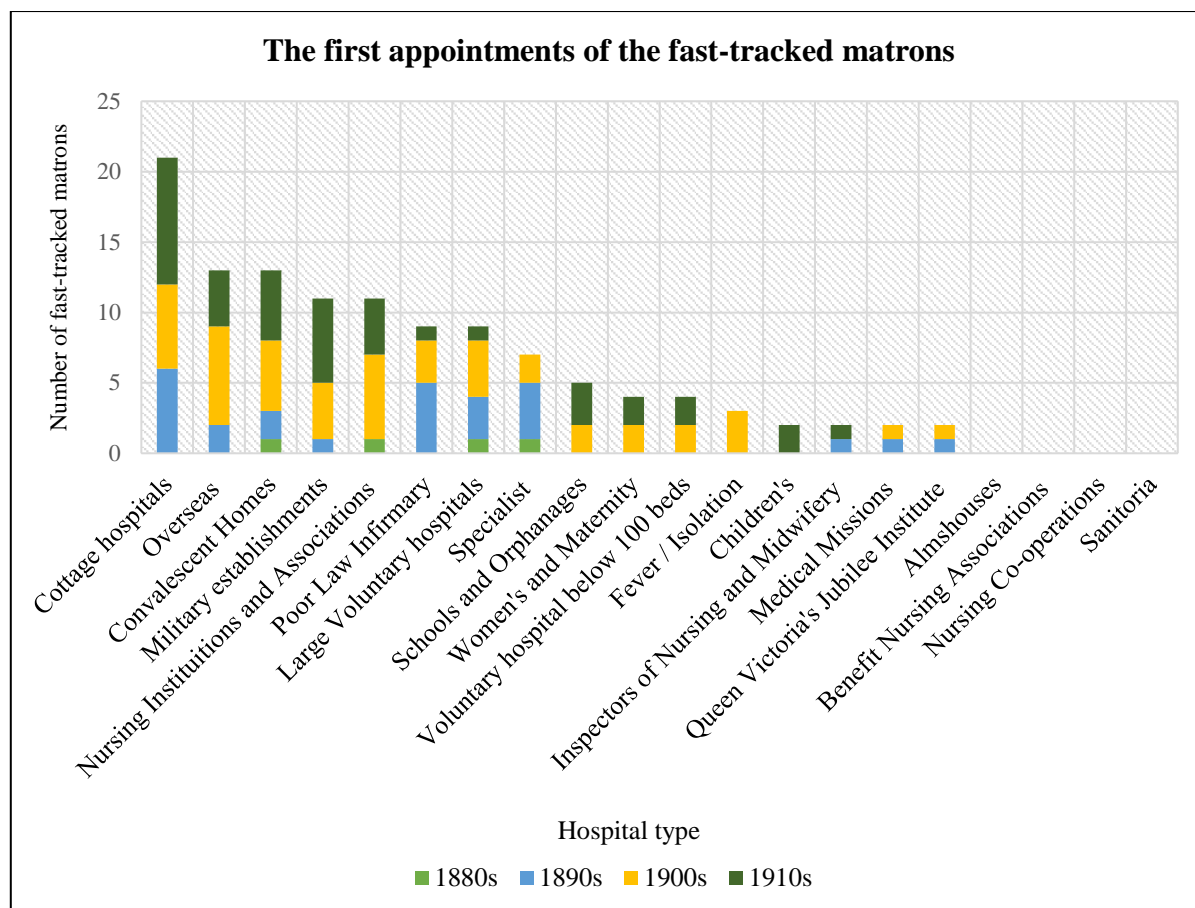


Figure 3.2: The first appointments of the fast-tracked matrons: 1880–1919

Lückes fast-tracked a few future matrons who had trained elsewhere, but whom she had probably imported to instil a good tone into the hospital early on in her tenure, before the nurses whom she trained were ready for sister's post within the hospital. Hannah Gearing Hetherington, trained at The Westminster Hospital, before being appointed by Lückes as a night sister in 1882.⁵⁵ They had possibly worked together during their training at The Westminster Hospital, or she was recommended by Dr Allchin.⁵⁶ It is likely that Lückes selected Hetherington because she displayed the right tone and qualities and hoped that she would influence nurses at 'The London'. In 1885, Hetherington, whom Lückes described as 'an energetic worker, ...capable and likely to succeed' became Matron of The London Chest Hospital, Victoria Park, London.⁵⁷

⁵⁵ Hannah Gearing Hetherington, Register of Sisters and Nurses; RLHLH/N/4/1, 44; Barts Health NHS Trust Archives and Museums, London

⁵⁶ Hannah Gearing Hetherington was a trained nurse by April 1881, see: Hannah G. Hetherington, RG11/1345, 40; The General Record Office, The England and Wales Census 1881 for Ealing, Middlesex; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 23 April 2017]

⁵⁷ Hannah Gearing Hetherington, Register of Sisters and Nurses; RLHLH/N/4/1, 44; Barts Health NHS Trust Archives and Museums, London

Lückes identified that a number of those whom she fast-tracked, had leadership qualities during their training at 'The London'.⁵⁸ Selina Bland's probationer's report suggests that she epitomised the sort of nurse that Lückes wanted to lead and influence the profession. She described Bland as being:

thoroughly satisfactory both with regard to character and capacity for her work. She was straightforward, clearheaded, businesslike and reliable, with a quick pleasant manner and an even temper which are invaluable qualities in one who has to control subordinates and work smoothly with many other people holding various positions.⁵⁹

When Bland was appointed as Matron of Poplar Accident Hospital in May 1895, Lückes wrote that Bland was 'especially well fitted for the position she obtained... and is certain to do credit to her old training school.'⁶⁰ Anna Beatrix Baillie's appointment is further evidence of Lückes's wish to spread both London Hospital style Nightingale trained nurses, and to promote the hospital. Baillie worked as a sister for the second-half of her training, and 'developed very satisfactorily and by degrees made an excellent sister of these large wards.'⁶¹ When Baillie was appointed as Matron of Rugby Hospital in 1896, Lückes was pleased although she was 'very sorry to part with her' but 'certain that she would do us credit...'.⁶²

Other nurses were appointed to influential roles within prominent nursing organisations after leaving 'The London'. When Lückes was Lady Superintendent of Pendlebury, she worked with Mary 'Rosalind' Paget, whom Lückes thought was 'without exception, the best hospital sister I ever saw'.⁶³ During Paget's training at 'The London', Lückes tasked her with reorganising the outpatient department because: 'a lady was needed with "a thorough knowledge of nursing, and of the sick poor, who had the strength of character to enforce discipline, combined with tact, energy and unwearying persistence and a capacity for self-

⁵⁸ Selina Bland, Register of Probationers; RLHLH/N/1/2, 64; Barts Health NHS Trust Archives and Museums, London

⁵⁹ Ibid

⁶⁰ Selina Bland, Register of Sisters and Nurses; RLHLH/N/4/1, 92; Barts Health NHS Trust Archives and Museums, London

⁶¹ Anna Beatrix Baillie, Register of Sisters and Nurses; RLHLH/N/4/1, 132; Barts Health NHS Trust Archives and Museums, London

⁶² Ibid

⁶³ John Rivers, *Dame Rosalind Paget, D.B.E., A.R.R.C., 1855–1948: A Short Account of her Life and Work* (London, Midwives Chronicle, 1981), 24; GC/236/B/22/24; Wellcome Collection London

denial.””⁶⁴ Afterwards Paget received an appreciative letter of thanks from The London Hospital House Committee.⁶⁵



Image 3.3: Rosalind Paget wearing a London Hospital sister's uniform and wearing the badge of the Queen Victoria's Jubilee Institute of Nurses.⁶⁶
Credit: Wellcome Collection

Immediately after Paget completed two years of training as a paying probationer,⁶⁷ Lückes felt she was ‘ready and able to take temporary duty of any kind...’, and fast-tracked her as a relief holiday sister.⁶⁸ Within a few months of leaving ‘The London’ in 1889,⁶⁹ Paget had trained as a District Nurse, and in 1890 was appointed as the first Inspector of the Queen's Jubilee Institute for District Nursing.⁷⁰ This rapid progress was probably due in part to Lückes's support and mentorship during Paget's early career. However, Paget's appointment as the first Inspector was possibly as much due to her expertise and training as it was obtained

⁶⁴ Ibid, 25

⁶⁵ Ibid

⁶⁶ Photograph of Rosalind Paget in the uniform of a London Hospital sister; Dame Rosalind Paget, Journal Records including photographs; GC/236/B/27/2; Wellcome Collection, London

⁶⁷ Rosalind Paget, Register of Probationers; RLHLH/N/1/1, 181, Barts Health NHS Trust Archives and Museums, London. There is a single one-line entry at the back of the register which documents Paget's completion date: Rosalind Paget December 13, 1884. Because Paget completed two years as a paying probationer, she was eligible to purchase a hospital badge: Rosalind Paget, London Hospital nurses' badge, 1882–1884; GL/236/A14; Wellcome Collection, London

⁶⁸ Rosalind Paget, Register of Sisters and Nurses; RLHLH/N/4/1, 104; Barts Health NHS Trust Archives and Museums, London

⁶⁹ Ibid

⁷⁰ Paget, Rosalind, Roll of Queen's Nurses, 1891–1931; Roll No.3919, Vol.1 (1891–1892), 1; Queen's Nursing Institute Registers; Wellcome Library, London [Available at: www.ancestry.co.uk, accessed on 11 December 2020]. June Hannam ‘Paget, Dame (Mary) Rosalind (1855–1948)’, *Oxford Dictionary of National Biography*, (Oxford, 2004), 2 [Available at: <https://www.oxforddnb.com>, accessed on 7 December 2017] doi.org/10.1093/ref:odnb/35356

through nepotism and familial patronage. Her uncle was the social reformer William Rathbone VI, who was instrumental in establishing Queen Victoria's Jubilee Institute for Nurses in 1887 which became the Queen's Jubilee Institute for District Nursing.⁷¹ The evidence indicates that Lückes appears to have used mentorship, interwoven with patronage and networking, to promote the careers of all her nurses, including these 'favourite' nurses (see discussion in following sections on patronage and networking).

Occasionally fast-tracking nurses 'back-fired' on Lückes, as it raised their expectations of further promotions. Lückes thought that Rosa 'Maud' Banks 'improved greatly towards the end of the 2 years [training], and took so much pains both with her theory and practical work that I thought there was sufficient evidence of development to give her the further encouragement of increased responsibility', and she was appointed as a holiday sister.⁷² Despite becoming Receiving Room and Outpatients Sister, Banks became 'restless and unsettled for at least a year before she left, having an exalted notion of her own powers, but her failure to get a superior post in England made her anxious to take work abroad.'⁷³ However Lückes's mentorship did play a role in Banks securing 'a superior post': in 1891, following Lückes's recommendation to the Crown Agents, Banks was appointed Matron of Adelaide Hospital, Adelaide, South Australia.⁷⁴ Although nearly three-quarters of all 474 matrons in this study were not fast-tracked, Lückes enabled and encouraged all of her nurses during their careers, through personal correspondence, 'At Homes', personal appointments, and in her Matron's Annual Letter to her nurses.

Lückes: establishing mentoring

Lückes seems to have applied the personal experience of being mentored by Nightingale to her relationships with her nurses and became a 'mentor of matrons'.⁷⁵ Willa Fields suggests that the mentors of great nursing leaders acted as teacher, counsellor, guide and sponsor, such as is seen in Nightingale's correspondence with Lückes.⁷⁶ Both Lückes and Nightingale

⁷¹ Ibid, 1. See also QNI Heritage [Available at: <https://qniheritage.org.uk/history/the-queens-nursing-institute>, accessed on 30 March 2022]

⁷² Maud Banks, Register of Probationers; RLHLH/N/1/2, 75; Barts Health NHS Trust Archives and Museums, London. Maud Banks's family called her by her first name of Rosa.

⁷³ Maud Banks, Register of Sisters and Nurses; RLHLH/N/4/1, 81; Barts Health NHS Trust Archives and Museums, London

⁷⁴ Ibid. Anonymous, 'Appointments', *The Hospital Nursing Supplement*, 10, 259 (12 September 1891), cxxxix

⁷⁵ Lorentzon and Brown, 'Florence Nightingale as mentor of matrons', 266–274

⁷⁶ Willa L. Fields, 'Mentoring in Nursing: a historical approach', *Nursing Outlook*, 39, 6 (1991), 257–261

appreciated their relationship: ‘my Dear Miss Lückes, You will well-know how deeply moved I was by your kind letter as I have been all along by these troubles.’⁷⁷ Similarly, Lückes appreciated ‘some pleasant and helpful talks on matters of mutual interest...’ with her nurses, whether or not they were still working at ‘The London’.⁷⁸ Lückes used her Annual Letter to remind former and current nurses that she was either free by appointment, or was ‘still ‘At Home’ to past and present ‘Londoners’ on most Tuesday evenings, from 7 to 9 p.m. (later if desired).’⁷⁹ These Annual Letters demonstrate Lückes’s eagerness to help with the careers of her nurses, perhaps to ensure that she continued to spread ‘new-style nurses’ and therefore influence the dissemination of nursing reform.⁸⁰ Lückes reiterated ‘how glad I am of every opportunity to render to each one who may need it, any little personal service in my power’,⁸¹ and that her nurses’ ‘welfare and success is very dear to me...’.⁸² She reminded her staff, and former staff, of her interest in their careers:

Once again let me thank you for the many nice letters I have received during 1897; for the increasing regularity in the correspondence of many very “old workers”, and for the manner in which so many of you realise my sympathy in your doings, and kindly allow me to share, in this way, in the interests of the work in which you are now engaged.⁸³

The surviving personal letters are also evidence of Lückes’s ongoing careers advice, and mentoring role to some of her former nurses. She wrote to Margaret Paul, a friend and former ward sister at ‘The London’: ‘I need not say how gladly I will answer any further enquiries I may receive concerning you, nor how much I hope you will be able to secure the work you desire’ [original emphasis].⁸⁴

⁷⁷ Verbatim translation: Nightingale is referring to the House of Lords Metropolitan Hospitals Enquiry. Letter from Florence Nightingale to Eva Lückes, Claydon, 2 January 1891; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/4; Barts Health NHS Trust Archives and Museums, London

⁷⁸ Matron’s Annual Letter, No.6; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.6, March 1899, 4; Barts Health NHS Trust Archives and Museums, London

⁷⁹ Ibid

⁸⁰ Letter from Florence Nightingale to Eva Lückes, 10 South Street, Park Lane, W. 17 October 1889; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/3; Barts Health NHS Trust Archives and Museums, London

⁸¹ Matron’s Annual Letter, No.8; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.8 March 1901, 16; Barts Health NHS Trust Archives and Museums, London

⁸² Matron’s Annual Letter, No.2; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.2, June 1895, 4; Barts Health NHS Trust Archives and Museums, London

⁸³ Matron’s Annual Letter, No.5; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.5, February 1898, 10; Barts Health NHS Trust Archives and Museums, London

⁸⁴ Letter from Eva Lückes to Margaret Paul, 20, Marine Mansions, Bexhill-on-Sea; 6 October 1914; Papers of Mrs Margaret Paul, formerly ‘Sister George’; RLHPP/PAU/1/29; Barts Health NHS Trust Archives and Museums, London

In her Matron's Annual Letter, Lückes highlighted the type of appointments London Hospital nurses could aspire to saying that the: 'list of names at the end of my letter will tell you of the new appointments of those who have left their old training school for promotion elsewhere, and give them the satisfaction of knowing that we follow their movements with continued interest and best wishes for their future success.'⁸⁵ These sources support the argument that Lückes gave her staff advice about personal development and career planning, which some academics argue remained part of the mentoring process for nurses in the twentieth century,⁸⁶ and is essential for ongoing professional development.⁸⁷ Lückes recognised the importance of nurses undertaking continuing professional development.⁸⁸ She was adamant that a nurse who worked for a hospital based Private Nursing Institution, such as she had established at 'The London', and who worked in the hospital between private cases, maintained and updated their professional skills, unlike private nurses who were self-employed, or worked for nursing co-operations.⁸⁹ Lückes felt that staff might grow 'rusty' whilst away from her influence outside the hospital,⁹⁰ and encouraged them to update their education in, for example, sick cookery whilst back on the hospital.⁹¹

With the notable exceptions of Lorentzon and Brown, there is an absence of historiography on mentorship in nursing in the nineteenth century. Twentieth-century literature shows that just as then, mentors play a significant role and should provide 'mentees with standards of behaviour and professional conduct.'⁹² Like Nightingale's mentoring, Lückes's informal nurturing, along with her identification of potential leaders who would uphold her standards as 'role models', was arguably the precursor to formalised mentoring.⁹³ Perhaps Lückes was

⁸⁵ Matron's Annual Letter, No.7; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 15; Barts Health NHS Trust Archives and Museums, London

⁸⁶ Tracey and Nicholl, 'Mentoring and networking', 28

⁸⁷ Nursing and Midwifery Council, *Standards to support learning and assessment in practice: NMC standards for mentors, practice teachers and teachers*, (London, Nursing and Midwifery Council, 2008), 24–25 [Available at: <https://www.nmc.org.uk>, accessed on 26 January 2021]

⁸⁸ Edith R. Parker and Sheila M. Collins, *Learning to Care: A history of nursing and midwifery education at The Royal London Hospital, 1740–1993* (Orpington, The Royal London Hospital Archives and Museum, 1998), 150

⁸⁹ Matron's Annual Letter, No.11; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 14; Barts Health NHS Trust Archives and Museums, London

⁹⁰ Ibid

⁹¹ This may have been in their off-duty time, see: Matron's Annual Letter, No.11, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1905, 2; Barts Health NHS Trust Archives and Museums, London

⁹² Carol Kostovich, Karen Saban and Eileen Collins, 'Becoming a Nurse Researcher: The Importance of Mentorship', *Nursing Science Quarterly*, 24, 3 (2010), 281–286, 282

⁹³ Charlotte E. Rees, Lynn V. Monrouxe and Laura A. McDonald, 'My mentor kicked a dying woman's bed...' Analysing UK nursing students' 'most memorable' professional dilemmas', *Journal of Advanced Nursing* (May 2014), 169–180, 170

concerned that standards were maintained in order to ensure that the new reformed nursing continued to be disseminated, and that nurses did not relapse into the stereotypical Sarah Gamp style of nursing and fall ‘far below an acceptable standard.’⁹⁴

Lückes used the promotions of some of her former nurses to encourage all her nurses to strive to leadership positions, which in turn promoted ‘The London’, spread her style of nursing and influenced the developing profession. Lückes reported with pleasure the prestigious appointments that ‘Londoners’ had secured over the previous year: ‘Sister George (Miss Ada Robinson) has recently been appointed Matron to the Royal Ophthalmic Hospital, Moorfields’,⁹⁵ and Lucy Walmsley who was appointed ‘as Matron of the Royal Orthopaedic Hospital, Hanover Square.’⁹⁶ Lückes used the news of these promotions to remind her current and former staff how their careers could potentially develop:

You will miss the name of Miss Stirling Hamilton from the list of foreign appointments, ...she has completed her 3 years engagement as Matron to the Government Civil Hospital, Gibraltar, with great credit to herself and us, and has now returned to fill the very responsible post of Sister in Charge of our Preliminary Training Home.⁹⁷

These primary sources add strength to the argument that Lückes publicised, praised and highlighted the achievements of specific nurses, such as Janet Stirling Hamilton, in order to encourage and motivate other ‘Londoners’.

Lückes: maintaining the right ‘tone’ and standards

A key element of Lückes’s mentoring was to motivate her nurses so that they maintained the right ‘tone’ and London Hospital standards, even after they had left the hospital. In each of her annual letters, Lückes praised the private nurses in particular. She urged all her nurses to set a good example and maintain the standards of a ‘London nurse’: ‘The Private Nurses continue to reflect credit on their Hospital, and gladden us all by the excellent reports they

⁹⁴ Mary E. Shaw and John Fulton, *Mentorship in Healthcare*, 2nd edn (Glasgow, M. and K. Publishing, 2015), 91

⁹⁵ Matron’s Annual Letter, No.2; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.2, June 1895, 7; Barts Health NHS Trust Archives and Museums, London

⁹⁶ Matron’s Annual Letter, No.7; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 14–15; Barts Health NHS Trust Archives and Museums, London

⁹⁷ Matron’s Annual Letter, No.2; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.2, June 1895, 8; Barts Health NHS Trust Archives and Museums, London

almost invariably bring back from their cases, and from the doctors under whom they serve.’⁹⁸ Lückes exhorted all her nurses that: ‘The reputation of London Hospital Nurses in particular, ... rests very largely with you, and so long as each one belonging to our Private Staff perceives how great is her individual responsibility in this important matter, I am happily confident that our credit will be safe in her hands.’⁹⁹ These passages illustrate how Lückes urged them to maintain the standards which she expected of ‘Londoners’, in order to sustain her influence on the development of the profession.

In 1896 Lückes reported with ‘great satisfaction’ that she had received many reports which praised the adaptability of the private nurses who had ‘caused no trouble in the house... Has been kind and obliging to the whole household...’.¹⁰⁰ She was pleased with the emphasis which employers ‘laid upon the Nurse’s *personal* qualities – apart from her professional skill...’ [original emphasis].¹⁰¹ Lückes felt that this indicated the type of nurse whom the public preferred, which in her eyes, vindicated and supported her twin programme of training which focused both on character and technical skills (see Chapter Two).

However, throughout her tenure as matron, Lückes regularly warned her nurses not ‘to deteriorate when working apart from the observation and example of those who know what the quality of our Nursing Service should be...’, and implored them ‘to keep up the standard that has been set before them in their Probationer days...’¹⁰² and in particular to be ‘entirely trustworthy...’.¹⁰³ In common with some of her contemporaries, who also warned about the ‘vice of self-complacency’,¹⁰⁴ and ‘general slackness and sloppiness’,¹⁰⁵ Lückes warned her nurses to be wary of falling into these bad habits.¹⁰⁶ She was ‘aware that *some* have not wholly escaped its influence’ [original emphasis], however Lückes believed that ‘all of you

⁹⁸ Matron’s Annual Letter, No.1; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.1, May 1894, 4; Barts Health NHS Trust Archives and Museums, London

⁹⁹ Matron’s Annual Letter, No.3; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.3, June 1896, 6; Barts Health NHS Trust Archives and Museums, London

¹⁰⁰ Ibid

¹⁰¹ Ibid

¹⁰² Matron’s Annual Letter, No.2; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.2, June 1895, 4; Barts Health NHS Trust Archives and Museums, London

¹⁰³ Ibid, 5

¹⁰⁴ For example, see: Anonymous, ‘Annotations: A Light in the West’, *The Nursing Record and Hospital World*, 22 (28 January 1899), 66–67

¹⁰⁵ M. Mollett, ‘Idle Thoughts of an Idle Matron,’ *The British Journal of Nursing*, 33 (26 November 1904), 434

¹⁰⁶ Matron’s Annual Letter, No.6; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.6, March 1899, 12–13; Barts Health NHS Trust Archives and Museums, London

desire to maintain a good standard of work, and this fact makes me confident that improvement will take place where it is needed.’¹⁰⁷ In tandem with motivating nurses to maintain the tone and standards which she had instilled into them Lückes also encouraged loyalty to ‘The London’ – their ‘alma mater’.

Lückes: maintaining loyalty to promote the ‘London Hospital’ brand

Perhaps as a result of the backlash against Lückes and The London Hospital which followed the 1890 House of Lords Metropolitan Hospitals Enquiry, Lückes was particularly anxious to maintain the loyalty of her nurses. It is likely that Lückes wanted to prevent further potentially damning evidence being leaked by former, and current nurses to the press, and to her detractors, including Fenwick. Furthermore, by encouraging her nurses to remain loyal to the hospital, Lückes could use them to disseminate London Hospital nurses trained in her style of nursing. Lückes used her Matron’s Annual Letters to unify the loyalty of both past and present nurses to the hospital, and each other. These following extracts are evidence which show how Lückes annually encouraged her nurses to be true to their alma mater, and her style of nursing. The first passage below illustrates Lückes’s efforts to maintain The London Hospital ‘brand’ of nursing, and the beginnings of an alumni of ‘Londoners’:

it is a matter of rejoicing for us all to know that while some are carrying forward the best interests of our work, in almost all parts of the world, others, still amongst us, are devoting their best energies to its progress here... Let us do our utmost to follow the standard faithfully, in whatever direction our own individual share of work may fall.¹⁰⁸

Lückes was particularly keen to uphold her influence and style of training:

There is nothing more inspiring to true workers and a deep underlying sense of unity in the objects aimed at, and the knowledge that many new comers are eagerly following in the footsteps of those, who have gone before to shew the way, should be an inspiration to both old and new “Londoners”.¹⁰⁹

¹⁰⁷ Ibid, 13

¹⁰⁸ Matron’s Annual Letter, No.2; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.2, June 1895, 9; Barts Health NHS Trust Archives and Museums, London

¹⁰⁹ Ibid

Lückes's style of training was constantly under threat from supporters of nurse registration, who wanted to implement a mandatory, uniform three-year training programme.¹¹⁰ This could explain why she used her letters to regularly implore staff not to deviate from her style of reformed nursing. Lückes shared ownership for the dissemination, promotion and support of her vision of nursing with all her nurses, and in particular her matrons. She used the following passage to motivate them, in order to 'grow' the brand, and ensure the success of The London Hospital style of Nightingale nursing:

Progress is, for the most part, very slow. It is very uphill work at the stage when you cannot even get the desirability of progress admitted. ...I think when we, who hold responsible posts in Hospitals, realise the need for it in any one special direction very keenly ourselves, and speak of it very persistently, some effect is ultimately produced. ... All reports of your success are gladly welcomed...¹¹¹

It seems probable that Lückes was especially keen to have 'reports of your success' in order that she could use these examples as 'proof' to her critics that her methods were best, and in particular that her two-year training programme was sufficient for 'Londoners'. In this final passage Lückes praised her nurse's skills and loyalty, in 'marketing' The London Hospital and developing patrons. The passage demonstrates Lückes's innovation and desire to attract patrons, in order to ensure the hospital's financial stability and influence the acceptance of 'Londoners':

It was very gratifying to me to hear so many pleasant things said of the kindness and courtesy of our Nurses, and to be told of their indefatigable efforts to make the numerous visitors interested in the London Hospital. Their success in this respect exceeded our best expectations. Many visitors have taken the trouble to come to Whitechapel to pay the Hospital itself a visit, and it has been heard of in many directions all over the country where it was previously unknown.¹¹²

Lückes's encouragement of her nurses to maintain The London Hospital style of reformed nursing demonstrates how she tried to maintain her influence on the style and dissemination

¹¹⁰ McGann, *The Battle of the Nurses*, 24–29

¹¹¹ Matron's Annual Letter, No.4; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.4, June 1897, 13; Barts Health NHS Trust Archives and Museums, London

¹¹² Matron's Annual Letter, No.5; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.5, February 1898, 4; Barts Health NHS Trust Archives and Museums, London

of reformed nursing, and the development of patrons. Through her mentoring Lückes taught her nurses how to develop patrons and to access patronage, both for the hospital, and potentially for themselves.

Patronage

In conjunction with mentoring her nurses, Lückes also became their patron, and she mobilised powerful patronage to support them. She seems to act as a careers' advisor or agency, and manoeuvres and directs her nurses into suitable positions as opportunities arise. The Latin – patronus, is also translated as advocate, defender or influential person. Lückes protected, supported and 'championed' her nurses in order to secure leadership positions for them, and spread elite nursing diaspora.

Before the foundation of the National Health Service in 1948 all voluntary hospitals, such as 'The London', relied on patronage and philanthropy for essential funding and promotion; in 1544, St Bartholomew's Hospital in London was one of the first hospitals to receive secular support and patronage.¹¹³ Philanthropy and patronage were essential for 'The London' from its foundation as a voluntary hospital in 1740, when it was established to care for the sick poor in the East End of London. The hospital was supported by a significant number of influential patrons and subscribers, which included members of the royal family and prominent Victorians, including Sir Henry Burdett and Nightingale.¹¹⁴ Patrons provided financial and practical support to hospitals; they could exert powerful influence, and encourage philanthropic giving through a sense of social duty and responsibility.¹¹⁵ Patrons were essential both for a hospital's financial survival, and to build, support and 'advertise' its reputation.¹¹⁶

Unlike a number of her philanthropic contemporaries including Nightingale and Louisa Twining,¹¹⁷ Lückes was not supported by family money, and may have chosen nursing

¹¹³ A.E. Clark-Kennedy, *The London: A study in the Voluntary Hospital System, Volume One, 1740–1840* (London, Pitman Medical Publishing Company, 1963), 80. F. Prochaska, 'Philanthropy' in F.M.L. Thompson (ed.), *The Cambridge Social History of Britain 1750–1950* (Cambridge, Cambridge University Press, 1993), 357–393

¹¹⁴ E.W. Morris, (1910), *A History of The London Hospital*, Reprint (USA, Bibliolife, 2009), 213

¹¹⁵ Brian Abel-Smith, *The Hospitals: 1800–1948* (London, Heinemann, 1964), 5

¹¹⁶ Clark-Kennedy, *The London, Volume One*, see in particular 40–67

¹¹⁷ Theresa Mary Deane, 'The Professionalisation of Philanthropy: The Case of Louisa Twining, 1820–1912' (Unpublished PhD Thesis, University of Sussex, 2005), 9

because it enabled her to achieve financial independence and fulfil her vocation to nurse.¹¹⁸ It is possible, that after her father's serious financial losses in 1875, and subsequent bankruptcy in 1878, Lückes realised the benefits of having a patron (see Appendix A: Lückes family timelines).¹¹⁹ After completing her education Lückes lived at home for three years, where she ran the family household and visited the sick poor and needy in the local community.¹²⁰ This may have inspired her to start training as a paying probationer at The Middlesex Hospital in 1876, although when she returned to nurse training a year later after a period of ill health, it was as a salaried probationer at The Westminster Hospital.¹²¹

Whilst Nightingale's career has been extensively examined, there is a shortage of material in the historiography which considers the role of other matrons and nursing reformers as patrons of nurses, and their use of patronage to promote nurses and to disseminate reformed nursing.¹²² The London Hospital struggled financially, and despite employing Lückes to reform the nursing department the House Committee were unable to fully implement many of her much needed improvements, such as upgraded accommodation for nursing staff and increased time off duty.¹²³ Keir Waddington argues that Lückes and 'The London's' treatment of nurses, which was scrutinised in the 1890 House of Lords Metropolitan Hospitals Enquiry, had a directly negative impact on philanthropic giving to the hospital.¹²⁴

¹¹⁸ Three years before Lückes's mother Charlotte died, she was living as a lodger – which suggests that Charlotte may have had a Ltd income. Charlotte Mortimer Lückes, RG12/2006, 9; The General Record Office, The England and Wales Census 1891 for Newnham, Gloucester; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 17 June 2020]

¹¹⁹ Anthony, 'Distinctness of Idea and Firmness of Purpose.', 20–25. Lord Knutsford, *Eva C.E. Lückes*, Private Publication, 1919; RLHPP/KNU/3/3, 4–5; Barts Health NHS Trust Archives and Museums, London. Anonymous, 'Notices', *The London Gazette* (27 July 1975), 3788. Anonymous, 'Bankruptcy notices', *The London Gazette* (18 January 1878), 305

¹²⁰ Anthony, 'Distinctness of Idea and Firmness of Purpose.', 20–21. Lord Knutsford, *Eva C.E. Lückes* (Private Publication, 1919), 4–5

¹²¹ Notes on Eva Lückes's life, possibly by Miss Thyra Larsen, Matron's Correspondence and Papers; RLHLH/N/7/25, 1; Barts Health NHS Trust Archives and Museums, London. Anthony, 'Distinctness of Idea and Firmness of Purpose.', 20–25

¹²² Abel-Smith, *The Hospitals*, 5. John V. Pickstone, *Medicine and Industrial Society: A history of hospital development in Manchester and Its Region, 1752–1946* (Manchester, Manchester University Press, 1985). Prochaska, 'Philanthropy', 357–393. Alan J. Kidd, 'Philanthropy and the 'Social History Paradigm'', *Social History*, 21, 2 (May 1996), 180–192

¹²³ Clark-Kennedy, *The London, Volume One*, 99–100. For example, regarding improvements to nurses sleeping accommodation see: Matron's Report to House Committee, 22 January 1884; House Committee Minutes 1882–1884; RLHLH/A/5/41, 396–399 and regarding the unachievable expense of upgrading patients' mattresses see: Matron's Report to House Committee, 6 February 1883; House Committee Minutes 1882–1884; RLHLH/A/5/41, 171; Barts Health NHS Trust Archives and Museums, London

¹²⁴ Keir Waddington, *Charity and the London hospitals, 1850–1898* (Woodbridge, The Boydell Press, 2015), 128–130

In order to secure leadership positions for her nurses, Lückes seems to have used her agency to act as patron to her nurses, and to harness further patronage for ‘The London’ and its nurses. In 1884 Lückes established a Private Nursing Institution which helped spread reformed nursing, and her influence, into patients’ homes, particularly those from the social élite who could afford private nursing. She seems to have also used connections with Nightingale to extend nursing, and promote her nurses (see discussion in Chapter Four, pages 170–174). After 1896, the Lückes clearly used Holland, the new hospital Chairman, as a ‘springboard’ to access further and more significant patronage.

Extending nursing with Florence Nightingale

The primary sources indicate that Lückes’s access to patronage was largely peripheral, and mainly gained via Holland, and Frederick Treves. However, in 1892, and four years before Holland’s arrival at ‘The London’, it appears that a combination of patronage and networking created an opportunity for Lückes to send out a team of her nurses to the colonial hospital in Gibraltar, much as Nightingale had arranged for teams of Nightingale School trained nurses to extend nursing across the world.¹²⁵ It is possible this occurred because Lückes knew Nightingale’s first cousin Sir Lothian Nicholson, who was Governor of Gibraltar between 1891–1893.¹²⁶ Lückes acted as a patron during her selection of a team of ‘Londoners’ to reform nursing at the Government Civil Hospital, Gibraltar.¹²⁷ In 1892, she appointed Hamilton who was one of her fast-tracked matrons as matron of the hospital in Gibraltar.¹²⁸ Lückes told Nightingale how she had carefully selected staff as ‘Sir Lothian’s nurses for Gibraltar.’¹²⁹ In a letter to Nightingale, Lückes demonstrated how she had exercised her agency as patron, to ensure that her nurses had suitable conditions:

¹²⁵ Baly, *Florence Nightingale and the Nursing Legacy*, 134–146. Lynn McDonald, ‘Mythologizing and De-Mythologizing’ in Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 91–114, 106–109

¹²⁶ Letter from Eva Lückes to Florence Nightingale, London Hospital, 20 December 1890; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.13; British Library, London. McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 179

¹²⁷ Caroline Peacock, Register of Sisters and Nurses; RLHLH/N/4/1, 118, and Emma Morley and Emma Andrew, Register of Sisters and Nurses; RLHLH/N/4/1, 122; Barts Health NHS Trust Archives and Museums, London. Letter from Eva Lückes to Florence Nightingale, London Hospital, 7 March 1892; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.100; British Library, London

¹²⁸ Anonymous, ‘Appointments’, *The Hospital, The Nursing Supplement*, 11, 286 (19 March 1892), cxlix. Matron’s Annual Letter, No.1; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.1, May 1894, 8; Barts Health NHS Trust Archives and Museums, London

¹²⁹ Letter from Eva Lückes to Florence Nightingale, London Hospital, 7 March 1892; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.100; British Library, London

You doubtless know that they [the crown agents] have sent to us for... five sisters... They will have some difficulties to fight through, but a united set of women with a sensible sister at their head, ought to be able to do something. I was rather anxious about the prospects awaiting them and feel obliged to raise a few really vital points with the Crown agents before making the selection. They met these few suggestions very cordially, and we were simply bound to do our best for Sir Lothian in any case. They are a good set who mean work, so I hope they will get on.¹³⁰

Lückes expressed concern that an account by Emily Aston – who was also a protégée of Nightingale's, suggested that the situation at the hospital in Gibraltar where she had been matron 'was not encouraging...'.¹³¹ Lückes had heard from various sources that 'poor Sir Lothian' was probably 'having rather a bad time of it, with a lot of troublesome people to deal with... but she hoped that 'we may be able to save him some bother about his little hospital. We owe him more than we can ever repay here.'¹³² Historians argue that Nicholson, who was also a Governor of The London Hospital, supported Lückes against her detractors, some of whom were his fellow board members – including Dr Bedford Fenwick and Mr Yatman during the 1890 Metropolitan Hospitals Enquiry.¹³³ Hamilton, who 'dear Sir Lothian liked... at Gibraltar',¹³⁴ returned to 'The London' in 1895 as Sister-in-Charge of Tredegar House, the new Preliminary Training School.¹³⁵ However, a team of 'Londoners' remained in Gibraltar until at least 1904. This example illustrates how Lückes used her agency as a patron to influence the spread of nursing.¹³⁶

¹³⁰ Ibid

¹³¹ Ibid. McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 497

¹³² Letter from Eva Lückes to Florence Nightingale, London Hospital, 7 March 1892; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.100; British Library, London

¹³³ Clark-Kennedy, *The London, Volume Two*, 105–126. Baly, *Florence Nightingale and the Nursing Legacy*, 192. Quarterly Court of Governors, 3 December 1890; Court of Governors: Minutes, 7 December 1881–17 October 1898; RLHLH/A/2/13, 229–230; Barts Health NHS Trust Archives and Museums, London. See: H.M.S.O., *Report from the Select Committee of the House of Lords on Metropolitan Hospitals, etc., together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*, 1890, and also for 1891; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London. Dr Bedford Fenwick married Ethel Manson in 1887 and both campaigned for centralised State Registration.

¹³⁴ Letter from Eva Lückes to Florence Nightingale, Madeira Villas, Ventnor, 18 August 1895; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.306; British Library, London

¹³⁵ Janet Sterling Hamilton, Register of Sisters and Nurses; RLHLH/N/4/1, 167; Barts Health NHS Trust Archives and Museums, London

¹³⁶ Matron's Annual Letter, No.12; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.12, April 1905, 26; Barts Health NHS Trust Archives and Museums, London

Accessing patronage through Sydney George Holland

In 1895 Sydney George Holland (1855–1931) sought Lückes’s advice about a treasurer’s post at a ‘big’ hospital in London.¹³⁷ Holland was born into a wealthy, upper class family who moved among the social élite; his father Henry, 1st Viscount Knutsford, was a lawyer, a Conservative politician and Secretary of State for the Colonies from 1887–1892.¹³⁸ Holland’s grandfather, Henry Holland, 1st Baronet Knutsford, was physician to William IV and Queen Victoria, and ran a popular society practice.¹³⁹

Holland was a highly successful chairman of Poplar Accident Hospital in east London, which he had transformed since his appointment there in 1891.¹⁴⁰ He was well-known for his skilful and extremely successful fundraising, for which he earned the nickname ‘Prince of Beggars’.¹⁴¹ In a four-year period Holland raised sufficient funds to enlarge the hospital from 36 to over 100 beds, improved the nursing care, and the hospital’s reputation.¹⁴² Poplar Accident Hospital is approximately two miles from ‘The London’, and by 1895, Lückes had already supplied three of her protégées in succession to be matrons there, including Selina Bland.¹⁴³ When Holland visited Lückes in 1895 to ask her advice about a hospital position elsewhere, he recalled, rather hagiographically, that when he met her ‘I knew what a great woman she was.’¹⁴⁴ Although Lückes supported his decision to apply for the other post, she suggested that Holland came to ‘The London’ as ‘we are in need of energetic help.’¹⁴⁵ Moreover, it is likely that that Lückes thought Holland would be a useful ally for her continuing plans for modernisation of the nursing department at ‘The London’.

It is probable that Lückes had heard about Holland’s prowess as a fundraiser and hospital chairman, as well as his support for nursing reforms from various sources, including from

¹³⁷ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 139

¹³⁸ Ibid. John Gore, *Sydney Holland: Lord Knutsford, A Memoir* (London, John Murray, 1936). John Gore, revised by Patrick Wallis, ‘Holland, Sydney George, second Viscount Knutsford, (1855–1931)’, *Oxford Dictionary of National Biography*, (Oxford, 2004) [Available at: <https://doi.org/10.1093/ref:odnb/33943>, accessed on 1 June 2020]

¹³⁹ Gore, revised by Wallis, ‘Holland, Sydney George, second Viscount Knutsford, (1855–1931)’, 1

¹⁴⁰ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926). Gore, *Sydney Holland*, 48–51. Gore, revised by Wallis, ‘Holland, Sydney George, second Viscount Knutsford, (1855–1931)’, 1–2

¹⁴¹ Frank Prochaska, *Philanthropy and the Hospitals of London: The Kings Fund 1897–1990* (New York, Oxford University Press, 1992), 53

¹⁴² Gore, revised by Wallis, ‘Holland, Sydney George, second Viscount Knutsford, (1855–1931)’, 2

¹⁴³ See Appendix F: Hospitals and Institutions to which multiple London Hospital nursing leaders were appointed

¹⁴⁴ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 139

¹⁴⁵ Ibid

Bland, Matron of Poplar Accident Hospital, who was one of Lückes's fast-tracked protégées.¹⁴⁶ Lückes had been in direct communication with Holland, and knew that he approved of London Hospital trained nurses: 'I have also had the gratification of learning from Mr Holland that he has been well pleased with the nurses who left here to become sisters at Poplar [Accident] Hospital.'¹⁴⁷ Furthermore, Holland had endorsed his preference for London Hospital nurses by appointing Caroline Myra Watson, a former ward sister from The London Hospital, as matron at Tilbury Hospital of which he was Chairman, without advertising for other candidates.¹⁴⁸

Holland had excellent social connections, had a social conscience, time and wealth to devote to hospitals.¹⁴⁹ His connections with the wealthy upper classes and ruling élite were excellent 'breeding' ground for future patronage, both for 'The London', and its nurses. Arguably Lückes was the agent of her own success, and capitalised on their serendipitous meeting. She recognised that Holland would be a useful ally in enabling her to fund and implement significant changes at 'The London' which had hitherto been postponed by a financially straitened house committee. Lückes seems to have been instrumental in encouraging him to apply for a position on the House Committee. It is also likely that whilst Lückes valued his well-known fund-raising skills, it was Holland's skill as a networker, his connections to royalty, and the benefit that this would bring to the hospital, and 'her' nurses, that she ultimately prized. Two years after Holland's appointment, Lückes expressed her relief to Nightingale that she had finally had a colleague at 'The London' who shared her ideals, and could implement her plans: 'It is an immense help to me after these long years of struggling so exceptionally alone... to at last find a helper who is genuinely interested in nursing and nurses...'.¹⁵⁰

¹⁴⁶ See: Appendix E: The first leadership appointments of the fast-tracked matrons. Selina Bland, Register of Sisters and Nurses; RLHLH/N/4/1, 92 and Matron's Annual Letter, No.3; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.3, June 1896, 11; Barts Health NHS Trust Archives and Museums, London. Anonymous, 'Appointments', *The Hospital, Nursing Supplement*, 18, 448 (27 April 1895), xxv

¹⁴⁷ Matron's Annual Letter, No.3; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.3, June 1896, 8; Barts Health NHS Trust Archives and Museums, London

¹⁴⁸ Ibid. Anonymous, 'Appointments', *The Hospital Nursing Supplement*, 20, 507 (13 June 1896), xciv

¹⁴⁹ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926). Gore, *Sydney Holland*, for example, 48–61

¹⁵⁰ Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 28 December 1897; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.361–362; British Library, London

The symbiotic relationship between Holland and Lückes clearly enabled ‘The London’ and its nurses to gain maximum benefit from patronage and networking. As a male, and one who mixed with the social élite, Holland was able to access patrons and opportunities that Lückes as a woman, might not have been able to access. Without these openings it is unlikely that Lückes would have been as successful at making matrons – nor as influential. Together they ‘raised’ nursing at The London Hospital to that at other ‘leading teaching hospitals’ in England.¹⁵¹ Holland’s appointment enabled Lückes to strengthen support for her nurses, and ‘The London’ with the royal family, in particular with Alexandra, Princess of Wales.

Royal Patronage



Image 3.4: The London Hospital, Whitechapel:
The Prince and Princess of Wales laying the foundation stone for the new wing, 1864.
Credit: Wellcome Collection, reference 39473i

Prior to the appointments of Lückes in 1880, and Holland in 1896, The London Hospital had benefitted from visits from royal philanthropists who viewed themselves as doing their benevolent duty, thereby increasing their public credentials, and also raising the profile of the institution which they had supported from the eighteenth-century onwards. In 1864, the Princess of Wales, helped her husband, Prince Albert Edward, lay the foundation stone for a new hospital wing, which was named ‘Alexandra’ in her honour.¹⁵²

¹⁵¹ McGann, *The Battle of the Nurses*, 32

¹⁵² Henry Charles Burdett (1889), *Prince, Princess and People: An Account of the Social Progress and Development of Our Own Times, Illustrated by The Public Life and Work of Their Royal Highnesses the Prince and Princess of Wales 1863–1889*, Reprint (Britain, Elibron Classics, 2005), 233

Frank Prochaska claims that a visit to ‘The London’ by Queen Victoria in March 1876 ‘was a turning point, enhancing its reputation among medical men and, importantly, City financiers.’¹⁵³ As Waddington argues, ‘Royal patronage had a particularly powerful appeal’,¹⁵⁴ and the monarchy gained increased loyalty at a point when they were losing political influence.¹⁵⁵ Members of the Royal family were often patrons of multiple institutions, which they ‘scrutinised with care, for the choice of recipient reflected upon the monarchy as well as the institution.’¹⁵⁶ For The London Hospital to receive royal support, was ‘the highest accolade’,¹⁵⁷ and was probably an acknowledgement of the skill of the nursing staff, as much as the expertise of their medical colleagues. Although Lückes was one of The London Hospital triumvirate, the documents strengthen the argument that she was peripheral in accessing royal patronage for her nurses. This was probably because of the prevailing domestic ideology of private and public spheres which is likely to have curtailed Lückes’s public interactions, and is thought to be why, even though she ran a key hospital department, that she rarely appeared in person at the House Committee meetings.¹⁵⁸ Lückes appears to have discretely used the chairman and medical staff, namely, Holland, Treves, and a physician – Bertrand Dawson, as her agents, in order that she could access and develop royal patronage, and promote her nurses.

Alexandra and The London: ‘aristocratic female philanthropy’¹⁵⁹

Although King Edward VII was patron of over 75 ‘leading hospitals’,¹⁶⁰ which Burdett suggested probably included ‘all the most important institutions’, it was Queen Alexandra who became president of The London in 1904.¹⁶¹ Alexandra reminded Holland: ‘remember that the London Hospital is my hospital and I wish to be president of it.’¹⁶² This connection

¹⁵³ Frank Prochaska, *Royal Bounty: The Making of the Welfare Monarchy* (London, Yale University Press, 1995), 111

¹⁵⁴ Waddington, *Charity and the London hospitals*, 35. See also Prochaska, *Royal Bounty*

¹⁵⁵ Prochaska, *Royal Bounty*, 49–50, 110–11. F.K. Prochaska, *Women and Philanthropy in 19th century England* (Oxford, Oxford University Press, 1980)

¹⁵⁶ Prochaska, *Philanthropy and the Hospitals of London*, 13

¹⁵⁷ *Ibid*

¹⁵⁸ See: House Committee Minutes 1880–1920; RLHLH/A/5/40–56; Barts Health NHS Trust Archives and Museums, London

¹⁵⁹ Anne Summers, *Angels and Citizens, British Women as Military Nurses, 1854–1914*, rev. edn (Newbury, Threshold Press Ltd, 2000), 190

¹⁶⁰ Prochaska, *Royal Bounty*, 124

¹⁶¹ Henry Charles Burdett (1889), *Prince, Princess and People: An Account of the Social Progress and Development of Our Own Times, Illustrated by The Public Life and Work of Their Royal Highnesses the Prince and Princess of Wales 1863–1889*, Reprint (Britain, Elibron Classics, 2005), 306

¹⁶² Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 362

with the reigning monarch remains unbroken to this day.¹⁶³ Alexandra had first met Holland in 1894, when the royal couple opened the newly rebuilt Poplar Accident Hospital of which he was chairman.¹⁶⁴ When Holland was appointed as Chairman of The London Hospital in December 1896, Alexandra had already been visiting ‘The London’ in both a private, and a public capacity, for over thirty years,¹⁶⁵ during which it is likely that she met Lückes, in her role as matron, on a regular basis.¹⁶⁶ Alexandra is known for her generous financial support to ‘The London’; on one occasion, she gave Holland £1000 in cash which she withdrew from under a cushion, along with a cheque for a further £1000.¹⁶⁷

She was supportive of new medical treatments and enabled the introduction of the Finsen Light to The London Hospital. This was an ultra violet lamp, which was a new treatment for Lupus and developed by her fellow Dane, Dr Neils Finsen.¹⁶⁸ Alexandra arranged for a doctor and two nurses, Mary Morgan and Eveline Dickinson,¹⁶⁹ whom Lückes selected, to be educated in its use in Copenhagen.¹⁷⁰ Alexandra’s patronage of ‘Londoners’ who became military nurses is particularly evident during the Second Anglo-Boer War, and escalated following Lückes and Holland’s involvement in military nursing from 1902 (see Chapter Five). The sources highlight how Alexandra’s patronage of ‘The London’ intensified after Holland’s arrival, however further research to test this premise is outside the scope of this study, although the number of matrons who Lückes ‘produced’ increased after Holland’s arrival (see Figures 4.1 and 4.2).

¹⁶³ Following the inception of the NHS the title became ‘Patron’. Clark-Kennedy, *The London, Volume One*, 81. Clark-Kennedy, *The London, Volume Two*, 293. Following Queen Alexandra’s death in 1924, Queen Mary, and subsequently Queen Elizabeth II took on the patronage of The London, which became The Royal London Hospital in 1990 in recognition of the 250th anniversary of the foundation of the hospital.

¹⁶⁴ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 136

¹⁶⁵ Georgina Battiscombe, *Queen Alexandra* (London, Constable and Company Ltd, 1969), 257

¹⁶⁶ Anonymous, ‘The Prince and Princess of Wales at The London Hospital; A Full Descriptive Report’, *East London Observer* (28 May 1887), 10

¹⁶⁷ Battiscombe, *Queen Alexandra*, 258. Prochaska, *Royal Bounty*, 124

¹⁶⁸ What was understood as ‘Lupus’ is now referred to as tuberculosis of the skin and causes inflammation.

¹⁶⁹ Matron’s Annual Letter, No.7; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 6–7; Barts Health NHS Trust Archives and Museums, London

¹⁷⁰ Clark-Kennedy, *The London, Volume Two*, 142–143

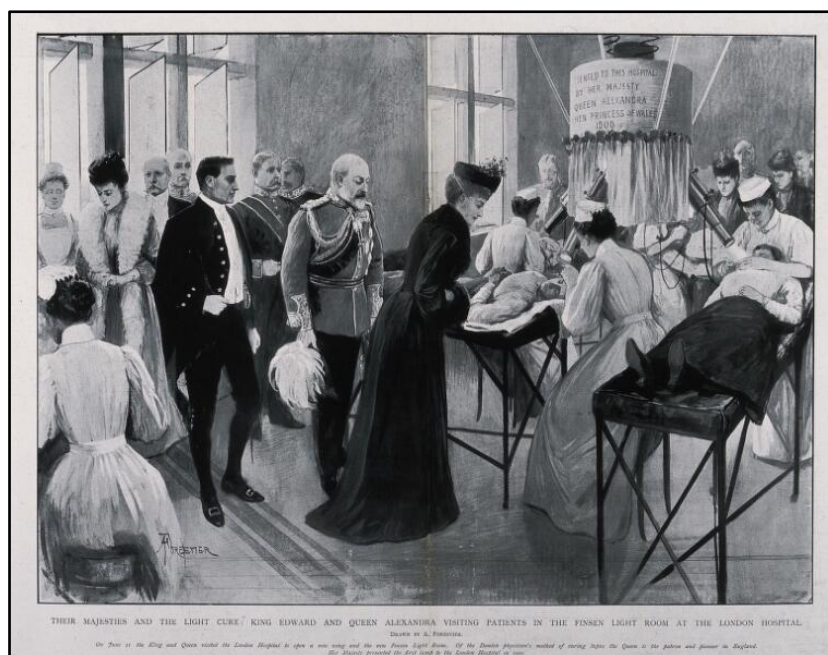


Image 3:5 The London Hospital, Whitechapel:
King Edward VIII and Queen Alexandra in the Finsen Light room, circa 1903.
Credit: Wellcome Collection, reference 39502i

It seems that Lückes's acquaintance with Alexandra opened up after Holland's appointment at 'The London' and they developed a relationship of mutual trust and respect. In 1913, Lückes was only the second woman after Nightingale, to be awarded the Lady of Grace, the Order of St John of Jerusalem.¹⁷¹ In 1914, Alexandra, Patron of the Queen Alexandra's Royal Naval Nursing Service, wrote to Lückes announcing that she was being awarded the Badge of the Red Cross Society 'in grateful recognition of the invaluable services you have rendered in the organisation of the Royal Naval Nursing Service which is now getting on beautifully in consequence...'.¹⁷² Lückes was delighted to receive the honour and reiterated to one of her nurses that Queen Alexandra:

As the Royal and beloved president of our hospital, takes the keenest interest in its welfare, always loves to hear of the good work steadily accomplished by our united efforts. We must keep this fact in remembrance, and let it be an inspiration to each and all of us to do our utmost to maintain and to enhance the reputation of the "London"¹⁷³

¹⁷¹ Anonymous, 'The Grand Priory of The Order of The Hospital of St. John Of Jerusalem in England: Ladies of Grace', 28727, *The London Gazette* (10 June 1913), 4098. Orders bestowed on Miss Lückes; RLHDEC/LUC/1; Barts Health NHS Trust Archives and Museums, London

¹⁷² Letter from Queen Alexandra to Eva Lückes, no location, 16 June 1914; Matron's Correspondence and Papers; RLHLH/N/7/19; Barts Health NHS Trust Archives and Museums, London

¹⁷³ Draft letter from Eva Lückes to Miss Bailey, no location, 21 June 1914; Matron's Correspondence and Papers; RLHLH/N/7/19; Barts Health NHS Trust Archives and Museums, London

Lückes's letters indicate that she never missed a chance to ingratiate herself with potential patrons, and therefore possible employers of her nurses. She asked Alexandra to remember her to 'her Imperial Majesty, the Empress Marie of Rus[s]ia', whom Lückes had met twice during royal visits to The London Hospital.¹⁷⁴ In 1917, Alexandra presented the Royal Red Cross to Lückes whilst visiting 'The London'.¹⁷⁵ Although it was Holland and Treves's friendships with Alexandra and Edward VII which led to royal patronage for London Hospital nurses, Lückes clearly worked hard behind the scenes to maximise those potential patrons.



Image 3.6: London Hospital sisters curtseying to Queen Alexandra and the Dowager Empress of Russia.
Credit: Barts Health NHS Trust Archives and Museums, London¹⁷⁶

Lückes seems to have been peripheral to the rapport which developed between London Hospital medical staff and the royal family, nevertheless, this led to their increased employment of Lückes's nurses during the late-nineteenth and early-twentieth centuries. The sources corroborate that the royal connection was strengthened by Holland and London

¹⁷⁴ Letter from Queen Alexandra to Eva Lückes, no location, 16 June 1914; Matron's Correspondence and Papers; RLHLH/N/7/19; Barts Health NHS Trust Archives and Museums, London

¹⁷⁵ The War Office, 'Royal Red Cross, 1st Class', *Supplement to The London Gazette*, 30049 (4 May 1917), 4294. Orders bestowed on Miss Lückes; RLHDEC/LUC/1; Barts Health NHS Trust Archives and Museums, London

¹⁷⁶ Sketch by Wilby Hart of London Hospital Sisters curtseying during a visit by Queen Alexandra and the Dowager Empress of Russia; RLHLPP/WIH, No.5, n.p.; Barts Health NHS Trust Archives and Museums, London

Hospital surgeon Frederick Treves and continued by a London Hospital physician, Bertrand Edward Dawson. These doctors appear to have ‘cemented’ the bond between London Hospital nurses and royalty, which enabled the appointment of a few select ‘Londoners’ who were appointed to ‘prestigious’ positions. It is likely that Lückes selected the nurses she considered the best for a particular position, unless requested otherwise (see discussion, pages 129–130).

Treves was an established surgeon at ‘The London’ when Lückes, whom he thought was too young and good looking, and was the least ‘suited to the post’, was appointed matron.¹⁷⁷ Treves and his colleagues ‘prophesised disaster...’.¹⁷⁸ Nevertheless he hagiographically recalled how ‘one of the ablest and most remarkable women of the age...’ transformed the inefficient and inadequate nursing system in the hospital, and that ‘By some magic, nurses became efficient, obedient and proud of their work.’¹⁷⁹ Treves was appointed as a royal surgeon in 1897, and although he resigned from his post at ‘The London’ in 1898, he remained supportive of its nursing staff.¹⁸⁰ The King asked Treves,¹⁸¹ and Holland,¹⁸² to give their advice about the army medical services and military nursing. From 1902 both served on the newly formed Army Nursing Board which Lückes seems to have influenced behind the scenes (see discussion in Chapter Five, pages 230–234). On at least one pivotal occasion, Treves demonstrated his support for ‘Londoners’ by requesting that they nurse the King, which possibly infers royal acceptance and support for Lückes and her style of reformed nurses.

In 1902 London Hospital nurses and doctors were instrumental in saving the life of Edward VII; arguably this episode cemented the Royal Family’s growing association with ‘The London’ and its staff, and led to increased patronage.¹⁸³ On 14 June, two weeks before the planned coronation of King Edward VII and Queen Alexandra, Edward suffered from a severe bout of appendicitis, and refused to consult a surgeon for several days. Despite

¹⁷⁷ Sir Frederick Treves, *A Tribute to a Great Woman*; Matron’s Correspondence and Papers; RLHLH/N/7/25, n.p.; Barts Health NHS Trust Archives and Museums, London

¹⁷⁸ Ibid

¹⁷⁹ Ibid

¹⁸⁰ Steven Trombley, *Sir Frederick Treves: The Extra-Ordinary Edwardian* (London, Routledge, 1989), 83

¹⁸¹ Ibid, 137, 148

¹⁸² Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 186–187

¹⁸³ Harold Ellis, ‘The First Royal Appendix Abscess Drainage’, *Journal of Perioperative Practice*, 25, 5 (May 2015), 115–116. P. Mirilas and J.E. Skandalakis, ‘Not just an appendix: Sir Frederick Treves’, *Archives of Disease in Childhood*, 88, 6 (June 2003), 549–552

conservative management,¹⁸⁴ the King relapsed at Buckingham Palace two days before his coronation,¹⁸⁵ and finally accepted Treves's request to operate.¹⁸⁶

The medical and nursing team who cared for Edward included two London Hospital trained nurses, an anaesthetist – Dr Frederick Hewitt, and Treves, who drained a large appendiceal abscess.¹⁸⁷ Treves specifically requested that Georgina Phoebe Herbert Haines should 'assist at the operation... Nurse Haines is reported to be giving every satisfaction to Sir Frederick Treves, the King and Queen.'¹⁸⁸ Former London Hospital Private Nurse, Alice Tarr,¹⁸⁹ who served in the Second Anglo-Boer War with Treves, was theatre nurse along with Georgina Haines, 'The King's Nurse' – who nursed him.¹⁹⁰ Lückes told all her nurses that Nurses Haines and Tarr 'had the great honour and privilege of nursing the King during his serious illness.'¹⁹¹ It is highly likely that Lückes would have had a definite view on which nurses were suitable for such an 'important' posting. Furthermore, it is possible that she would have suggested a different nurse if she disagreed with Treves, who described Lückes as being very determined.¹⁹² Evidently Lückes considered the selection of 'Londoners' to care for Edward VII, as endorsement of her nursing department and the hospital, and this was 'the philanthropic equivalent of a royal warrant to business, with similar effects.'¹⁹³ These nurses, in particular Haines, appear to be instrumental in enabling Lückes, along with Holland and Treves, to cement patronage of 'The London', and its nurses.

Lückes considered that Haines was 'well adapted for Private nursing...'.¹⁹⁴ Haines had previously demonstrated her suitability to nurse prestigious and influential people, as well as

¹⁸⁴ Ellis, 'The First Royal Appendix Abscess Drainage', 115–116

¹⁸⁵ Mirilas and Skandalakis, 'Not just an appendix', 549–552

¹⁸⁶ Ellis, 'The First Royal Appendix Abscess Drainage', 115–116

¹⁸⁷ Ibid

¹⁸⁸ Matron's Report to House Committee, 30 June 1902; House Committee Minutes, 1900–1903; RLHLH/A/5/48, 433; Barts Health NHS Trust Archives and Museums, London

¹⁸⁹ Matron's Annual Letter, No.10; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.10, April 1903, 9; Barts Health NHS Trust Archives and Museums, London

¹⁹⁰ Matron's Report to House Committee, 31 August 1903; House Committee Minutes, 1903–1905; RLHLH/A/5/49, 123; Barts Health NHS Trust Archives and Museums, London

¹⁹¹ Matron's Annual Letter, No.10; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.10, April 1903, 9; Barts Health NHS Trust Archives and Museums, London. See also, Trombley, *Sir Frederick Treves*, 85–101

¹⁹² Sir Frederick Treves, *A Tribute to a Great Woman*; Matron's Correspondence and Papers; RLHLH/N/7/25, n.p.; Barts Health NHS Trust Archives and Museums, London

¹⁹³ Prochaska, *Philanthropy and the Hospitals of London*, 13

¹⁹⁴ Georgina Phoebe Herbert Haines, Register of Probationers; RLHLH/N/1/4, 155; Barts Health NHS Trust Archives and Museums, London

members of the social élite, including the 10th Duke of St Albans, who was a member of the Privy Council.¹⁹⁵ A.E. Clark-Kennedy argues that Lückes saw the private nurses as ‘ambassadors that spread the gospel of a “London” training abroad.’¹⁹⁶ The sources highlight how Haines seems to have made a significant impression on the royal patrons whilst she was nursing the King, which led to her appointment as matron of Osborne Convalescent Home for Naval Officers.¹⁹⁷ Before Haines took up the post, Lückes was ‘persuaded’ against her better judgement to give Haines experience as a Holiday Sister: ‘Had it not been that people concerned were anxious for Miss Haines to get some training and special experience... she would not have been promoted to the post of Holiday Sister.’¹⁹⁸ This example is evidence of Lückes’s eagerness to co-operate with, and satisfy powerful patrons, and perhaps of her desire to promote ‘The London’ and its nurses and influence the nascent profession.

The evidence indicates that Georgina Haines and Eveline Dickinson’s appointments were because of the same benefactor. In August 1903, at approximately the same time as Haines’s promotion, Lord Selbourne, First Lord of the Admiralty, asked Holland to recommend a nursing sister for the new naval cadet school at Osborne.¹⁹⁹ Dickinson was recommended for the post, which involved mothering the boys and looking after their clothes. After a very short period she wished to resign because she ‘was anxious to obtain a post as matron of a small hospital...’.²⁰⁰ Holland and Lückes were annoyed that they had staked the reputation of the hospital on recommending Dickinson for a promotion.²⁰¹ As Lückes had previously placed her in charge of the Finsen Light Department, it seems inconsistent that she would recommend Dickinson for what was probably an undemanding and less scientific role.²⁰² This episode highlights Lückes’s reluctance to disappoint patrons, and put royal patronage, a ‘prestigious’ appointment and the chance to disseminate reformed nursing, before her own judgement, and the aspirations of some of her nurses.

¹⁹⁵ William Amelius Aubrey de Vere Beauclerk, 10th Duke of St Albans, (15 April 1840–10 May 1898) was a British Liberal Parliamentarian of the Victorian era. Georgina Phoebe Herbert Haines, Private Nursing Institution Register, June 1898–May 1899; RLHLH/N/5/4,100; Barts Health NHS Trust Archives and Museums, London

¹⁹⁶ Clark-Kennedy, *The London*, Volume Two, 157

¹⁹⁷ Georgina Phoebe Herbert Haines, Register of Sisters and Nurses; RLHLH/N/4/2, 25; Barts Health NHS Trust Archives and Museums, London

¹⁹⁸ Ibid. Anonymous, ‘Nursing Notes: The King’s Nurse’, *Nursing Times*, 1 (25 November 1905), 1

¹⁹⁹ Eveline Dickinson, Register of Sisters and Nurses; RLHLH/N/4/1, 237; Barts Health NHS Trust Archives and Museums, London

²⁰⁰ Ibid. Dickinson left Osborne in April 1904

²⁰¹ Ibid

²⁰² Ibid

Extending royal support for London Hospital nurses

Lückes was pleased that Alexandra also promoted ‘her hospital’ to her fellow aristocrats and European royalty. As a result, London Hospital nurses were employed to work for other members from the social élite. In April 1911, Holland escorted the Duchess of Connaught (1860–1917), whose husband was the Governor General of Canada, and their daughter around the hospital, and they appeared ‘thoroughly interested and much pleased with all they had seen.’²⁰³ Lückes was delighted by the visit, perhaps because ‘The London’ would compare favourably with ‘some of the efficient, up-to-date Hospitals of which Canada can justly boast.’²⁰⁴



Image 3.7: Eva C. E. Lückes’s fountain pen, which has been used since 1910 by visiting royalty to sign the Hospital Visitors Book.

Credit: Barts Health NHS Trust Archives and Museums, London ²⁰⁵

Holland was notorious for his skilled networking, and probably as a direct result of the Duchess’s visit in 1912, five London Hospital nurses were employed to nurse her during her subsequent serious illness and operation.²⁰⁶ One of the ‘Londoners’, Beatrice Brazier, accompanied the Duchess to Canada in October 1912, although Brazier had not completed her training.²⁰⁷

²⁰³ Matron’s Annual Letter, No.19; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.19, April 1912, 22; Barts Health NHS Trust Archives and Museums, London

²⁰⁴ Ibid

²⁰⁵ Eva C.E. Lückes’s swan self-filling gilt metal fountain pen, with sapphire cluster terminal, engraved ‘ECEL, March 14th 1910’, in dark blue chinoiserie lacquer case, which has since been used by visiting royalty to sign the Hospital’s Visitors Book; Fountain Pen; RLHINV/103; Barts Health NHS Trust Archives and Museums, London

²⁰⁶ Matron’s Annual Letter, No.21; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.21, April 1914, 9; Barts Health NHS Trust Archives and Museums, London

²⁰⁷ Beatrice Brazier, Register of Probationers; RLHLH/N/1/9, 90 and Matron’s Annual Letter, No.21; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.21, April 1914, 9; Barts Health NHS Trust Archives and Museums, London

Lückes reported her ‘great satisfaction’²⁰⁸ that the Duke and Duchess of Connaught had announced in *The Times* ‘how very much they have appreciated the services of the London Hospital Nurses...’ and that ‘their knowledge, attention and devotion, during her very severe illness, are due in great measure the Duchess’s restoration to health.’²⁰⁹ This demonstrates how Lückes rewarded and nurtured patrons through the provision of skilled, and generally, trained professional nurses. In so doing she was also acting as patron to her nurses. Unlike Nightingale who had patronage and networks established through her upper-class family, lifestyle and acquaintances, it appears that Lückes – who was a businessman’s daughter, had to ‘buy’ in patronage which she did via her professional connections, in particular with Treves and Holland, and to a lesser extent, Dawson.

Treves’s access to patronage resulted in six ‘Londoners’ being selected to nurse in the Balkan War on behalf of Greek Royalty (see Chapter Five).²¹⁰ Holland’s friendship with Alexandra led to at least two Danish nurses training at The London Hospital; Christine La Cour and Thyra Larsen.²¹¹ Paradoxically, La Cour was the only one to return home to spread reformed nursing; Larsen remained at ‘The London’ and helped to nurse Lückes during the last four years of her life.²¹² The royal patronage continued during Holland and Lückes’s ‘reign’ at ‘The London’, and included the selection of Wilby Hart to care for Prince Albert (later George VI) in 1917.²¹³ Following Lückes’s death in 1919, the royal patronage continued for a while: in 1923, Hart nursed Princess Victoria during a bout of pneumonia,²¹⁴ and from 1928,

²⁰⁸ Matron’s Annual Letter, No.21; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.21, April 1914, 9; Barts Health NHS Trust Archives and Museums, London. Interestingly, Lückes noted that the Duchess no longer needed a ‘Trained Nurse’, and that Beatrice Brazier was not expected to return to England until the following summer.

²⁰⁹ Anonymous, ‘The Duchess of Connaught and Nurses’, *The Times* (7 July 1913), 5 [Available at: <https://www.thetimes.co.uk/archive>, accessed on 4 January 2021]

²¹⁰ Matron’s Annual Letter, No.20; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.20, April 1913, 19; Barts Health NHS Trust Archives and Museums, London

²¹¹ Thyra Amalie Larsen, Register of Probationers; RLHLH/N/1/9, 55 and Christine Charlotte Banford La Cour, Register of Probationers; RLHLH/N/1/10, 62; Barts Health NHS Trust Archives and Museums, London

²¹² House Committee Meeting, 10 March 1919; House Committee Minutes, 1918–1920; RLHLH/A/5/56, 135; Barts Health NHS Trust Archives and Museums, London

²¹³ Matrons Report to House Committee, 3 December 1917; House Committee Minutes, 1916–1918; RLHLH/A/5/55, 391; Barts Health NHS Trust Archives and Museums, London. Jenny Money (ed.), *From Ragamuffins to Royalty: The Private Diaries of an Edwardian Nurse* (Bloomington, USA, www.authorhouse.com, 2012), iv–v

²¹⁴ Papers of Wilby Hart, Case 126; RLHPP/WIH, P.N. No.2, n.p.; Barts Health NHS Trust Archives and Museums, London. Money (ed.), *From Ragamuffins to Royalty*, 144–149

until his death in 1936, King George V was nursed by ‘Londoners’; Sister Catherine Black, Dawson’s ‘trusted accomplice’ and colleague,²¹⁵ and Nurse Rosina Davies.²¹⁶

The London Hospital and the Duchess of Bedford

From at least 1894, the sources indicate that Lückes was in contact, however indirectly, with the Duchess of Bedford. Lückes reported that the Duchess, who over many years was a regular benefactor to ‘The London’, had supplied provisions such as ‘thirty pheasants... for the benefit of the nurses...’²¹⁷, and ‘generous supplies of salmon sufficient... for all the nursing staff.’²¹⁸ However it suggests that Lückes’s contact with the Duchess, as with many of the patrons, was peripheral and probably only for administrative purposes, and that it was Holland’s friendship that enabled a succession of London Hospital nurses to be appointed as matron at Woburn Cottage Hospital. The Duchess developed an interest in nursing whilst at school in Cheltenham, and in 1898 opened a cottage hospital at Woburn, the Bedford family country estate.²¹⁹ Although the Duchess attended ‘a course of lectures at the London Hospital’ as part of her preparation to run the hospital, she does not appear to have undertaken formal training whilst there.²²⁰ During the Duchess’s attendance at ‘The London’ she got to know Holland, who reputedly ‘greatly stimulated her interest in hospital work.’²²¹ Subsequently, a series of ‘Londoners’ were matron of the hospital from 1898 until at least 1916.²²² At any one time, up to three London Hospital trained nurses also worked there,²²³ often initially seconded from the hospital’s Private Nursing Institution, which was ultimately under Lückes’s jurisdiction. Moreover, it is highly likely that Lückes would have been instrumental in the selection of particular nurses for matronships.²²⁴

²¹⁵ Francis Watson, *Dawson of Penn* (London, Chatto and Windus, 1950), 204. See also: Stephen Lock, ‘Dawson, Bertrand Edward, Viscount Dawson of Penn (1864–1945)’, *Oxford Dictionary of National Biography* (Oxford, 2004) [Available at: <https://doi.org/10.1093/ref:odnb/32751>, accessed on 12 January 2021]

²¹⁶ C. Black, *Kings Nurse, Beggar’s Nurse: ‘Blackie’, Sister Catherine Black* (London, Hurst and Blackett, n.d.), 175–190. Watson, *Dawson of Penn*, 215

²¹⁷ Matron’s Report to House Committee, 17 December 1894; House Committee Minutes, 1892–1894; RLHLH/A/5/45, 506; Barts Health NHS Trust Archives and Museums, London

²¹⁸ Matron’s Report to House Committee, 28 April 1913; House Committee Minutes, 1912–1914; RLHLH/A/5/53, 180; Barts Health NHS Trust Archives and Museums, London

²¹⁹ John Gore (ed.), *Mary, Duchess of Bedford, 1865–1937, Volume One* (London, John Murray, 1938), 102–104

²²⁰ Gore (ed.), *Mary, Duchess of Bedford*, 103

²²¹ Ibid

²²² See Appendix Fi: English and Welsh Hospitals and Institutions, to which multiple London Hospital nursing leaders were appointed.

²²³ See Matrons letters, particularly; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.9, 29; No.10, 31; No.11, 31; No.12, 20; Barts Health NHS Trust Archives and Museums, London

²²⁴ Frances Hickley, Private Nursing Institution Register, 1899–1901; RLHLH/N/5/5, 218; Barts Health NHS Trust Archives and Museums, London

Whilst Lückes may have played a peripheral role in obtaining patronage, the report which she wrote about Frances Wilds Hickley is evidence that she worked with patrons to ensure they were satisfied.²²⁵ Lückes sent Hickley as relief Matron to Woburn Cottage Hospital for eight weeks in August and September 1900, and in November 1900 Lückes sent her as an additional District Nurse for three months.²²⁶ In February 1901, towards the end of Hickley's contract with The London Hospital, Lückes wrote that Hickley had 'applied to the Duchess to remain permanently as the additional District Nurse, and as she had done well there... I thought the arrangement likely to prove satisfactory for all concerned.'²²⁷ Furthermore, Lückes seems pleased that 'The Duchess of Bedford wrote in her usual kind, considerate manner...' and had consulted with her to establish 'if this arrangement was fair to the hospital' before offering the post to Hickley.²²⁸ Lückes thought that Hickley 'was likely to prove exactly the right person for the post indicated, and she got on well with the other two "Londoners" working at Woburn.'²²⁹ Indeed, Hickley did appear to be a good choice for the post as she remained at Woburn Cottage Hospital until at least 1916.²³⁰

Lückes's support for Hickley's appointment as District Nurse at Woburn is further evidence of Lückes's desire to ensure patrons were content, particularly as she felt that Hickley would be of 'no special loss to us...'.²³¹ It could be inferred that Lückes thought Hickley was more suited to the work of a smaller institution than a large hospital such as 'The London'. In 1907, Hickley took over as matron of the cottage hospital from another Londoner, Alice Young, who was getting married.²³² The study identified that a number of London Hospital trained nurses were appointed as matrons of institutions in close proximity to Woburn, and Kneesworth – Sydney Holland's country home nearby (see Map 3.1, also available at: <https://datawrapper.dwcdn.net/GK7BG/1>).²³³

²²⁵ Ibid

²²⁶ Ibid

²²⁷ Ibid

²²⁸ Ibid

²²⁹ Ibid

²³⁰ Frances Hickley, RG14/8956, 16; The General Record Office, The England and Wales Census 1911 for Woburn, Bedfordshire; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 2 June 2018]. Matron's Annual Letter, No.23, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.23, May 1916, 31; Barts Health NHS Trust Archives and Museums, London

²³¹ Frances Hickley, Private Nursing Institution Register, 1899–1901; RLHLH/N/5/5, 218; Barts Health NHS Trust Archives and Museums, London

²³² Matron's Annual Letter, No.12, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.12, April 1905, 30 and Matron's Annual Letter, No.14, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.14, March 1907, 32; Barts Health NHS Trust Archives and Museums, London

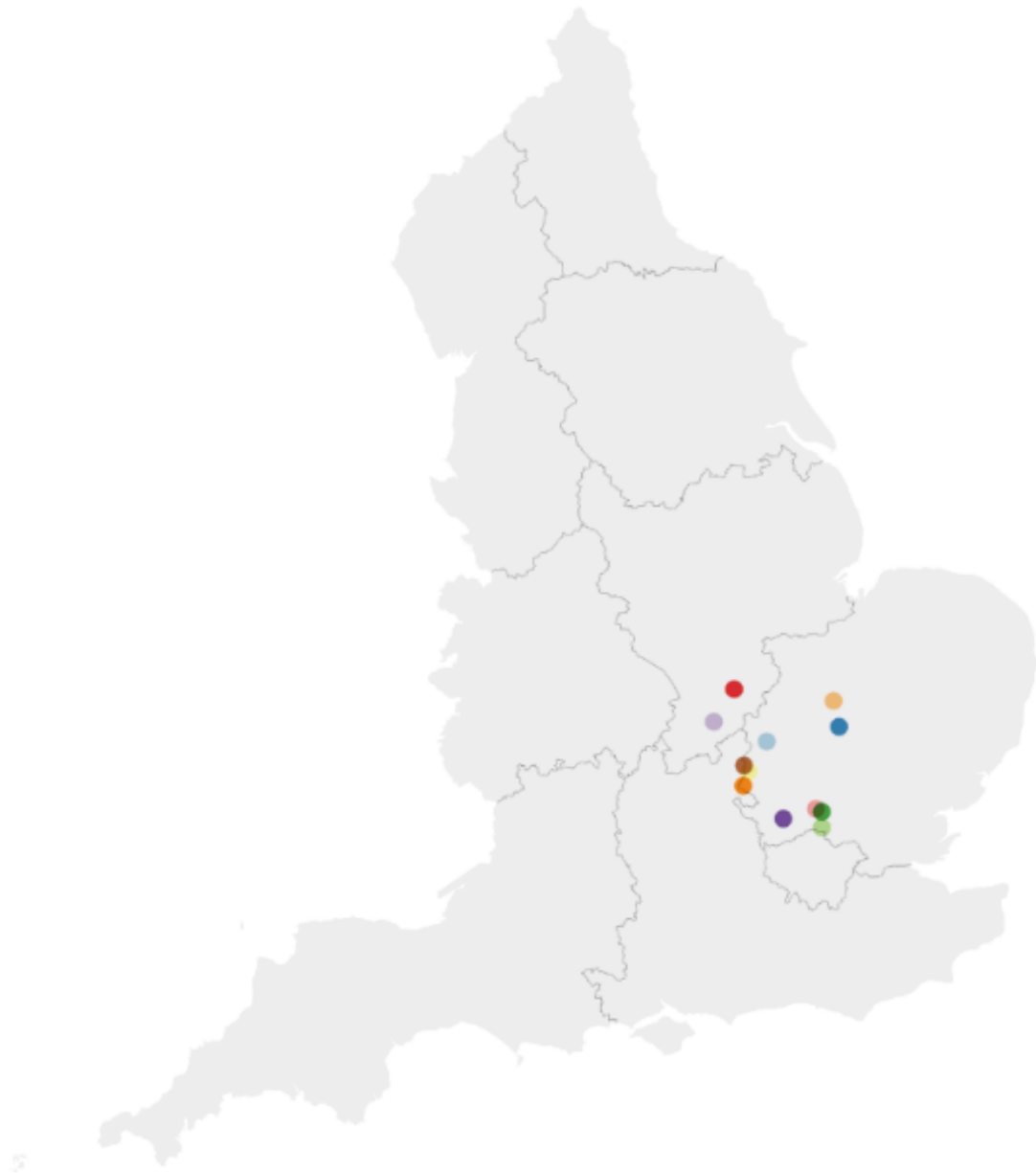
²³³ Woburn and Kneesworth are thirty miles apart.

Settlement	Number of appointments in the settlement
Bedford, Bedfordshire	2
Cambridge, Cambridgeshire	2
Cheshunt, Hertfordshire	1
Haileybury, Hertfordshire	1
Hertford, Hertfordshire	1
Kettering, Northamptonshire	1
Leighton Buzzard, Bedfordshire	1
Northampton, Northamptonshire	1
St. Albans, Hertfordshire	1
Woburn Cottage Hospital	3
Kneesworth Hall, Royston, Cambridgeshire	Sydney Holland
Woburn Abbey, Milton Keynes, Bedfordshire	Mary, Duchess of Bedford

Table 3.2: The number of 'Londoners' appointed to hospitals near to the homes of Sydney Holland and the Duchess of Bedford

Locations of Matrons to the homes of the Duchess of Bedford and Sydney Holland, 1880-1919

Bedford, Bedfordshire, The United Kingdom Cambridge, Cambridgeshire, The United Kingdom
 Cheshunt, Hertfordshire, The United Kingdom Haileybury, Hertfordshire, The United Kingdom
 Hertford, Hertfordshire, The United Kingdom Kettering, Northamptonshire, The United Kingdom
 Kneesworth, Royston, Cambridgeshire, The United Kingdom Leighton Buzzard, Bedfordshire, The United Kingdom
 Northampton, Northamptonshire, The United Kingdom St. Albans, Hertfordshire, The United Kingdom
 Woburn Cottage Hospital, Woburn, The United Kingdom Woburn, Milton Keynes, The United Kingdom



Map: (C) Sarah Rogers • Source: Sarah Rogers, PhD Student, University of Huddersfield •
 Map data: © Crown copyright and database right 2018 • Created with Datawrapper

Map 3.1: Proximity of matron's appointments to Sydney Holland, and the Duchess of Bedford's homes
 Credit: <https://datawrapper.dwcdn.net/GK7BG/1>

Perhaps the appointment of several matrons to positions in this geographical area was a combination of Lückes's skilful selection of nurses to ensure patrons were satisfied, along with Holland's skill at growing and extending patronage, which accessed the Duchess's patronage and influence. It demonstrates how, with patronage and with influential networks, Lückes's 'new-style' professional nurses could spread into surrounding communities, thereby disseminating reformed nursing even further.



Image 3.8: A guard of honour for royal visitors to The London Hospital, August 1910²³⁴
Credit: The Royal College of Nursing Archives and Library

Networking

As part of Lückes's 'policy' to spread London Hospital trained nurses and influence reformed nursing, she appears to have actively cultivated networks and networking. With the exception of Hawkins's research into St George's Hospital nurses during the second-half of the nineteenth century which identified that networks played a significant role in the career of one matron,²³⁵ there is a paucity of historiography into nineteenth-century nurses and networking, albeit there is research regarding other female professions.²³⁶ However, Stuart

²³⁴ Anonymous, 'Royalty at the "London"', *The Nursing Times*, 6 (13 August 1910), 674

²³⁵ Hawkins, *Nursing and Women's Labour*, 170

²³⁶ For networking among other professional women see: Elaine Thomson, 'Women in Medicine in late Nineteenth and Early Twentieth-Century Edinburgh: A Case Study' (Unpublished PhD, University of Edinburgh, 1998). Tanya Fitzgerald and Elizabeth M. Smyth, 'Introduction: Educational Lives and Networks', in Tanya Fitzgerald and Elizabeth M. Smyth, *Women educators, leaders and activists: Educational lives and networks 1900-1960* (London, Palgrave Macmillan, 2014). Elizabeth Shepherd, 'Pioneering women archivists in England: Ethel Stokes (1870-1944), record agent', *Archival Science*, 17 (2017), 175-194. DOI 10.1007/s10502-

Wildman observes the beneficial effects of networking among the social élite on the development of Local Nursing Associations during this period.²³⁷ Therefore more recent literature has also been consulted. ‘Networking’ is a modern term to describe a phenomenon that seems to have endured since the nineteenth century. Recently J. Margo Brooks and Katherine Abbott have suggested the use of Social Network Analysis.²³⁸ However, when studying networks such as that created by Lückes where there are gaps in archival material, the use of Social Network Analysis would be hard to implement.²³⁹ A twenty-first century definition of networking states that it ‘serves as an avenue to create long-term relationships with mutual benefits.’²⁴⁰ This is as valid a description of Lückes’s professional networking style as it is of professional interaction today. As Harvard Business Review states ‘professional networks lead to more job and business opportunities... and greater status and authority.’²⁴¹ Deidre Raftery claims that religious teaching Sisters were the first to establish and utilise networks across the world,²⁴² although it is reasoned that Nightingale was doing so at a similar time, but perhaps in a more ad-hoc manner.²⁴³ The primary sources highlight how Lückes followed her mentor, and established personal and organisational networks in a similar fashion, in order to spread reformed nursing.

As discussed earlier, Lückes’s personal networks included those she had established with, and through Nightingale, and Dr Allchin of the Westminster Hospital. She was also a member, albeit briefly, along with other ‘distinguished matrons’ of the Registration Committee of The Hospitals’ Association,²⁴⁴ but left because she disliked the concept of a centralised state registration system. There is evidence that Lückes also used her Annual

016-9272-x. Mary Campbell-Day, ‘Mary Gurney (1836 - 1917) and the reform of English female education’ (Unpublished PhD thesis, University College London Institute of Education, 2021)

²³⁷ Stuart Wildman, ‘Local Nursing Associations in an Age of Nursing Reform, 1860–1900’, (Unpublished PhD thesis, University of Birmingham, May 2012), in particular 88–89

²³⁸ J. Margo Brooks Carthon and Katherine Abbott, ‘Searching for connectivity: Using historical methods and social network analysis to uncover new discoveries in community organizing’, in Patricia D’Antonio, Julie A. Fairman and Jean C. Whelan (eds), *Routledge Handbook on the Global History of Nursing* (Abingdon, Routledge, 2016), 76–91

²³⁹ Carthon and Abbott, ‘Searching for connectivity’, 76–91

²⁴⁰ Bianca Miller Cole, ‘10 Reasons Why Networking is Essential for Your Career’, *Forbes Women* (20 March 2019), n.p. [Available at: www.forbes.com, accessed on 18 June 2020]

²⁴¹ Tiziana Casciaro, Francesca Gino and Maryam Kouchaki, ‘Learn to Love Networking’, *Harvard Business Review* (May 2016), n.p. [Available at: <https://hbr.org>, accessed on 18 June 2020]

²⁴² Deirdre Raftery, ‘Teaching Sisters and transnational networks: recruitment and education expansion in the long nineteenth century’, *History of Education*, 44, 6 (November 2015), 717–728

²⁴³ Judith Godden, ‘The Dream of Nursing the Empire’ in Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 55–75

²⁴⁴ Anonymous, ‘Notes and News’, *The Hospital*, 3, 64 (17 December 1887), 202

Matron's Letter and personal communications to network with 'her' nurses and colleagues. Linda Laskowski-Jones argues that networking enables professionals to expand their contacts, a practice which Lückes clearly adopted, and with some success.²⁴⁵ Tracey and Nicoll suggest that networking occurs later in career development.²⁴⁶ Whilst 'her' nurses worked at 'The London', Lückes focused on mentoring, and for the fast-tracked nurses, also on developing their leadership skills. She established networks for herself and for her nurses, to promote the careers of her protégées and to ensure that they gained leadership experience after they left 'The London'. In the twentieth century Karen Ross suggested that networking enabled nurses to develop their leadership skills,²⁴⁷ and Cheryl Travers et al, claim that interaction among fellow professionals and interested parties was associated with successful careers.²⁴⁸ The following section will consider how Lückes built and maintained networks in order to spread reformed nursing, and her nursing leaders.

Building a London Hospital network

Following her appointment in 1880, the House Committee asked Lückes to inform them about promotions which nursing staff obtained.²⁴⁹ Subsequently Lückes regularly informed them that a sister had been appointed to a matronship elsewhere; for example in 1882 she reported that 'Mrs Liddell, night sister, had been appointed Matron to the Richmond Hospital...'.²⁵⁰ In 1895, Lückes informed the House Committee that 'there was a likelihood of Sister Gloucester, Miss Bland being appointed Matron of Poplar Accident Hospital...' and the committee decided 'to give her a good testimonial.'²⁵¹ Bland's application was successful, probably as much due to her skills as a trained nurse, as from the beneficial effects of local contacts and networking. It is thought that both Lückes and the House Committee saw these promotions as a measure of reputation and success, and the extent to which nursing at 'The London' was now accepted as reformed and respectable, and disseminating throughout other hospitals.

²⁴⁵ Linda Laskowski-Jones, 'Chance encounters: The value of networking', *Nursing2019*, 49, 1 (2019), 6

²⁴⁶ Tracey, and Nicholl, 'Mentoring and networking', 28–32

²⁴⁷ Karen Ross, 'Follow the Leader: Mentoring and Health Care', *The Australian Nursing Journal*, 3, 11 (June 1996), 35–37

²⁴⁸ Cheryl Travers, Carole Pemberton and Samantha Stevens, 'Women's networking across boundaries: recognising different cultural agendas', *Women in Management Review*, 12, 2 (1997), 61–67

²⁴⁹ Inserted document: Standing Orders for the Matron, 22 March 1881, 8; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 173–174; Barts Health NHS Trust Archives and Museums, London

²⁵⁰ Matron's Report to House Committee, Tuesday, 31 January 1882; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 441; Barts Health NHS Trust Archives and Museums, London

²⁵¹ House Committee Meeting, 1 April 1895; House Committee Minutes, 1895–1897; RLHLH/A/5/46, 59–60; NHS Trust Archives and Museums, London

This information may have contributed, in part, to the development of Lückes's Supplementary Register, which became her key tool in establishing networks. Although it is thought to have been initially developed as an alternative to a state administered, centralised register of nurses.²⁵² Lückes and her assistant matrons recorded in the Supplementary Register, the appointments and specialties, geographical locations and addresses of a number of 'Londoners'. Nightingale was well known for supporting hospital based registers, rather than a centralised system of state registration.²⁵³ Lückes attributed the concept of the register to Nightingale, which she said 'was established at your wise suggestion ...'.²⁵⁴ In 1889, Nightingale wrote to Lückes: 'I will like to hear of your "Supplementary Register"— and admire your energy in the good cause with your great numbers!'.²⁵⁵ It is thought that Nightingale was referring to the dissemination of her style of reformed nursing.

Copies of the Supplementary Register from 1894–1916 survive in Lückes's circular letters. In 1894, fourteen years after her appointment as matron, Lückes commenced her 'Matron's Annual Letter to Nurses', into which she incorporated a copy of the Supplementary Register. This is a significant point for Lückes; at this point the evidence implies that she deliberately commenced a strategy designed to build a network of 'Londoners'. Lückes claimed that:

the links which bind past and present "Londoners" together strengthen year by year. The new comers are more influenced ... by the traditions you have left for them to inherit, and by the standard that has been raised for all to keep in view.²⁵⁶

Furthermore, and probably to ensure that her style of reformed nursing was disseminated Lückes encouraged her nurses to see themselves as a united body:

if the union between the "London" and its old workers is as complete as we all like to believe, the vitalising influences which promote our own growth, should not be without their effect on

²⁵² Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2; Barts Health NHS Trust Archives and Museums, London

²⁵³ McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 886. Nightingale, and also Lückes, believed that a hospital-based register would enable more up to date information to be provided when a reference was required, see: Lynn McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 12, The Nightingale School* (Ontario, Wilfred Laurier Press, 2009), 515–517

²⁵⁴ Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 20 December 1890; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.16; British Library, London

²⁵⁵ Letter from Florence Nightingale to Eva Lückes, 10 South Street, Park Lane, W. 17 October 1889; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/3; Barts Health NHS Trust Archives and Museums, London

²⁵⁶ Matron's Annual Letter, No.2; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.2, June 1895, 9; Barts Health NHS Trust Archives and Museums, London

all those who regard themselves as active members of the same body...²⁵⁷

Whilst there was no formal league of nurses at The London Hospital until 1931, it is considered that these letters were the beginnings of an early league of nurses, or alumni association, such as were being established in America.²⁵⁸ In 1899, St Bartholomew's Hospital League of Nurses was the first to be officially established in the United Kingdom, and a year later it commenced publication of the first *League News*.²⁵⁹ It is possible that Lückes specifically used her letters to establish a London Hospital network amongst her nurses, and six years earlier than at St Bartholomew's Hospital.²⁶⁰ Furthermore, she used her letters in her role as a patron and mentor of her nurses, to promote, motivate, and maintain standards.

However, as the daughter of a bankrupt businessman, Lückes did not necessarily have personal access to upper-class and philanthropic contacts outside the immediate hospital network. It is suggested that the appointment of Holland was a significant point in Lückes's development of networks. Historians concur that the appointment in 1896 of Holland as Chairman of The London Hospital House Committee significantly improved the financial stability of 'The London', and enabled many reforms in patient care.²⁶¹ Historians also acknowledge the role that Holland, and Lückes, played together in developing the hospital.²⁶² However there is a lack of consideration in the historiography on Lückes's use of networking in the dissemination of reformed nursing, and the part which Holland played. This study is

²⁵⁷ Matron's Annual Letter, No.4; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.4, June 1897, 13; Barts Health NHS Trust Archives and Museums, London

²⁵⁸ It is now known whether other matron's sent similar letters to their nurses at this time, however it may have been developed in response to numerous letters and cards which she received at Christmas; 'I must begin as usual by thanking you of the many affectionate greetings I received at Christmas. The kind remembrance of so many past and present workers goes a long way to make me happy at that season, and, as I open the welcome letters, I never cease to wish that some message convey the expression of my appreciation of your kindness, and of my good wishes to yourselves, could greet you all on Christmas morning. However, I can only ask each one of you to accept my annual letter as the best, and for the most part the earliest, acknowledgement that I am able to send'. See: Matron's Annual Letter, No.13; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.13, March 1906, 1; Barts Health NHS Trust Archives and Museums, London

²⁵⁹ Geoffrey Yeo, *Nursing at Bart's; A History of Nursing Service and Nurse Education at St Bartholomew's Hospital, London* (Stroud, Alan Sutton Publishing Ltd, 1995), 53

²⁶⁰ In 1931, Lückes's successor, Beatrice Monk wrote the last Annual Letter because she argued this was no longer adequate to maintain a sufficient bond between 'Londoners', and she created the League of Nurses because she felt this would be more effective. See: Parker and Collins, *Learning to Care*, 139

²⁶¹ E.W. Morris, (1910), *A History of The London Hospital*, Reprint (USA, Bibliolife, 2009), 223–225. Clark-Kennedy, *The London, Volume Two*, 151–163. Waddington, *Charity and the London hospitals*, 80–81

²⁶² Clark-Kennedy, *The London, Volume Two*, 217. McGann, *The Battle of the Nurses*, 21–23

the first to date which considers how Lückes utilised Holland's networks and became a successful matron maker.

Analysis of the Supplementary Register reveals that Lückes encouraged 'Londoners' to network with their former colleagues by visiting them at a new hospital: 'Miss Bland had just been appointed Matron of the Poplar Accident Hospital. I expect by this time most of you have been to see her there, if not, I should advise you to do so, I am sure you would be as charmed as I was with her perfect little hospital, and she has always a welcome for 'Londoners'.²⁶³ Similarly Lückes wrote that she was sure that 'Miss Haines will give a kind welcome to any old 'Londoners' who may find themselves in the neighbourhood and wish to call upon her.'²⁶⁴

Lückes reminded nurses in her annual letter to keep her informed with news of their appointments and addresses. She was delighted that former staff wrote to her regularly, which 'enables us to keep the Supplementary Register up-to-date in a manner which makes it of increasing service to all concerned.'²⁶⁵ Furthermore, Lückes told 'Londoners' that former staff appreciated the register, which was 'of great interest...' to them.²⁶⁶ She also stressed how former staff have 'gone forth with the credit of the "London" at stake...' and with 'the determination, so admirably carried out for the most part, of adding to its reputation elsewhere.'²⁶⁷

This study of London Hospital trained matrons has revealed clusters of them in particular areas (see Map 3.2, or via the hyperlink: https://www.datawrapper.de/_/SKLfh/). The map reveals particular clusters around conurbations such as: Bristol, Liverpool, and Oxford, and not surprisingly a particular concentration in London (see also Appendix H: Location of appointments). It is thought that can be attributed to Lückes's 'supporters', namely doctors

²⁶³ Matron's Annual Letter, No.3; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.3, June 1896, 8; Barts Health NHS Trust Archives and Museums, London

²⁶⁴ Matron's Annual Letter, No.11; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 13; Barts Health NHS Trust Archives and Museums, London

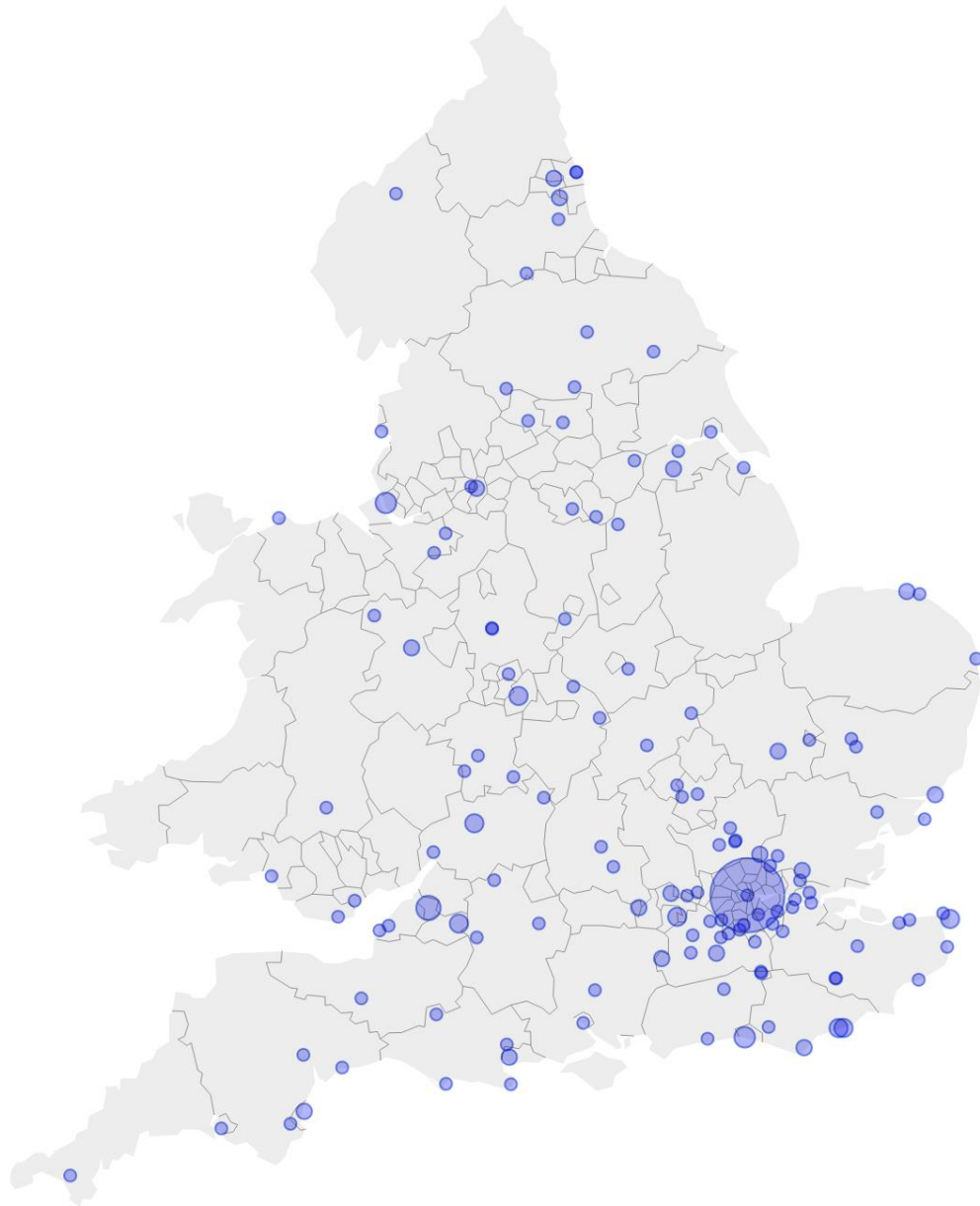
²⁶⁵ Matron's Annual Letter, No.6; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.6, March 1899, 15–16; Barts Health NHS Trust Archives and Museums, London

²⁶⁶ Matron's Annual Letter, No.18; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.18, March 1911, 19; Barts Health NHS Trust Archives and Museums, London

²⁶⁷ Ibid

and local networks of philanthropic people. This implies that having established networks, Lückes used them to disseminate her nurses across the country.

Location of hospitals in England and Wales to which Matrons were appointed: 1880-1919



This map shows the approximate locations of the different hospitals, to which London Hospital trained matrons were appointed. It excludes multiple appointments, of different matrons, to the same hospital. Each circle represents the location of at least one hospital, the size reflecting the number of hospitals in a locality, to which Londoners were appointed. See Appendix F: Locations of matrons by settlement. A few outliers in Scotland and Ireland were located, but are not included.

Map: Sarah Rogers, PhD Student, University of Huddersfield • Source: (C) Sarah Rogers 7 June 2022 • Map data: © Crown copyright and database right 2020 • Created with Datawrapper

Map 3.2: Location of Matrons in England and Wales
Credit: https://www.datawrapper.de/_/SKLf/

Expanding London Hospital networks

Analysis of the work locations of the matrons in this study, in conjunction with the surviving Supplementary Registers has revealed a number of patterns which enabled the extension of Lückes's networks. Firstly, it was noticed, that when a nurse was appointed to a hospital as matron, in subsequent years further 'Londoners' sometimes joined their former colleague, particularly those working in several of the larger hospitals and institutions, both at home and abroad. The newly appointed matron might go with a team of nurses – as in the case of Bland who took three nurses to become ward sisters at Poplar Accident Hospital.²⁶⁸ It was also observed that the newly appointed matron might be joined within a year or two by other staff as sisters, staff nurses and probationers, sometimes moving from 'The London', or from another hospital. For example, when Ada Sarah Shepherd Robinson was appointed as matron of the Royal London Ophthalmic Hospital – 'Moorfields', in April 1895, two nurses joined her fairly immediately to work there, and that within nine months a further four nurses and a sister had joined them there, as shown in Table 3.3 below.²⁶⁹

Name	Position	Year and month of Appointment
Ada Sarah Shepherd Robinson	Matron	1895 – April
Maria Winifred Armitage	Nurse	1895 – October
Mildred Grace Dalley	Nurse	1895 – October
Mabel Grace	Nurse	1895 – September
Bertha Jane Gillit	Nurse	1895 – September
Blanche Aldred	Nurse	1895 – September
Catherine Elizabeth Cornelius	Nurse	1896 – January
Minnie Gertrude Denton	Sister	1896 – February
Emily Cox	Sister	1897 – January
Gertrude Mary Richards	Matron	1899 – November until 1904
Elizabeth Venning	Sister	1900 – March
Bonella Gooch	Sister	1900 – October
Mary Willis	Sister	1903 – January
Mary Louisa Pollett	Matron	1907 – January until about 1922

Table 3.3: 'Londoners' moving to the Royal London Ophthalmic Hospital

²⁶⁸ Matron's Report to House Committee, 22 April 1895; House Committee Minutes, 1895–1897; RLHLH/A/5/46, 70; Barts Health NHS Trust Archives and Museums, London

²⁶⁹ Data taken from Matron's Annual Letter, No's.2–4, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.2–4, 1895–1897; Barts Health NHS Trust Archives and Museums, London, and online records for Barts Health Archives and Museum [Available at: <http://www.calmhosting01.com/BartsHealth/CalmView/default.aspx>, accessed on 23 November 2021].

Ironically all six nurses who initially went to the eye hospital were not fully trained at The London Hospital, and had left before completion of their training on grounds of unsuitability – for nursing or because of poor health.

Similarly, after Robinson left and Gertrude Richards succeeded her in 1899, at least two fully trained ‘Londoners’ joined her in the following year.²⁷⁰ Many of these nurses had left ‘The London’ before they moved to the ophthalmic hospital, however they probably utilised the growing London Hospital network to find new roles. For example, Richards and Elizabeth Venning almost certainly knew each other whilst they trained and worked at ‘The London’, where they overlapped as ward sisters for about two years.²⁷¹ Although Venning was appointed as Matron of Lydney Cottage Hospital in Gloucestershire in 1895, in March 1900 she became a sister at the Royal Ophthalmic Hospital in London.²⁷² It is likely that they had either maintained contact with each other after they left their alma mater, or that they reconnected via the Supplementary Register. These teams of ‘Londoners’ acted to cement and expand the London Hospital nursing influence, both within the hospital, and potentially in the wider community (see also Appendix H: Location of Appointments and Appendix K: Career Histories).

Secondly, the research revealed that on a number of occasions when a London Hospital matron from this study left a particular hospital, another ‘Londoner’ was appointed in her place.²⁷³ Appendix F indicates the hospitals to which a succession of London Hospital matrons were appointed, both in England and Wales, and also overseas. This occurred at a wide variety and number of institutions, and was particularly prevalent in cottage hospitals. Generally, the first hospital to which a ‘Londoner’ was appointed as a matron is recorded, but there may be some omissions as not all appointments for every matron are known. It is probable that hospital managers preferred to employ another nurse from the same training school because they preferred the style of reformed nurse which they ‘produced’. In 1902, Florence Saich resigned as matron of Trowbridge Cottage Hospital, Wiltshire, and the committee appointed Ann Maria Tubby to succeed her as she was ‘highly recommended by

²⁷⁰ Information also taken from the 1901 census: Gertrude M. Richards, RG13/258, 42; The General Record Office, The England and Wales Census 1901 for St Luke’s, Finsbury, London; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 20 January 2018]. Data taken from: Matron’s Annual Letter, No.7, Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900 and Matron’s Annual Letter, No.8, Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.8, March 1901; Barts Health NHS Trust Archives and Museums, London and online records for Barts Health Archives and Museum [Available at: <http://www.calmhosting01.com/BartsHealth/CalmView/default.aspx>, accessed on 23 November 2021].

²⁷¹ See Appendix K: Career Histories

²⁷² See Appendix K: Career Histories

²⁷³ See Appendix F: Hospitals and Institutions to which multiple London Hospital nursing leaders were appointed

Miss Lückes.²⁷⁴ The London was one of 12 teaching hospitals in London which were ‘known throughout the world as centres of medical research, teaching and prestige’.²⁷⁵ It is likely that nurses who had trained at these hospitals were seen as having had ‘superior’ training and brought cachet and prestige to hospitals in which they subsequently worked.

Another hospital which had a succession of London Hospital trained matrons was Cromer Cottage Hospital, Norfolk. Between 1889 and 1915 several matrons from this study were appointed matron of Cromer Cottage Hospital. ‘Londoners’ appear to have had a monopoly over the matronship of this hospital as shown in Table 3.4, and research suggests that a network of loyal supporters from the philanthropic social élite were influential in their appointment.²⁷⁶

Year	Name of Matron
1889 – March	Emma Minnedew
1891	Sarah Lambert
1895 – January	Mary Thompson
1895 – March	Jessie Brooks
1902	Sarah Lambert
1915 – June	May Towill
1917 – November	Elsie Mabel Marriott

Table 3.4: London Hospital trained matrons of Cromer Cottage Hospital

In June 1888, members of several philanthropic Quaker families including Samuel Hoare, M.P., and the Buxton and Gurney families were present at the opening of Cromer Cottage Hospital.²⁷⁷ The Barclay, Buxton, Fry, Gurney, Hanbury and Hoare families shared overlapping genealogies, and lived in Norfolk and London.²⁷⁸ They were bankers and brewers, and a number of them philanthropically supported The London Hospital, and a number of wards were named after these families.²⁷⁹ The names of many can be found

²⁷⁴ Hospital Subcommittee Meeting, 17 February 1902, Trowbridge Cottage Hospital; J2/101/ 2; Wiltshire and Swindon History Centre

²⁷⁵ Carol Helmstadter and Judith Godden, *Nursing before Nightingale, 1815–1899* (Farnham, Ashgate, 2011), 186

²⁷⁶ See Appendix C: Database

²⁷⁷ Anonymous, ‘Opening of the new Cromer Hospital’, *Supplement to the Norwich Mercury* (30 June 1888), n.p.

²⁷⁸ Verily Anderson, *Friends and Relations: Three Centuries of Quaker Families* (London, Hodder and Stoughton, 1980). See also: Campbell-Day, ‘Mary Gurney (1836–1917)’, see for example 87–91, 120

²⁷⁹ Clark-Kennedy, *The London, Volume Two*, 70

serving on the House Committee and as Governors.²⁸⁰ It seems likely that it was these ‘kinship ties’ and interconnections which led to the appointment of ‘Londoners’ at Cromer.²⁸¹ Thirdly, it was noticed that after one matron was appointed to a hospital in an area, that ‘Londoners’ were appointed to leadership posts at other hospitals in the same locality. After Edith Walker was appointed to Mill Road Infirmary in Liverpool, a succession of ‘Londoners’ were appointed to Matronships within the city (see Table 3.5 below).

Year	Name	Hospital	Post
1892 – September	Edith Walker	Mill Road Infirmary	Matron
1892 – November	Helen Cooper	Mill Road Infirmary	Night Superintendent
1894 – September	Martha Bower	Hahemann Hospital, Hope Street	Lady Superintendent
1903	Annie Croft Godwin Glover	David Lewis Northern Hospital	Matron
1907 – June	Ethel Mary Cauty	Liverpool Maternity Hospital, Brownlow Hill	Matron
1907 – October	Annie Maud Lewin	Hospital for Women, Shaw Street	Matron
1910 – November	Florence Reeves	Royal Liverpool Country Hospital for Children	Matron
1911 – March	Emily Margaret Cummins	Liverpool Royal Infirmary	Matron
1911 – August	Ada Emily Whitton	Liverpool Maternity Hospital, Brownlow Hill	Assistant Matron
About 1915	Edith M. Tucker	Leasowe Hospital for Children	Matron

Table 3.5: Matrons of hospitals in Liverpool who trained at The London Hospital

It is not known if Nightingale had an indirect hand in Walker’s appointment, but Lückes was delighted to share the news with her.²⁸² Lückes had access to dual connections with Liverpool via the family of William Rathbone VI. As mentioned earlier in this chapter, one of his nieces, Rosalind Paget, was also a probationer and Holiday Sister at The London Hospital, between at least 1882–1889.²⁸³ The evidence shows that Paget’s first cousin, who was

²⁸⁰ Ibid

²⁸¹ See Appendix Fi: English and Welsh Hospitals and Institutions, to which multiple London Hospital nursing leaders were appointed. See also: Carola Lipp, ‘Kinship Networks, Local Government, and Elections in a Town in Southwest Germany, 1800–1850’, *Journal of Family History*, 30, 4 (October 2005), 347–365, 347–348

²⁸² Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 9 October 1892; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.125–128; British Library, London

²⁸³ Rosalind Paget, Register of Probationers; RLHLH/N/1/1, 181, and Rosalind Paget, Register of Sisters and Nurses; RLHLH/N/4/1, 104, Barts Health NHS Trust Archives and Museums, London. Rosalind Paget, London Hospital nurses’ badge, 1882–1884; GL/236/A14; Wellcome Collection, London. John Rivers states that Paget was at The London Hospital from 1880, see: John Rivers, *Dame Rosalind Paget, D.B.E., A.R.R.C., 1855–1948*:

Rathbones' daughter – Elizabeth Lucretia 'Elsie' Rathbone, was also a paying probationer at 'The London' for six months over an eighteen month period between 1886–1888.²⁸⁴ William Rathbone VI (1819–1902) was a philanthropist and social reformer who founded District Nursing in Liverpool.²⁸⁵ Rathbone VI had consulted Nightingale for her advice on improving the hospitals in the city, and he played a pivotal role in the formation of the Queen Victoria's Jubilee Institute for Nurses.²⁸⁶ It may just be coincidence that Walker was selected as head of the nursing department of the new Poor Law infirmary. But it is possible that Nightingale, Rathbone VI and even Paget, whose time at 'The London' overlapped with that of Walker's, may have played a part in her appointment. In 1894, Lückes went to visit Walker, and whilst she was in Liverpool she also 'went to see the Royal Infirmary and was much charmed'.²⁸⁷ However, as Table 3.5 shows it was not until 1911 that a 'Londoner' was appointed matron there.

Lückes and Holland appear to have worked together to find 'lucrative jobs' for 'Londoners'.²⁸⁸ She wrote that Holland took great 'personal trouble' on 'behalf of any 'Londoner who needs his help, or whose interests and prospects he has a chance of promoting'.²⁸⁹ In 1897 Nightingale discussed vacant matronships at St George's Hospital, London and The Radcliffe Infirmary, Oxford, with Holland.²⁹⁰ Nightingale observed that Flora Masson, her protégée had 'made a fiasco' of reforming the nursing department at The Radcliffe Infirmary.²⁹¹ Nightingale appears to be giving Holland 'permission' to support the application of Agnes Watt, a 'Londoner' for the post. Lückes argued that they felt it was right

A Short Account of her Life and Work (London, Midwives Chronicle, 1981), 24; GC/236/B/22/24; Wellcome Collection, London

²⁸⁴ Elizabeth Elsie Rathbone, Register of Probationers; RLHLH/N/1/1, 207; Barts Health NHS Trust Archives and Museums, London. See also: University of Liverpool Special Collections Guides [Available at: <https://libguides.liverpool.ac.uk/library/sca/rathbone/wr6>, accessed on 9 November 2021]. Elizabeth L. Rathbone, RG12/2940, 89; The General Record Office, The England and Wales Census 1891 for Toxteth Park, Lancashire; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 9 November 2021]

²⁸⁵ June Hannam, 'Rosalind Paget: The Midwife, the Women's Reform Movement and Reform before 1914', in Hilary Marland and Anne Marie Rafferty (eds), *Midwives, Society and Childbirth: Debates and Controversies in the Modern Period*, (London, Routledge, 1997), 81–101, 84

²⁸⁶ Mary Stocks, *A Hundred Years of District Nursing* (London, George Allen & Unwin Ltd, 1960), 66–78

²⁸⁷ Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 4 March 1894; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff. 214–215; British Library, London

²⁸⁸ Anonymous, 'The Premier and Nurses' Registration', *British Journal of Nursing*, 50 (10 May 1913), 370; the article is thought to be by Mrs Fenwick who owned and edited the journal.

²⁸⁹ Matron's Annual Letter, No.9; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.9, March, 1902, 20; Barts Health NHS Trust Archives and Museums, London

²⁹⁰ Letter from Florence Nightingale to Sydney Holland, 10, South Street, Park Lane, 27 April 1897; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/17; Barts Health NHS Trust Archives and Museums, London

²⁹¹ Nightingale cited in McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 192

to do their utmost to acquire the post for Watt.²⁹² Despite stiff opposition, Watt was appointed Matron of the Radcliffe Infirmary, Oxford (see discussion in Chapter Four, pages 172–174).²⁹³ Once she was in post a number of other ‘Londoners’ joined her at the Radcliffe Infirmary, or were appointed to hospitals in the vicinity.²⁹⁴

Analysis of the study data showed that the number of fast-tracked matrons being appointed to leadership positions increased significantly in the 1900s after Holland’s appointment at ‘The London’ (see Figure 3.3).²⁹⁵

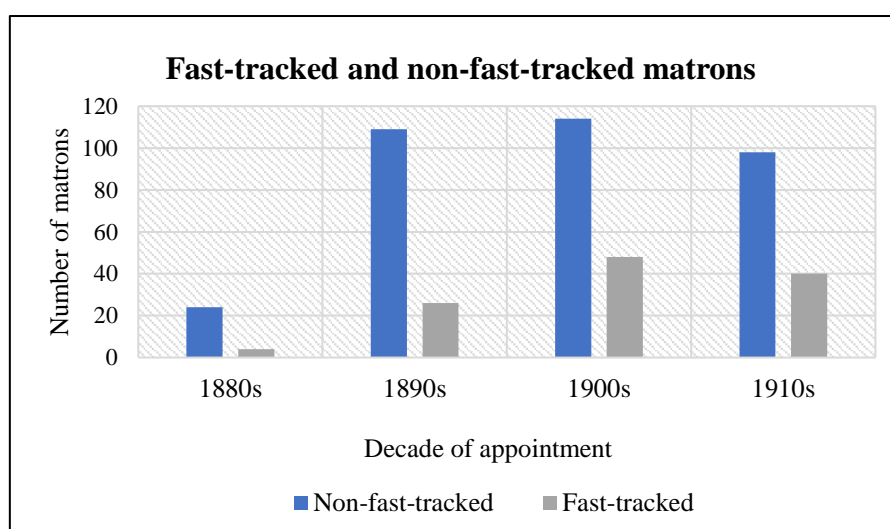


Figure 3.3: Decade of first appointment for fast-tracked and non-fast-tracked matrons: 1880–1919

That 20 more fast-tracked nurses were appointed matron in the decade after Holland’s arrival can be attributed to a number of reasons. Firstly, Holland’s social connections may have made a significant impact on the careers of the Lückes’s ‘élite’ nurses. Secondly more appropriate women may have been coming forward for training whom Lückes deemed suitable for leadership positions. However, whether the matrons had extra managerial training or not, fewer ‘Londoners’ became matrons during the 1910s. Overall, Holland’s arrival appears to have had less impact on the careers of all the women who were not singled out as

²⁹² Agnes Watt, Register of Sisters and Nurses; RLHLH/N/4/1,103; Barts Health NHS Trust Archives and Museums, London

²⁹³ Anonymous, ‘Appointment’, *The Nursing Record and Hospital World*, 18 (6 March 1897), 191. Anonymous, ‘Appointment’, *“The Hospital”, Nursing Mirror*, 21, 544 (27 February 1897), 196

²⁹⁴ See Appendix C: Database, and Appendix K: Career Histories

²⁹⁵ The graph includes 463 out of the 474 matrons in the study as it was not possible to locate the decade of appointment for 11 women.

suitable for ‘special’ training (see Figure 3.3).

As shown in Figure 3.3 the number of both fast-tracked and non-fast-tracked matrons overall reduced in the 1910s. This was also the last decade of Lückes’s tenure and a period of increased employment opportunities for women. This maybe because staff turnover was reducing among the managerial positions, or that sisters were staying in these senior posts longer because nationally there was an increase in trained nurses overall.²⁹⁶ There may have been more competition for jobs, or London Hospital trained nurses were losing their ‘cachet’ because of the two-year training programme at ‘The London’ (see discussions in Chapter Four, page 204–207 and Chapter Five, pages 263–265).²⁹⁷ In the first decade after Holland’s appointment Lückes appears to have capitalised on his social networks to open up opportunities for her nurses, therefore disseminating ‘Londoners’ around the country.

Maintaining networks

Lückes maintained The London Hospital networks in a number of ways. She used her Annual Matron’s Letters, and the attached Supplementary Register to encourage her nurses, both former and current to keep in touch with herself, with news about their positions. This enabled Lückes to update the Supplementary Register with the current geographical location and address of each nurse’s workplace, and the speciality which they worked in. Jane Read found that nineteenth-century female teachers at Froebel College, Roehampton, London used membership lists to network, and it seems that London Hospital Nurses used the Supplementary Register in a similar manner.²⁹⁸ Lückes wrote that ‘I often hear that the list of names and addresses added to my Letter is serviceable in renewing communication between those who have known and yet lost sight of each other...’.²⁹⁹ It also meant that Lückes could monitor which hospitals were receptive to employing ‘Londoners’, and support those of her nurses who were applying to, or worked in them. Lückes seems to have used these networks of ‘Londoners’ to support her in the anti-registration campaign (see Appendix G: Matrons

²⁹⁶ See Abel-Smith, *The Hospitals*, 50. Kidd ‘Philanthropy and the ‘Social History Paradigm’, 180–192

²⁹⁷ McGann, *The Battle of the Nurses*, 33

²⁹⁸ Jane Read, ‘Froebelian women: networking to promote professional status and educational change in the nineteenth century’, *History of Education*, 32, 1 (2003), 17–33

²⁹⁹ Matron’s Annual Letter, No.15; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.15, April 1908, 19; Barts Health NHS Trust Archives and Museums, London

who signed an Anti-Registration Manifesto in 1904 and discussion in Chapter Four, page 169).³⁰⁰

It is noticeable that on a number of occasions, in the years after a matron's appointment was announced in the Supplementary Register, other 'Londoners' joined their ranks. Six months after Watt was appointed matron of the Radcliffe Infirmary,³⁰¹ another 'Londoner', Beatrice Grant, was appointed Theatre Sister at the hospital.³⁰² In 1894, Kathleen Disney was appointed Matron of the Boston Hospital, Lincolnshire,³⁰³ and in 1895, Lückes reported that Louisa Pauline Lessey had been appointed as a Sister at the same hospital.³⁰⁴ It is possible that Lückes was asked directly for further suitable nurses, perhaps because the hospital's management committee thought that their training was acceptable. Equally, a nurse who wanted new experience, could consult the Supplementary Register and contact a matron directly, or perhaps ask for Lückes's help in obtaining a position. In 1910 Lückes reported that 'The London hospital was asked to recommend one Lady Superintendent, and two senior Sisters to succeed the Clewer Sisters in charge of the Calcutta hospitals. Miss Bell Wright ... was a member of our present staff, the other two being old "Londoners"'.³⁰⁵ This is evidence of the effectiveness of the alumni network, and an example of several 'Londoners' being sent to establish reformed nursing in a hospital, a practice used by Nightingale in order to influence the reform of the nursing care in many institutions.³⁰⁶

Until the First World War, Lückes used her weekly 'At Homes' at the hospital, or one-to-one appointments with current and former nurses to sustain the London Hospital networks.³⁰⁷ Perhaps Lückes made her rooms available to her nurses because of the absence of a specific meeting space for nurses outside the hospital environment, such as were available for men in

³⁰⁰ See Appendix G: Matrons who signed an Anti-Registration Manifesto in 1904.

³⁰¹ Matron's Annual Letter, No.4; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.4, June 1897, 19; Barts Health NHS Trust Archives and Museums, London

³⁰² Matron's Annual Letter, No.5; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.5, February 1898, 14; Barts Health NHS Trust Archives and Museums, London

³⁰³ Matrons Annual Letter, No.1; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.1, May 1894, 9; Barts Health NHS Trust Archives and Museums, London

³⁰⁴ Matron's Annual Letter, No.2; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.2, June 1895, 13; Barts Health NHS Trust Archives and Museums, London

³⁰⁵ Matron's Report to House Committee, 3 October 1910, 5; House Committee Minutes, 1910–1912; RLHLH/A/5/52, 72; Barts Health NHS Trust Archives and Museums, London

³⁰⁶ Judith Godden, 'A 'lamentable failure'? The founding of Nightingale nursing in Australia, 1868–1884', *Australian Historical Studies*, 32, 117 (2001), 276–291, DOI: 10.1080/10314610108596165

³⁰⁷ Matron's Annual Letter, No.21; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.21, April 1914, 30; Barts Health NHS Trust Archives and Museums, London

Victorian gentlemen's clubs.³⁰⁸ Lückes's 'At Homes' are reminiscent of the professional networking by mid-nineteenth-century professional female writers, who attended literary parties in fellow writers' homes, albeit with male authors present.³⁰⁹ Through her symbiotic relationship with Holland, Lückes, as a single Victorian woman was able to 'respectably' extend her networking, and that of her nurses into the public sphere, and additionally her nurses benefitted from Holland's long-established professional, business and social connections. It is probable that Mabel Helen Cave's career benefitted from these connections; in 1898 she was appointed as matron of The Westminster Hospital,³¹⁰ where Lückes had trained as a regular probationer, and where Lückes's friend, Allchin was Consultant Physician.³¹¹ Furthermore, the Prince and Princess of Wales, the future Edward VII and his wife Alexandra, were both patrons of the hospital from 1865.³¹² It is likely that the combined connections of Lückes and Holland contributed to Cave's appointment.

Lückes used her matron's Annual Letter to remind her nurses of the many receptive networks: 'Many kindnesses have been shewn[sic] to strangers on the sole grounds of their being "London Hospital nurses", especially abroad, where this friendly helpfulness has been of great practical service.'³¹³ Lückes also used the circular letter to advertise the spread of London Hospital nursing and said that 'as usual many "Londoners" have gained good appointments, with the opportunity of doing useful work in different directions.'³¹⁴ By highlighting the more 'prestigious' posts which 'Londoners' had achieved, she subliminally inferred that this was possible for all her nurses; Lückes praised Lucy Walmsley on her appointment as Matron of the Royal Victoria Infirmary, Newcastle on Tyne, which 'is a large newly built hospital, containing 410 beds... we can only congratulate her ...'.³¹⁵

³⁰⁸ Marris Joseph, 'Members only; the Victorian Gentlemen's club as a space for doing business, 1843–1900', *Management and Organizational History*, 14, 2 (2019), 123–147

³⁰⁹ Joanne Shattock, 'Professional Networking, Masculine and Feminine', *Victorian Periodicals Review*, 44, 2, (2011), 128–140

³¹⁰ Anonymous, 'Appointments', *The Hospital, Nursing Mirror*, 24, 621 (20 August 1898), 181

³¹¹ Anonymous, 'Sir William Allchin', *The British Medical Journal*, 1, 2668 (17 February 1912), 402. In 1910 Allchin became Physician Extraordinary to King George V.

³¹² J.G. Humble and Peter Hansell, *Westminster Hospital, 1716–1966* (London, Pitman Medical, 1966), 132

³¹³ Matron's Annual Letter, No.1; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.1, May 1894, 6; Barts Health NHS Trust Archives and Museums, London

³¹⁴ Matron's Annual Letter, No.20; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.20, April 1913, 3; Barts Health NHS Trust Archives and Museums, London

³¹⁵ Matron's Annual Letter, No.15; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.15, April 1908, 8; Barts Health NHS Trust Archives and Museums, London

Among her personal letters there is evidence of Lückes's ongoing networking on behalf of her nurses, including a former ward sister, Margaret Paul: 'Of Course I will answer any inquiries promptly directly I hear details of any possible appointments...'.³¹⁶ Edith Cavell, assistant matron of St Leonard's Infirmary Shoreditch was encouraged by her matron Joanna Inglis – who was also a 'Londoner', to ask Lückes for a reference because she was 'trying to obtain a higher appointment....'.³¹⁷

As Hawkins observes was the case for nurses from St George's Hospital,³¹⁸ it appears that as beneficial networks were established early on in a nurse's career, this affected both their geographical mobility, and career choices. Lückes was pleased when she heard that nurses remained in posts, and encouraged them not to be restless, perhaps to ensure that the dissemination of reformed nursing, and that her influence was maintained. Lückes disliked 'The modern spirit of restlessness...' and was delighted when 'Londoners' held the same posts for a long period.³¹⁹ Despite this Lückes reminded her nurses that 'we never tire of doing our utmost to advance the individual success of our workers, whether here or elsewhere.'³²⁰

Conclusion

This study has revealed that like her mentor, Florence Nightingale, Lückes also mentored nurses. She maximised the full potential of royal and other patrons, but also 'grew' new ones. Lückes shrewdly encouraged Holland to work at 'The London', probably because she knew of his success at Poplar Accident Hospital. Together, Lückes and Holland, and to a lesser extent Treves and Dawson, utilised patronage to extend reformed nursing outside The London Hospital.³²¹ This research reveals how she used her personal agency to create new networks, in order to disseminate reformed nursing and London Hospital trained nurses. Lückes created new networks through the publication of her Matron's Annual Letter and Supplementary Register of nurses. Once her matrons were established, she seems to have

³¹⁶ Letter from Eva Lückes to Margaret Paul, London Hospital, E., 27 March 1912; Papers of Mrs Margaret Paul, formerly 'Sister George'; RLHPP/PAU/1/14; Barts Health NHS Trust Archives and Museums, London

³¹⁷ Letter from Edith Cavell to Eva Lückes, Shoreditch infirmary, Hoxton Street, 7 October 1904; Matron's Correspondence and Papers; RLHLH/N/7/7/3; Barts Health NHS Trust Archives and Museums, London

³¹⁸ Hawkins, *Nursing and Women's Labour*, 170

³¹⁹ Matron's Annual Letter, No.9; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.9, March, 1902, 20; Barts Health NHS Trust Archives and Museums, London

³²⁰ Ibid

³²¹ Gore, *Sydney Holland*, 53

developed localised networks to springboard other matrons into the area, and expand and consolidate reformed nursing.

Without this ‘web of connections’,³²² Lückes would have been unable to fulfil the ambitions she had for nursing at ‘The London’. The sources strengthen the argument that Holland was the catalyst who enabled her to achieve her goal. He was a conduit for Lückes, and enabled her to navigate between the private women’s domain and male dominated public sphere, and in particular utilise patronage and networks. Holland’s appointment at ‘The London’ appears to have led to increased job opportunities for all ‘Londoners’ who trained during Lückes’s professional partnership with him, and in particular for the 474 women in this study. As a result, ‘the spirit of “the London” and the tradition of its training, now operated in little islands all England over.’³²³

The following chapter will consider to which hospitals Lückes’s reformed matrons were appointed. In conjunction with the social class data from the study it will examine how Lückes’s selection and training of reformed nurses, coupled with her use of mentoring, patronage and networking enabled her to disseminate reformed nurses and influence the spread of ‘Nightingale-style’ nursing within a number of civilian institutions.

³²² Raftery, ‘Teaching Sisters and transnational networks, 725

³²³ Clark-Kennedy, *The London, Volume Two*, 157

Chapter Four

Spreading ‘the good cause’: Eva Lückes as a reformer of Civilian Nursing¹

Introduction

When Eva Lückes was appointed as matron of The London Hospital in 1880, it was one of twelve endowed or voluntary hospitals in London which had been founded to provide medical and nursing care to the ‘deserving poor’. During the nineteenth century, rural migration to urban centres created an escalation in diseases due to poverty, which were partially caused by insanitary and inadequate housing.² The resulting public health issues, combined with a simultaneous increase in scientific medicine and knowledge, led to a requirement for more skilled and trained nurses.³ This saw a corresponding expansion in general and specialised hospitals within the voluntary and public health sectors.⁴

Lückes was one of the first ‘new-style’ trained matrons to be appointed to a voluntary hospital in London.⁵ Whilst Lückes had not trained at St Thomas’s Hospital, she had received ‘Nightingale-style’ training as a regular probationer at the Westminster Hospital, London.⁶ Here she trained under the Misses Merryweather, who had gained two months experience in the Nightingale system at St. Thomas’s Hospital.⁷ As part of her nursing reforms, Florence Nightingale advocated a central, hierarchical system of nurse management. This expanded the responsibilities of the matron beyond household management and gave her autonomy over patient care and nursing staff discipline, thereby removing direct control from the medical staff. There were tensions for these newly trained professional nurses, who met

¹ Letter from Florence Nightingale to Eva Lückes, 10 South Street, Park Lane, W., 17 October 1889; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/3; Barts Health NHS Trust Archives and Museums, London

² See: Anne Hardy, *Health and Medicine in Britain since 1860* (Basingstoke, Palgrave, 2001), 12–46

³ Carol Helmstadter and Judith Godden, *Nursing before Nightingale, 1815–1899* (Farnham, Ashgate, 2011), 4–5

⁴ See for example: Lindsay Granshaw, ‘Introduction’ in Lindsay Granshaw and Roy Porter (eds), *The Hospital in History* (London, Routledge, 1989), 199–220

⁵ See Appendix B: The training status of voluntary hospital matrons in London, 1880s

⁶ See Appendix Ai: Timeline for Eva Lückes

⁷ J.G. Humble and Peter Hansell, *Westminster Hospital, 1716–1966* (London, Pitman Medical, 1966), 83. Monica Baly, ‘The Nightingale Nurses: The Myth and the Reality’, in Christopher Maggs (ed.), *Nursing History: The State of the Art* (Beckenham, Croom Helm, 1987), 33–59, 50. Stuart Wildman, ‘Merryweather, Mary (1818–1880)’, *Oxford Dictionary of National Biography* (Oxford, 2020) [Available at: <https://doi.org/10.1093/odnb/9780198614128.013.59379> accessed on 1 March 2022], 2

‘entrenched masculine prerogatives’,⁸ particularly as they moved outside their ‘safe feminine roles’,⁹ and established their own ‘separate sphere of influence.’¹⁰

Monica Baly argues that by the 1880s the ‘gospel’ of reformed nursing had ‘spread and almost all teaching hospitals had lady probationers who went forth to pioneer nurse training...’.¹¹ Lynn McDonald contends that they went into ‘other hospitals to raise standards and train nurses in them.’¹² Whilst Lückes was employed to reform nursing at ‘The London’, she was soon informing the house committee to which hospitals ‘Londoners’ were being appointed as matrons.¹³ Although Lückes shared similar views to Nightingale on the direction that the budding profession should take, she was very much her own person. Indeed, as Lord Knutsford (Sydney Holland, The London Hospital Chairman) stated, Lückes ‘knew what she wanted and felt that in time she would get it. She did get it. ... Nothing, nothing could alter her determination to get what was best.’¹⁴ The evidence corroborates the argument that Lückes adopted Nightingale’s goal ‘to improve nursing everywhere it was possible to do so,’¹⁵ and made it her mission to disseminate ‘Nightingale-style’ nursing, and influence the reforms of nursing and the nascent profession, both at home and overseas.

The historiography examining Lückes’s career is either hagiographical,¹⁶ or largely analyses her better-known achievements and her perceived ‘failings’.¹⁷ Historians have debated Lückes’s improvements to nurse training, nursing care and conditions for nurses at The London Hospital. The negative aspects of her matronship also get ample scrutiny in the

⁸ Keir Waddington, *An Introduction to the Social History of Medicine: Europe since 1500* (Basingstoke, Palgrave Macmillan, 2011), 223

⁹ Ibid

¹⁰ Martha Vicinus, *Independent Women, Work and Community for Single Women, 1850–1920* (London, The University of Chicago Press, 1985), 87

¹¹ Baly, ‘The Nightingale Nurses: The Myth and the Reality’, 43

¹² Lynn McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13, Extending Nursing*, (Ontario, Wilfred Laurier Press, 2009), 5

¹³ For example: Matron’s Report to House Committee, 31 January 1882; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 441; Barts Health NHS Trust Archives and Museums, London

¹⁴ Lord Knutsford, *Eva C.E. Lückes*, Private Publication, 1919; RLHPP/KNU/3/3, 8; Barts Health NHS Trust Archives and Museums, London

¹⁵ McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 1

¹⁶ E.W. Morris, (1910), *A History of The London Hospital*, Reprint (USA, Bibliolife, 2009). Jonathan Evans, ‘Eva C.E. Lückes: An Extraordinary Matron’, *The London Hospital Link*, (1997), n.p.

¹⁷ Susan McGann, *The Battle of the Nurses: a study of eight women who influenced the development of professional nursing, 1880–1930* (London, Scutari Press, 1992), 9–34. Sheila M. Collins and Edith R. Parker, ‘A Victorian matron: no ordinary woman. Eva Charlotte Ellis Lückes, 8 July 1854 – 16 February 1919’, *International History of Nursing Journal*, 7, 3 (Spring 2003), 66–74. Grainne Anthony, ‘Distinctness of Idea and Firmness of Purpose. The Career of Eva Lückes: A Victorian Hospital Matron’ (Unpublished Master of Arts dissertation, London Metropolitan University, 2011)

primary and secondary sources. These largely focus on the debate about Lückes's perceived 'sweating' of nurses which was examined during the 1890 House of Lords Metropolitan Hospitals Enquiry, and her opposition to: centralised nurse registration, a prescriptive three-year training programme, and the College of Nursing.¹⁸

By 1890, despite making significant improvements to both the nursing department and nurse training at 'The London', Lückes was facing growing internal and external criticism.¹⁹ Internally a few 'disgruntled governors' felt that she had too much power.²⁰ Additionally, a number of nurses and probationers complained that she overworked them, and that she also used untrained probationers as qualified nurses, both in the hospital and Private Nursing Institution.²¹ Externally, her opposition to centralised and legally implemented state registration was attracting hostility from proponents of state registration and a mandatory three-year training programme, including from Mrs Bedford Fenwick,²² née Ethel Gordon Manson, who was a former ward sister under Lückes for a few months at 'The London'.²³

In 1890, the House of Lords Enquiry undertook an investigation into the management of hospitals within the metropolis. Lückes was called to defend her management style on five occasions – and once for a whole day.²⁴ Historians concur that Lückes was interviewed a disproportionate number of times.²⁵ Whilst the Select Committee dismissed the allegations, many of which they felt had been embellished,²⁶ they denounced the power which some matrons held.²⁷ Some academics including Sheila Collins and Edith Parker argue that the report gave an inaccurate impression,²⁸ whilst A.E. Clark-Kennedy argues that the criticism

¹⁸ McGann, *The Battle of the Nurses*, 15–19, 24–31. Collins and Parker, 'A Victorian matron; no ordinary woman', 66–74. Anthony, 'Distinctness of Idea and Firmness of Purpose', 63–67, 73–96

¹⁹ Anthony, 'Distinctness of Idea and Firmness of Purpose', 63–65

²⁰ A.E. Clark-Kennedy, *The London: A study in the Voluntary Hospital System, Volume Two, 1840–1948* (London, Pitman Medical Publishing Company, 1963), 105–122

²¹ *Ibid.*, 105–108

²² Anthony, 'Distinctness of Idea and Firmness of Purpose', 63–67, 73–88

²³ Anonymous, 'Ethel Gordon Fenwick, S.R.N.', *The British Journal of Nursing* with which is incorporated *The Nursing Record*, 95 (April 1947), 38–39

²⁴ Eva Lückes gave evidence to the enquiry on 7, 10, 14, 21 and 24 July 1890; H.M.S.O., *Report from the Select Committee of the House of Lords on Metropolitan Hospitals, etc., together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*, 1890, 366–382; 383–412; 435–436; 473–481 and 521–522; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London

²⁵ Clark-Kennedy, *The London*, 109. Anthony, 'Distinctness of Idea and Firmness of Purpose', 64

²⁶ McGann, *The Battle of the Nurses*, 18

²⁷ H.M.S.O., *Third Report from the Select Committee of the House of Lords on Metropolitan Hospitals, etc., together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*, 1892, xix; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London

²⁸ Collins and Parker, 'A Victorian matron; no ordinary woman', 72

was probably founded on truth.²⁹ Interestingly Anne Marie Rafferty suggests that Mrs Fenwick might have ‘encouraged’ some of the complainants to submit evidence to the Enquiry and Rafferty contends that it was ‘unlikely that... they were submitted spontaneously.’³⁰ Following her examinations the hospital’s House Committee exonerated Lückes.³¹ The House of Lords report in 1892 found that the accusations were not supported by the evidence.³² Furthermore, the Quarterly Court of Governors gave Lückes and the management committee, a vote of ‘unabated confidence’.³³ However, she was associated with some of these central issues throughout the rest of her career.³⁴ The Enquiry panel accepted the British Nurses’ Association’s (hereafter BNA) recommendation that nurse training should be a three-year programme.³⁵

Academics generally concur that Lückes, who shared Nightingale’s vision of nursing, was seen as her disciple.³⁶ Lückes was therefore regarded as a central and critical opponent of centralised, mandatory state registration and training.³⁷ Although it would have been political suicide for Fenwick, who was a staunch advocate of nurse registration and BNA founder, to visibly oppose Nightingale, it seems as if the pro-registrationists considered Lückes to be a legitimate target.³⁸ Whilst The London Hospital House Committee sanctioned Lückes’s recommendation in 1900 that probationers should sign a four year contract, this was merely an attempt to reduce staff turnover by retaining them for longer.³⁹ Moreover, training at ‘The London’ remained a two-year programme until November 1919, a few months after Lückes’s death.⁴⁰

²⁹ Clark-Kennedy, *The London, Volume Two*, 120

³⁰ Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 51–52

³¹ House Committee Statement following Matron’s Report, 29 July 1890, House Committee Minutes, 1889–1891; RLHLH/A/5/44, 295–296; Barts Health NHS Trust Archives and Museums, London

³² H.M.S.O., *Third Report from the Select Committee of the House of Lords on Metropolitan Hospitals, etc., together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*, 1892; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London. McGann, *The Battle of the Nurses*, 18

³³ Quarterly and Special General Court of Governors, 2 March 1892; Court of Governors: Minutes, 7 December 1881–17 October 1898; RLHLH/A/2/13, 267–268; Barts Health NHS Trust Archives and Museums, London

³⁴ Clark-Kennedy, *The London, Volume Two*, 115–123

³⁵ McGann, *The Battle of the Nurses*, 24

³⁶ Ibid, 27. Anthony, ‘Distinctness of Idea and Firmness of Purpose’, 6

³⁷ McGann, *The Battle of the Nurses*, 27

³⁸ Anthony, ‘Distinctness of Idea and Firmness of Purpose’, 98

³⁹ Matron’s Report to House Committee, 22 January 1900; House Committee Minutes, 1897–1900; RLHLH/A/5/47, 478; Barts Health NHS Trust Archives and Museums, London

⁴⁰ Edith R. Parker and Sheila M. Collins, *Learning to Care: A history of nursing and midwifery education at The Royal London Hospital, 1740–1993* (Orpington, The Royal London Hospital Archives and Museum, 1998), 189

The ‘battle for registration’⁴¹ lasted for over thirty years, and the Nurses Registration Bill was given royal assent in December 1919.⁴² Lückes shared Holland’s disapproval of State Registration partly because it would take away an individual hospital’s control over nurse training and the certification of their nurses, and lead to lower standards. Like Nightingale, Lückes believed that the longer and more scientific training proposed by the pro-registrationists was unnecessary, and that examinations alone could not judge a nurse’s moral probity.⁴³ Lückes believed that technical training was secondary to character training (see discussion in Chapter Two, pages 82–84). Moreover, she claimed that only a nurse’s training hospital could really assess her suitability to nurse, and that a standardised training and examination would ‘stereotype mediocrity...’.⁴⁴ Furthermore, Lückes maintained that registration might not help separate ‘the chaff from the wheat’ thereby enabling those whom she considered to be unsuitable and unreliable as probationers to become registered nurses.⁴⁵ A central tenet to Lückes’s argument was ‘quality versus quantity’ which she explained in her pamphlet ‘The State Registration of Nurses’: ‘Neither the length of time spent in training, nor the examinations passed, can be accepted as an infallible guide to the degree of training a nurse has actually received, even as regards [to] her technical qualifications alone.’⁴⁶

Lückes probably played a role in orchestrating support amongst ‘Londoners’ to sign Holland’s ‘Anti-Registration Manifesto’ (see Appendix G: Matrons who signed an Anti-Registration Manifesto in 1904).⁴⁷ In 1905, Lückes was the only nursing representative who was against registration to give evidence to the House of Commons Select Committee on

⁴¹ McGann, *The Battle of the Nurses*, 6

⁴² Eve R.D. Bendall, and Elizabeth Raybould, *A History of the General Nursing Council for England and Wales, 1919–1969* (London, H.K. Lewis, 1969), 24–25

⁴³ Monica Baly, *Florence Nightingale and the Nursing Legacy*, (London, Whurr Publishers Ltd, 1986), 195. Christine E. Hallett ‘“Intelligent interest in their own affairs”: The First World War, The British Journal of Nursing and the pursuit of nursing knowledge’, in Patricia D’Antonio, Julie A. Fairman and Jean C. Whelan (eds), *Routledge Handbook on the Global History of Nursing* (Abingdon, Routledge, 2016), 95–114, 95

⁴⁴ Eva Lückes, 13 April 1905; *Report from the Select Committee on Registration of Nurses together with the Proceedings of the Committee, Minutes of Evidence and Appendix*, July 1905; 21, paragraph 429; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London

⁴⁵ Eva C.E. Lückes, ‘The State Registration of Nurses’, *The Nineteenth-Century and After: A Monthly Review*, 55, 327 (May 1904), 827–839, 827

⁴⁶ *Ibid*, 831

⁴⁷ This was signed by over 95 matrons, a third of whom had trained at The London: Anonymous, ‘The Anti-Registration Manifesto’, *The British Journal of Nursing*, 32 (16 April 1904), 312–313 [Available at: <http://rcnarchive.rcn.org.uk>, accessed on 11 June 2020]. See also, Appendix G: Matrons who signed an Anti-Registration Manifesto in 1904

Registration for Nurses.⁴⁸ Lückes also viewed the proposed College of Nursing in a similar light, and remained opposed to both until her death. Research into her other achievements has been largely subsumed behind Lückes's reactionary stance to these proposed professional developments.

Baly and Judith Godden have questioned the mythology and 'assumed' success of the Nightingale School at spreading reformed nursing,⁴⁹ although McDonald asserts that it is difficult to consider that any hospital was more successful than St Thomas's Hospital.⁵⁰ Aside from research into Nightingale's influence, this current study is the first to consider the influence on civilian nursing by another influential nineteenth-century matron and large training school.⁵¹ Susan McGann and Grainne Anthony acknowledge that Lückes spread reformed nursing, but an in-depth analysis was outside the scope of their studies.⁵² The historiography of Poor Law nursing largely focuses on the establishment and improvement of infirmary nursing and nurse training, and the impact of philanthropists such as Nightingale and Louisa Twining.⁵³ Nightingale's role in the careers of famous Poor Law matrons, such as Agnes Jones, at Brownlow Hill Infirmary, Liverpool,⁵⁴ and Elizabeth Torrance at Highgate Infirmary, London,⁵⁵ has been examined, but there is little consideration of the impact that voluntary hospital matrons such as Lückes had on the improvement of Poor Law nursing through the dissemination of reformed nursing.

⁴⁸ McGann, *The Battle of the Nurses*, 26–27. H.M.S.O., *Report from the Select Committee on Registration of Nurses together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*, July 1905; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London

⁴⁹ Baly, 'The Nightingale Nurses: The Myth and the Reality', 33–59. Judith Godden, 'The Dream of Nursing the Empire' in Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 55–75

⁵⁰ Lynn McDonald, 'Mythologizing and De-Mythologizing' in Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 91–114, 106–109

⁵¹ Ibid, 106–109. McDonald lists 213 hospitals at home and abroad (excluding convalescent homes and cottage hospitals) where Nightingale trained matrons were appointed, but perhaps somewhat controversially she suggests that Nightingale mentored matrons should also be included.

⁵² McGann, *The Battle of the Nurses*. Anthony, 'Distinctness of Idea and Firmness of Purpose'

⁵³ Rosemary White, *Social Change and the Development of the Nursing Profession: A Study of the Poor Law Nursing Service 1848–1948* (London, The Anchor Press Ltd, 1978). Christopher Maggs, 'Nurse Recruitment to Four Provincial Hospitals 1881–1921' in Celia Davies (ed.), *Rewriting Nursing History* (Beckenham, Croom Helm, 1980), 18–40. Ann Simnett, 'The pursuit of respectability: women and the nursing profession 1860–1900' in Rosemary White (ed.), *Political Issues in Nursing: Past, Present and Future*, Vol.2, (Chichester, Wiley, 1986), 1–23. Theresa Mary Deane, 'The Professionalisation of Philanthropy: The Case of Louisa Twining, 1820–1912' (Unpublished PhD Thesis, University of Sussex, 2005). Lynn McDonald, *Florence Nightingale at First Hand* (London, Continuum UK, 2010)

⁵⁴ Baly, *Florence Nightingale and the Nursing Legacy*, 85–86, 91–93

⁵⁵ McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 1

This chapter will argue that Lückes deliberately influenced the dissemination of reformed nursing among all types of hospital and medical civilian institutions, both at home and abroad. Firstly, Lückes created a reforming diaspora within voluntary hospitals (including specialist hospitals), secondly that she fashioned an élite corps of professional Poor Law infirmary nurses, and thirdly that she was prepared to ‘sacrifice’ her best staff to establish reformed nursing elsewhere, and to reform failing hospitals. Lückes’s use of networks and patronage to ‘reinforce’ and bolster newly appointed ‘Londoners’ elsewhere has been discussed in Chapter Three.

The study found that the first appointment of substantial cohorts of Lückes’s matrons was to cottage hospitals, to overseas appointments, or in convalescent homes (see Figure 4.1). An in-depth examination of these areas is outside the scope of this thesis, and they are worthy of a separate study. Lückes’s treatment of nurses, as scrutinised during the 1890 House of Lords Metropolitan Hospitals’ Enquiry, her opposition to the professionalisation of nursing, centralised nurse registration and a standardised three-year training programme, will be discussed where appropriate in relation to individual matrons.

Influencing reformed nursing

When Lückes became matron of ‘The London’, there was a two-tier system of hospital provision. The voluntary hospitals which were developing reformed, respectable and trained nurses ‘creamed off’ patients with more acute, curable and treatable conditions, leaving the chronically sick, children and maternity patients to be ‘nursed’ in the workhouse infirmaries by pauper nurses, and supervised by matrons who were generally untrained.⁵⁶ Lückes appears to have consciously and deliberately used her matrons to influence the spread of new professional nurses with ‘good tone’, amongst all types of civilian voluntary and state-run hospitals and medical institutions, both at home and abroad. Analysis of the hospitals to which matrons were first appointed, shows that they were employed by a wide variety of institutions and highlights the fragmentation of hospital care during this period (see Figure 4.1 below).

⁵⁶ Brian Abel-Smith, *The Hospitals: 1800–1948* (London, Heinemann, 1964). White, *Social Change and the Development of the Nursing Profession*

As the graph illustrates, there were limited job opportunities for trained nurses in the 1880s, but that these expanded over the subsequent decades. This may have been due to the

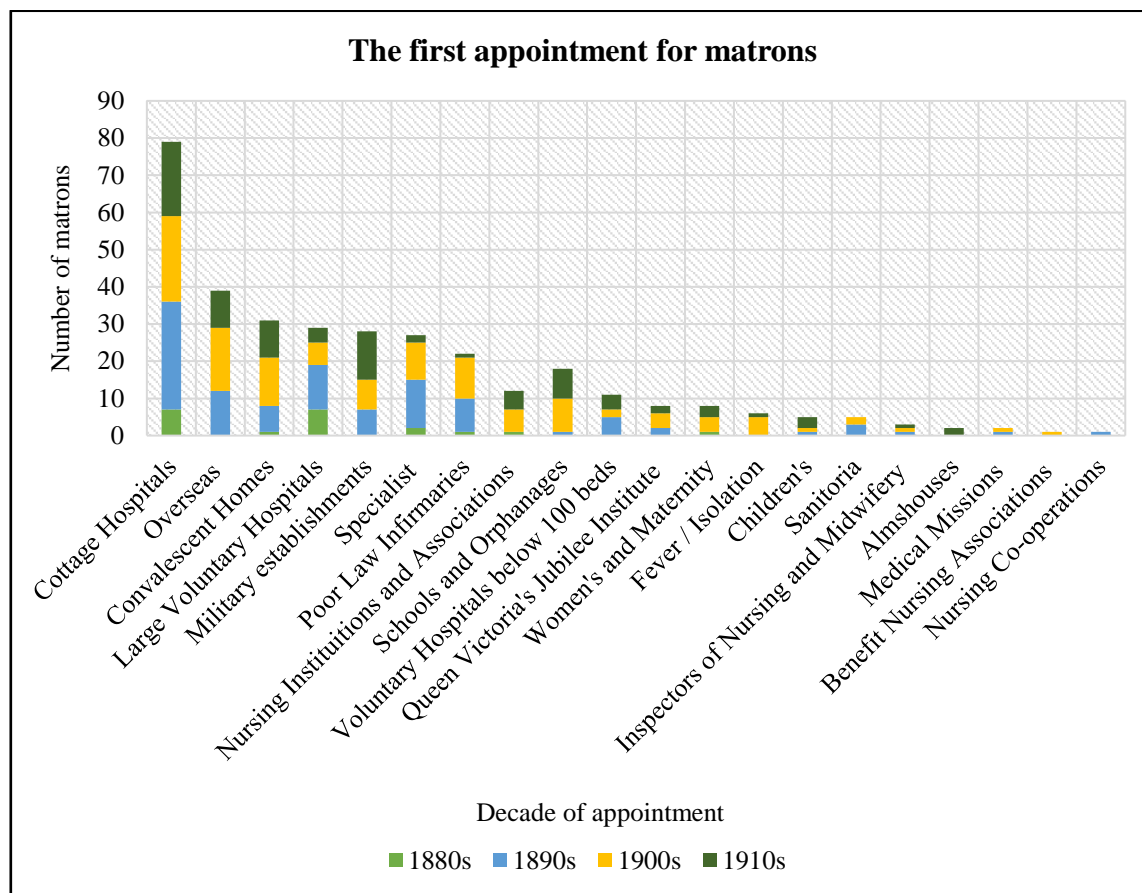


Figure 4.1: The first appointment for matrons by decade: 1880–1919⁵⁷

development of specialist institutions to treat specific illnesses, for example fever and isolation hospitals to treat infectious diseases.⁵⁸ It may also have been related to the acceptance of some branches of nursing, for example Poor Law nursing, which became more respectable. However, Carol Helmstadter argues that nursing reformers, such as Lückes, initially focused on reforming nursing in voluntary hospitals within London, and then fanned out their influence to provincial hospitals and Poor Law infirmaries.⁵⁹ This may be the case, but it is suggested that the situation was more nuanced, particularly for Lückes, who as a second-generation nursing reformer, did not produce ‘new-style’ nurses until twenty years

⁵⁷ This graph only includes data on the nurses for whom social classification was established.

⁵⁸ Abel-Smith, *The Hospitals*. Margaret R. Currie, *Fever Hospitals and Fever Nurses; A British Social History of Fever Nursing: A National Service* (Abingdon, Routledge, 2005). Waddington, *An Introduction to the Social History of Medicine*

⁵⁹ Carol Helmstadter, ‘Building a New Nursing Service: Respectability and Efficiency in Victorian England’, *Albion: A Quarterly Journal Concerned with British Studies*, 35, 4 (Winter 2003), 590–621

after the Nightingale School first opened, and hospitals in the metropolis were already populated with these ‘new-style’ trained matrons. Despite this, analysis of the database shows that in Lückes’s first decade at ‘The London’, approximately 30% of the nursing leaders in this study were appointed to hospitals in London (see Appendix C: Database).

Four of them gained posts at St Bartholomew’s Hospital: one as a Sister, two as Night Superintendents, and one, Ethel Gordon Manson, as Matron.⁶⁰ Moreover, the documents demonstrate that Lückes seized whatever opportunities she could to influence reformed nursing, whatsoever the position, and regardless of the location whether in London, the ‘provinces’, or abroad. It is unlikely that Lückes ever considered that The London Hospital had sufficient nursing staff, so that she could deliberately over produce trained nurses in order to ‘export’ reformed nursing. A day after Lückes’s arrival in October 1880 she told the house committee that the hospital had an ‘inadequate supply of Nurses and Probationers...’.⁶¹ Despite increases to the establishment, Lückes continued to tell the committee that there were insufficient nursing staff.⁶² Moreover, during the First World War when the hospital employed 799 nurses, and despite a vast increase in probationer applications,⁶³ Lückes felt that there was ‘little prospect of being able to increase our numbers while so many are rightly engaged in war service.’⁶⁴ These documents indicate that Lückes mostly took advantage of individual opportunities which arose in order to promote her nurses to matronships, rather than strategically producing cohorts of fully trained nurses specifically to spread reformed nursing.⁶⁵

⁶⁰ At least three of them had not been trained by Lückes, but they all worked directly under her as sisters: Cassandra Beachcroft, Ellen Julian, Ethel G. Manson, Alice Pretty, RG11/445, 2; The General Record Office, The England and Wales Census 1881 for The London Hospital, Whitechapel, London; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 11 June 2017]. Cassandra Beachcroft: Anonymous, ‘Nurses of Note: Miss Cassandra M. Beachcroft’, *The Nursing Record and Hospital World*, 14 (6 April 1895), 213. Beachcroft, Cassandra Maria; Register of Nurses, 62; RBNA 4/1; Royal British Nurses’ Association Records; King’s College London Archives, London [Available at: <https://kingscollections.org/nurses>, accessed on 21 February 2021]

⁶¹ Matron’s Report to House Committee, 5 October 1880; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 41; Barts Health NHS Trust Archives and Museums, London

⁶² Matron’s Report to House Committee, 26 May 1891; House Committee Minutes, 1889–1891; RLHLH/A/5/44, 435; Barts Health NHS Trust Archives and Museums, London

⁶³ In 1915, 4600 potential probationers had applied for training which was an increase of 727 applicants since 1914, see: Matron’s Annual Letter, No.23; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.23, May 1916, 11; Barts Health NHS Trust Archives and Museums, London

⁶⁴ Matron’s Annual Letter, No.23; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.23, May 1916, 20; Barts Health NHS Trust Archives and Museums, London

⁶⁵ For example, see: Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960), 24. Baly, *Florence Nightingale and the Nursing Legacy*, 137



Image 4.1: Eva Lückes and her 'new-style' Staff Nurses, 1892⁶⁶
Credit: Barts Health NHS Trust Archives and Museums, London

This research suggests that as Lückes's influence extended over the first three decades, opportunities for London Hospital trained nurses escalated, and led to an increase in the number of matrons she produced (see Chapter Three). Overall, there was a reduction in the number of appointments of London Hospital matrons in the 1910s (see Figure 4.2 below).⁶⁷ This may demonstrate Lückes's receding influence in the last decade of her matronship, which is thought to be partly because of a drop in popularity for London Hospital trained matrons caused by her refusal to implement a three-year training programme.⁶⁸ It might also in part be due to increased job opportunities opening up for women in the early-twentieth century.⁶⁹

⁶⁶ Eva Lückes and Staff Nurses, 1892; Photographs; RLHLH/P/3/21/12; Barts Health NHS Trust Archives and Museums, London

⁶⁷ The graph includes data for 463 matrons as it was not possible to determine which decade eleven others were appointed in.

⁶⁸ McGann, *The Battle of the Nurses*, 33

⁶⁹ Ellen Jordan, *The Women's Movement and Women's Employment in 19th Century Britain*, (London, Routledge, 1999), for example see: 67–74

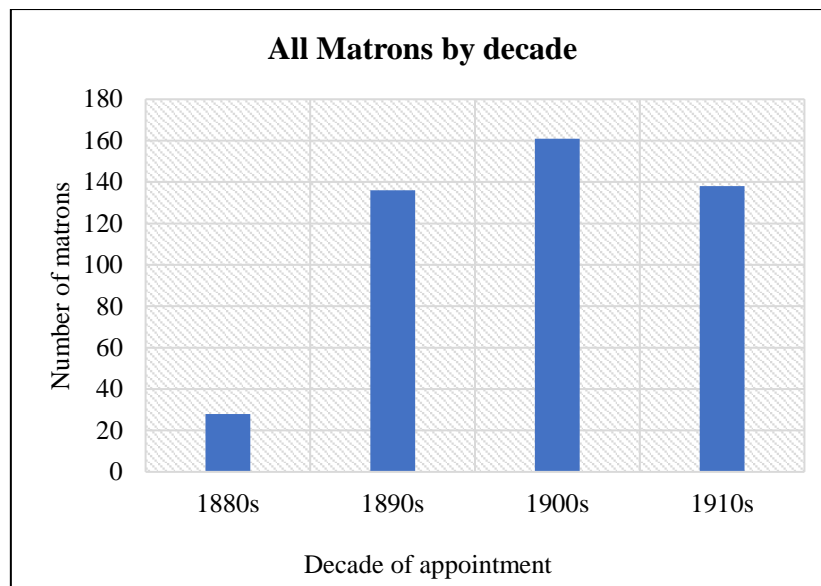


Figure 4.2: Matron's decade of appointment: 1880–1919

As Figure 4.3 below shows, nurses from social classes I – IV were appointed to a variety of hospitals.⁷⁰ This data suggests that the reformed leaders were largely selected for their training, skills and tone, rather than purely by class. Significant numbers of matrons from Social Class III as well as from social classes I and II were appointed to what were regarded as the most prestigious civilian nursing jobs in large voluntary hospitals. However, far less of Lückes's matrons from Social Class III ran private convalescent homes – perhaps reflecting the preference of the wealthy paying patients for a particular class of nurse, or those nurses to care for the type of clientele who might afford nursing homes. In order to influence the development of the profession, and spread trained, reformed nursing, the surviving evidence indicates that Lückes wrote references for her staff and recommended them for particular positions (see Chapter Two).

⁷⁰ The data includes the 337 matrons for whom a social classification was determined.

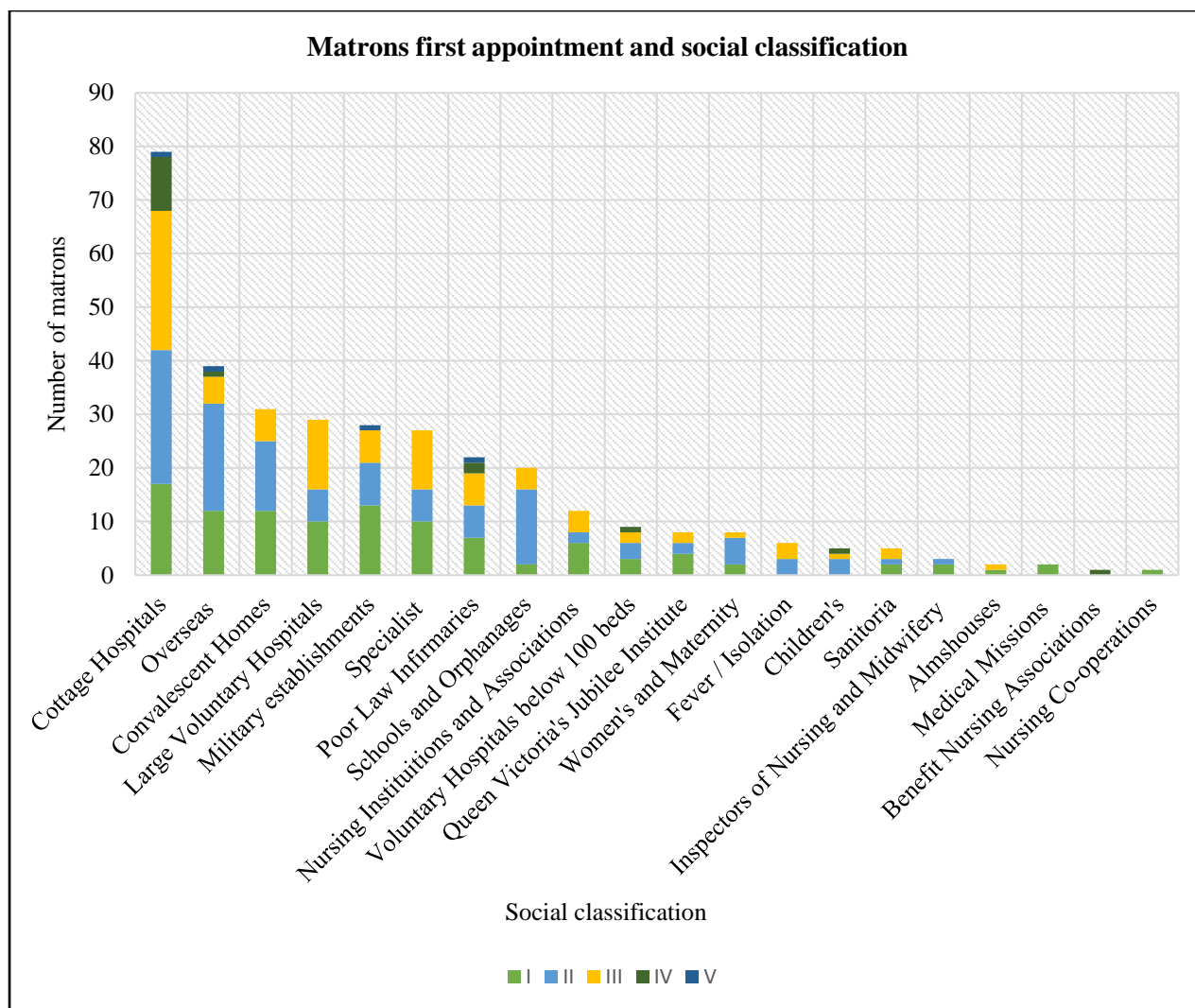


Figure 4.3: Matron's first hospital appointment, by type and compared with their social class: 1880–1919

The hospital records show that Lückes and the hospital management recommended a number of staff for external promotions (see Figure 4.4). This shows that she frequently recommended her nurses for leadership positions in all institutions, particularly voluntary hospitals, cottage hospitals and the less prestigious branch of Poor Law nursing.⁷¹ However, this may not reflect all the promotions which were gained via less formal recommendations and networking, and which may not have been recorded. Nevertheless, analysis of the data suggests that Lückes, along with Holland, were directly involved in the initial stages of some of her nurses' careers – as shown in Figure 4.4 below. The social class results for nurses whom Lückes recommended broadly correlate to the overall data and emphasise that she was promoting the best nurses, irrespective of class.

⁷¹ For example, see Matron's Annual Letter, No.14; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.14, March 1907, 6; Barts Health NHS Trust Archives and Museums, London

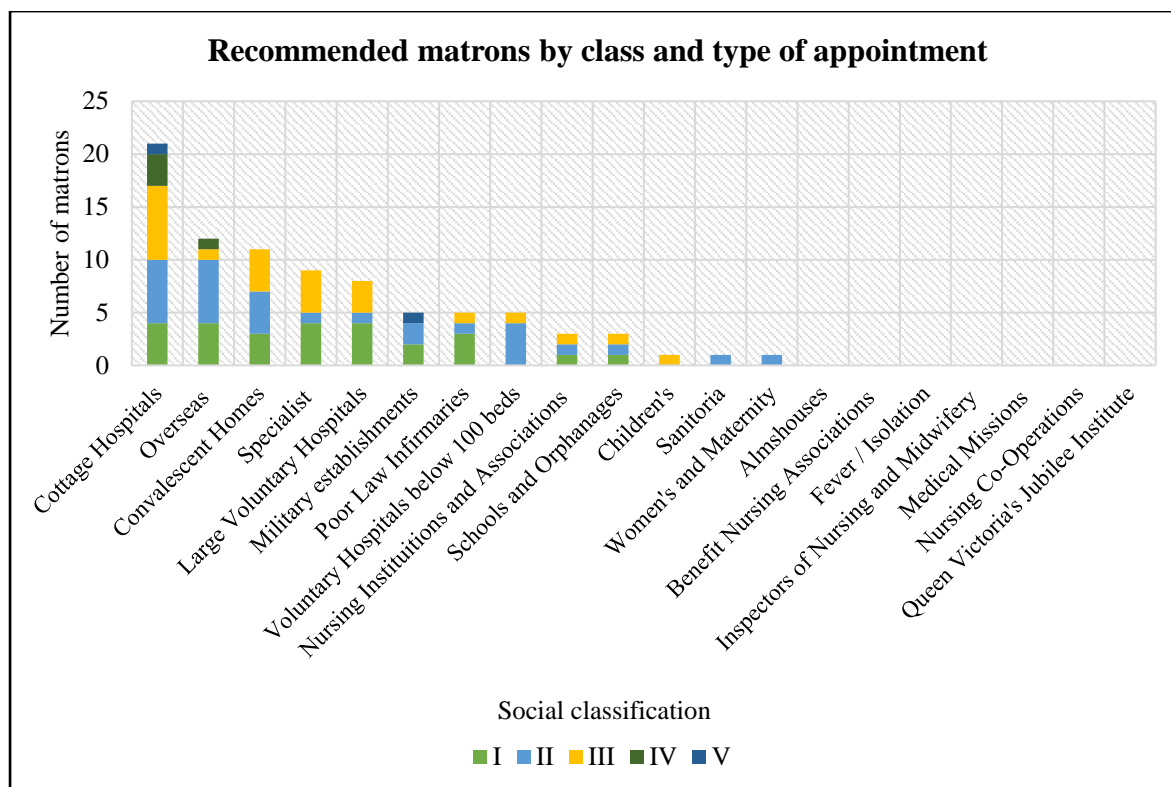


Figure 4.4: Recommended matrons: social class and hospital type, 1880–1919⁷²

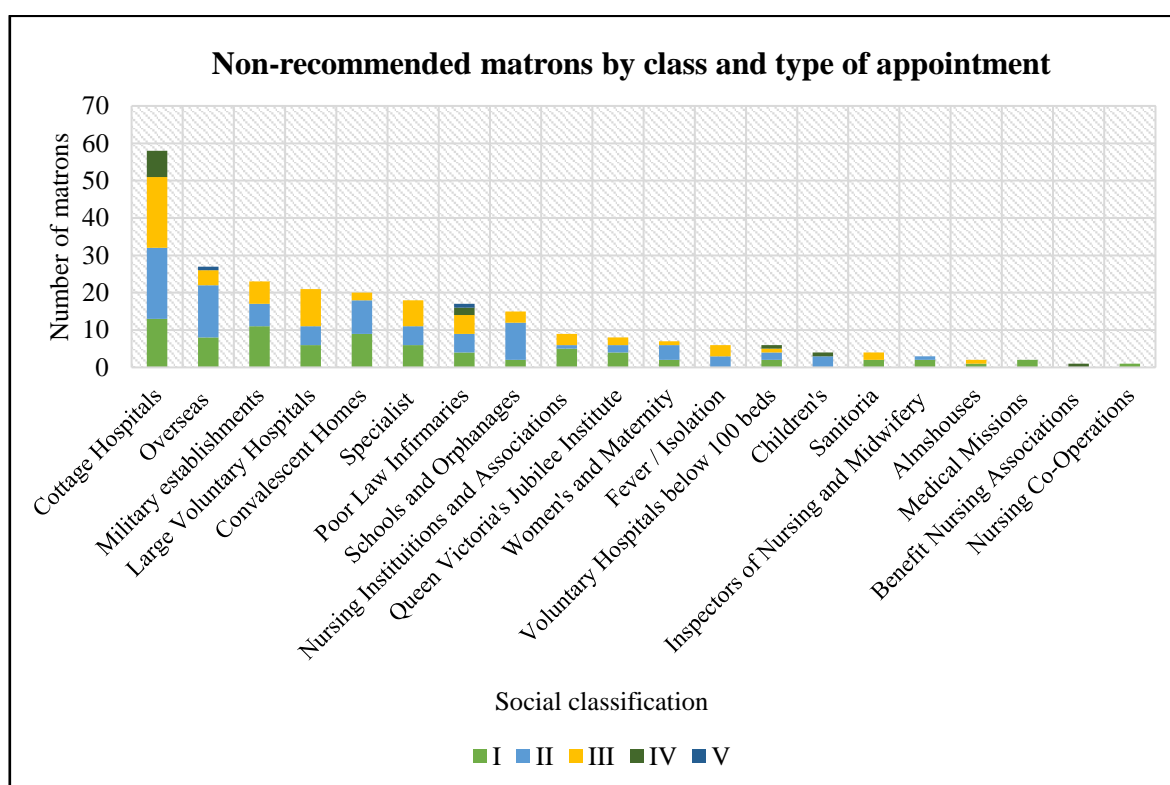


Figure 4.5: Non-recommended matrons: social class and hospital type, 1880–1919⁷³

⁷² 85 of the 337 matrons for whom social class was established were recommended for promotions.

⁷³ 252 of the 337 matrons for whom social class was established were not recommended for promotions.

When the numbers of recommended nurses are compared with those who are not recommended to their first leadership position, it can be seen that many more used their own agency to forge their own careers than benefited directly from Lückes's personal recommendation (see Figure 4.5). This suggests that Lückes's impact on the dissemination of reformed nursing was greater through her indirect influence, than direct.

Creating reforming diaspora within voluntary hospitals

Lückes groomed approximately one-quarter of the matrons in this study for management – by fast-tracking them at some stage during their training, or very early career as professional nurses (see discussion in Chapter Three, pages 102–110).⁷⁴ However, relatively few – approximately eight percent – of all the matrons in this study, including Lückes's fast-tracked nurses, were appointed directly to the matronships of the 'prestigious' larger voluntary hospitals (see Figure 4.1).⁷⁵



Image 4.2: Eva Lückes and uniform London Hospital sisters, circa 1880s⁷⁶

Credit: Barts Health NHS Trust Archives and Museums, London

Of these élite matrons, very few were directly appointed to the matronships of hospitals in London. Among Lückes's 'favoured' few were Annie Sophia Jane McIntosh, who was matron of St Bartholomew's Hospital, London, and Mabel Helen Cave, who was followed by

⁷⁴ 118 nurses were fast-tracked out of 474 nurses in this study.

⁷⁵ Out of 474 nurses in this study, 36 were appointed to the larger voluntary hospitals.

⁷⁶ Lückes and London Hospital sisters, circa 1880s; Photographs; RLHLH/P/3/21/11; Barts Health NHS Trust Archives and Museums, London

Isabel Catherine Bennett as matron of The Metropolitan Hospital, London. Several others were appointed to provincial hospitals, including Alice Josephine Angus, who used networking and patronage to obtain the promotion of the 200 bedded Bristol General Hospital in June 1908.⁷⁷ Margaret Morgan was appointed as matron of the 150 bedded Addenbrooke's Hospital, Cambridge in 1901,⁷⁸ and Agnes Jean Watt who was appointed matron of the 140 bedded Radcliffe Infirmary, Oxford in 1897.⁷⁹ As shown in Chapter Three, the evidence indicates that Lückes's matrons probably introduced and extended professional nursing in their hospitals. It also revealed clusters of Lückes's nurses; it is possible therefore that her influence often developed around these cities.

Several of the matrons in this study gained leadership experience at smaller hospitals, before obtaining promotions at larger, more prestigious provincial institutions (see Appendix K: Career Histories). Agnes Beatrix Baillie was initially Lady Superintendent of the 40 bedded Hospital of St Cross, Rugby for two years,⁸⁰ before being appointed as matron of the 270 bedded Bristol Royal Infirmary in 1898,⁸¹ where she remained for at least 25 years.⁸² It was matrons such as Baillie, who helped disseminate and introduce key features of Lückes's reformed nursing into hospitals around the country and overseas. As matron of the Bristol Royal Infirmary, Baillie was the first provincial matron to follow Lückes's example and introduce a Preliminary Training School (hereafter PTS) in 1908.⁸³ Whether in state run or charitably funded hospitals, the matrons introduced increased accommodation for nurses, regular programmes of lectures and examinations for the probationers.

⁷⁷ Anonymous, 'Appointments', *The Nursing Times*, 4 (6 June 1908), 445. Anonymous, 'Appointments', *The British Journal of Nursing* (6 June 1908), 453

⁷⁸ Margaret Morgan, Register of Sisters and Nurses; RLHLH/N/4/1, 98; Barts Health NHS Trust Archives and Museums, London

⁷⁹ Agnes Watt, Register of Sisters and Nurses; RLHLH/N/4/1, 103; Barts Health NHS Trust Archives and Museums, London. The number of beds in hospitals has been taken from the 1895, 1899 and 1907 editions of Burdett's Hospital Annuals, for example: Henry Burdett (ed.), *Burdett's Hospital and Charities Annual 1899* (London, The Scientific Press, 1899)

⁸⁰ Anna Beatrix Baillie, Register of Sisters and Nurses; RLHLH/N/4/1, 132; Barts Health NHS Trust Archives and Museums, London. Anonymous, 'Appointments', "*The Hospital*", *Nursing Mirror*, 20, 510 (4 July 1896), cxx. Anonymous, 'Appointment', *Nursing Record and Hospital World*, 17 (11 July 1896), 29

⁸¹ Anonymous, 'Appointments', "*The Hospital*", *Nursing Mirror* 23, 595 (19 Feb 1898), 187. Anonymous, 'Nursing and the War', *The British Journal of Nursing*, 56 (29 January 1916), 89

⁸² Anonymous, 'Bristol Royal Infirmary Nurses' Garden Party', *Western Daily Press, Bristol* (22 July 1921), 3. Anna Beatrix Baillie, Register of Nurses, 1916–1923, 22; The College of Nursing; The Nursing Registers, 1898–1968 [Available at: www.ancestry.co.uk, accessed on 17 March 2021]

⁸³ G. Munro Smith, *A History of the Bristol Royal Infirmary* (Bristol, J.W. Arrowsmith Ltd, London, 1917), 414

Reforming provincial voluntary hospitals to ‘modern standards’

Lückes’s friendship with Nightingale almost certainly led to opportunities for a number of ‘Londoners’, and extended Lückes’s influence. Like Nightingale, Lückes’s main impact on the spread of reformed nursing was through her diaspora.⁸⁴ Several ‘Londoners’ were employed by the management committees of hospitals, including provincial institutions, which had previously employed ‘Nightingales’ as matrons (see Tables 4.1, pages 182–182). London Hospital matrons appointed to these institutions included Emily Margaret Cummins, who was appointed as Matron of the Royal Infirmary Liverpool in 1911, after eight years at the Cumberland Infirmary in Carlisle.⁸⁵ Adeline Cable succeeded a ‘Nightingale’ as matron of the Royal Sea Bathing Hospital, Margate,⁸⁶ and in 1905 was appointed as matron of Salisbury Infirmary,⁸⁷ where Edith Bonham Carter, Nightingale’s cousin, had been superintendent.⁸⁸ Several ‘Londoners’ were appointed as matron of voluntary hospitals after ‘Nightingales’, suggesting that the management committees may have wanted the continuity of ‘Nightingale-style’ nursing, such as Lückes had instilled in her nurses (see Table 4.1). These particular appointments may have also been because Lückes accessed networking and patronage through Florence Nightingale. Perhaps like her mentor, Lückes also ‘acted as a clearing house for nursing appointments throughout the country and steered candidates of whom she approved into the key positions in the nursing world.’⁸⁹ However, as Table 4.1 demonstrates, there was a degree of synergy between Lückes and her mentor, as a number of Nightingale’s ‘acolytes’ succeeded ‘Londoners’ at voluntary hospitals on three occasions. Hospitals with no Nightingale connection named in Table 4.1 are said to have had a Nightingale matron.⁹⁰

⁸⁴ McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*

⁸⁵ Anonymous, ‘Appointments’, *The British Journal of Nursing*, 46 (4 March 1911), 170. Anonymous, ‘Matrons’, *The Nursing Times*, 24 (4 March 1911), 207

⁸⁶ Matron’s Annual Letter, No.11; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 30; Barts Health NHS Trust Archives and Museums, London. Anonymous, ‘Appointments’, *The British Journal of Nursing*, 39 (5 October 1907), 267

⁸⁷ Anonymous, ‘Eighteen Years at Salisbury: Interview with Miss Adeline Cable, A.R.R.C.’, *The Nursing Mirror and Midwives’ Chronicle*, 38 (8 August 1925), 379

⁸⁸ McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 233

⁸⁹ Abel-Smith, *A History of the Nursing Profession*, 24

⁹⁰ See: McDonald, ‘Mythologizing and De-Mythologizing’, 106–109

Hospital	‘Londoner’	Dates	‘Nightingale’	Dates
Bristol Royal Infirmary	Anna Beatrix Baillie	1898–1923		
Addenbrooke’s Hospital, Cambridge	Margaret Morgan Alice Blomfield	1901–1904 1905–1908	Alice Fisher ‘A matron’	1877–1881 1892, 1897, 1899
Cumberland Infirmary, Carlisle	Fanny S. Fawcett Emily Margaret Cummins	1898 – left by 1903 1903–1911	H.E.G. Hamilton	1892–
General Infirmary and Eye Institution, Gloucester	Elizabeth Yeats Gertrude Mary Carrick (Assistant Matron)	1887–1899 1917–1919		
Leith Infirmary, Edinburgh	Eliza Warden Patteson	1892–1907		
Devon and Exeter Hospital	Catherine Annie Millar	1890 – until about 1895	Florence Pepper	1895–1899
County Hospital, Lincoln	Cassandra Beachcroft	1884–1898	Elizabeth Vincent	1878–1880
Liverpool Royal Infirmary	Emily Margaret Cummins	1911 – until after 1923	Elizabeth Merryweather Emmeline Stains	1862–1874 1881
Royal Hospital for Incurables’, London	Janet Stirling Hamilton	1903–1909	Mrs Ulrike Linicke	1881– until at least 1899
Royal London Ophthalmic Hospital (‘Moorfields’)	Ada Robinson Gertrude Richards Mary Louisa Pollett	1895–1899 1899–1904 1906 – until after 1916		
St Bartholomew’s Hospital, London	Annie McIntosh	1910–1927	Isla Stewart	1887–1910
Pendlebury Children’s Hospital, Manchester	Eva Lückes	1879–1880		
Westminster Hospital, London	Mabel Helen Cave	1898–1912	Mary Pyne	1882–1898
Royal Sea Bathing Hospital, Margate	Adeline Cable	1903–1907	Marianne Hannay Margaret Worthington	1895–1900 About 1900

Northampton Infirmary	Marion Neepe	1894	Margaret Winterton	1889
Radcliffe Infirmary, Oxford	Agnes Jean Watt	1897–1921	Alice Fisher Flora Masson	1882 1891–1897
Royal Berkshire Infirmary, Reading	Eleanor Josephine Law	1895 – left by 1899	Annie Baster Mary E. Easton	1879–1895 1899–
Salisbury Infirmary	Adeline Cable Ada Mary King (Night Superintendent)	1907–1925 A period between 1905–1912	Edith Bonham Carter (Lady Superintendent: Private Nursing and Nurses Home)	1894–1899
Swansea Infirmary	Edith Bellars Gertrude Hart (Assistant Matron)	1889–1893 1913–1916	Alice B. Baxter (Assistant Matron)	1900–1901
Taunton and Somerset Hospital	Sarah Harriet Harris Louisa Lessey Katherine Bulteel	1894–1898 n.d. 1900–1907		
Wolverhampton and Staffordshire General Hospital	Ida Eastmond Harriet Hannath	1900–1905 1907	Emmeline Stains	1877–1881
Worcester Infirmary	Edith Bellars	1893–1894	Mary Herbert	1894–1917

Table 4.1: ‘Londoners’ and ‘Nightingale’ protégés in voluntary hospitals

Like some of her contemporaries, Watt succeeded a Nightingale matron when she was appointed matron of the Radcliffe Infirmary, Oxford (see Table 4.1). Watt’s appointment shows how Lückes seized the opportunity to influence the reformation of nursing in a provincial voluntary hospital (see Chapter Three). Watt was one of Lückes’s ‘fast-tracked’ – élite nurses whom she seems to have specifically groomed for leadership, and to spread reformed nursing. The last seven months of Watt’s two-year training were spent as relief sister on one ward.⁹¹ After six years working in various sister’s posts, she was keen to apply

⁹¹ Agnes Watt, Register of Probationers; RLHLH/N/1/3, 4; Barts Health NHS Trust Archives and Museums, London

for the matronship of the Radcliffe Infirmary.⁹² Lückes commented that ‘we felt justified in doing our utmost to obtain this appointment for her, as she had many qualifications to render her specially well adapted for this position.’⁹³ In February 1897 Watt was selected out of 65 applicants for the post,⁹⁴ and it was reported that there had been stiff competition for this job.⁹⁵ As discussed in Chapter Three, it is probable that Lückes and Holland’s use of networking and patronage contributed to Watt’s successful appointment. It seems as though Lückes actively encouraged and supported nurses like Watt to apply for positions elsewhere, and used them as part of her reforming diaspora.

The journals observed that Watt would have a difficult challenge ahead of reforming the nursing department there ‘to modern standards.’⁹⁶ Nightingale had personally recommended Watt’s predecessor, Flora Masson, and observed that she had made a mess of the position.⁹⁷ Helmstadter claimed that the management committee of the Radcliffe Infirmary simply ‘did not grasp what she considered [to be] a real nursing department’, which perhaps contributed to Masson’s failure to reform the nursing department.⁹⁸ As with the promotions of other ‘Londoners’ as matrons, Watt was joined shortly after her arrival at the Radcliffe Infirmary by two other nurses from ‘The London’. Although paying probationer Constance Ethel Cardwell was considered to be anaemic and not passed fit by the doctor to work at ‘The London’, Lückes recommended her to work in Oxford.⁹⁹ Lückes also suggested Mary Louisa Pollett as a ward sister, as she was ‘distinctly capable and kept her ward in good order.’¹⁰⁰

Like many voluntary hospitals, including ‘The London’, the Radcliffe Infirmary had severe

⁹² Agnes Watt, Register of Sisters and Nurses; RLHLH/N/4/1, 103; Barts Health NHS Trust Archives and Museums, London

⁹³ Ibid

⁹⁴ Committee Meeting Minutes, 17 February 1897; Radcliffe Infirmary and County Hospital, Committee Minutes, 1895–1899; OHARI/C1/20, 140; Oxford Health Authority, Oxfordshire History Centre, Oxford

⁹⁵ Anonymous, ‘Appointment’, *The Nursing Record and Hospital World*, 18 (6 March 1897), 191. Anonymous, ‘Appointment’, *The Hospital, Nursing Mirror Supplement* 21, 544 (27 February 1896), 196

⁹⁶ Anonymous, ‘Appointment’, *The Nursing Record and Hospital World*, 18 (6 March 1897), 191. Anonymous, ‘Appointment’, *The Hospital, Nursing Mirror Supplement* 21, 544 (27 February 1896), 196

⁹⁷ Nightingale cited in McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 193

⁹⁸ Carol Helmstadter, ‘Authority and Leadership: the evolution of nursing management in 19th century teaching hospitals’, *Journal of Nursing Management*, 16, 1 (January 2008), 4–13, 11

⁹⁹ Constance Ethel Cardwell, Register of Probationers; RLHLH/N/1/1, 250; Barts Health NHS Trust Archives and Museums, London

¹⁰⁰ Mary Louisa Pollett, Register of Sisters and Nurses; RLHLH/N/4/1, 167, Barts Health NHS Trust Archives and Museums, London

financial difficulties, which probably hampered Watt's nursing reforms.¹⁰¹ In 1898, long overdue improvements to the nurses' accommodation were nearly complete.¹⁰² But it was not until 1909 that the probationers were finally paid on the same scale as in other hospitals.¹⁰³ In the 1915 Radcliffe Infirmary Annual report Watt was praised for juggling the matronship of 'the Radcliffe' along with that of Territorial Force Nursing Service (hereafter TFNS) Principal Matron of the 3rd Southern General hospital, Oxford.¹⁰⁴ Like many of her contemporaries she managed staffing problems as permanent sisters and staff nurses joined up to serve in the war, along with an influx of wounded military patients and nursing staff to care for them.¹⁰⁵

Watt remained at the Radcliffe Infirmary for over twenty years and retired in 1921, shortly before the new PTS was opened.¹⁰⁶ This analysis indicates that Watt had more success at implementing nursing reforms than her predecessor. This may have been because Masson, 'softened' up the hospital committee to accept changes, including the acceptance of the new reformed matron's authority to run the nursing department, a central feature of Nightingale's reforms, who envisaged 'one female trained head' of nursing.¹⁰⁷ This appears to illustrate what historians have described as an evolving power base between doctors and nurses during the mid-to-late nineteenth-century reforms of nursing.¹⁰⁸

However, not all of Lückes's matrons were as successful as Watt apparently was in establishing modern reformed nursing, and in gaining management committee acceptance of her authority to appoint and discipline staff. Although Martha Vicinus asserted that most hospitals accepted the Nightingale model of autonomous nursing leadership,¹⁰⁹ the problem

¹⁰¹ See: Radcliffe Infirmary and County Hospital, Oxford Annual Reports, 1889–1905; OHARI/1/A6; Oxford Health Authority, Oxfordshire History Centre, Oxford

¹⁰² Annual Report, 1898; Radcliffe Infirmary and County Hospital, Oxford Annual Reports, 1889–1905; OHARI/1/A6, 8; Oxford Health Authority, Oxfordshire History Centre, Oxford

¹⁰³ Annual Report, 1909; Radcliffe Infirmary and County Hospital, Oxford Annual Reports, 1906–1910; OHARI/1/A7, 7; Oxford Health Authority, Oxfordshire History Centre, Oxford

¹⁰⁴ Annual Report, 1915; Radcliffe Infirmary and County Hospital, Oxford Annual Reports, 1911–1915; OHARI/1/A8, 7; Oxford Health Authority, Oxfordshire History Centre, Oxford

¹⁰⁵ Anonymous, 'The General Hospitals, T.F.N.S.', *The British Journal of Nursing*, 53 (5 September 1914), 188. Annual Report, 1914; Radcliffe Infirmary and County Hospital, Oxford Annual Reports, 1911–1915; OHARI/1/A8, 6 and Annual Report, 1915; Radcliffe Infirmary and County Hospital, Oxford Annual Reports, 1911–1915; OHARI/1/A8, 7; Oxford Health Authority, Oxfordshire History Centre, Oxford

¹⁰⁶ Annual Report, 1921; Radcliffe Infirmary and County Hospital, Oxford Annual Reports, 1921; OHARI/1/A14, 8–9; Oxford Health Authority, Oxfordshire History Centre, Oxford

¹⁰⁷ Florence Nightingale cited by Vicinus, *Independent Women*, 94

¹⁰⁸ Ibid, 94–96. Waddington, *An Introduction to the Social History of Medicine*, 218–224

¹⁰⁹ Vicinus, *Independent Women*, 94

of acceptance was not an isolated one; several hospital management committees had issues with the 'new-style' autonomous matrons and were resistant to female authority in hospitals. This was not just confined to England, as exemplified in the cases of Frances Holden in Australia and London Hospital trained Mary Southcott in Newfoundland.¹¹⁰ Both women were subjected to Royal Commissions and ultimately dismissed because some medical staff refused to accept them as autonomous nursing leaders.¹¹¹ Academic discussions about these nineteenth-century gendered power struggles between new matrons and medical staff have often focused on the 'high-profile' cases of Margaret Burt, Matron at Guy's Hospital (see below, page 186).¹¹² Stuart Wildman's 'Were they to have petticoat government in the hospital?' adds to the increasing body of knowledge which suggests that the problem was more widespread than previously thought.¹¹³ Indeed, Wildman established that one of Lückes's first matrons, Cassandra Beachcroft, resigned as matron of Lincoln County Hospital after 14 years tenure because of a disagreement with the house surgeon.¹¹⁴

Before Lückes moved to 'The London' academics claim that she experienced problems with medical staff whilst matron of Manchester Children's Hospital, Pendlebury.¹¹⁵ Although she was not named in the public debates, it appears that at least one member of the medical staff disliked the new autonomous style of management which Lückes was trying to install in the hospital.¹¹⁶ Likewise, between December 1879 and September 1880, Margaret Burt, who was appointed as matron to reform nursing at Guy's Hospital, London, met similar opposition by

¹¹⁰ Linda White, 'Who's in Charge Here? The General Hospital School of Nursing, St. John's, Newfoundland, 1903–30', *Canadian Bulletin of Medical History*, 1, 1 (Spring 1994), 91–118. Suzi Russell and Rebekkah Middleton, 'Learning from history: Frances Gillam Holden, a leadership perspective then and now', *Collegian*, 28, 6 (Royal College of Nursing, Australia, December 2021), 616–621. See also: Carol Helmstadter, 'Reforming hospital nursing: the experiences of Maria Machin', *Nursing Inquiry*, 13, 4 (December 2006), 249–258 and Carol Helmstadter, 'Maria Machin at the Montreal General Hospital: A study in revisionism', *The Bulletin of the UK Association for the History of Nursing*, 8, 1 (2020), 1–9

¹¹¹ White, 'Who's in Charge Here?', 110. Russell and Middleton, 'Learning from history', 618. See also Appendix K: Career Histories – Mary Meager Southcott

¹¹² Keir Waddington, 'The Nursing Dispute at Guy's Hospital, 1879–1880', *The Journal of The Society for The Social History of Medicine*, 8, 2 (1995), 211–230. Sheri Tesseyman, 'Complex alliance: a study of relationships between nursing and medicine in Britain and the United States of America' (Unpublished PhD thesis, University of Manchester, 2014), 229–235, 241–250. Sheri Tesseyman, Christine Hallett and Jane Brooks, 'Crisis at Guy's Hospital (1880) and the nature of nursing work', *Nursing Enquiry*, (Wiley onlinelibrary.com, 2017; 24: e12203), 1–8 [Available at: <https://doi.org/10.1111/nin.12203>, accessed on 30 July 2019]

¹¹³ Stuart Wildman, 'Were they to have petticoat government in the hospital?' The reform of nursing in nineteenth-century Lincoln, *Women's History Review*, (2021), 1–19, DOI: 10.1080/09612025.2021.1966891

¹¹⁴ Ibid, 11. See Cassandra Beachcroft, Appendix K: Career Histories

¹¹⁵ See Appendix Ai: Eva Lückes's timeline. Collins and Parker, 'A Victorian matron; no ordinary woman', 67

¹¹⁶ Anonymous, 'The Pendlebury Hospital', *The British Medical Journal* (13 March 1880), 405. Anthony, 'Distinctness of Idea and Firmness of Purpose', 25–29

medical staff who felt that their authority was being challenged.¹¹⁷ This ‘nursing dispute’ was widely discussed in the press, and eventually Burt resigned.¹¹⁸

Similarly, Lückes’s role as matron was also heavily scrutinised during the 1890 House of Lords, Metropolitan Hospitals Enquiry. She was perceived by some critics to have excessive power at ‘The London’, but enjoyed the support of the governors, which Keir Waddington suggests was possibly because she ‘did not challenge their authority and limited her work to improving the standard of nursing.’¹¹⁹ Following the Enquiry, Lückes’s management skills were publicly scrutinised by both the nursing and national press. Some sections of the nursing press continued to scrutinise Lückes’s role throughout the rest of her tenure at ‘The London’. Lückes’s main antagonist in the nursing profession was Mrs Bedford Fenwick.¹²⁰ Fenwick was the editor of *The Nursing Record* and *The British Journal of Nursing* which repeatedly implied, directly and indirectly, that Lückes ran a ‘Nursing Despotism.’¹²¹

The inability of medical staff to accept the authority of the ‘new-style’ matrons may be one of the reasons that some of Lückes’s matrons left a new appointment within a short time frame. Margaret Morgan and Alice Blomfield were two of Lückes’s élite fast-tracked nurses, both were appointed matron of the prestigious Addenbrooke’s Hospital, Cambridge, and each left after three-years’ service.¹²² Whilst the records are intermittent and occasionally sparse, there is evidence which demonstrates that Morgan, at least, felt that she had an issue with the acceptance of her authority by some staff.¹²³ Morgan had worked only in managerial roles at ‘The London’ for eleven years, from shortly before the end of her training until her appointment at Addenbrooke’s Hospital.¹²⁴ During her final six years at the hospital Morgan,

¹¹⁷ Waddington, ‘The Nursing Dispute at Guy’s Hospital, 1879–1880’, 211–230

¹¹⁸ Judith Moore, *A Zeal for Responsibility; the Struggle for Professional Nursing in Victorian England, 1863–1883* (London, The University of Georgia Press, 1988), 53–97. Tesseyman, Hallett and Brooks, ‘Crisis at Guy’s Hospital’, 1–8

¹¹⁹ Keir Waddington, *Charity and the London hospitals, 1850–1898* (Woodbridge, The Boydell Press, 2015), 128

¹²⁰ Anonymous, ‘Ethel Gordon Fenwick, S.R.N.’, *The British Journal of Nursing* with which is incorporated *The Nursing Record*, 95 (April 1947), 38–39. See also: Winifred Hector, *The Work of Mrs Bedford Fenwick and the Rise of Professional Nursing* (London, Royal College of Nursing and the National Council of Nurses of the United Kingdom, 1973). Hallett “‘Intelligent interest in their own affairs’”, 95–114

¹²¹ For example: Editorial, ‘The British Medical Journal’, *The Nursing Record*, 8, (21 January 1892), 57–58

¹²² See Appendix K: Career Histories

¹²³ House Committee Weekly Meeting, 11 June 1902; Addenbrooke’s Hospital Minute Book, 1901–1903; AHGR/3/1/1/36, 226–229; Addenbrooke’s Archives, Cambridge University Hospitals NHS Foundation Trust, Cambridge

¹²⁴ Margaret Morgan, Register of Probationers; RLHLH/N/1/2, 220 and Margaret Morgan, Register of Sisters and Nurses; RLHLH/N/4/1, 98; Barts Health NHS Trust Archives and Museums, London

whom Holland described as Lückes's 'right hand person' worked as one of Lückes's Assistant Matrons.¹²⁵ Whilst some of these reforming nurses met entrenched views, Lückes probably had more authority than many. It is suggested that Morgan was probably used to a significant level of authority and autonomy at an institution which had capacity for approximately six times more patients than Addenbrooke's Hospital.¹²⁶ Morgan complained to Addenbrooke's Hospital management committee 'that she found it impossible to work harmoniously with the House Surgeon and that this prevented her from doing her work properly and made it very hard to maintain discipline in the Hospital.'¹²⁷ Unfortunately for this researcher and the wider historiography, the specifics of Morgan's complaint were not recorded, if indeed she gave any further detail. The House surgeon reported that he was unaware of having done anything 'which could give the Matron legitimate cause of complaint. He emphatically denied having sought to impair her authority.'¹²⁸ Waddington argues that nursing gave chances for leadership and autonomy which women would not 'enjoy' in the typical Victorian household, but despite this 'liberation' from the private sphere their professionalisation was limited, and they remained subordinate to doctors.¹²⁹ It is possible that it was Morgan's insistence on extending her authority that caused 'the increasing tension' she perceived between herself and the House Surgeon.¹³⁰

When the House Committee asked the ward sisters about the problems, they reported that they were not aware that 'any influence was being exerted in the Hospital in opposition to the authority of the Matron...', and did not feel that discipline was being impaired.¹³¹ Lückes was renowned as a strict disciplinarian, and it seems likely that Morgan shared the same ethos, unlike the ward sisters at Addenbrooke's Hospital. Morgan left two years after the incident, but there is no evidence to suggest why, and it is suggested that this may have been due to the

¹²⁵ Letter from Sydney Holland to Florence Nightingale, 11 April 1897; The Nightingale Papers; Add MS 45814, f168; British Library, London and cited in McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 190

¹²⁶ H. Burdett, *Burdett's Official Nursing Directory, Directory of Nurses, 1907* (London, The Scientific Press, 1898), 257 and 343. The London Hospital is reported to have had 929 beds, and Addenbrooke's Hospital 148

¹²⁷ House Committee Weekly Meeting, 11 June 1902; Addenbrooke's Hospital Minute Book, 1901–1903; AHGR/3/1/1/36, 227–228; Addenbrooke's Archives, Cambridge University Hospitals NHS Foundation Trust, Cambridge

¹²⁸ Ibid

¹²⁹ Waddington, *An Introduction to the Social History of Medicine*, 221–222

¹³⁰ Christine E. Hallett, 'Nursing, 1830–1920: Forging a Profession' in A. Borsay and B. Hunter (eds), *Nursing and Midwifery in Britain since 1700* (London, Palgrave Macmillan, 2012), 46–73, 53

¹³¹ House Committee Weekly Meeting, 11 June 1902; Addenbrooke's Hospital Minute Book, 1901–1903; AHGR/3/1/1/36, 227–228; Addenbrooke's Archives, Cambridge University Hospitals NHS Foundation Trust, Cambridge

governors' frugality,¹³² who the press claimed were petty and interfering with officers over 'the purchase of mouse-traps and every other small article...' required for the hospital.¹³³ But as Waddington argues, she may have met 'entrenched masculine prerogatives.'¹³⁴ As Brian Abel Smith says, the reforming matron had to 'carve out an empire of her own', which included centralizing nursing administration and 'lowering thereby the prestige of the sisters.'¹³⁵ This may have also been why Morgan's ward sisters did not feel there was an issue, as they preferred the old status quo.

Blomfield was appointed as matron of Addenbrooke's Hospital a year after Morgan had left. The analysis undertaken indicates that she also experienced an unspecified problem between herself and the medical staff.¹³⁶ Blomfield was matron for three years, and left shortly after having complained that 'she did not receive the support of the Committee',¹³⁷ whilst the hospital governors' publicly expressed their dismay at her resignation.¹³⁸ This episode exemplifies the ambiguity presented by different sources – in this case public newspapers and hospital records, and therefore in establishing 'truths'.¹³⁹ Furthermore, it highlights the care required when interpreting documents.¹⁴⁰ Interestingly the Committee appear to be trying to pre-empt future issues with her successor 'who was to be invited in all cases of serious difficulty to at once take the Committee into her confidence.'¹⁴¹ It is likely that Blomfield,

¹³² Arthur Rook, Margaret Carlton, and W. Graham Cannon, *The History of Addenbrooke's Hospital*, Cambridge (Cambridge, Cambridge University Press, 1991), 276

¹³³ Anonymous, 'Addenbrooke's Hospital: Resignation of the Superintendent, The Matron and the Secretary,' *The Cambridge Independent Press* (11 November 1904), 4. Nightingale protégée Alice Fisher faced similar problems whilst matron at Addenbrooke's Hospital between 1877–1881, see: McDonald, (ed.), *The Collected Works of Florence Nightingale, Volume 13*, 205

¹³⁴ Waddington, *An Introduction to the Social History of Medicine*, 223

¹³⁵ Abel-Smith, *A History of the Nursing Profession*, 25

¹³⁶ General Committee Weekly Meeting, 1 June 1908; Addenbrooke's Hospital Minute Book, 1907–1909; AHGR/3/1/1/40, 289–295; Addenbrooke's Archives, Cambridge University Hospitals NHS Foundation Trust, Cambridge

¹³⁷ *Ibid*, 295

¹³⁸ Anonymous, 'Addenbrooke's Hospital: The Matron's Resignation', *The Cambridge Independent Press* (8 May 1908), 3

¹³⁹ Christine Hallett, "'The truth About the Past?'" The Art of Working with Archival Materials', in Sandra B. Lewenson and Eleanor Krohn Herrmann (eds.), *Capturing Nursing History: A Guide to Historical Methods in Research* (New York, Springer Publishing Company, 2008), 149–158. Sioban Nelson and Anne Marie Rafferty, 'Introduction', in Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 1–8

¹⁴⁰ See for example: Sandra B. Lewenson and Eleanor Krohn Herrmann, (eds.), *Capturing Nursing History: A Guide to Historical Methods in Research* (New York, Springer Publishing Company, 2008), 173–179

¹⁴¹ General Committee Weekly Meeting, 1 June 1908; Addenbrooke's Hospital Minute Book, 1907–1909; AHGR/3/1/1/40, 295; Addenbrooke's Archives, Cambridge University Hospitals NHS Foundation Trust, Cambridge

had faced similar issues as experienced by Morgan, Lückes at Pendlebury Hospital, Burt at Guy's Hospital and Beachcroft in Lincoln.

Blomfield moved immediately to Queen Charlotte's Lying in Hospital in London as matron.¹⁴² She had previously worked there as a ward sister, and it is possible that she thought she would get better support there. Whatever the reason which curtailed Blomfield's short lived matronship at Addenbrooke's, the hospital sought legal advice about her outstanding pay.¹⁴³ Despite the problems that both women experienced, both stayed in their next posts for over a decade; Blomfield remained as matron of Queen Charlotte's Hospital until approximately 1923,¹⁴⁴ and Morgan was matron of the York Nurses Home, York until 1919.¹⁴⁵ These incidents suggest how Lückes may have influenced and shaped both their careers, partly because they may have emulated her 'Nightingale-style' management style. The cases of Beachcroft, Blomfield and Morgan all exemplify the problems that some medical staff had in accepting female authority, and the hurdles that Lückes's matrons faced in being accepted as autonomous nursing leaders. As well as a gendered issue, this may have also been because some doctors felt threatened by the social backgrounds of some of these 'new-style' matrons as Beachcroft and Blomfield were from Social Class I, although Morgan was from Social Class III.¹⁴⁶ Judith Moore argues these disagreements were about the professional status of both doctors and nurses, and she suggests that even in the twentieth-century nurses were perceived to have a lower 'professional authority' than that of doctors.¹⁴⁷

Reforming failing voluntary hospitals

As discussed in Chapter Three, several of Lückes's matrons asked her to recommend 'Londoners' to work on the staff of their new hospitals. Further analysis of Lückes's Supplementary Register in conjunction with other sources, reveals that a number of them moved to reform the nursing in failing hospitals, including Mabel Cave, Isabel Bennett, and

¹⁴² Anonymous, 'Appointments', *The British Journal of Nursing*, 34 (13 May 1905), 367

¹⁴³ House Sub-Committee Meeting, 1 June 1908; Addenbrooke's Hospital Minute Book, 1907–1909; AHGR/3/1/1/40, 287–288; Addenbrooke's Archives, Cambridge University Hospitals NHS Foundation Trust, Cambridge

¹⁴⁴ In 1923 Alice Blomfield used the hospital address to register her College of Nursing membership; consultation of the 1921 census might establish where she was employed.

¹⁴⁵ See Appendix K: Career Histories

¹⁴⁶ See Appendix C: Database. Wildman, 'Were they to have petticoat government in the hospital?', 14

¹⁴⁷ Moore, *A Zeal for Responsibility*, 180. See also: Patricia D'Antonio, 'The Legacy of Domesticity: Nursing in Early Nineteenth-Century America' in Patricia D'Antonio, Ellen Baer, Sylvia Rinker, and Joan Lynaugh (eds.), *Nurses' Work: Issues Across Time and Place* (New York, Springer Publishing, 2007), 33–48, 39–41

Lucy Walmsley. They were either accompanied by staff as they moved to improve the nursing departments, or were joined by ‘Londoners’ later on. The hospitals with inadequate nursing departments to which Lückes was asked to supply staff included the Metropolitan Hospital, which was only two miles away from ‘The London’ in Hackney.

In May 1897 Lückes reported that it had been ‘agreed that Miss Cave, Matron’s Assistant was to be allowed to go to the Kingsland Road hospital [The Metropolitan Hospital] as acting matron for 6 months to reorganise the nursing arrangements there.’¹⁴⁸ Over the following two years a significant number of ‘Londoners’ moved to The Metropolitan Hospital, possibly for a variety of reasons including: promotion, to remain with friendship groups, obtain different experience, or to work – or train as probationers in a smaller hospital. But it seems likely that Lückes’s ultimate goal was to ensure that Cave, and subsequently Bennett, successfully reformed nursing there. Several ‘Londoners’ were recorded in the Supplementary Register as having moved to The Metropolitan Hospital during Cave and Bennett’s initial reforming period there (see Table 4.2 below).

In 1895 when the Sisters of St Peter’s of Kilburn provided the nursing care, the Metropolitan Hospital was staffed by the matron, one night superintendent, three sisters, and 16 nurses and probationers.¹⁴⁹ By 1899 the establishment had increased to five sisters, six nurses and 16 probationers,¹⁵⁰ and it seems that Cave and Bennett relied on a significant core of nurses who had originated from ‘The London’ to implement their reforms.¹⁵¹ Several of the probationers were partially trained, but deemed unsuitable by Lückes to train at such a large establishment as The London Hospital. These included Eliza Crowe and Edith Trotter, who Lückes felt did not ‘meet nursing standards’, and she dismissed them before the end of their training.¹⁵²

¹⁴⁸ Matron’s Report to House Committee, 3 May 1897; House Committee Minutes, 1895–1897; RLHLH/A/5/46, 528; Barts Health NHS Trust Archives and Museums, London

¹⁴⁹ Henry Burdett (ed.), *Burdett’s Hospital and Charities Annual 1895* (London, The Scientific Press, 1895), 318

¹⁵⁰ Henry Burdett (ed.), *Burdett’s Hospital and Charities Annual 1899* (London, The Scientific Press, 1899), 276. The probationers received three-years training.

¹⁵¹ Data assembled from Matron’s Annual Letter to Nurses, No’s 4–11; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2; Barts Health NHS Trust Archives and Museums, London

¹⁵² Eliza Crowe, Register of Probationers; RLHLH/N/1/5, 104; Barts Health NHS Trust Archives and Museums, London. Edith Trotter, Register of Probationers; RLHLH/N/1/5, 136; Barts Health NHS Trust Archives and Museums, London

Name	Position	Date – from	Date – until
Mabel Cave	Acting Matron	May 1897	August 1897
Lucy Jane Bailey	Night Sister	May 1897	Until at least April 1903
Eliza Crowe	Assistant Nurse	June 1897	Left by 31 March 1901
Edith Trotter	Assistant Nurse	June 1897	Left by 31 March 1901
Rose Lindsay	Sister	June 1897	Until at least March 1902
Frances Barwell	Sister	July 1897	Left by 31 March 1901
Kate Wright	Probationer Sister	July 1897 April 1903	Until at least March 1901 Until at least 2 April 1911
Maude Ellen Tate	Probationer Nurse	August 1897 – February 1900	Left by 31 March 1901
Mabel Cave	Matron	August 1897	August 1898
Frances Wallen	Probationer Nurse	August 1897 – February 1900	Left by 31 March 1901
Marion Garnett	Probationer Nurse	November 1897 February 1900	Until at least March 1901
Caroline Bagshawe	Staff Nurse	November 1897	Left by 31 March 1901
Catherine Thorpe	Sister	February 1898	Until at least April 1903
Fanny Blydenstein	Probationer	March 1898	Until at least March 1901
Amy Denne	Probationer Staff Nurse	June 1898 April 1903	Until at least March 1901
Adelina Arnot	Home Sister	July 1898	Until at least April 1904
Isabel Bennett	Matron	September 1898	1922
Mary Franklin Kendall	Probationer	After September 1898	Left by 31 March 1901
Eva Hunter	Probationer	November 1898	Until at least March 1901
Gertrude Twycross	Probationer	December 1898	Until at least March 1901
Bessie Leonard	Sister	November 1899	Until at least March 1901
Edith Sellars	Probationer	December 1899	Until at least March 1901
Violet Squire	Sister	April 1904	Until at least 2 April 1911

Table 4.2: Nurses who trained, and or worked at The London Hospital and moved to The Metropolitan Hospital between 1897–1904¹⁵³

However, Cave who ‘rather liked Probationer Crowe...’,¹⁵⁴ and also thought Trotter was ‘very kindly’, agreed to take them both as an Assistant Nurses at The Metropolitan Hospital.¹⁵⁵ Many of the core staff stayed for a few years which may have helped Cave and in particular Bennett, establish professional nursing on a firm basis. The first evidence of a top

¹⁵³ Data assembled from Matron’s Annual Letter to Nurses, No.’s 4–11; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2; Barts Health NHS Trust Archives and Museums, London

¹⁵⁴ Eliza Crowe, Register of Probationers; RLHLH/N/1/5, 104; Barts Health NHS Trust Archives and Museums, London

¹⁵⁵ Matron’s Annual Letter, No.5; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.5, February 1898, 14–15; Barts Health NHS Trust Archives and Museums, London

up of London Hospital trained staff following the initial ‘infusion’ of ‘Londoners’ was the appointment of Violet Squire in 1904.¹⁵⁶

Another failing hospital, and one which Lückes was asked to report on, was the Royal Orthopaedic Hospital, London (hereafter ROH). In November 1899, Lückes was asked to inspect and report on the ROH, which had ‘an unenviable reputation.’¹⁵⁷ Over the previous decade the hospital’s sanitation was found to be unsatisfactory; this coupled with outbreaks of infectious diseases amongst the patients, such as diphtheria in 1898, and scarlet fever in 1899, ultimately led to the hospital’s temporary closure for remedial building work.¹⁵⁸ In November 1899, Margaret Morgan, whilst assistant matron at ‘The London’, inspected the ROH on behalf of Lückes and wrote a constructive but critical report. This suggested improvements to the nursing and housekeeping departments, and highlighted the need to employ a competent trained matron with good management skills:

The first essential for bringing about, and maintaining improved conditions, would be the appointment of the right woman as Matron... who understood what good management means and the best and most economical way to secure efficient results. ... If desired to so, we would undertake to find a suitable trained Matron...¹⁵⁹

Lückes argued that the present terms and conditions, including the expectation that nurses have to undertake rough cleaning, including their own grates, would ‘keep down the class of women employed’, and that the poor off duty allowance would barely satisfy ‘nurses of the servant class...’.¹⁶⁰ This is further evidence of Lückes’s desire to influence the reform of nursing by improving the ‘tone’ of nurses and therefore the respectability of the profession. Following the report, and subsequent resignation of the ROH’s matron, Lückes recommended that one of her ward sisters – Lucy Wilson Walmsley should become matron of the failing hospital.¹⁶¹ Walmsley was successfully appointed as matron and requested that one of her

¹⁵⁶ Matron’s Annual Letter, No.11; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 30; Barts Health NHS Trust Archives and Museums, London

¹⁵⁷ Mary Eliza Pinsent, Register of Sisters and Nurses; RLHLH/N/4/1, 201; Barts Health NHS Trust Archives and Museums, London.

¹⁵⁸ J.A. Cholmeley, *History of the Royal National Orthopaedic Hospital* (London, Chapman and Hall Medical, 1985), 30–40

¹⁵⁹ Management Committee Minutes, 27 November 1899; The Royal Orthopaedic Hospital Minute Book, 1898–1902; H08/Q/02/013, 184, 186–187; London Metropolitan Archives, London

¹⁶⁰ Ibid, 182–183

¹⁶¹ Lucy Wilson Walmsley, Register of Sisters and Nurses; RLHLH/N/4/1, 165; Barts Health NHS Trust Archives and Museums, London

staff nurses, Mary Eliza Pinsent should accompany her as a ward sister.¹⁶² Whilst Lückes thought that Pinsent was not ready for promotion at ‘The London’, she felt that Pinsent would manage the role of sister in the ROH because it was a less demanding position than at The London Hospital.¹⁶³ Lückes allowed her to leave because she felt that Pinsent would; ‘be instrumental in introducing a good tone, and in affording Miss Wa[l]msley loyal support in the difficult task of reorganising a small special hospital with an unenviable reputation.’¹⁶⁴ After 18 months as ward sister at the ROH, Pinsent was appointed matron, following Walmsley’s resignation.¹⁶⁵ Christopher Maggs describes this as ‘occupational imperialism’ – whereby general nurses such as Walmsley and Pinsent reformed ‘backward’ areas with missionary zeal.¹⁶⁶ This suggests that Lückes had imbued her nurses with a sense that they had received exceptional training, and that she produced a ‘confident superior general nurse...’.¹⁶⁷ After a series of mergers between the three orthopaedic hospitals in London, Mary Pinsent was promoted as matron of the combined Royal National Orthopaedic Hospital in 1906 (hereafter RNOH).¹⁶⁸ During her matronship the hospital was rebuilt along with a new outpatients’ department and nurses’ accommodation.¹⁶⁹ The documents indicate that she was a capable matron, and over a thirty-year period built up a successful nursing department at the RNOH. Apart from leave of absence to serve in the First World War, Pinsent was matron of the RNOH until 1933.¹⁷⁰ On her retirement the management committee recommended that Pinsent should be appointed as an Honorary Life Governor and ‘accepted

¹⁶² Mary Eliza Pinsent, Register of Sisters and Nurses; RLHLH/N/4/1, 201; Barts Health NHS Trust Archives and Museums, London. Management Committee Minutes, 13 December 1899; The Royal Orthopaedic Hospital Minute Book, 1898–1902; H08/Q/02/013, 190; London Metropolitan Archives, London

¹⁶³ Mary Eliza Pinsent, Register of Sisters and Nurses; RLHLH/N/4/1, 201; Barts Health NHS Trust Archives and Museums, London. Sarah Rogers, ‘Mary Eliza Pinsent "May" (1868–1960): Nursing History No.18’ (SchoolsofNursing.co.uk, Collecting Nursing History, 2013) [Available at: <http://www.schoolsofnursing.co.uk/Collections1/Collections19.htm>, accessed on 15 March 2022]

¹⁶⁴ Mary Eliza Pinsent, Register of Sisters and Nurses; RLHLH/N/4/1, 201; Barts Health NHS Trust Archives and Museums, London

¹⁶⁵ Anonymous, ‘Appointments,’ *The Nursing Record and Hospital World*, 27 (10 August 1901), 106. Annual Reports, The Royal Orthopaedic Hospital; 1896–1906; H08/Q/04, 10–11 and Committee Minutes, The Royal Orthopaedic Hospital; 1899–1907; H08/Q/02, 13–14; The London Metropolitan Archives, London

¹⁶⁶ Christopher J. Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983), 27

¹⁶⁷ Ibid

¹⁶⁸ Anonymous, ‘Appointments,’ *The British Journal of Nursing*, 36 (17 March 1906), 218. Henry Burdett (ed.), *Burdett’s Hospital and Charities Annual 1907* (London, The Scientific Press, 1907), 276. Minute Book of the Management Committee; The Royal National Orthopaedic Hospital; 1904–1937; H08/A/06/001–4; The London Metropolitan Archives, London

¹⁶⁹ Cholmley, *History of the Royal National Orthopaedic Hospital*, 87–98

¹⁷⁰ Twenty-eighth Annual Report, 28 April 1933; The Royal National Orthopaedic Hospital Annual Reports; H08/A/38/006, 1933, 11 and Medical Board Meeting, 23 October 1933; The Royal National Orthopaedic Hospital Minute Book of the Medical Board, 1931–1951, No.3; H08/A/09/003, n.p.; London Metropolitan Archives, London. Mary E. Pinsent, British Army Nurses’ Service Records 1914–1918; WO399/6666; The National Archives, Kew. Rogers, ‘Mary Eliza Pinsent "May"’

her resignation with great regret', and stressed that they could not 'speak too highly of the services she rendered to the Hospital.'¹⁷¹ This section has shown how Lückes's influence on the reformation of civilian nursing in failing hospitals was particularly intertwined with networking. Lückes's 'deployment' of teams to support the newly appointed 'Londoners' to many hospitals has been discussed more fully in Chapter Three.



Image 4.3: Miss Pinsent, newly appointed matron of the Royal National Orthopaedic Hospital¹⁷²
Credit: Royal College of Nursing Archives and Library

Promoting all 'Londoners'

Ongoing analysis of the records shows that nurses who were not recommended for a matronship were often suggested by Lückes for a junior post, and that sometimes they used this to springboard to a more prestigious position in the same institution, or a nearby hospital. Following Lückes's recommendation, Annie Goodwin Croft Glover went to The Westminster Hospital in 1898 as a housekeeping assistant for Mabel Cave, and a year later she was appointed as Matron's Assistant.¹⁷³ Likewise Emily Margaret Cummins who wanted a sister's post in a provincial hospital, was recommended by Lückes to Agnes Baillie, a fellow 'Londoner' and a newly appointed matron in Bristol; within weeks of Cummins arrival she was made Assistant Matron.¹⁷⁴ In these instances it may have been that a particular matron

¹⁷¹ Twenty-eighth Annual Report, 28 April 1933; The Royal National Orthopaedic Hospital Annual Reports; H08/A/38/006, 1933, 11; London Metropolitan Archives, London

¹⁷² Anonymous, 'Miss Hole and her successor', *The Nursing Times*, 2 (7 April 1906), 282

¹⁷³ Annie Goodwin Croft Glover, Register of Sisters and Nurses; RLHLH/N/4/1/197 and Matron's Annual Letter, No.7, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 22; Barts Health NHS Trust Archives and Museums, London

¹⁷⁴ Emily Margaret Cummins, Register of Sisters and Nurses; RLHLH/N/4/1/182 and Matron's Annual Letter, No.8; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.8, March 1901, 24; Barts Health NHS Trust Archives and Museums, London. Anonymous, 'Appointments', *The British Journal of Nursing*, 31 (8 August 1903), 104

was ‘testing the water’, and getting the new nurse accepted by hospital medical and management staff before promoting them to a higher position. For others it may have been simply that they were ‘in the right place at the right time’; in 1901 Letitia Sarah Clark was recommended by Lückes for the post as Night Sister at the Union Infirmary Newcastle,¹⁷⁵ and a year later Clark was appointed matron at the same institution.¹⁷⁶ This apparent desire by hospital management committees to employ Lückes’s nurses, may have been in part because the reputation of a London Hospital training was clearly accepted by some as a hallmark of a good nurse. It may have also reassured future employers that a ‘Londoner’ had trained at ‘one of the most rigorous... and constraining nurse training schools...’, which was known for ‘the rigidity of its discipline and the thoroughness of its training.’¹⁷⁷ Furthermore, a nurse who had trained at one of the ‘socially prestigious London schools’ might bring cachet to the employing hospital.¹⁷⁸ However, for many of these nurses their future success was because of their individual performance, rather than Lückes’s direct agency. Whichever way these women obtained their promotions, the end result was the same, and Lückes’s trained reformed nurses were disseminated throughout many institutions.

The majority of the matrons in this study were not fast-tracked, but nonetheless, as the database shows they went on to make a sizeable contribution to the dissemination of reformed nursing. Descendants of two nurses in this study, Helen Annie Bendall, and Alice Young have copies of references written by Lückes for their ancestors. This is a rarity, not least because women of this period are often hidden from history, many of these women in the study never married, and even less appear to have direct descendants. This is often exacerbated by the paucity of records, which even if they were written, may not have survived (see Chapter One).

These rare examples show that although Bendall was not among Lückes’s élite squad of nurses, Lückes still supported her ambitions to achieve promotion. The surviving documents

¹⁷⁵ Letitia Sarah Clark, Register of Sisters and Nurses; RLHLH/N/4/1/220; Barts Health NHS Trust Archives and Museums, London

¹⁷⁶ Matron’s Annual Letter, No.11; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 27; Barts Health NHS Trust Archives and Museums, London

¹⁷⁷ Christine Hallett, *Nurse Writers of the Great War* (Manchester, Manchester University Press, 2016), 150, 151

¹⁷⁸ Vicinus, *Independent Women*, 114. See also: Jane Brooks, ‘Structured by Class, bound by gender’, *International History of Nursing Journal*, 6, 2 (2001), 13–21, 13. Jane Brooks, “‘Visiting rights only’: the early experience of nursing in higher education, 1918–1960” (Unpublished PhD thesis, London School of Hygiene and Tropical Medicine, University of London, 2005)

imply that Lückes felt that Bendall was not suitable to continue as a staff nurse because she had allowed ‘some outside influence to deteriorate her character’, and because Bendall was not very strong and suspected to have insipient tuberculosis.¹⁷⁹ But, having heard that Bendall had recovered following a long rest, Lückes helped her to obtain a post in a smaller institution, where the work would, by inference, be lighter, and therefore Bendall might be able to cope with the work load better.¹⁸⁰ Lückes wrote Bendall a reference when she applied for an Assistant Matron / Matron’s post at the Morrell Memorial Hospital, Wallingford-on-Thames.¹⁸¹ Lückes stated that Bendall was hardworking, trustworthy, interested in her patients, and popular with the nursing sisters, and whilst she had needed a long rest, Bendall was ‘quite strong again.’¹⁸² It is interesting that Lückes refrained from mentioning that Bendall was easily influenced, and said instead how lucky she thought the employer would be ‘in securing Nurse Bendall’s services.’¹⁸³ This was perhaps because Lückes’s overarching aim was to promote and spread reformed nursing, or that she considered that nurses who worked in the many various types and sizes of institution required different training requirements and skill sets. This issue was at the heart of Lückes’s opposition to the standardisation of nurse training (see discussion on pages 158–160).

Lückes seems concerned that all her nurses should get the future jobs they desired. Alice Young was also one of Lückes’s fast-tracked elite nurses, although her staff nurse report stated that she was ‘very untidy in work and person, extremely set in her ideas...’.¹⁸⁴ Lückes also said that Young was ‘very unwilling to adapt herself to change of any kind’, because despite seven years’ staff nurse experience Young was reluctant to leave her alma mater.¹⁸⁵ Despite these negative assessments of Young’s skills, Lückes felt that Young ‘became an

¹⁷⁹ Helen Annie Bendall, Register of Sisters and Nurses; RLHLH/N/4/3, 132; Barts Health NHS Trust Archives and Museums, London

¹⁸⁰ Matron’s Annual Letter, No.21; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.21, April 1914, 41; Barts Health NHS Trust Archives and Museums, London. Lückes sometimes suggested that nurses who were unwell, or not robust should move to another smaller institution where they might be better suited to the workload. Reference for Helen Annie Bendall, written by Eva Lückes, 10 October 1912, London Hospital, Whitechapel, E, shared by Christine Mary one of Helen’s great-grandchildren.

¹⁸¹ Reference for Helen Annie Bendall, written by Eva Lückes, 10 October 1912, London Hospital, Whitechapel, E, shared by Christine Mary one of Helen’s great-grandchildren.

¹⁸² Ibid

¹⁸³ Ibid

¹⁸⁴ This statement may simply reflect Eva Lückes’s exacting standards, Alice Young was in the same post for seven years. Alice Young, Register of Sisters and Nurses; RLHLH/N/4/1, 102; Barts Health NHS Trust Archives and Museums, London.

¹⁸⁵ Ibid

excellent medical Nurse and remained most kind to her patients.’¹⁸⁶ Overall she seems to have left Lückes with a favourable impression, as fifteen months after Young had left The London Hospital, Lückes stated in a reference for her ‘She gave great satisfaction in her work here... I feel sure that she will give you every satisfaction.’¹⁸⁷ It is not known if Young did get that position, however by August 1900 she had obtained the matronship of Woburn Cottage Hospital, which was run by a London Hospital patron, the Duchess of Bedford.¹⁸⁸ As a succession of ‘Londoners’ had been appointed matron of this hospital it is reasoned that Young obtained the post via London Hospital patronage and networking (see Chapter Three).

Although Young probably did have Lückes’s help in obtaining a promotion, those nurses who were not directly recommended by Lückes for positions relied on their own ability, individual performance and personal agency to find future employment, and progress their careers. As discussed earlier, reformed nursing was also spread to a wide variety of institution types by London Hospital nurses whom Lückes does not appear to have directly recommended (see Figure 4.5). It may also be, that those nurses who advanced their own careers through personal agency, were not among Lückes’s favourites, or in her fan club and may not have agreed with her style of nurse management.

Perhaps because of Lückes’s indirect authority, their London Hospital training and own agency, several of Lückes’s nurses in this study obtained matronships a few years after leaving ‘The London’. Lückes did not consider Edith Bellars suitable to become a staff nurse at The London Hospital as she ‘might do better in smaller and quieter surroundings.’¹⁸⁹ Within a year of finishing her training at ‘The London’, Bellars was Night Superintendent at the much smaller Bristol General Hospital, where she stayed for four years before being appointed as matron of Swansea Hospital.¹⁹⁰ It is possible that some left as they felt that Lückes would not promote them, possibly because she ‘only’ considered them to be suitable

¹⁸⁶ Ibid

¹⁸⁷ Reference for Alice Young, written by Eva Lückes, 17 March 1899, London Hospital, Whitechapel, E., shared by Alice’s great-niece, Sheila Langley.

¹⁸⁸ Matron’s Annual Letter, No.7; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 20; Barts Health NHS Trust Archives and Museums, London

¹⁸⁹ Edith Bellars, Register of Probationers; RLHLH/N/1/1, 74; Barts Health NHS Trust Archives and Museums, London

¹⁹⁰ Anonymous, ‘Appointments’, *The Hospital, The Nursing Supplement*, 7, 160 (19 October 1889), xvi. In 1899 Bristol General Hospital had nearly a quarter less beds than the 771 maintained at The London Hospital, and only a sixth of the 313 strong nursing establishment at ‘The London’, see: Henry Burdett (ed.), *Burdett’s Hospital and Charities Annual 1899* (London, The Scientific Press, 1899), 271, 357

for staff nurse positions, such as Mary Eleanor Burwood, who became matron of a hospital in Hastings after leaving ‘The London’.¹⁹¹ Lückes felt that others, such as Emily Nowers, had an unsuitable character ‘for achieving any true success as a nurse’, and appeared to want to ‘get clear from her engagement to The London Hospital as quickly as possible...’.¹⁹² Three years after leaving Nowers was appointed Matron of Birmingham Women’s Hospital.¹⁹³ As with Pinsent, the evidence indicates that some nurses could probably see better opportunities elsewhere, and did not want to wait for Lückes to manage their career. However, by leaving they also spread reformed nursing.

In March 1881, Alice Pretty, a Sister Probationer, unsuccessfully applied for a ward sister’s post at ‘The London’ and was ‘much aggrieved at not being at once made a Sister of Wards, a post for which she [Eva Lückes] did not feel justified in recommending Miss Pretty – not deeming her, in various ways, suited for the work, and finding her personally unsatisfactory to work with.’¹⁹⁴ It is likely that when Ethel Manson took up her post as matron of St Bartholomew’s Hospital in May 1881, she recruited Pretty to work there under her as a Night Superintendent.¹⁹⁵ It is possible that Pretty left because she was disgruntled and wanted a senior position. Cassandra Beachcroft, a ward sister at ‘The London’, also moved to St Bartholomew’s Hospital in December 1881.¹⁹⁶ Two years later, another ward sister, Ellen Julian, also moved there as a Night Superintendent.¹⁹⁷ It is likely that they might have all shared Manson’s vision of reformed nursing, rather than that of Lückes, and moved when they were offered the opportunity for promotion or different experience.¹⁹⁸

¹⁹¹ Mary Eleanor Burwood; Register of Probationers; RLHLH/N/1/2, 95; Barts Health NHS Trust Archives and Museums, London

¹⁹² Emily Nowers, Register of Probationers; RLHLH/N/1/1, 172; Barts Health NHS Trust Archives and Museums, London

¹⁹³ Anonymous, ‘Appointments’, *“The Hospital” Nursing Mirror*, 22, 569 (21 August 1897), 184

¹⁹⁴ Matron’s Report to House Committee, 15 March 1881; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 164; Barts Health NHS Trust Archives and Museums, London

¹⁹⁵ Matron’s Report to House Committee, 10 May 1881; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 205; Barts Health NHS Trust Archives and Museums, London. The St Bartholomew’s Hospital records are sparse for this period.

¹⁹⁶ Ward: Hope; Sister: Cassandra Maria Beachcroft, appointed 1 December 1881; List of Sisters’ appointments, circa 1879–1892; SBHB/MO/49/4, n.p.; Barts Health NHS Trust Archives and Museums, London. See also: Appendix K: Career Histories

¹⁹⁷ Matron’s Report to House Committee, 26 June 1883; House Committee Minutes, 1882–1884; RLHLH/A/5/41, 260; Barts Health NHS Trust Archives and Museums, London

¹⁹⁸ Cassandra Beachcroft, Ellen Julian, Ethel G. Manson, Alice Pretty, RG11/445, 2; The General Record Office, The England and Wales Census 1881 for The London Hospital, Whitechapel, London; The National Archives, Kew

Regardless of how she obtained the matronship, the Chairman of 'The London' celebrated Manson's appointment at St Bartholomew's Hospital; he reputedly sent a carriage to meet Manson off the tram after her successful interview, and 'she returned in triumph to receive well-deserved congratulations.'¹⁹⁹ It is interesting that among Manson's personal papers there is no suggestion that Lückes wrote a reference for her, although those written by The London Hospital House Governor, and several medical staff do survive.²⁰⁰ Perhaps Manson felt that Lückes did not know her well enough, or that she did not want to be associated with the fledgeling matron's leadership style. It is noteworthy that although Manson worked for only a few months under Lückes, that did not deter Manson from obtaining references from other members of London Hospital staff.

Creating élite professional nursing within Poor Law infirmaries

Lückes's appointment as matron of a voluntary hospital coincided with a growing impetus to improve Poor Law nursing. In the 1860s, two pauper workhouse inmates died as a result of untreated bed sores.²⁰¹ These tragedies were coupled with agitation by a 'great confluence of nursing reformers, like Nightingale and Louisa Twining, Poor Law doctors, sanitarian-inspired Poor Law officers and inspectors, as well as influential philanthropic reformers ...',²⁰² and eventually led to a number of reforms.²⁰³ By 1885, it was recognised that infirmaries should be in separate buildings apart from their 'parent' workhouse, with autonomous, trained matrons, and the nursing staff should be paid employees. Historians concur that voluntary hospital nurses were deterred from working in the infirmaries due to poor investment by Poor Law Guardians, and inferior and outdated equipment.²⁰⁴ This resulted in Poor Law nursing being seen as a lower status branch of nursing.²⁰⁵ In 1879,

¹⁹⁹ Anonymous, 'Ethel Gordon Fenwick, S.R.N.', *The British Journal of Nursing* with which is incorporated *The Nursing Record*, 95 (April 1947), 38–39. Letter from Miss Manson to the House Committee, 12 April 1881; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 187; Barts Health NHS Trust Archives and Museums, London

²⁰⁰ Printed testimonials for Ethel Gordon Manson, 1878–1880; SBHPP/MAN/1; Barts Health NHS Trust Archives and Museums, London

²⁰¹ Diana Garrisi, 'Christmas 1864: death from bedsores in the workhouse – politics of wound care, the media and social reform in Victorian London', *Public Understanding of Science* (November 2018), 1–5, [available via Sage journals: <https://doi.org/10.1177%2F0963662518813461> accessed on 20 January 2022]

²⁰² Mitchell Dean and Gail Bolton, 'The Administration of Poverty and the Development of Nursing Practice in Nineteenth-Century England' in Celia Davies (ed.), *Rewriting Nursing History* (Beckenham, Croom Helm, 1980), 76–101

²⁰³ White, *Social Change and the Development of the Nursing Profession*

²⁰⁴ Ibid. M.A. Crowther, *The Workhouse System 1834–1929*, (London, Methuen, 1983), 173

²⁰⁵ White, *Social Change and the Development of the Nursing Profession*. Stephanie Kirby, 'Reciprocal rewards: British Poor Law nursing and the campaign for state registration', *International History of Nursing Journal*, 7,2 (2002), 4–13

Twining co-founded the Workhouse Nursing Association, which recommended that workhouse matrons should come from the higher-classes.²⁰⁶ Scholars argue that Twining's interest in nursing reform, enabled it to become an acceptable workplace for upper-middle-class women,²⁰⁷ such as London Hospital trained Edith Cavell, who worked firstly as Night Superintendent at St Pancras Infirmary,²⁰⁸ and secondly as Assistant Matron of St Leonards Infirmary, Shoreditch.²⁰⁹

Lückes was prepared to lose her best staff in order to influence the spread of reformed nursing, whatever the type of hospital. At least twenty-two 'Londoners', started their careers as nursing leaders in Poor Law infirmary nursing during Lückes's tenure (see Figure 4.1). The majority of these appointments were in the 1890s and 1900s, which supports the argument that this sector was becoming more acceptable towards the end of the nineteenth century. Whilst slightly more Poor Law nurses in this study were from the highest-class, they are almost equally from social classes I, II and III.²¹⁰ This study suggests that Lückes saw Poor Law infirmaries as an acceptable workplace for nurses, and as a way of influencing the dissemination of reformed nursing, and that her nurses could help elevate 'the tone of the Poor Law ward and hospital and even instil some manners and respect for nursing and nurses into the Poor Law patients...'.²¹¹ Nine of Lückes's fast-tracked nurses were appointed to Poor Law hospitals (see Chapter Three, Figure 3.2). As Stephanie Kirby argues, it is possible that these nurses may have selected Poor Law nursing for both altruistic and career enhancing reasons.²¹²

²⁰⁶ White, *Social Change and the Development of the Nursing Profession*, 75

²⁰⁷ Ray Strachey, *The Cause: A Short History of the Woman's Movement in Great Britain* (London, Virago, 1978). Vicinus, *Independent Women*, 211–213. Deane, 'The Professionalisation of Philanthropy'

²⁰⁸ Edith Cavell, Register of Sisters and Nurses; RLHLH/N/4/1, 227; Barts Health NHS Trust Archives and Museums, London

²⁰⁹ Letter from Edith Cavell to Eva Lückes, St Pancras Infirmary, Upper Holloway, 5 November 1903; Matron's Correspondence and Papers; RLHLH/N/7/7/2; Barts Health NHS Trust Archives and Museums, London. Matron's Annual Letter, No.11; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 30; Barts Health NHS Trust Archives and Museums, London. Christine E. Hallett, *Edith Cavell and her Legend* (London, Palgrave Macmillan, 2019)

²¹⁰ See Figure 4.3 for the social class of Poor Law nurses in this study: I – 32%, II – 27%, III – 27%, IV – 9%, V – 5%

²¹¹ Maggs, *The Origins of General Nursing*, 137

²¹² Stephanie Kirby, 'Diaspora, dispute and diffusion: bringing professional values to the punitive culture of Poor Law', *Nursing Inquiry*, 11, 3 (2004), 185–191

Hospital	‘Londoner’	Dates	‘Nightingale’	Dates
Birmingham Workhouse Infirmary	Marion Thomas	1912 until at least 1919	Anne C. Gibson	1888–1912
Liverpool Workhouse Infirmary (Brownlow Hill Infirmary)	Edith Walker	1893 – left by 1896	Agnes Jones	1865–1868
St Pancras Infirmary, London (Highgate Infirmary)	Ellen Jean Moir Bessie Bawden (Night Superintendent) Emma Berridge Edith Cavell (Night Superintendents) Frances Spittle (Assistant Matron and Matron)	1883 – until about 1910 1896 – until about 1901 1901– 1901–1903 1907 - until about 1910	Elizabeth Torrance Annie Hill	1868–1872 1872–1877
General Hospital, Newcastle upon Tyne	Blanche Austin Alice A. Browne	1899 1900–1902	Emily Aston	1895

Table 4.3: ‘Londoners’ who carried on the ‘Nightingale’ Tradition in Poor Law Hospitals²¹³

It is noteworthy that a number of Lückes’s matrons appear to have consciously selected a career in Poor Law nursing, as identified by Christopher Maggs in *The Origins of General Nursing*.²¹⁴ In 1913, Henry Burdett suggested in *How to Succeed as a Nurse* that promotions were available for the voluntary hospital nurse in the Poor Law Service.²¹⁵ However, he noted that this was becoming more difficult since the improvement in nurse training in the Poor Law infirmaries.²¹⁶ This research found that notably fewer London Hospital nurses were promoted to leadership positions in Poor Law infirmaries during the 1910s, whether fast-tracked or not (see Figure 3.3). As with the voluntary hospitals, a number of these matrons took over from ‘Nightingale’ trained matrons or protégées, although in this instance none appear to have been followed by one. The matrons were possibly selected because of their

²¹³ The appointments are as matron unless otherwise stated. ‘Nightingale connection’ is applied to: women who had trained at The Nightingale Fund School, others who had a short experience of Nightingale Nursing, such as the Misses Merryweather, and those who had corresponded with, or those who had family connections with Nightingale.

²¹⁴ Maggs, *The Origins of General Nursing*, 133

²¹⁵ Henry Burdett, *How to Succeed as a Nurse* (London, Scientific Press Ltd, 1913), 9–11 [Available at: wellcomecollection.org, accessed on 18 March 2021]

²¹⁶ Ibid

London Hospital ‘Nightingale-style’ training (see Table 4.3). It is also likely that patronage and networking played a significant part (see Chapter Three).

Poor Law influencers: professionalising Poor Law nursing

One of Lückes’s earliest ‘losses’ was that of her ‘exemplary’ Night Sister, Ellen Jean Moir to St Pancras Infirmary, London.²¹⁷ This was built between 1868–1870, was one of the first which was built independent of its ‘parent workhouse’, and was seen as the flagship for Nightingale’s campaign to reform Poor Law nursing in London.²¹⁸ During the following decade a number of Poor Law infirmaries were built in London.²¹⁹ St Pancras ‘North Infirmary’ – which was initially known as Highgate Infirmary, was designed following Nightingale’s guidelines for pavilion-style well ventilated wards.²²⁰ According to Gwendolyn M. Ayers this marked ‘a significant step towards the socialisation of medical care in this country’, and was the precursor to the National Health Service.²²¹ Moir was among the first of Lückes’s matrons to be appointed as matron of a Poor Law infirmary in August 1883. One year after Moir’s appointment by Lückes as a night sister at ‘The London’, Lückes warmly recommended her for the matronship of St Pancras Infirmary. After training at the Royal Infirmary in Edinburgh, Moir had then worked as a private nurse at The Westminster Hospital, London.²²² Lückes had probably chosen Moir as part of her plan to reform and lift the ‘tone’ of night nursing at ‘The London’. But she was clearly pleased that Moir was promoted to a matronship, and followed a ‘Nightingale’ trained team of staff to St Pancras Infirmary where she would continue to spread reformed nursing to a workhouse infirmary.²²³ Lückes wrote that Moir, ‘was excellent in every respect...’ and was ‘admirably well qualified for the post she left to fill...’.²²⁴ Moir was a member of the Workhouse Infirmary Nursing Association, and along with Lückes, they signed a petition in 1903 which expressed concerns about Local Government Board proposals to sanction training in smaller workhouse

²¹⁷ Ellen Jean Moir, Register of Sisters and Nurses; RLHLH/N/4/1, 41; Barts Health NHS Trust Archives and Museums, London

²¹⁸ Peter Higginbotham, *Workhouses of London and the South East* (Stroud, The History Press, 2019), 123–127

²¹⁹ *Ibid.*, 67–147

²²⁰ Florence Nightingale (1859), *Notes on Hospitals*, Reprint (New York, Dover Publications Inc., 2015), 1–22

²²¹ Gwendolyn M. Ayers, *England’s First State Hospitals 1867–1930* (London, Wellcome Institute of The History of Medicine, 1971), 28

²²² Ellen Jean Moir, Register of Sisters and Nurses; RLHLH/N/4/1, 41; Barts Health NHS Trust Archives and Museums, London

²²³ White, *Social Change and the Development of the Nursing Profession*, 73

²²⁴ Ellen Jean Moir, Register of Sisters and Nurses; RLHLH/N/4/1, 41; Barts Health NHS Trust Archives and Museums, London

infirmaries.²²⁵ The proposals were seen as potentially damaging to the quality of Poor Law nursing and suggest that Moir took an active interest in the professionalisation of this speciality.²²⁶

Amongst the signatories on this petition were a number of London Hospital trained matrons, including Poor Law matrons Helena Gooding, Matron of Woolwich and Plumstead Poor Law Infirmary for at least 20 years,²²⁷ and Maria Anstey, who was also a member of the Matron's Council of Britain and reputedly trained at 'The London'.²²⁸ Anstey was one of the first trained matrons of a Poor Law infirmary.²²⁹ She was appointed as matron of Wandsworth and Clapham Union Infirmary shortly after it was established in separate accommodation, away from the workhouse.²³⁰ Anstey reorganised the nursing, and instigated lectures and examinations for the probationers.²³¹ Johanna Hopper also signed the petition as Matron of Bethnal Green Infirmary. Hopper had started her career as matron of Sidmouth Cottage Hospital, before moving into Poor Law nursing in 1894 as the matron of the newly built Leeds Union Infirmary, with a newly created Training School for Nurses.²³² In 1899, when Hopper moved back to London as matron of the recently rebuilt Bethnal Green 'New' Infirmary, her selection drew comment in *The British Journal of Nursing*. It was observed that London Hospital nurses had been appointed to many prestigious matronships, and suggested that this was due to the influence of Holland, the London Hospital Chairman. Holland was particularly talented at finding employment for London Hospital nurses. Mrs Fenwick, Lückes's adversary, somewhat sarcastically commented on his success, and in so

²²⁵ Anonymous, 'Workhouse Infirmary Nursing Association', *The British Journal of Nursing*, 30 (24 January 1903), 75–6

²²⁶ Kirby, 'Diaspora, dispute and diffusion', 185–191

²²⁷ Helena Mary Crowdace Gooding, Register of Sisters and Nurses; RLHLH/N/4/1, 170; Barts Health NHS Trust Archives and Museums, London. Helena Gooding, Register of Nurses, 1916–1921; The College of Nursing, 1919, 202; The Nursing Registers, 1898–1968 [Available at: www.ancestry.co.uk, accessed on 10 January 2018]

²²⁸ It has not been possible to locate her training record in the archives of The London Hospital.

²²⁹ Anonymous, 'Progress in Infirmary Nursing', *The Nursing Times*, 3 (13 April 1907), 320

²³⁰ Peter Higginbotham, 'The Workhouse, The Story of an Institution' [Available at: <http://www.workhouses.org.uk/Wandsworth>, accessed on 16 March 2021]. Anonymous, 'Progress in Infirmary Nursing', *The Nursing Times*, 3, (13 April 1907), 320

²³¹ Anonymous, 'Progress in Infirmary Nursing', *The Nursing Times*, 3 (13 April 1907), 320

²³² Maggs, *The Origins of General Nursing*, 134. Maggs states that she was appointed in 1899, however that is thought to be a typographical error as Hopper seems to have been appointed late in 1894. See: Anonymous, 'Appointments', *The Nursing Record and Hospital World*, 23 (25 November 1899), 434, and Matron's Annual Letter, No.2; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.2, June 1895, 11; Barts Health NHS Trust Archives and Museums, London

doing inferred that although ‘Londoners’ were not necessarily the best candidates, they were obtaining the best matronships:

We again congratulate the nursing staff at the London Hospital, to which many hospital “plums” have fallen since Mr. Sydney Holland has been their Chairman. We understand Mr. Holland interests himself in the kindest manner in pushing the candidates trained at the London Hospital.²³³

It is possible that Fenwick resented the successful appointments of ‘Londoners’, including Hopper to many ‘plum’ jobs, partly because it gave Lückes implicit approval of her training style, and further ‘ammunition’ to support her anti-registration stance.²³⁴ In addition to Anstey and Gooding, a number of Lückes’s matrons held positions at infirmaries in London, and the provinces, for a significant number of years. Their continuity of service is likely to have ensured that Lückes’s influence and her style of trained nurses were firmly ‘cemented’ within these establishments. Another ‘Londoner’, Elizabeth Dodds became Assistant Matron to Hopper at Bethnal Green Infirmary in 1903,²³⁵ and following Hopper’s resignation later that year, Dodds was promoted to matron.²³⁶ Dodds held the matronship for over 20 years,²³⁷ as did Joanna Inglis as matron of St Leonards Infirmary,²³⁸ Moir at St Pancras Infirmary,²³⁹ and Letitia Clark at West Ham Union Infirmary, later Whipps Cross Hospital.²⁴⁰ Contemporary reports about Shoreditch²⁴¹ and Bethnal Green²⁴² Infirmary’s illustrate that both Inglis and Dodds had significantly reformed nursing and nurse training in them, thereby contributing to the professionalisation of Poor Law nursing.

²³³ Joanna Elizabeth Hopper was appointed Matron of Bethnal Green New Infirmary: ‘Appointments’, *The Nursing Record and Hospital World*, 23 (25 November, 1899), 434

²³⁴ Anonymous, ‘Appointments’, *The Nursing Record and Hospital World*, 23 (25 November 1899), 434

²³⁵ Matron’s Report to House Committee, 2 February 1903; House Committee Minutes, 1903–1905; RLHLH/A/5/49, 11; Barts Health NHS Trust Archives and Museums, London

²³⁶ Matron’s Annual Letter, No.11; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 27; Barts Health NHS Trust Archives and Museums, London

²³⁷ Anonymous, ‘Reunion of Bethnal Green Hospital Nurses’ League’, *The British Journal of Nursing*, 71 (28 July 1923), 53

²³⁸ Anonymous, ‘Appointments’, *The Hospital, Nursing Supplement*, 32, 830 (23 August 1902), 283. Joanna Inglis, Register of Nurses, General Part – 1928, 17; The General Nursing Council for England and Wales; The Nursing Registers, 1898–1968 [Available at: www.ancestry.co.uk, accessed on 1 December 2017]. Anonymous, ‘Presentations: Presentation to Miss Joan Inglis’, *The British Journal of Nursing*, 71 (6 October 1923), 220

²³⁹ Anonymous, ‘General Nursing Council for England and Wales’, *The British Journal of Nursing*, 76 (July 1928), 174

²⁴⁰ Anonymous, ‘Birthday Honours’, *The Nursing Times*, 24 (2 June 1928), 696

²⁴¹ The Commissioner, ‘The Nurses of Shoreditch Infirmary: interview with the Matron’, *The Hospital, Nursing Section*, 38, 974 (27 May 1905), 143–145

²⁴² Anonymous, ‘Bethnal Green Infirmary’, *The Nursing Times*, 9 (19 July 1913), 822–824



Image 4.4: Matron of Shoreditch Infirmary, Joanna Inglis with some of her staff in 1905²⁴³
 © Institute of Healthcare Management, Provided via National Library of Medicine

Inglis was considered to have made ‘Quite remarkable progress...’²⁴⁴ and Dodds was said to run a ‘A fine Training School.’²⁴⁵ Nurses from both establishments were said to have achieved ‘higher posts in the nursing world’²⁴⁶ and were ‘singularly successful in securing outside appointments’, including matronships.²⁴⁷ Historians concur that nurses such as these enabled the ‘diffusion of professional nursing into the Poor Law.’²⁴⁸ Dodds, Inglis and Clark, along with Moir’s successor Frances Spittle, who was also a Londoner, were all members of the Poor Law Matrons Association, a professional body which was concerned with improving standards within Poor Law infirmaries.²⁴⁹ McDonald argues that the reform of workhouse nursing was possibly Nightingale’s most significant work,²⁵⁰ whereas Baly suggests that the Nightingale Fund had the greatest influence.²⁵¹ It seems as though Lückes collaborated with Nightingale, mainly through the provision of reformed professionally trained nurses and matrons.

²⁴³ Anonymous, ‘The Nurses of Shoreditch Infirmary’, *The Hospital, Nursing Section*, 38, 974 (27 May 1905), 144

²⁴⁴ The Commissioner, ‘The Nurses of Shoreditch Infirmary: interview with the Matron’, *The Hospital, Nursing Section*, 38, 974 (27 May 1905), 143

²⁴⁵ Anonymous, ‘Bethnal Green Infirmary’, *The Nursing Times*, 9 (19 July 1913), 824

²⁴⁶ Ibid

²⁴⁷ The Commissioner, ‘The Nurses of Shoreditch Infirmary: interview with the Matron’, *The Hospital, Nursing Section*, 38, 974 (27 May 1905), 144

²⁴⁸ Kirby, ‘Diaspora, dispute and diffusion’, 190. See also: White, *Social Change and the Development of the Nursing Profession*, 94–120

²⁴⁹ Anonymous, ‘The Poor Law Infirmary Matrons’ Association: The Annual Meeting’, *The British Journal of Nursing*, 51 (1 November 1913), 355–356

²⁵⁰ McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13*, 9. McDonald, *Florence Nightingale at First Hand*, 175–176

²⁵¹ Baly, *Florence Nightingale and the Nursing Legacy*, 100

Like Hopper, Walker followed a series of Nightingale's protégées, and was selected as the matron of the newly built Brownlow Hill Infirmary, Liverpool in September 1892.²⁵² Walker was one of Lückes's fast-tracked matrons and had worked for part of her training,²⁵³ and the following nine years, as one of Lückes's assistant matrons (see Appendix E: Fast-tracked Matrons).²⁵⁴ It is possible that Walker's appointment to the Poor Law infirmary may have been facilitated by Lückes's networking with Nightingale, and also the Rathbone and Paget connections with 'The London' (see discussion in Chapter Three, page 147–148).²⁵⁵ Lückes told Nightingale that Walker had 'the inspiring prospect of beginning a splendid piece of work under exceptionally favourable auspices. I am convinced too that she will do it thoroughly well.'²⁵⁶ Two years later, Lückes visited her protégée in Liverpool, and told Nightingale that 'the arrangements are excellent' and that she hoped that Walker would 'do really useful work. ... and [had] every prospect of establishing a good training school.'²⁵⁷ She continued to say that Walker was 'most fortunate in her Medical Superintendent and although she likes him very much I think she hardly realises how much she has to be thankful for in that respect' [original emphasis].²⁵⁸ In her letter Lückes seems to allude to the power struggles which the 'new-style' matrons experienced with medical staff. Unfortunately for Lückes's mission to influence nursing reform in Liverpool, Walker moved to Gloucester Temporary Small Pox Hospital two years later.²⁵⁹

Lückes's influence on the development of Poor Law nursing continued well into the twentieth century when Marion Thomas was selected in 1912 'out of many applicants' to succeed the Nightingale trained Anne Gibson as matron of the Poor Law Infirmary,

²⁵² Edith Walker, Register of Sisters and Nurses; RLHLH/N/4/1, 78; Barts Health NHS Trust Archives and Museums, London

²⁵³ Edith Walker, Register of Probationers; RLHLH/N/1/1, 25; Barts Health NHS Trust Archives and Museums, London

²⁵⁴ Edith Walker, Register of Sisters and Nurses; RLHLH/N/4/1, 78; Barts Health NHS Trust Archives and Museums, London

²⁵⁵ Elizabeth Elsie Rathbone, Register of Probationers; RLHLH/N/1/1, 207; Barts Health NHS Trust Archives and Museums, London. June Hannam, 'Rosalind Paget: The Midwife, the Women's Reform Movement and Reform before 1914', in Hilary Marland and Anne Marie Rafferty (eds), *Midwives, Society and Childbirth: Debates and Controversies in the Modern Period*, (London, Routledge, 1997), 81–101, 84. Rosalind Paget, Register of Probationers; RLHLH/N/1/1, 181 and Rosalind Paget, Register of Sisters and Nurses; RLHLH/N/4/1, 104; Barts Health NHS Trust Archives and Museums, London

²⁵⁶ Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 9 October 1892; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.125–127; British Library, London

²⁵⁷ Letter from Eva Lückes to Florence Nightingale, London Hospital, E., 4 March, 1894; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff. 214–215; British Library, London

²⁵⁸ Ibid

²⁵⁹ See Appendix K: Career Histories

Birmingham, which Lückes described as being ‘one of the most important and best managed Poor Law Infirmaries in England.’²⁶⁰ Lückes congratulated Thomas ‘on being chosen to follow in the footsteps of Miss Gibson, whose reputation as one of the most successful pioneers in the reform of Poor Law Nursing is deservedly world-wide.’²⁶¹ Lückes hoped that Thomas, who was one of her fast-tracked ‘favourites’, and one of her former assistant matrons would be able to use the experience she had obtained whilst at ‘The London’.²⁶² Thomas’s first and only matronship was of the Rutson Hospital and the North Riding Rural Nursing Association, in Northallerton, and she had not actually worked in a Poor Law infirmary.²⁶³ Some sections of the nursing press approved of her selection, stating that she was ‘well qualified to follow in the footsteps of her distinguished predecessor...’.²⁶⁴ Another journal possibly resented the influence of Lückes and ‘The London’ in Thomas’s appointment, and commented: ‘presumably such experience was quite superfluous in the opinion of those of the Guardians who urged the election of the successful candidate, as the new Matron was trained at the London Hospital...’.²⁶⁵ However Rosemary White argues that whilst Birmingham was a Poor Law infirmary, it was ‘a general hospital in the real sense...’²⁶⁶ and, as in common with other Poor Law infirmaries, it accepted a wide variety of patients who were often refused admission to the voluntary hospitals. Moreover, the journal overlooked Thomas’s extensive experience in voluntary hospital administration which would have been fundamental to her successful management in Birmingham.

Poor Law nursing as a springboard to other roles

Further examination of the career pathways of all the matrons might indicate, whether or not, for some matrons, Poor Law nursing was a permanent and possibly deliberate career choice, or a temporary measure by others in order to gain wider nursing experience to enhance their

²⁶⁰ Matron’s Annual Letter, No.19; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.19, April 1912, 4; Barts Health NHS Trust Archives and Museums, London

²⁶¹ Ibid. See also: Stuart Wildman, ‘Gibson, Anne Campbell (1849–1926)’, *Oxford Dictionary of National Biography* (Oxford, 2020) [Available at: <https://doi-org.libaccess.hud.ac.uk/10.1093/odnb/9780198614128.013.369149>, accessed on 1 March 2022]

²⁶² Matron’s Annual Letter, No.19; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.19, April 1912, 4; Barts Health NHS Trust Archives and Museums, London

²⁶³ Anonymous, ‘Appointments’, *The British Journal of Nursing*, 44 (9 April 1910), 289. Marion Caroline Thomas, Register of Sisters and Nurses; RLHLH/N/4/1, 261; Barts Health NHS Trust Archives and Museums, London. Anonymous, ‘Notes on News from the Nursing World: The New Matron of Birmingham Infirmary’, *The Nursing Mirror*, 14, 366 (30 March 1912), n.p.

²⁶⁴ Anonymous, ‘Notes on News from the Nursing World: The New Matron of Birmingham Infirmary’, *The Nursing Mirror*, 14, 366 (30 March 1912), n.p.

²⁶⁵ Anonymous, ‘Nursing Echoes’, *The British Journal of Nursing*, 49 (30 November 1912), 437

²⁶⁶ White, *Social Change and the Development of the Nursing Profession*, 100

profiles. Whilst further analysis is beyond the scope of this study, Appendix K shows the known appointments of some of the matrons in this study, and indicates that for several this was a springboard to another appointment elsewhere. Josephine Bourdillon was Assistant Matron of St Saviour's Infirmary in London for two years, before becoming a Queen's Nurse; she subsequently worked in various leadership positions for nearly twenty years – as an Inspector and Superintendent of Queen's Nurses.²⁶⁷ Perhaps the experience which Bourdillon gained whilst caring for some of the most poverty stricken in society in a Poor Law infirmary, enabled her to make a successful transition into, and subsequent career in, District Nursing.

Although not necessarily deliberately, Edith Cavell appears to have used her appointments at St Pancras and Shoreditch Infirmary's for exactly that purpose. Whilst Lückes helped Cavell find her initial promotion, the surviving records suggest that she did not help much further. During Cavell's training at 'The London', the records imply that Lückes disliked her self-sufficiency.²⁶⁸ Lückes felt that Cavell was 'superficial', and that her work 'was by no means thorough... she was not very much in earnest, not at all punctual, not a nurse that could be altogether depended upon.'²⁶⁹ But Lückes conceded that by the end of her training Cavell 'had sufficient ability to become a fairly good nurse. Her theoretical work was superior to her practical.'²⁷⁰ Although Lückes wrote in Cavell's staff nurse report that she was 'not methodical nor observant, and she overestimated her own powers', she accepted that Cavell might have been bullied by a ward sister.²⁷¹ Despite Lückes's misgivings that Cavell 'over estimated her power's [sic]', in 1901 she recommended Cavell for the responsible post of Night Superintendent at St Pancras Infirmary, because she was 'steady' and 'niceminded.'²⁷² Lückes might have suggested Cavell – who was the daughter of a clergyman, because she saw Cavell as an agent of social and physical reform. It was thought that higher-class nurses

²⁶⁷ Bourdillon, Josephine, Roll of Queen's Nurses, 1891–1931; Roll No.1760; Vol.8 (1901–1902), 196; Queen's Nursing Institute Registers; Wellcome Library, London [Available at: www.ancestry.co.uk, accessed on 14 April 2018]. See Appendix K: Career Histories

²⁶⁸ Edith Cavell, Register of Probationers; RLHLH/N/1/5, 147; Barts Health NHS Trust Archives and Museums, London

²⁶⁹ Ibid

²⁷⁰ Ibid

²⁷¹ Edith Cavell, Register of Sisters and Nurses; RLHLH/N/4/1, 227; Barts Health NHS Trust Archives and Museums, London

²⁷² Ibid

helped improve the behaviour of Poor Law patients and the nursing staff through moral inculcation, which Maggs argues, was akin to ‘social imperialism.’²⁷³

Cavell corresponded regularly with Lückes, and in 1906 following a career break, she asked for Lückes’s help finding work with better pay:

My Dear matron, I venture to write to you to ask you if you can help me to any work. I have been trying for some time to obtain a post of trust – as Matron or Superintendent in an Institution but so far without success.²⁷⁴

Evidently their relationship was one-sided, and Cavell seems to almost ‘revere’ Lückes’s opinions and influence, despite Lückes’s harsh assessment of her. However, it was Cavell, who through her own agency found what was to be her final appointment at the École Belge, Des Infirmières Diplômées, Brussels.²⁷⁵

As has been discussed previously, and probably as part of Lückes’s mission to spread reformed nursing, she often recommended nurses to work with ‘her’ London Hospital trained matrons (see discussion in Chapter Three, pages 144–145). She suggested several nurses to Cavell including Lina Maude and Eleanor Evans,²⁷⁶ possibly to ensure the successful establishment of reformed nursing at Cavell’s new hospital and school of nursing, and, as Christine Hallett argues, to spread ‘the baton of progress... across Belgium.’²⁷⁷ Cavell’s letters indicate that she shared her former matron’s desire to spread professional nursing and to employ well trained nurses: ‘I do feel that London nurses are more likely than others to realise the high standards I am anxious to obtain for Belgium.’²⁷⁸ Hallett reasons that Cavell

²⁷³ Maggs, *The Origins of General Nursing*, 139

²⁷⁴ Letter from Edith Cavell to Eva Lückes, Swardeston Vicarage, Norwich, 13 September 1906; Matron’s Correspondence and Papers; RLHLH/N/7/7/5; Barts Health NHS Trust Archives and Museums, London

²⁷⁵ Letter from Edith Cavell to Eva Lückes, École Belge, Des Infirmières Diplômées, 19 September [1907]; Matron’s Correspondence and Papers; RLHLH/N/7/7/8; Barts Health NHS Trust Archives and Museums, London. For an account of Edith Cavell’s death see: Rowland Ryder, *Edith Cavell* (London, Hamish Hamilton, 1975). Diana Souhami, *Edith Cavell* (Eastbourne, Quercus, 2015). Hallett, *Edith Cavell and her Legend*

²⁷⁶ Lina Maude is mentioned in several of Edith Cavell’s letters including: Letter from Edith Cavell to Eva Lückes, 179, Rue de la Culture, 27 October 1907; Matron’s Correspondence and Papers; RLHLH/N/7/7/10 and likewise, Eleanor Evans is mentioned in several of Edith Cavell’s letters, see: Letter from Edith Cavell to Eva Lückes, 149, Rue de la Culture, Bruxelles, 1913; Matron’s Correspondence and Papers; RLHLH/N/7/7/21; Barts Health NHS Trust Archives and Museums, London

²⁷⁷ Hallett, *Edith Cavell and her Legend*, 15

²⁷⁸ Letter from Edith Cavell to Eva Lückes, Ecole Belge, Des Infirmières Diplômées, 28 December 1908; Matron’s Correspondence and Papers; RLHLH/N/7/7/20; Barts Health NHS Trust Archives and Museums, London

was ‘part of an avant-garde of nurse-leaders who were pushing the boundaries of their profession’²⁷⁹ and thereby – along with all of Lückes’s matrons, spreading reformed nursing.

Sacrificing elite nurses in order to ‘save’ other hospitals

Lückes regarded it as a personal loss to herself, and ‘The London’, when her some of her favourite staff left to take up promotions at other hospitals. Evidently she actively encouraged some, such as Edith Walker and Annie McIntosh, to leave and take up prestigious posts, although she was reluctant to let Margaret Morgan go to St George’s Hospital as matron, probably because it was not ‘for the London’s “convenience”’.²⁸⁰ It is possible that Lückes shared Nightingale’s belief that Morgan was ‘too good for St George’s’ and that the matronship there was known to be a particularly challenging one; Nightingale likened the position as ‘a berth at sea in a gale.’²⁸¹ Lückes’s reluctance to lose Morgan was probably an exception. Her letters indicate that she was prepared to lose almost any nursing staff, whether a ward sister or office assistant in order to establish reformed nursing elsewhere: ‘I shall miss Miss McIntosh more than I can say. However, I have been long enough in the work now to know that very little is achieved for the good of the whole without some personal sacrifice, this is inevitable in the circumstances.’²⁸² Although she bemoaned the loss of ‘good workers’, the impact on her work, and the resulting time required to retrain staff to replace their former colleague, it is apparent that Lückes ‘believed passionately in farming out, and never encouraged her sisters to stay at “the London” when offered better posts elsewhere.’²⁸³

As discussed earlier in this chapter, Mabel Cave was seconded from her post as Lückes’s Office Assistant to The Metropolitan Hospital in London, as temporary Matron in 1897. The governors of the Metropolitan Hospital had problems recruiting and retaining senior nursing staff, and had employed the Order of All Saints, an order of Anglican nurses, to work at The Metropolitan Hospital between 1888–1895 (see discussion, pages 180–182).²⁸⁴ Cave was

²⁷⁹ Hallett, *Edith Cavell and her Legend*, 15

²⁸⁰ Letter from Florence Nightingale to Sydney Holland, 10 South Street, Park Lane, W., 27 April 1897; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/17; Barts Health NHS Trust Archives and Museums, London

²⁸¹ Ibid. As discussed earlier, Margaret Morgan left ‘The London’ four years later in 1901 to take up a matronship.

²⁸² Letter from Eva Lückes to Margaret Paul, London Hospital, Whitechapel E., June 13, 1910; Papers of Mrs Margaret Paul, formerly ‘Sister George’; RLHPP/PAU/1/9, 4; Barts Health NHS Trust Archives and Museums, London

²⁸³ Clark-Kennedy, *The London, Volume Two*, 206

²⁸⁴ Anonymous, ‘Metropolitan Hospital’, *Lost Hospitals of London* [Available at: <https://ezitis.myzen.co.uk>, accessed on 17 March 2021]. The 1895 edition of *Burdett’s Hospital and Charities Annual* states that the

appointed as matron shortly after their departure. Following her permanent appointment there Lückes commented ‘Those of us who knew Miss Cave cannot wonder that when the authorities at the Metropolitan Hospital had once been fortunate enough to secure her services, they did not wish to part with her again.’²⁸⁵ Again the sources support the argument that Lückes was prepared to lose some of her best staff in order to influence the reform of nursing elsewhere.

Like her former matron and mentor, Cave was accused in sections of the nursing press of nursing despotism. Cave’s lack of practical experience and association with Lückes was commented on in *The Nursing Record and Hospital World* which accused her of ‘attempting to introduce into the Metropolitan Hospital the autocratic measures which have recently, owing to popular feeling, been to a great extent discontinued, but which, in the past, made the nursing management of one institution a bye-word in the Hospital world.’²⁸⁶ It is likely that this was referring to the power which Lückes’s was perceived to hold as matron of The London Hospital, and which was heavily scrutinised during the 1890 House of Lords Metropolitan Hospital Enquiry.²⁸⁷

Cave remained at The Metropolitan Hospital for a year, before she was appointed in the joint role of Lady Superintendent and Matron at The Westminster Hospital, London.²⁸⁸ Lückes initiated and was instrumental in many of her matrons’ successful careers. In 1898 when Cave left The Metropolitan Hospital, and the matronship became vacant, the records show that Lückes was asked to recommend a successor.²⁸⁹ Lückes had the utmost confidence in recommending Isabel Bennett for the more responsible position although Lückes ‘sincerely regretted the loss of her services as sister here.’²⁹⁰ Lückes seems enthusiastic that the nursing reforms which Cave had commenced there in 1897 should be continued, and that the loss of

hospital was staffed by the Sisters of St. Peter’s Kilburn, see: Henry Burdett (ed.), *Burdett’s Hospital and Charities Annual 1895* (London, The Scientific Press, 1895), 318

²⁸⁵ Matron’s Annual Letter, No.5; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.5, February 1898, 9; Barts Health NHS Trust Archives and Museums, London

²⁸⁶ Anonymous, ‘Nursing Politics: Nursing Methods at the “Metropolitan”’, *The Nursing Record and Hospital World*, 19 (10 July 1897), 29–30

²⁸⁷ Collins and Parker, ‘A Victorian matron; no ordinary woman’, 72

²⁸⁸ Anonymous, ‘Appointments’, *The Nursing Record and Hospital World*, 21 (20 August 1898), 148

²⁸⁹ Isabel Catherine Bennett, Register of Sisters and Nurses; RLHLH/N/4/1, 167; Barts Health NHS Trust Archives and Museums, London

²⁹⁰ Ibid

Bennett seems to be outweighed by Lückes's wider goal of spreading professional trained nurses.

In 1899 Lückes wrote that Bennett was 'admirably carrying on, and actively developing, the good work begun there.'²⁹¹ The absence of records for some hospitals makes it harder to assess the extent of Lückes's influence through the matrons who trained under her. However sometimes evidence is found in other primary sources. In 1906 during a visit by a *Nursing Times* reporter, Bennett was described as being a much-loved matron, who had happy and contented staff.²⁹² Furthermore, during the First World War, the Metropolitan Hospital was selected as an outpost of Queen Alexandra's Military Hospital in Millbank for wounded and sick officers.²⁹³ This suggests that Bennett was a well-respected and capable administrator in charge of a reputable and professional nursing department, which was thought suitable to care for officers. During the war her workload increased considerably, as the hospital expanded from 160 civilian beds,²⁹⁴ with an additional 302 military beds.²⁹⁵ Bennett remained in charge for over 23 years before retiring in 1922.²⁹⁶

Lückes 'forfeited' two of her most senior assistant matrons almost simultaneously; firstly Marion Thomas, who went to Rutson Hospital and in 1912 succeeded a 'Nightingale' at Birmingham (see discussion, pages 296–197).²⁹⁷ Secondly, Lückes 'lost' Annie McIntosh who moved to St Bartholomew's Hospital, London. McIntosh followed Isla Stewart as matron, who was Nightingale trained, but a close friend and an ally of Mrs Fenwick in the campaign for state registration and of a mandatory, standardised three-years training programme. Lückes expressed her pleasure in these appointments to London Hospital alumni:

²⁹¹ Matron's Annual Letter, No.6; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.6, March 1899, 15; Barts Health NHS Trust Archives and Museums, London

²⁹² Anonymous, 'Metropolitan Hospital', *The Nursing Times*, 2 (13 January 1906), 38

²⁹³ Anonymous, 'Metropolitan Hospital', Lost Hospitals of London [Available at: <https://ezitis.myzen.co.uk>, accessed on 21 February 2021]

²⁹⁴ H. Burdett, *Burdett's Official Nursing Directory, Directory of Nurses, 1907* (London, The Scientific Press, 1898), 262–263

²⁹⁵ Anonymous, 'Metropolitan Hospital', Lost Hospitals of London [Available at: <https://ezitis.myzen.co.uk>, accessed on 21 February 2021]

²⁹⁶ Jeremy Bennett, *The Master Builders: The story of a Fenland Family* (Sutton, Replay Publishing Ltd, 2004), 114–115. Isabel Catherine Bennett, Register of Sisters and Nurses; RLHLH/N/4/1, 167; Barts Health NHS Trust Archives and Museums, London

²⁹⁷ Fellow 'Londoner' Edith Greaves also applied for the matronship of Birmingham Infirmary but Lückes 'had already recommended a candidate who had far more experience in general management than Edith Greaves', see: Edith Elizabeth Greaves, Register of Sisters and Nurses; RLHLH/N/4/2, 147; Barts Health NHS Trust Archives and Museums, London

It is gratifying for us to know that Miss McIntosh and Miss Thomas, who were so closely associated together in the work here, and now respectively using the valuable experience gained in our great Hospital at well-known institutions, where the work has to be organised on a relatively large-scale, and where they have the opportunity of becoming recognised leaders in the nursing world by doing the excellent work which we may confidently expect from them.²⁹⁸

Perhaps of all Lückes's fast-tracked reformers, McIntosh's appointment in 1910 as Matron of St Bartholomew's Hospital, was the most influential, as well as highly controversial. McIntosh was seen as Lückes's protégée,²⁹⁹ and her appointment as matron was extremely contentious at a time when there was much debate over the preferred length of nurse training, the professionalisation of nursing and nurse registration.³⁰⁰ Although the objections to her appointment centred around McIntosh's training, Geoffrey Yeo claims that the real reason for



Image 4.5: Annie McIntosh, Matron of St Bartholomew's Hospital, London, circa 1917³⁰¹
Credit: Royal College of Nursing Library and Archives

the dissent was because it was expected that she would share her mentor's stance on registration and the professionalisation of nursing.³⁰² However, and rather ironically – in 1916, McIntosh along with another 'Londoner' Anna Baillie, became one of the first supporters and promoters of the College of Nursing to which Lückes was opposed.³⁰³

²⁹⁸ Matron's Annual Letter, No.19; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.19, April 1912, 4; Barts Health NHS Trust Archives and Museums, London

²⁹⁹ Geoffrey Yeo, *Nursing at Bart's: A History of Nursing Service and Nurse Education at St Bartholomew's Hospital, London* (Stroud, Alan Sutton Publishing Ltd, 1995), 55

³⁰⁰ Sarah Rogers, 'McIntosh, Annie Sophia Jane, (1871–1951)', *Oxford Dictionary of National Biography*, (Oxford, 2020) [Available at: <https://www.oxforddnb.com>, accessed on 21 January 2021]

³⁰¹ Anonymous, 'Some Interesting Pictures', *The Nursing Times*, 13 (6 October 1917), 1185

³⁰² Yeo, *Nursing at Bart's*, 55

³⁰³ Letter from A. McIntosh and A.B. Baillie, 'The College of Nursing and State Registration', 20 November 1916; RCN4/1918/1/9; The Royal College of Nursing Archives, Edinburgh. For sources relating to Eva

McIntosh's appointment was particularly provocative because she was prohibited from applying to work as a staff nurse at St Bartholomew's Hospital as she had not completed the mandatory three-year programme which was required of Staff Nurses to work there, and had undertaken a two-year programme at 'The London'.³⁰⁴ Paradoxically, the St Bartholomew's Hospital regulations did not prohibit her appointment as matron.³⁰⁵ Moreover, McIntosh had only spent approximately one-year training as a probationer before undertaking managerial duties, which probably inflamed her critics further, and she had therefore not, in the eyes of some, technically completed two-years training as a probationer.³⁰⁶ However, McIntosh's detractors appear to have not known, or disregarded, her previous nursing experience. Prior to her training at 'The London', McIntosh had nursed for two years at The Borough Hospital, Birkenhead, a small 60 bedded voluntary hospital.³⁰⁷ It was quite common for nurses who had trained at a provincial hospital to repeat their training at 'The London'; whether or not this was common practice at other voluntary hospitals in London is perhaps worthy of further research. As Appendix J illustrates, McIntosh was not alone in repeating her training; Lückes generally disregarded training undertaken in provincial hospitals as she felt that they had often learnt bad habits, and required most nurses to do further probationary training again at 'The London'.³⁰⁸ This 'extra' training perhaps explains why nurses who trained in London were seen as superior.

The optimal length of nurse training had been subject to ongoing debate since the 1890 Enquiry, and discussed during the 1904–1905 House of Commons Select Committee on Nurse Registration, which found in favour of a mandatory three-year standardised training

Lückes's objections to the proposed College of Nursing see: Various letters from Lückes to Miss Lloyd-Still and Sarah Swift; Early correspondence relating to the formation of the College of Nursing Ltd; RCN1/1/1916/16, 17, 23 and Lady Northcliffe, letter and comments on Miss Lückes's viewpoint; Sir Arthur Stanley letters; RCN1/1/1916/7; The Royal College of Nursing Archives, Edinburgh

³⁰⁴ Minutes of the Board of Governors, 28 July 1910, St Bartholomew's Hospital; Minutes of the Board of Governors, 1903–1912; SBHB/HA/1/28, 504; Barts Health NHS Trust Archives and Museums, London

³⁰⁵ Ibid

³⁰⁶ Annie Sophia Jane McIntosh, Register of Probationers; RLHLH/N/1/6, 6; Barts Health NHS Trust Archives and Museums, London

³⁰⁷ Ibid

³⁰⁸ See: Eva Lückes, 13 April 1905; *Report from the Select Committee on Registration of Nurses together with the Proceedings of the Committee, Minutes of Evidence and Appendix*, July 1905; 25, paragraph 512; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London. Nurses who did not repeat their training included Ellen Moir, Marion Mackey and Clara Eastmond, who were probably 'imported' to raise the 'tone' early on in Lückes's matronship. Conversely Mary Rosalind Paget trained both at The Westminster Hospital and The London Hospital – it is not known if that was at her request or Lückes's insistence.

programme.³⁰⁹ During her matronship of St Bartholomew's Hospital, Ethel Manson had implemented three-years mandatory training,³¹⁰ and by 1905, 36 out of 37 hospitals in London had three-year training.³¹¹ As Lückes refused to implement three-year training this left The London Hospital in 'splendid isolation.'³¹² Lückes was supported by Holland, and argued that the reformers 'have made a regular fetish of late of the three-years training.'³¹³ Lückes contended that hospitals in London could give probationers greater opportunities and a well-rounded curriculum, of a higher standard, in a shorter time, than hospitals which treated fewer patients, might in three years, or longer.³¹⁴ Lückes accepted that nurses at smaller hospitals might require longer training, depending on the opportunities they offered, and accepted that a minimum training length was essential.³¹⁵ Furthermore, she wanted individual hospitals to maintain their own autonomy, and thereby their exclusivity, and contended that the nurses who started training in 'country hospitals are not a superior class as a rule.'³¹⁶ However, by 1910 when McIntosh became matron of St Bartholomew's Hospital, Lückes's refusal to increase the length of training at 'The London', appears to have hindered her nurses' career prospects, (see discussions in Chapter Three, page 150; Chapter Five, pages 263–265 and Figure 4.2). McGann argues that a London Hospital training certificate did not carry the same cachet by 1916.³¹⁷

As a former matron of St Bartholomew's Hospital, Mrs Fenwick played an active and influential role in their league of nurses.³¹⁸ St Bartholomew's Hospital House committee and the League of Nurses expressed concern about McIntosh's appointment to a position of authority over St Bartholomew's Hospital nurses because of her 'inferior' certificate of

³⁰⁹ Report findings, 25 July 1905, iv, paragraph 18; H.M.S.O., *Report from the Select Committee on The Registration of Nurses, together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London

³¹⁰ McGann, *The Battle of the Nurses*, 36

³¹¹ Henry Charles Burdett, 6 June 1905; H.M.S.O., *Report from the Select Committee on The Registration of Nurses, together with the Proceedings of the Committee, Minutes of Evidence Taken Before the Select Committee on The Registration of Nurses*, 1905, 136, paragraph 2645; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London

³¹² McGann, *The Battle of the Nurses*, 33

³¹³ Eva Lückes, 13 April 1905; H.M.S.O., *Report from the Select Committee on Registration of Nurses together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*, July 1905, 24, paragraph 486; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London

³¹⁴ *Ibid.*, 16–16, paragraphs 347–365

³¹⁵ *Ibid.*, 28, paragraphs 585–586

³¹⁶ *Ibid.*, 25, paragraph 513

³¹⁷ McGann, *The Battle of the Nurses*, 33

³¹⁸ Yeo, *Nursing at Bart's*, 53–56

training.³¹⁹ She was ‘resented’ and her appointment was challenged, but to no avail.³²⁰ At the time McIntosh received many negative comments in the nursing press, and she was said to have considered resigning.³²¹

As with the appointments of some of these fast-tracked nurses, McIntosh’s appointment was possibly as a result of networking and patronage (see Chapter Three). In 1910 Lord Sandhurst was Chairman of the Board of Governors of St Bartholomew’s, and had also played a part in supporting Lückes and the beleaguered London Hospital House Committee during the resulting, and at times, often acrimonious debate following the publication of the House of Lords Metropolitan Hospitals Enquiry report in 1893.³²² Fortuitously for Lückes and the House Committee, Lord Sandhurst had become a governor of ‘The London’ in 1893, and had ‘spoke[n] firmly in support of the committee and was... a help.’³²³ Similarly during the ensuing debate about McIntosh’s appointment, Sandhurst refused to ‘be swayed by interference from outside the hospital.’³²⁴ Sandhurst suggested that she delayed starting her job until September 1910 when, McIntosh, himself and the hospital secretary, would have returned from their summer holidays, ‘so that she may get a fair start with the regular authorities at hand to help.’³²⁵ Further evidence of the power of patronage and networking, which Lückes possibly used to influence the dissemination of reformed nursing was suggested by Fenwick, who concluded that Henry Burdett, editor of *The Hospital*, and a supporter of Lückes’s, had swayed the Board of Governors.³²⁶

³¹⁹ Minutes of the Board of Governors, 28 July 1910, St Bartholomew’s Hospital; Minutes of the Board of Governors, 1903–1912; SBHB/HA/1/28, 504 and League of Nurses Newsletter, August 1910; St Bartholomew’s Hospital League of Nurses, League News 1909–1912; SBHLN/LN/1/ 3, 133–135; Barts Health NHS Trust Archives and Museums, London. Anonymous, ‘The Defence of Nursing Standards Committee,’ *The British Journal of Nursing*, 44 (25 June 1910), 513–514

³²⁰ Minutes of the Board of Governors, 28 July 1910, St Bartholomew’s Hospital; Minutes of the Board of Governors, 1903–1912; SBHB/HA/1/28, 504; Barts Health NHS Trust Archives and Museums, London. Anonymous, ‘The Defence of Nursing Standards Committee,’ *The British Journal of Nursing*, 44 (25 June 1910), 513–514

³²¹ Anonymous, ‘The Anti-Registration Ukase at Bart’s,’ *The British Journal of Nursing*, 50 (4 January 1913), 7–8. Anonymous, ‘The Anti-Registration Ukase at Bart’s,’ continued from page 8, *The British Journal of Nursing*, 50 (11 January 1913), 25

³²² Letter from Eva Lückes to Margaret Paul, London Hospital, Whitechapel E., 13 June 1910, 3; Papers of Mrs Margaret Paul, formerly ‘Sister George’; RLHPP/PAU/1/9, Barts Health NHS Trust Archives and Museums, London

³²³ Letter from Eva Lückes to Florence Nightingale, 12 March 1893; The Nightingale Papers; Add MS 47746, Vol. CXLIV, ff.158; The British Library, London

³²⁴ Yeo, *Nursing at Bart’s*, 55

³²⁵ Letter from Eva Lückes to Margaret Paul, London Hospital, Whitechapel E., 13 June 1910, 3; Papers of Mrs Margaret Paul, formerly ‘Sister George’; RLHPP/PAU/1/9, 3; Barts Health NHS Trust Archives and Museums, London

³²⁶ Yeo, *Nursing at Bart’s*, 55. McGann, *The Battle of the Nurses*, 77

The sources imply that Lückes persuaded McIntosh to apply for the post at St Bartholomew's Hospital. Lückes acknowledged that the new appointment was 'very uprooting for Miss McIntosh, who had no desire to leave the "London" except in the way of a cheerful response to the call of duty if it came to her in this direction.'³²⁷ What is not known is whether Lückes wanted McIntosh to be appointed there as much for her own 'vanity', and to spread her London Hospital style of reformed nursing, as much as for McIntosh's own sense of vocation, desire for professional development, progression and satisfaction, and any obligation to Lückes. It is likely that Lückes saw McIntosh's appointment as acceptance of her style of nursing, including her shorter training programme, and an opportunity to shore up and spread support for her opposition to State Registration. Furthermore, in Lückes's eyes at least, St Bartholomew's Hospital was still closely associated with Mrs Fenwick, who vocally and publicly expressed her opposition to Lückes's treatment of her nurses, management style, and her beliefs about registration and the professionalisation of nursing, and training length on numerous occasions. Arguably, Lückes thought that the loss of McIntosh was a significant, but a worthwhile step in advancing 'the cause'.

Analysis of letters which Lückes wrote to her close friend Margaret Paul, one of her former ward sisters and a confidante, are revealing. They suggest that Lückes was in her opinion at least, sacrificing McIntosh, in part perhaps – but nonetheless rather remarkably, to help improve the nursing at St Bartholomew's Hospital. Lückes wrote that McIntosh's appointment gave her:

The keenest satisfaction from every point of view. They cannot know as yet what reason they have to be congratulated on securing so splendid a Matron, and one who is so fitted for the administration of a large Hospital, not only by her personal and technical qualifications but by the unique experience she has had to prepare her for the responsibilities now awaiting her.³²⁸

Before McIntosh took up the post, she went with friends on a previously arranged holiday to Switzerland where Lückes hoped 'only the faintest rumours of this ill-natured strife may reach her.'³²⁹ Lückes hoped that eventually 'Miss McIntosh's appointment as Matron of St

³²⁷ Letter from Eva Lückes to Margaret Paul, London Hospital, Whitechapel E., 13 June 1910; Papers of Mrs Margaret Paul, formerly 'Sister George'; RLHPP/PAU/1/9, 4; Barts Health NHS Trust Archives and Museums, London

³²⁸ Ibid, 1–2

³²⁹ Ibid, 2

Bartholomew's will tend to promote peace and progress in our busy Nursing World where both are so much-needed.'³³⁰ This may also have been another reference to the constant jibes which were written in some sections of the press, in particular the nursing journal which was edited and owned by Fenwick. The evidence suggests that Lückes anticipated that Fenwick and her supporters would protest: 'one could hardly expect such an appointment to be made without calling forth a violent outburst of spite and jealousy from Mrs Bedford Fenwick and her followers.'³³¹ However, Lückes was delighted that 'we hear on every hand of past and present Barts nurses who are quite rejoicing at the prospect of a new element tending towards true progress being introduced into their Hospital...'.³³²

A month later Lückes reported with some satisfaction that: 'It will not be long before Miss McIntosh gradually makes her influence felt amongst the "Barts" nurses.'³³³ Lückes had heard 'from various sources inside "Barts"' that 'the noisy opposition must be attributed mainly to Mrs Bedford Fenwick and her followers outside the hospital, not to the present Nurses, many of whom are simply longing for fresh elements to be introduced, and are ready to welcome their new Matron in a proper spirit.'³³⁴ Lückes felt that 'I have no doubt that Miss McIntosh has a very hard time before her, but lasting progress is seldom achieved without sustained fighting, Miss McIntosh has it in her to achieve.'³³⁵ Lückes claimed that 'Mrs Bedford Fenwick is certain to make the introduction of any needed reforms unnecessarily hard by raising unfair questions, and thus creating unnecessary complications.'³³⁶ Shortly after McIntosh commenced her matronship, Lückes reassured the London Hospital House Committee that she had 'been most kindly received, and has made an excellent beginning.'³³⁷ Lückes seems to hope that McIntosh's appointment would have the beneficial effect of damping down the debates about her management style, nurse registration, and training lengths: 'as the "London" has given "Bart's" one of its very best workers, we must hope that

³³⁰ Ibid, 3–4

³³¹ Ibid, 1–2

³³² Ibid

³³³ Ibid

³³⁴ Letter from Eva Lückes to Margaret Paul, London Hospital, Whitechapel E., 17 July, 1910; Papers of Mrs Margaret Paul, formerly 'Sister George'; RLHPP/PAU/1/10, 9; Barts Health NHS Trust Archives and Museums, London

³³⁵ Ibid

³³⁶ Ibid

³³⁷ Matron's Report to House Committee, 3 October 1910; House Committee Minutes, 1910–1912; RLHLH/A/5/52, 72; Barts Health NHS Trust Archives and Museums, London

Miss McIntosh's appointment may tend to promote the *entente cordiale* between these two great Hospitals...' [original emphasis].³³⁸

Lückes confided to a friend, 'I can honestly say to you that I do not think the authorities at Barts could have made a better choice. Miss McIntosh is a really nice, good woman, besides being thoroughly competent' [original emphasis].³³⁹ Moreover, Lückes argued that McIntosh's extensive and 'rather unique experience in the administration of a large hospital...' which included seven years as Lückes's senior assistant, was excellent preparation for her new role.³⁴⁰ However, despite Lückes's former reliance on McIntosh, Lückes felt the sacrifice was worthwhile, perhaps because it enabled her to spread reformed nursing.³⁴¹ Lückes claimed that:

Those who know Miss McIntosh knew how loyally she would work to maintain its best traditions, and how little ground for anxiety "Bart's" Nurses had in receiving anyone so straightforward and just as Miss McIntosh to be their Matron. We all knew how much Miss McIntosh would be missed at the "London" and condoled with each other over the loss, which was so obviously a gain for "Bart's".³⁴²

Despite the intense focus, ongoing scrutiny, and at times personal and vitriolic debate which accompanied her appointment, McIntosh slowly implemented changes at St Bartholomew's Hospital. These included the introduction of midwifery training, and more formalised training for probationers including the introduction of a PTS, which were all features already established by Lückes at 'The London'.³⁴³ However, McIntosh retained the three-year training programme previously implemented by Fenwick at St Bartholomew's Hospital. McIntosh's appointment as matron to a prestigious hospital illustrates how themes of class, characteristics, and tone, along with mentoring, patronage and networking underpinned

³³⁸ Matron's Annual Letter, No.18; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.18, March 1911, 18; Barts Health NHS Trust Archives and Museums, London

³³⁹ Letter from Eva Lückes to Margaret Paul, London Hospital, Whitechapel E., 13 June 1910; Papers of Mrs Margaret Paul, formerly 'Sister George'; RLHPP/PAU/1/9, 2; Barts Health NHS Trust Archives and Museums, London

³⁴⁰ Ibid

³⁴¹ Ibid, 4

³⁴² Matron's Annual Letter, No.18; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.18, March 1911, 18; Barts Health NHS Trust Archives and Museums, London

³⁴³ Annie McIntosh, Matron, Office Papers and Correspondence; SBHB/MO38/17; Barts Health NHS Trust Archives and Museums, London. Eva Lückes had established the first Preliminary Training School in England, at The London Hospital in 1895, Barts was one of the last to have one in London. Yeo, *Nursing at Bart's*, 55–74

Lückes's mission to make matrons, and influence the style of reformed professional nursing. This episode also highlights several issues which rumbled on throughout the majority of Lückes's career at The London Hospital and appear to be largely driven by Lückes's antagonist, Mrs Fenwick. It is beyond the scope of this research to analyse further the discordant relationship between Mrs Fenwick and Lückes which dogged Lückes's career at 'The London'. Although Clark-Kennedy suggests that their discord was because of a romantic attachment between Lückes and Dr Bedford Fenwick, before he married Ethel Manson, he presents no evidence to substantiate this claim.³⁴⁴ It is considered more likely that it was because of their widely differing stances on the development of nursing, and also possibly because Lückes, rather than Mrs Fenwick was seen as Nightingale's disciple.³⁴⁵ Like many of Lückes's élite reformers, McIntosh was responsible for a Territorial Hospital throughout the First World War, and was Principal Matron of the First London General Hospital, Camberwell.³⁴⁶ She joined the War Office Supply of Nurses Committee in 1916, which former 'Londoner' and Matron-in-Chief Ethel Becher sat on with Viscount Knutsford although he had just left the committee.³⁴⁷



Image 4.6: Civilian matrons in a military role:
Anna Baillie and Agnes Watt wearing military uniform outside Buckingham Palace³⁴⁸
Credit: Royal College of Nursing Library and Archive

³⁴⁴ Clark-Kennedy, *The London, Volume Two*, 105–106

³⁴⁵ McGann, *The Battle of the Nurses*, 27

³⁴⁶ League of Nurses Newsletter, December 1951; St Bartholomew's Hospital League of Nurses, League News 1946–1952; SBHLN/LN/1/11, 37–38; Barts Health NHS Trust Archives and Museums, London. Anonymous, 'Miss Annie McIntosh, C.B.E. R.R.C', *The Nursing Times*, 74 (18 December 1926), 1172

³⁴⁷ Anonymous, 'The Supply of Nurses: A Committee of Inquiry', *The Yorkshire Post* (4 October 1916), 10

³⁴⁸ Anonymous, 'Honours for Nurses (continued)', *The Nursing Times*, 12 (27 January 1916), 90

During the build up to the First World War and subsequent hostilities a number of Lückes's others matrons held significant posts either at their own, civilian hospitals, which were subsumed into the military establishment or within military hospitals run as part of the established service, or by ancillary and voluntary agencies (see Figure 4.4). Many others including Mabel Cave also ran military hospitals for the voluntary services.³⁴⁹

Matron	Civilian Hospital	Military Hospital during First World War
Agnes Beatrix Baillie	Bristol Royal Infirmary, Bristol	Principal Matron, TFNS, 2nd Southern General Hospital (Bristol Royal Infirmary and Southmead Hospitals), 1914–1919
Isabel Catherine Bennett	The Metropolitan Hospital, London	Matron, Annex for Queen Alexandra's Military Hospital in Millbank for wounded and sick officers (additional 302 beds)
Alice Ann Browne	The Grove Hospital, Tooting, London	Matron, TFNS, The Grove Military Hospital, Tooting, London, 1916–1919
Letitia Sarah Clark	West Ham Union Infirmary, London	Matron, Whipps Cross War Hospital, Leytonstone
Lilian Ellen Cushon	Assistant Matron, Lambeth Infirmary, London, 1909–1915	Principal Matron, British Red Cross Hospital, Netley, 1915–1919
Angelina Corrina Dent	Assistant Matron, Bristol Royal Infirmary	Matron, TFNS, 2nd Southern General Hospital (Bristol Royal Infirmary Section), 1914–1919
Elizabeth Dodds	Bethnal Green Infirmary, London	Matron, Bethnal Green Military Hospital, Cambridge Heath, London
Henrietta Hannath	Wolverhampton and Staffordshire General Hospital	Matron, TFNS, 5th Northern General Hospital, Leicester, Leicestershire, 1910–1923
Annie Sophia McIntosh	St Bartholomew's, London	Principal Matron, TFNS, 1st London General Hospital, Camberwell
Margaret Morgan	York Home for Nurses also known as the Purey Cust Nursing Home, 1905–1919	Matron, QAIMNSR, 1915–1917 Haxby Road Extension, Military Hospital, York (Granted limited leave of absence)
Mary Eliza Pinsent	Royal National Orthopaedic Hospital, London (1906–1914) Leave of absence until 1919	Assistant Matron, TFNS, 3rd London General Wandsworth, 1914–1915 Matron, TFNS, Bagthorpe Military Hospital, Nottingham, 1915–1916 Matron, QAIMNSR, Egypt and Ambulance Ship, 1916–1919
Marion Thomas	Birmingham Infirmary	Matron, TFNS, 2/1st Southern General Hospital, Birmingham, 1915–1920
Agnes Jean Watt	The Radcliffe Infirmary, Oxford	Matron, TFNS, 3rd Southern General hospital, Oxford, 1909–1922

Table 4.4: Matrons who combined civilian and military roles

³⁴⁹ See Appendix K: Career Histories

Conclusion

This chapter demonstrates that Lückes was directly or indirectly instrumental in the appointments and careers of many of her civilian matrons. Moreover, the evidence presented demonstrates that she was influential in disseminating trained professional nursing, as seen in the range and type of institutions, and geographical locations of their appointments. Vicinus asserts that ‘Nightingale and her followers’ focused ‘their reforming efforts upon the most influential hospitals’ because they believed that ‘they would ultimately have a wider impact than if they started with the most retrograde or smallest.’³⁵⁰ However, the sources support the claim that Lückes simply recommended her nurses as matrons to wherever her sway already extended and to wherever she could spread her influence.

Arguably Lückes was initially most influential in the reform of Poor Law nursing, via the dissemination of her reformed matrons to Poor Law infirmaries. McDonald argues that Nightingale’s greatest success was perhaps the reform of Poor Law policy, which it seems that Lückes’s matrons implemented and maintained in several of the metropolitan and large provincial infirmaries. This area is worthy of further research, but is outside the scope of this study. Baly suggests that the Nightingale Fund had a greater influence on workhouse nursing between 1880–1900 than in voluntary hospitals; the majority of Lückes’s matrons first appointments to Poor Law infirmaries were in the 1890s and 1900s, perhaps suggesting that her nurses benefitted from Nightingale’s influence. Further research into the full careers of the matrons in this study might enable deeper analysis.³⁵¹

Lückes trained significantly more nurses at ‘The London’ than were trained in a similar period at St Thomas’s Hospital, therefore it is possible that Lückes was as successful at spreading reformed nurses than Nightingale, although she had fewer of her mentor’s advantages and connections, particularly with the social élite.³⁵² However, whilst this study has shown that 474 ‘Londoners’ became nursing leaders, positions at all types of institution were included, unlike in McDonald’s research which found that ‘Nightingales’ filled the

³⁵⁰ Vicinus, *Independent Women*, 85

³⁵¹ See Appendix K: Career Histories

³⁵² Appendix I shows that 2642 nurses successfully completed their training at The London Hospital between 1880–1915, whilst the Nightingale School is said to have produced either: 936 nurses between 1860 and 1899, see: McDonald, ‘Mythologizing and De-Mythologizing’, 106; or certified 1907 nurses between 1860 and 1903, cited in Abel-Smith, *A History of the Nursing Profession*, 24. The difference between the data can possibly be explained by the use of differing parameters when calculating the information.

matronships of at least 213 hospitals, but excluded appointments to cottage hospitals and nursing homes.³⁵³ Again, and only if practicable, a further study which utilises data from other hospitals would enable a more considered discussion about the real extent of Lückes's influence during this period.³⁵⁴ Studies into other nineteenth and early-twentieth-century matrons and their hospitals, both provincial and metropolitan could explore their influence on the dissemination of reformed nursing and add nuance to the current historiographical assumption that Nightingale was the most prolific producer of matrons.

Unlike Nightingale Fund trained matrons, 'Londoners' may not have 'captured a high proportion of the commanding heights of nursing...', a number did occupy some of the most prestigious posts in nursing, notably McIntosh at St Bartholomew's Hospital, Thomas at Birmingham Infirmary, and also several in the top positions in military nursing (see Chapter Five).³⁵⁵ However, the evidence presented has not yet substantiated Grainne Anthony's assertion that London Hospital trained nurses held 'so many of the most prestigious' posts in nursing in Britain and overseas.³⁵⁶

Further research would determine whether or not Lückes's influence at reforming nursing, was as successful as Nightingale's, whose status and access to networks among the social élite probably opened opportunities for her nurses. In some cases, Nightingale's matrons probably 'softened' up doctors, and made them more amenable to future reforms, and 'new-style' modernising matrons. In certain institutions Lückes's matrons seem to have stayed longer, and therefore possibly may have had a greater impact than Nightingale trained matrons, as seen in the careers of both Poor Law, and voluntary hospital matrons including; Anna Baillie, Elizabeth Dodds, Joanna Inglis, Ellen Moir and Agnes Watt.³⁵⁷ Nevertheless, Lückes extended her influence and shaped the careers of her matrons through patronage and networking. Indeed, she was prepared to 'sacrifice' some of her best staff as part of her reforming diaspora who went out to spread 'Nightingale-style', trained professional nursing, which was arguably Lückes's 'raison d'être'.

³⁵³ McDonald, 'Mythologizing and De-Mythologizing', 106–109

³⁵⁴ Robert Pinker, *English Hospital Statistics: 1861–1938* (London, Heinemann, 1966), 21, 23–24. Using census returns Pinker's study found that there were 691 hospitals in 1881; 1666 hospitals including Poor Law infirmaries, convalescent and nursing homes in 1891; 713 hospitals, 53 consumption / chest hospitals and 273 convalescent homes in 1911, and 2186 institutions in 1921.

³⁵⁵ Baly, *Florence Nightingale and the Nursing Legacy*, 169

³⁵⁶ Anthony, 'Distinctness of Idea and Firmness of Purpose', 97

³⁵⁷ For other examples see: Appendix K: Career Histories

A number of factors led to Lückes's waning success in the last decade of her matronship, including increased job opportunities for women, a greater number of nurses competing for senior positions, and Lückes's insistence on maintaining the only two-year programme in London. It is thought that the ultimate reason for the reduction in popularity of The London Hospital training, was her intransigence and refusal to increase the programme from two to three years. The evidence suggests that Lückes's reactionary nature impacted on, and reduced her success as a matron maker in the final ten years of her 39-year career, and ultimately may have affected the careers of the nurses she produced in that last decade. Perhaps, if it were not for increasing military preparedness within Britain, the impact of her intransigence on her nurses' careers and the spread of 'Nightingale-style' nursing would have occurred earlier. Lückes's influence upon military nursing, and the careers of several of her military matrons is examined in Chapter Five, which will argue that this, along with the key civilian appointments, was the pinnacle of Lückes's success.



Image 4.7: Lückes and her assistants: Misses Monk, Sandifer, Scott and Littleboy ³⁵⁸
Credit: Barts Health NHS Trust Archives and Museums, London

³⁵⁸ Eva Lückes and her assistants, circa 1911; Photographs; RLHLH/P/3/21,14; Barts Health NHS Trust Archives and Museums, London

Chapter Five

Military matrons: Eva Lückes – player of power in military nursing

Introduction

Eva Lückes's 39-year career as matron of The London Hospital, Whitechapel, commenced in October 1880 and overlapped with a significant period of reorganisation within the military nursing services. These included both the development of the Army Nursing Service from 1881 (hereafter ANS) and its successor organisation Queen Alexandra's Imperial Military Nursing Service (hereafter QAIMNS) in 1902.¹ A number of Victorian 'Wars of Empire' had highlighted serious shortcomings in nursing and medical provision for injured and diseased troops which led to these major changes.²

Like other branches of nursing during that period, military nursing was in its infancy. Twenty-five years before Lückes's appointment, the Crimean War had exposed weaknesses in the rigid military bureaucracy which had proven inadequate to care for soldiers struck down by epidemic diseases such as cholera, dysentery and typhoid fever.³ A lack of basic hospital organisation, appalling facilities and a reliance on untrained army orderlies rather than trained military nurses, exposed an Army Medical Service which was unable to adequately care for the soldiers who were physically unfit to fight.⁴ Florence Nightingale was eventually authorised to organise nurses to care for injured and sick British soldiers during the Crimean war; this eventually led to the development of a new, but insubstantial, ANS.⁵

¹ The service was officially created in 1881, see: Julie Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, Leo Cooper Ltd, 1975), 20–21. Additionally, Princess Christian created her own Nursing Reserve, and leading up to the First World War a number of other military nursing organisations were created.

² Anne Summers, *Angels and Citizens, British Women as Military Nurses, 1854–1914*, rev. edn (Newbury, Threshold Press Ltd, 2000). Charlotte Dale, 'Traversing the Veldt with 'Tommy Atkins': The Clinical Challenges of Nursing Typhoid Patients During the Second Anglo-Boer War (1899–1902)' in Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Wartime Nursing Practices, 1854–1953* (Manchester, Manchester University Press, 2015), 58–77

³ Eric Taylor, *Wartime Nurse, One Hundred Years from the Crimea to Korea, 1854–1954* (London, Robert Hale, 2001). Carol Helmstadter, *Beyond Nightingale: Nursing on the Crimean War battlefields* (Manchester, Manchester University Press, 2020)

⁴ Kevin Brown, *Fighting Fit: Health, War and Medicine in the Twentieth-century* (Stroud, The History Press Ltd, 2008), see in particular, 13–36

⁵ Carol Helmstadter, 'Shifting Boundaries: Religion, Medicine, Nursing and Domestic Service in Mid-Nineteenth-Century Britain', *Nursing Inquiry*, 16, 2 (2009), 133–143. Yvonne McEwen, *In the Company of Nurses* (Edinburgh, Edinburgh University Press Ltd, 2014), 9–11

Prior to the development of the QAIMNS, several ‘Londoners’ had served or were serving in the new ANS, some of whom were working in senior positions (see Figure 5.1). It is not known if Lückes’s friendship with Nightingale had any bearing on these appointments, although Lückes embraced Nightingale’s vision for nursing and nurse training and shared many of her values, which became encapsulated in the second wave of Army Nursing reforms. Lückes shared Nightingale’s belief that nursing was a vocation, and she saw military service as the ultimate aim: ‘Every woman has felt it a privilege to be a nurse since the war began, and multitudes would have given years of their lives if they could have become trained nurses with the present opportunity of serving.’⁶ When Lückes died in 1919 military nursing had evolved from the ANS into the highly professional QAIMNS, and the élite arm of the nursing profession.

In December 1899, Queen Alexandra asked Lückes and Sydney Holland, Chairman of The London Hospital, to supply nurses to work as her ‘special’ nurses in the Second Anglo-Boer War; this marked the beginning of Lückes’s success as a military matron maker.⁷ Ultimately Lückes and Holland ‘seeded’ the nascent QAIMNS with a significant number of military matrons. This research has revealed that the first appointment for 34 of the 474 matrons in this prosopographical study, was as a matron of a military establishment.⁸ It was possible to establish the social class of 28 of them; 75% were from the highest social classes: I and II (see Figure 4.3, Chapter Four). Twelve of the cohort attained the rank of matron or higher in the new QAIMNS, and significantly, three of them held the highest positions in the service.

This chapter will argue that from 1902 onwards, Lückes became an influential, yet ‘silent’ figurehead behind the Army Nursing Board (hereafter ANB) and a significant contributor to the development of the service. Holland, who was a ANB member, had at Queen Alexandra’s request drawn up an outline plan of the new service,⁹ after he had consulted Lückes.¹⁰

⁶ Matron’s Annual Letter, No.22; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 34; Barts Health NHS Trust Archives and Museums, London

⁷ Matron’s Annual Letter, No.7; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 7–8; Barts Health NHS Trust Archives and Museums, London. Letter from Ethel Hope Becher to Sidney Holland, Number 19 Gen. Hospital, 24 June, n.yr.; Matron’s Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

⁸ See Appendix C: Database. Mary Pinsent, Gertrude Richards and Catherine Thorpe were all matrons of civilian establishments prior to the First World War; therefore, their social class data has been included into the relevant categories of their first appointments.

⁹ Piggott, *Queen Alexandra’s Royal Army Nursing Corps*, 38

¹⁰ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 158

Holland's views about the development of the nascent profession seem to have been very similar to Lückes's, and she seems to have utilised him as her 'tool' to influence the reforms and to infiltrate the new service with her nurses.¹¹ Lückes saw an opportunity to 'make matrons' and shape the future service – including, for a time, ensuring that her preferred length of training, plus an additional year of service, was the accepted entry requirement.¹² Lückes made use of mentoring, patronage and networking to maximise her influence, which was enhanced by Holland's connections. This thesis demonstrates how she endeavoured to mould the new professional military nursing service, whether consciously or subconsciously, and that her mentorship of her current and former nurses enabled her to shape the careers of the service's future matrons.

The chapter will show that Lückes directly, and indirectly, promoted and supported those whom she thought would go the furthest in their careers, therefore influencing the service. Lückes selected at least three nurses whom she thought had the right class and characteristics, who would add the best tone to the newly reformed profession and help shape it into an élite branch of the profession.¹³ It is likely that she indirectly advanced the careers of several other nurses through her influence with the London Hospital matrons who interviewed prospective candidates, and also the 'web' of London Hospital supporters who sat on the ANB and may have contributed to the promotion process.

Mentoring, patronage and networking were the key to Lückes's success in developing military matrons. As discussed in Chapter Three, Lückes had probably heard how Holland had transformed the undesirable and small Poplar Accident Hospital and that she deliberately encouraged Holland to become a member of The London Hospital House Committee, and even envisaged him as a future Chairman.¹⁴ Frank Prochaska reasons that prominent persons in society, such as Holland, helped encourage local charity. Indeed, the evidence demonstrates that Lückes and Holland used Victorian philanthropy to capitalise on The

¹¹ Hon. Sydney Holland, Two Talks to the Nurses of The London Hospital, December 1897, December 1905; Personal papers relating to The London Hospital; RLHLH/X/235 and Lord Knutsford, Talk to Tredegar Probationers, 1911; Papers of the Hon. Sydney George Holland, Chairman of The London Hospital; RLHPP/KNU/1/1 and Lord Knutsford, Talk to Sisters and Nurses, Christmas Dinner, 1918; Papers of the Hon. Sydney George Holland, Chairman of The London Hospital; RLHPP/KNU/1/1; Barts Health NHS Trust Archives and Museums, London

¹² Summers, *Angels and Citizens*, 191. Anonymous, 'The Army and Indian Nursing Service', *The Hospital, Nursing Section*, 31, 784 (5 October 1901), 6–1

¹³ See Table 5.5: Leadership experience of London Hospital trained QAIMNS matrons

¹⁴ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926)

London Hospital's patrons and maximise their patronage to the fullest extent possible, both through financial contributions and social connections (see Chapter Three).¹⁵

Lückes's achievements were largely possible because of the patronage extended by the social élite, in particular, by royalty. She capitalised on the professional collaboration and symbiotic relationship between herself and Holland to maximise the full power of these patrons (see discussion, Chapter Three, pages 124–127). John Gore argues that theirs was an 'ideal friendship and business association between a man and woman whose lives were alike dedicated to social service'; and therefore one which demonstrated Victorian philanthropic and humanitarian principles.¹⁶ Holland enabled Lückes to access patrons via his influence and connections with the social élite, and with the reigning monarchs, and in particular via his growing friendship with the Princess of Wales, who was later Queen Alexandra (see discussion, Chapter Three, pages 124–127).¹⁷ These patrons were particularly essential and integral to Lückes's achievement as a maker of military matrons.

The current historiography of the ANS fails to consider that Lückes may have had a role in the development of the nascent service. It also overlooks the underlying themes which underpin Lückes's success. This research considered how patronage, networking, mentorship, class, characteristics and tone enabled Lückes to influence the development of the new service. In *Queen Alexandra's Royal Army Nursing Corps*, Juliet Piggott acknowledges Holland's impact on the development of the QAIMNS; but the role that Lückes and Holland played together in the formation of developing the service is either unidentified or disregarded.¹⁸ Likewise the reasons why three Matrons-in-Chief were 'Londoners' during the First World War receives little scrutiny. In *Angels and Citizens, British Women as Military Nurses, 1854-1914*, Anne Summers focuses on Holland's role and the 'nursing politics' of the ANB during the development of the Queen Alexandra's Imperial Military Nursing Service Reserve (hereafter QAIMNSR).¹⁹ However, she overlooks the role that Lückes played through Holland in the early formation of the QAIMNS.²⁰ In her book, *In the Company of Nurses* – a history of military nursing during the First World War – Yvonne

¹⁵ Frank Prochaska, *Royal Bounty: The Making of the Welfare Monarchy* (London, Yale University Press, 1995)

¹⁶ John Gore, *Sydney Holland: Lord Knutsford, A Memoir* (London, John Murray, 1936), 51

¹⁷ Georgina Battiscombe, *Queen Alexandra* (London, Constable and Company Ltd, 1969), 234

¹⁸ Piggott, *Queen Alexandra's Royal Army Nursing Corps*

¹⁹ Summers, *Angels and Citizens*, 190 and 204–207

²⁰ Ibid

McEwen examines the character references which Lückes wrote for Ethel Hope Becher and Emma Maud McCarthy, but she makes no connection between these three Matrons-in-Chief, 'The London', Lückes and Holland.²¹ Although Grainne Anthony acknowledges that all three trained at The London Hospital, further discussion was beyond the scope of her dissertation.²²

The Army Nursing Service – Lückes and 'The London'

Prior to Holland's appointment at 'The London' in July 1896, five nurses who had previously trained there under Lückes were already serving in the ANS. May Russell is thought to be Lückes's first probationer to join the nascent service.²³ Several of the matrons joined the service in quick succession, and all apart from Russell were promoted at a similar time (see Table 5.1).

Superintendent	Year joined the Army Nursing Service	Year of promotion and rank
May Russell	1885	1893 – Superintendent
Ann Garriock	1886	1899 – Superintendent
Sarah Elizabeth Oram	1886	1899 – Superintendent
Caroline Hutton Potts	1887	1899 – Acting Superintendent
Sarah Lucy Wilshaw	1887	1900 – Acting Superintendent

Table 5.1: London Hospital trained matrons of the Army Nursing Service²⁴

Of the four experienced superintendents, Ann Garriock and Sarah Elizabeth Oram eventually became Principal Matrons in the QAIMNS; Garriock served as Principal Matron in South Africa from 1907–1911.²⁵ In 1911 she was succeeded by Oram as Principal Matron in South

²¹ McEwen, *In the Company of Nurses*, 41–44

²² Grainne Anthony, 'Distinctness of Idea and Firmness of Purpose. The Career of Eva Lückes: A Victorian Hospital Matron' (Unpublished Master of Arts dissertation, London Metropolitan University, 2011), 97

²³ May Russell see: Boer War Nurses Database [Available at: <https://boerwarnurses.com/boer-war-nurses-database>, accessed on 17 June 2020]. May Russell, British Army Nurses' Service Records 1914–1918; WO399/7286; The National Archives, Kew

²⁴ The War Office records for Ann Garriock and Caroline Hutton Potts do not appear to have survived. Caroline Hutton Potts, *Military Nurses 1856–1994*; transcription by Sue Light [Available at: www.findmypast.co.uk, accessed on 17 June 2020]. Ann Garriock, Sarah Elizabeth Oram, May Russell and Sarah Lucy Wilshaw see: Boer War Nurses Database [Available at: <https://boerwarnurses.com/boer-war-nurses-database>, accessed on 17 June 2020]. Sarah Elizabeth Oram, British Army Nurses' Service Records 1914–1918; WO399/6348 and May Russell, British Army Nurses' Service Records 1914–1918; WO399/7286 and Sarah Lucy Wilshaw, British Army Nurses' Service Records 1914–1918; WO399/9073; The National Archives, Kew

²⁵ The War Office record for Ann Garriock does not appear to have survived. See: Ann Garriock, Boer War Nurses Database [Available at: <https://boerwarnurses.com/boer-war-nurses-database>, accessed on 17 June 2020]. The Minutes of the One Hundred and Twenty-fourth Nursing Board, 7 December 1910; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1910 – March 1911; WO243/28, Vol.9, minute 249, n.p. and Sarah Elizabeth Oram, British Army Nurses' Service Records 1914–1918; WO399/6348; The National Archives, Kew

Africa,²⁶ who subsequently became acting Matron-in-Chief to the Eastern Mediterranean Expeditionary Force during the First World War.²⁷

Lückes's success as a military matron maker accelerated after Holland became Chairman of The London Hospital in December 1896.²⁸ This chapter argues that Lückes would have been unable to directly influence the appointment of further matrons, and steer the development of the new nursing service without Holland's connections and friendships with the Royal Family. His role advising Queen Alexandra about the formation of the QAIMNS, seems to have led to the appointment of several London Hospital trained nurses as military nurses. These included Becher, McCarthy and Oram, all of whom had highly successful careers and reached the pinnacle of the QAIMNS.

The Second Anglo-Boer War – a critical point for 'Londoners' in entering military nursing

Analysis of the primary sources indicates that a significant transition in Lückes's influence on military nursing occurred when she was asked with Holland to select a number of nurses to work as Queen Alexandra's special nurses during the Second Anglo-Boer War. In December 1899, Holland and Lückes were directly involved in the appointment of six 'special' sisters to go and augment the ANS who were caring for sick and injured soldiers serving in the Second Anglo-Boer War in South Africa.²⁹ By this stage of the war, British troops were increasingly suffering and dying as much from typhoid, as from injuries received in battle.³⁰ The Princess of Wales became concerned about the nursing care which the soldiers were receiving.³¹ She asked Holland, whom she had first met when she reopened the latest alterations to Poplar Hospital in 1894, to select six London Hospital nurses to be sent out to South Africa in her

²⁶ The Minutes of the One Hundred and Twenty-fourth Nursing Board, 7 December 1910; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1910 – March 1911; WO243/28, Vol.9, minute 249, n.p.; The National Archives, Kew

²⁷ See Appendix K: Career Histories. Sarah Elizabeth Oram, British Army Nurses' Service Records 1914–1918; WO399/6348; The National Archives, Kew

²⁸ Minutes of House Committee Meeting, 7 December 1896; House Committee Minutes 1895–1897; RLHLH/A/5/46, 439–440; Barts Health NHS Trust Archives and Museums, London

²⁹ Matron's Annual Letter, No.7, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 7–8; Barts Health NHS Trust Archives and Museums, London

³⁰ Charlotte Dale, 'Raising professional confidence: The influence of the Anglo-Boer War (1899–1902) on the development and recognition of nursing as a profession' (Unpublished PhD thesis, The University of Manchester, 2013)

³¹ Battiscombe, *Queen Alexandra*, 233. Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 212–213

name as the Princess of Wales's Nurses.³² The nurses all served in Princess Christian's Army Nursing Service Reserve (hereafter PCANSR), which had been established by Princess Christian in 1897 as a military nursing reserve.³³

Visible evidence of Princess Christian's patronage of The London Hospital between 1885–1889 is recorded in the hospital's minutes on just a few occasions, although Lückes's circular letters, which she commenced in 1894, contain no references to her.³⁴ It is likely that many factors contributed to the reduction in Princess Christian's affiliations with the hospital including her Presidency of the British Nurses Association, and moreover her implicit support of Mrs Bedford Fenwick's campaign for nurse registration (see Chapter Four).³⁵ Piggott and Summers allude to a difference of opinion between the two royal princesses over who would be president when the Army Nursing Reserves were assimilated into the new QAIMNSR.³⁶ Princess Christian was possessive about the management of her nursing service.³⁷ She was disgruntled that as President of the PCANSR she was not asked to sit on the new ANB, or that her invitation that two members of this new committee should attend PCANSR Board meetings was rejected.³⁸

It is not known which of the two royal women Lückes aligned herself with: Princess Christian, or with her sister-in-law, Princess Alexandra. It is likely that until Holland became chairman of The London Hospital in December 1896, Lückes welcomed Princess Christian's patronage.³⁹ Evidently her support waned before Holland's appointment at 'The London', at which point Lückes may have also switched allegiance. It is reasoned that Lückes thought that an association with the future queen would be more profitable for The London Hospital

³² Matron's Annual Letter, No.7; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 7; Barts Health NHS Trust Archives and Museums, London

³³ See: The Boer War Nurses Database [Available at: <https://boerwarnurses.com/boer-war-nurses-database>, accessed on 6 January 2018]. Princess Christian had a keen interest in nursing, was president of the Royal British Nurses' Association, a founding member of the British Red Cross and was keen to establish a reserve service which would supplement the Army Nursing Service in wartime.

³⁴ There are eight entries regarding Princess Christian's gifts and visits, see: The London Hospital House Committee Minutes, 1884–1886, 1886–1888, 1889–1891; RLHLH/A/5/42–44; Barts Health NHS Trust Archives and Museums, London

³⁵ Summers, *Angels and Citizens*, 152–3

³⁶ Ibid, 203–207. Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 44–45

³⁷ Summers, *Angels and Citizens*, 203–204

³⁸ The Minutes of the Ninth Nursing Board, 15 October 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 86; The National Archives, Kew. Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 44–45

³⁹ Minutes of House Committee Meeting, 7 December 1896; House Committee Minutes 1895–1897; RLHLH/A/5/46, 439–440; Barts Health NHS Trust Archives and Museums, London

and its nurses. Arguably this was the start of Holland's, and therefore by default Lückes's, twenty-year influence on the future QAIMNS.

In her annual circular Matron's Letter to her nurses, Lückes wrote effusively about the Princess of Wales's request for nurses to work in the Second Anglo-Boer War.⁴⁰ She highlighted the royal connection and stressed how great an honour it was for the hospital: 'The London Hospital owes yet another kindness to the Princess of Wales since her visit last July. She specially requested Mr. Sydney Holland to select six Sisters and Nurses to be sent out to South Africa...'.⁴¹ Holland and Lückes appear to have specifically chosen nurses such as McCarthy and Becher whom they considered to be suitable, with the right characteristics, skills, tone and gentility to shape future military nursing, and who would positively promote The London Hospital and its 'Nightingale-style' trained nurses.



Image 5.1: Eva Lückes with London Hospital Sisters, Nurses and Doctors and a team of nurses from The London Hospital leaving for the South African War, circa 1900⁴²
Credit: Barts Health NHS Trust Archives and Museums, London

Ethel Hope Becher – trained to command

Two of the nurses deliberately selected by Holland and Lückes were experienced ward sisters, Ethel Becher and Maud McCarthy, who were both from Social Class I; Becher's father was a Colonel in the Bengal Army and McCarthy's father was a lawyer.⁴³ It is thought

⁴⁰ Matron's Annual Letter, No.7; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 7; Barts Health NHS Trust Archives and Museums, London

⁴¹ Ibid

⁴² Eva Lückes with London Hospital Sisters, Nurses and Doctors and a team of nurses from the London Hospital leaving for the South African War, circa 1900; Photographs of Eva Lückes; RLHLH/P/4/7/1; Barts Health NHS Trust Archives and Museums, London

⁴³ For parental occupations, or those of the nurses' next of kin see: Appendix C: Database

that they were specifically hand-picked by Lückes and Holland to promote The London Hospital, and its nurses. Lückes wrote in Becher's London Hospital sister's report:

We had not the slightest hesitation in recommending E. H. Becher and in placing her in charge of the others. I have great faith in her organising powers, and in her unwavering steadfastness of purpose. I never had greater satisfaction in recommending anyone for any special position, than I had in bearing testimony to E.H. Becher's personal and technical qualifications for this particular work.⁴⁴

Lückes was apparently anticipating the reforms to the ANS, and had specifically chosen Becher with that role in mind. Indeed she added: 'I can scarcely imagine anyone better qualified to suggest suitable Reforms in the Army Nursing Service if the opportunity for introducing much-needed improvements should ultimately occur in connection with the War Nursing in South Africa.'⁴⁵ Similarly Lückes wrote that McCarthy 'was excellently fitted for this [service] in every respect.'⁴⁶ By selecting both Becher and McCarthy, Lückes was clearly using them as agents of possible reform – who might help to mould the ANS into a professional service. Becher was also an agent of her own success, as she: 'had been very eager to nurse in South Africa and was sensibly awaiting the right opportunity to do so when the Princess of Wales asked Mr Holland to select half a dozen sisters for her Royal Highness to send out to South Africa in December 1899.'⁴⁷

Among Lückes's papers is an unsigned, but glowing reference for Becher, which supported her application for the post of Sister or Sister Superintendent in the PCANSR:

Miss Becher is an excellent Surgical and Medical Nurse, and admirable Ward manager. She has an inspiring influence on her subordinates, and whilst maintaining good discipline, is much liked by those who served under her. ... I feel confident that those who secure the nursing services of Miss Becher are much to be congratulated.⁴⁸

⁴⁴ Ethel Becher had eighteen months less nursing experience than Emma Maude McCarthy. Ethel Hope Becher, Register of Sisters and Nurses; RLHLH/N/4/1, 162; Barts Health NHS Trust Archives and Museums, London

⁴⁵ Ibid

⁴⁶ Emma Maud McCarthy, Register of Sisters and Nurses; RLHLH/N/4/1, 145; Barts Health NHS Trust Archives and Museums, London

⁴⁷ Ethel Hope Becher, Register of Sisters and Nurses; RLHLH/N/4/1, 162; Barts Health NHS Trust Archives and Museums, London

⁴⁸ Unsigned reference for Ethel Hope Becher, 12 December 1899; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London. The reference which is typed and unsigned is thought to be by Eva Lückes, although Keiron Spire has attributed it to Sidney Holland, but without

Whether the reference was written by Holland or Lückes, it would appear that the author was attempting to obtain promotion for Becher to the highest offices in the nursing service.⁴⁹

Lückes probably observed Becher's potential whilst she was still a probationer, and 'fast-tracked' her from very early on (see discussion in Chapter Three, page 106). Evidently, Becher was singled out as one of both Lückes and Holland's favourites, and received preferential treatment. The Princess of Wales was clearly impressed by the initial cohort, because in 1900 she asked for a further twenty nurses to join their colleagues in South Africa.

In December 1899 Becher wrote to Lückes from the SS Dunnottar whilst enroute to serve in the war, and enclosed a message for Holland. He was a great publicist and never missed an opportunity to promote The London Hospital or its nurses. Before the nurses departed, Holland asked Becher to write about 'The London' and the specially selected nurses.⁵⁰ Becher asked Lückes to reassure Holland that she had fulfilled his request, 'Please tell Mr Holland my cousin Frank [...] took the list of nurses and the little paragraph about the L.H nurses and said he would send it to the Central News Agency, Mr Holland was most anxious the press should have a list of our names, as an advertisement he said of the hospital.'⁵¹

Becher's letter reveals further evidence of the connections, influence and patronage which facilitated the successful careers of herself, McCarthy, and others.⁵² Lady Roberts, later Vice President of the ANB,⁵³ was saying goodbye to her husband, Frederick Roberts, the Commander in Chief of the British troops fighting in the Second Anglo-Boer War.⁵⁴ Their only son had been mortally wounded in South Africa a few days earlier.⁵⁵ Despite her grief Lady Roberts asked to see The London Hospital sisters before they departed. Becher recalled their conversation: 'Poor woman she said a few kind words but was terribly upset...', and

an archive reference, see: Keiron Andrew Spires, 'Nurses in the Boer War (1899–1902)' (Unpublished PhD thesis, University of London South Bank, 2013), 183. However, the item is catalogued among Lückes's letters.

⁴⁹ It is not known if references were written for any other military nurses, as none appear to survive.

⁵⁰ Letter from Ethel Hope Becher to Eva Lückes, SS Dunnottar, 25 December 1899; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

⁵¹ Ibid

⁵² Ibid

⁵³ The Minutes of the First Nursing Board, 21 April 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 5; The National Archives, Kew

⁵⁴ Letter from Ethel Hope Becher to Eva Lückes, SS Dunnottar, 25 December 1899; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

⁵⁵ Trombley, *Sir Frederick Treves*, 87–90. Frederick Treves, (1912) *The Tale of a Field Hospital*, Reprint (Great Britain, Amazon, n.d.), 32–34

during the voyage Becher wrote that ‘Lord Roberts also spoke to ‘Sister Sophia [Maud McCarthy] and me...’.⁵⁶

The Second Anglo-Boer War was the turning point which led to a consolidation of the hospital’s special association with the future Queen Alexandra and increased patronage by both royalty and minor nobility. Furthermore, it opened up channels through which Luckes could extend her influence and reformed nursing.

Lord and Lady Roberts, Treves, and The London Hospital ‘bond’

Lord and Lady Roberts’s only son, Lieutenant Frederick Roberts was fatally wounded at the Battle of Colenso on 15 December 1899.⁵⁷ Sir Frederick Treves, the former London Hospital surgeon – who was to later save King Edward VII’s life (see discussion, Chapter Three, pages 128–130), had examined Lieutenant Roberts after he was injured in battle.⁵⁸ Having determined that the soldier’s wounds were too extensive, and therefore inoperable, Treves sat outside the officer’s tent that night talking with him as he died.⁵⁹ Following Lieutenant Roberts’s death, Treves helped to bury him.⁶⁰ Many years later, Treves reputedly told his publisher that he had visited Roberts’s grave at Christmas just after his death, and said that ‘I took with me some flowers to lay to his memory on behalf of his family.’⁶¹ This tragic event seems to mark the start of the intertwining of Treves’ and Lady Roberts’ lives with the development of the military nursing service, the careers of ‘Londoners’, and Lückes’s influence, and the promotion of The London Hospital.

Lady Roberts’ connections with ‘The London’, and her patronage seem to have increased following the Second Anglo-Boer War, and she visited the hospital with and without her husband. This perhaps showed her appreciation of the care that Treves and The London Hospital nurses had given to her son, and other wounded soldiers during the war. Lückes wrote in her 1902 matron’s letter:

⁵⁶ Letter from Ethel Hope Becher to Eva Lückes, SS Dunnottar, 25 December 1899, Matron’s Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London)

⁵⁷ Trombley, *Sir Frederick Treves*, 87–90. Frederick Treves, (1912) *The Tale of a Field Hospital*, Reprint (Great Britain, Amazon, n.d.), 32–34

⁵⁸ Ibid. Trombley, *Sir Frederick Treves*, 89

⁵⁹ Ibid, 89–90

⁶⁰ Ibid, 89–90

⁶¹ Treves’s publisher was Newman Flower, see: Trombley, *Sir Frederick Treves*, 89–90

Lady Roberts kindly paid a visit to the “London” a few weeks ago. I welcomed the opportunity of thanking her personally for all her kindness to our Nurses in South Africa. Her cordial appreciation of our “Londoners”, and of the good work they have done there, filled me with pride and pleasure. I need scarcely say how strongly this feeling is shared by Mr Holland, who has taken so much trouble to promote the interests and welfare of those working in South Africa.⁶²

In a further twist of networking and interconnectedness Treves’s field hospital was funded by his ‘old friend’⁶³ the Duchess of Bedford, who had also attended some probationers’ lectures at The London Hospital, and became friendly with Holland (see discussion in Chapter Three, page 133).⁶⁴ In *The Tale of a Field Hospital* Treves was highly complementary about four nurses, two of whom were ‘Londoners’ – Alice Tarr and Ethel McCaul, whom he had selected to work in his field hospital.⁶⁵ Treves admired the nurses’ professionalism and stamina, writing:

These... women... were hard at work all Friday, all Saturday, and all Sunday night. They seemed oblivious to fatigue, to hunger, or to any need for sleep. Considering that the heat was intense, the thirst which attended it was distressing and incessant, that water was scarce and that the work in hand was heavy and trying... their ministrations to the wounded were invaluable and beyond all praise. They did a service during those distressful days which none but nurses could have rendered.⁶⁶

The London Hospital ‘alumni’ in South Africa

The first evidence of the beneficial effects of networking for ‘Londoners’ who were serving as military nurses is found during the Second Anglo-Boer War. Lückes reported that Mr Openshaw, a London Hospital surgeon ‘proved a good friend to every “London” nurse he came across in South Africa.’⁶⁷ Furthermore he ‘was fortunately able to secure Miss Becher’s

⁶² Matron’s Annual Letter, No.9; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.9, March, 1902, 10; Barts Health NHS Trust Archives and Museums, London

⁶³ Trombley, *Sir Frederick Treves*, 153, 85

⁶⁴ Meriel Buxton, *The High-Flying Duchess, Mary Du Caurroy Bedford, 1865–1937* (King’s Lynn, Woodperry Books, 2008), 108

⁶⁵ Trombley, *Sir Frederick Treves*, 85

⁶⁶ Frederick Treves, (1912) *The Tale of a Field Hospital*, Reprint (Great Britain, Amazon, n.d.), 36–37

⁶⁷ Matron’s Annual Letter, No.8; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.8, March 1901, 5; Barts Health NHS Trust Archives and Museums, London. Thomas Horrocks Openshaw, 1856–1929, worked at The London Hospital from 1877 as a medical student and surgeon. In 1888 he was appointed surgeon to the Volunteer Medical Staff Corps and travelled to South Africa as a surgeon to the Imperial Yeomanry Field Hospital. He was a temporarily taken prisoner during the capture of Pretoria but was released two weeks later.

appointment in charge of No.3, Model Schools Hospital, at Pretoria, where Miss McCarthy and Miss Greenham have been working with her...'.⁶⁸ During the conflict McCarthy contracted enteric fever at Bloemfontein, and whilst she was convalescing, 'a surgeon who admired her nursing skills sent a stretcher and ambulance party to collect her and bring her to his hospital.'⁶⁹ McEwen reports that a surgeon wanted McCarthy to join his hospital staff after her convalescence from enteric fever; this might have been Mr Openshaw.⁷⁰

The Second Anglo-Boer War was a significant point in royal patronage for The London Hospital, and its nurses. It is suggested that it was the turning point which led to a consolidation of the hospital's special association with the future Queen Alexandra and increased patronage by both royalty and minor nobility. Frank Prochaska claims that 'Nothing else gave greater momentum to charitable work, which signified respectability, than royal associations.'⁷¹ The sources indicate that Lückes was able to successfully recommend some of her matrons for military nursing – and influence the development of some of the service, because of the royal patronage bestowed on 'The London'.

Queen Alexandra's Imperial Military Nursing Service – Lückes and 'The London'

The appallingly high casualty rate among soldiers from sickness, in-particular of typhoid fever and injury in the Second Anglo-Boer War, highlighted the inadequacies of the Army Medical Service, and the lack of regular army nurses.⁷² Many working-class men who volunteered to serve in South Africa were rejected as physically unfit, and the underlying poor fitness and health of the troops compounded the mortality rate.⁷³ This led to a realisation that 'Physical weakness meant military weakness',⁷⁴ and concern that Britain would be unable to maintain its position as one of the 'first-class nations.'⁷⁵ The resulting *British*

After his release, Openshaw became Principal Medical Officer at the No. Three Medical School Hospital, Pretoria, [Available at: <https://www.bartsandthelondon.org.uk/aboutus/mastersurgeon.asp>, accessed on 8 April 2020]

⁶⁸ Matron's Annual Letter, No.8; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.8, March 1901, 5; Barts Health NHS Trust Archives and Museums, London

⁶⁹ Ibid

⁷⁰ McEwen, *In the Company of Nurses*, 44. It is not known who the surgeon was as there is no source cited for this evidence.

⁷¹ Prochaska, *Royal Bounty*, 75

⁷² Dale, 'Traversing the Veldt with 'Tommy Atkins'', 58–77

⁷³ Brown, *Fighting Fit*, 29

⁷⁴ Bentley B. Gilbert, 'Health and Politics: The British Physical Deterioration Report of 1904', *Bulletin of the History of Medicine*, 39, 2 (March – April 1965), 143–153, 144 [Available at: <https://www.jstor.org/stable/44449848>, accessed on 11 August 2020]

⁷⁵ Ibid, 146

*Physical Deterioration Report of 1904*⁷⁶ found that the working classes were suffering from widespread ‘physical unfitness caused by dirt, neglect and ignorance’, and made a series of recommendations which were aimed at improving the health of the nation.⁷⁷

The Second Anglo-Boer War exposed the physical inefficiency of the nation, and emphasised that ‘good nursing was crucial to military efficiency...’.⁷⁸ In May 1900 during a house party at Sandringham, the Prince of Wales asked Holland for his opinion about the organisation of the Army Nursing Reserve, and the nursing care in South Africa.⁷⁹ Therefore, it is unsurprising that in February 1901 and before the conclusion of the Second Anglo-Boer War, Queen Alexandra approached Holland and asked him to help reform army nursing, and prepare a memorandum for circulation.⁸⁰

The new service was to be named Queen Alexandra’s Imperial Military Nursing Service reflecting the queen’s personal interest in nursing.⁸¹ Holland was to work in conjunction with Lord Roberts, who had commanded the British troops in South Africa, and was now Commander-in-Chief of the Forces. In his autobiography *Black and White* Holland recalls that Lord Roberts ‘knew nothing about nursing or its organisation, but I found that Lady Roberts did, and he really left the whole matter to us, and we drew up a scheme that was eventually carried out.’⁸² Whilst her husband was serving in India Lady Roberts had successfully established the ‘Lady Roberts Nursing Service’⁸³ which was precursor to the Queen Alexandra’s Imperial Military Nursing Service for India.⁸⁴ She was also a friend of Queen Alexandra’s.⁸⁵

⁷⁶ H.M.S.O., *Report of The Interdepartmental Committee on Physical Deterioration, 1904, Vol I, Report and Appendix* [Available at: <https://parlipapers-proquest-com.libaccess.hud.ac.uk/parlipapers/result/pqpdocumentview?accountid=11526&groupid=103319&pgId=05db424c-1dc0-4574-9cb3-27765f531323>, accessed on 12 August 2020]

⁷⁷ Gilbert, ‘Health and Politics’, 146

⁷⁸ Taylor, *Wartime Nurse*, 54

⁷⁹ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 186–187

⁸⁰ Ibid, 158. Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 38

⁸¹ Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 38

⁸² Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 158

⁸³ Anonymous, ‘Farwell Dinner to Lord Roberts’, *The Times*, (13 March 1893), 5

⁸⁴ Summers, *Angels and Citizens*, 89–90. Rodney Atwood, *The Life of Field Marshal Lord Roberts* (London, Bloomsbury Academic, 2015), 154

⁸⁵ Summers, *Angels and Citizens*, 188

Lady Roberts' philanthropic interest in nursing

Lady Roberts had developed her interest in nursing over a thirty-five-year period whilst her husband was stationed in India, and later in South Africa.⁸⁶ In both continents Lord Roberts had devolved the responsibility for management of nursing soldiers to his wife.⁸⁷ Rodney Attwood suggests that whilst she was in India, Lady Roberts was inspired by the successful establishment of institutional midwifery by the Vicereine of India, Lady Dufferin.⁸⁸ This thesis suggests that Lady Roberts emulated Lady Dufferin as an 'Imperial Agent',⁸⁹ albeit in establishing the beginnings of military nursing. Lady Roberts identified 'The absence of skilled nursing in military hospitals'⁹⁰ and decided that she 'would do my best to get female nursing sanctioned for our soldiers...'.⁹¹ She was instrumental in trained 'Lady' nurses being appointed to replace the untrained army orderlies, and subsequently the 'death rate decreased enormously...'.⁹² The 'Lady Roberts Nursing Service' in India was replaced towards the end of the nineteenth century with a professional military nursing service and in 1903 the Indian Nursing Service became Queen Alexandra's Military Nursing Service for India.⁹³

In South Africa Lady Roberts assumed the same unofficial role, and she visited hospitals daily 'issuing orders in her husband's name.'⁹⁴ Staff commented that 'Lady [Roberts] has appointed herself PMO [Permanent Medical Officer] and makes all the doctors and nurses hop around.'⁹⁵ Attwood argues that her involvement had a positive effect on the conditions in military hospitals in Pretoria.⁹⁶ Academics contend that this improved care led to fewer soldiers dying from disease during this campaign, than in the other Victorian colonial wars.⁹⁷

⁸⁶ Atwood, *The Life of Field Marshal Lord Roberts*, 150, 210

⁸⁷ Ibid, 205

⁸⁸ Ibid, 153. On the work of Lady Dufferin see: Daniel Sanjiv Roberts, 'Merely Birds of Passage': Lady Hariot Dufferin's travel writings and medical work in India, 1884–1888, *Women's History Review*, 15, 3 (2006), 443–457, DOI: 10.1080/09612020500530307

⁸⁹ Sarah Hunter, 'Colouring the map red': Lady Hariot Dufferin and the Imperial Networks of the Dufferin Fund' in Daniel Sanjiv Roberts and Jonathan Jeffrey Wright (eds), *Ireland's Imperial Connections, 1775–1947: Cambridge Imperial Post-Colonial Studies Series* (London, Palgrave MacMillan, 2019), 273–290

⁹⁰ Anonymous, 'Lady Roberts's "Homes in the Hills"', *The Times*, (9 August 1887), 4

⁹¹ Lady Roberts cited by Atwood, *The Life of Field Marshal Lord Roberts*, 153

⁹² Ibid, 154. Anonymous, 'Farwell Dinner to Lord Roberts', *The Times*, (13 March 1893), 5

⁹³ Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 37–38. Summers, *Angels and Citizens*, 89–90. Atwood, *The Life of Field Marshal Lord Roberts*, 154. See also: Catharine Grace Loch, (1905), *Catharine Grace Loch, Royal Red Cross, Senior Lady Superintendent Queen Alexandra's Military Nursing Service for India: A Memoir*, Reprint (Franklin Classics, Milton Keynes, 2018), vi–vii, 102, 127, 218

⁹⁴ Atwood, *The Life of Field Marshal Lord Roberts*, 210, 211

⁹⁵ Cited by Atwood, *The Life of Field Marshal Lord Roberts*, 210 – no reference given.

⁹⁶ Ibid, 210–211

⁹⁷ Summers, *Angels and Citizens*, 174–178. Atwood, *The Life of Field Marshal Lord Roberts*, 211

London Hospital influencers on the new Army Nursing Board

Lady Roberts represented Queen Alexandra during the protracted negotiations about the new service, which included deliberations about who should be appointed to the ANB.⁹⁸ In January 1902 Queen Alexandra was determined that Treves, Holland and Lückes should be on the ANB.⁹⁹ However Lückes did not attend the first meeting as one of the civilian matron representatives a few weeks later.¹⁰⁰ Lady Roberts felt that Holland was ‘very dogmatic and overbearing’, although she accepted that he had excellent experience of the management of civilian hospitals.¹⁰¹ She was overruled – probably by Alexandra, as Holland was one of the queen’s personal nominations for the ANB.¹⁰² Lady Roberts admitted that whilst she did not know Lückes, she had heard ‘from everyone she is a very cle[v]er organiser.’¹⁰³ If Lückes was offered this potentially influential position it is odd that she turned it down. It is reasoned that she was too busy at ‘The London’ and preferred to influence decisions behind the scenes, or that her appointment was vetoed by other interested parties. Regardless, it appears that Lückes – to some extent at least, influenced the development of the QAIMNS through the advice she gave to Holland.¹⁰⁴

Before submitting his plan for the new service to Alexandra, Holland admitted that he was ‘greatly helped by Miss Lückes.’¹⁰⁵ Whilst considering the structure of the new service for army nursing, it is considered likely that they both saw the potential for career openings for London Hospital trained nurses, and the chance to inculcate army nursing with London Hospital trained nurses who were of the right ‘tone’.¹⁰⁶ The direct, and indirect involvement of Holland and Lückes in shaping the nascent military nursing services probably further

⁹⁸ See: Proposals for amalgamating the Army Nursing Service and the Indian Nursing Service correspondence 1901–1903; WO 30/114/33; The National Archives, Kew

⁹⁹ Copy of letter from Queen Alexandra to Lady Roberts, 6 January, 1902; Proposals for amalgamating the Army Nursing Service and the Indian Nursing Service correspondence 1901–1903; WO 30/114/33; The National Archives, Kew

¹⁰⁰ The Minutes of the First Nursing Board, 21 April 1902; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 5; The National Archives, Kew

¹⁰¹ Letter from Lady Roberts to unknown recipient, probably War Office official, n.d., but thought to be after 6 January 1902; Proposals for amalgamating the Army Nursing Service and the Indian Nursing Service correspondence 1901–1903; WO30/114/33; The National Archives, Kew

¹⁰² Summers, *Angels and Citizens*, 190

¹⁰³ Letter from Lady Roberts to unknown recipient, probably War Office official, n.d., but thought to be after 6 January 1902; Proposals for amalgamating the Army Nursing Service and the Indian Nursing Service correspondence 1901–1903; WO 30/114/33; The National Archives, Kew

¹⁰⁴ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 158–159

¹⁰⁵ *Ibid*, 158

¹⁰⁶ Eva C.E. Lückes (1883), *Lectures on General Nursing*, Reprint (Cambridge, Cambridge University Press, 2012), 225. Eva C.E. Lückes, (1893), *Hospital Sisters and Their Duties*, Reprint (Cambridge, Cambridge University Press, 2012), 3, 18. Letter from Eva Lückes to Florence Nightingale, Madeira Villas, Ventnor, August 18, 1895; The Nightingale Papers; Add Ms 47746; Vol. CXLIV, ff.307; British Library, London

strengthened royal patronage of 'The London'. It is not known whether Alexandra discussed the new nursing service with Lückes directly. However, the Queen had initially at least, wanted Lückes to be on this committee.¹⁰⁷

The first meeting of the ANB of the newly established QAIMNS was held in April 1902.¹⁰⁸ Three of the nine members at this first meeting had significant 'ties' to 'The London': Lady Roberts, Treves and Holland.¹⁰⁹ Mabel Cave, who had trained at The London Hospital under Lückes, and was Matron of the Westminster Hospital, joined the ANB from the ninth meeting in October 1902 as one of the two civilian matron representatives.¹¹⁰ This 'web' of people associated with 'The London' who sat on the ANB, and made influential decisions, is considered to be the central network which contributed to Lückes's success as a matron maker, and one which she utilised with good effect. Treves was a surgeon to Queen Victoria and Edward VII; it is reasoned that Alexandra appointed him to the ANB because of this association with her family and his service in South Africa, his association with 'The London', and care for Joseph Merrick, 'The Elephant Man'.¹¹¹

Cave was one of Lückes's protégées, and one of two civilian matrons from large hospitals with medical schools who were appointed to the ANB. It is likely that Holland proposed Cave for the position, because of her perceived loyalty to 'The London'. In 1903 Lückes described Cave as 'One of the most loyal "Old 'Londoners"'[original emphasis].¹¹²

Furthermore she appeared to share both his, and Lückes's anti-nurse registration stance.¹¹³

Two years later Cave was a signatory on Holland's Anti-Registration Manifesto, which was

¹⁰⁷ Copy of letter from Queen Alexandra to Lady Roberts, 6 January, 1902; Proposals for amalgamating the Army Nursing Service and the Indian Nursing Service correspondence 1901–1903; WO 30/114/33; The National Archives, Kew

¹⁰⁸ Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 39. The Minutes of the First Nursing Board, 21 April 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 5; The National Archives, Kew

¹⁰⁹ The Minutes of the First Nursing Board, 21 April 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 5; The National Archives, Kew

¹¹⁰ The Minutes of the Ninth Nursing Board, 15 October 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 85; The National Archives, Kew

¹¹¹ Whilst Princess of Wales, the future Queen had visited Joseph Merrick in his room at 'The London', see: Trombley, *Sir Frederick Treves*, 35–51

¹¹² Letter from Lady Roberts to unknown recipient, probably War Office official, n.d., but thought to be after 6 January 1902; Proposals for amalgamating the Army Nursing Service and the Indian Nursing Service correspondence 1901–1903; WO 30/114/33; The National Archives, Kew. Matrons Annual Letter, No.10; RLHLH/N/7/2, No.10, April 1903, 17; Barts Health NHS Trust Archives and Museums, London

¹¹³ Anonymous, 'The Anti-Registration Manifesto', *The British Journal of Nursing*, 32 (16 April 1904), 312–313

signed by Lückes, Holland and a significant number of London Hospital trained matrons (see discussion in Chapter Four, page 158–159).¹¹⁴ Lady Roberts also signed the manifesto.¹¹⁵ However by 1906 Lady Roberts was ‘willing to struggle with Sydney Holland for the soul of Queen Alexandra...’ about the need for a nursing reserve.¹¹⁶ It is reasoned that Lady Roberts’s alignment to ‘The London’ view on other matters in nursing, may have been waning. Cave and Lückes were friends and remained in contact with each other after Cave left ‘The London’, and Lückes left Cave £100 in her will.¹¹⁷ When Cave resigned from the ANB after 11 years, Lückes reported that ‘Queen Alexandra wrote a charming personal letter to Miss Cave, expressing gracious sympathy with her illness, and Her Majesty’s regret at the loss of Miss Cave’s services in connection with Army Nursing.’¹¹⁸

It is likely that Lückes’s indirect influence on the ANB waned after Cave’s resignation. Whilst Lückes and ‘The London’ had a greater influence on the ANB during Cave’s tenure, other members, and matrons trained elsewhere, are also likely to have had a significant input. Nightingale’s early drive to improve military nursing is also evident through the presence of Louisa Gordon – a Nightingale trained nurse, in addition to Cave who was trained in the ‘Nightingale-style’, on the ANB. Cave was its longest serving member during the first formative years of the new nursing service, although during her tenure on the ANB the other matrons had trained at hospitals other than ‘The London’ (see Table 5.2 below). Whilst Lückes was not appointed to the ANB it demonstrates the potential influence which she might have mobilised through Cave.

¹¹⁴ See Appendix G: Matrons who signed an Anti-Registration Manifesto in 1904. This was signed by over 95 matrons, a third of whom had trained at The London: Anonymous, ‘The Anti-Registration Manifesto’, *The British Journal of Nursing*, 32 (16 April 1904), 312–313

¹¹⁵ The first petition presented to the 1904 Select Committee on the Registration of Nurses, see: H.M.S.O., *Report from the Select Committee on The Registration of Nurses, together with the Proceedings of the Committee, Minutes of Evidence Taken Before the Select Committee on The Registration of Nurses, 1904*; Appendix No.2, 98–105, point 9; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London

¹¹⁶ Summers, *Angels and Citizens*, 206. Isla Stewart, who was a fervent registrationist joined the Army Nursing Board in 1906. Lady Roberts thought that Stewart had a sound judgement, therefore presenting Lady Roberts with different views about issues in nursing.

¹¹⁷ Eva Charlotte Ellis Lückes, The Last Will and Testament, 16 February 1919; Probate Search Service [Available from <https://probatesearch.service.gov.uk>]

¹¹⁸ Matron’s Annual Letter, No.21; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.21, April 1914, 25; Barts Health NHS Trust Archives and Museums, London

Year	Name	Trained at	Matron at
April 1902 – approximately 1906	Katherine Henrietta Monk	Edinburgh and St Bartholomew's	Kings College Hospital 1884–1905
April 1902 – June 1902	Louisa Mackay Gordon ¹¹⁹	St Thomas's	St Thomas's Hospital 1890–1902, died 1903
October 1902 – 1913/4	Mabel Cave ¹²⁰	The London Hospital	Westminster Hospital 1898–1913/4
May 1906 – 1910	Isla Stewart	St Thomas's	St Bartholomew's Hospital 1887–1910
1910 – approximately 1913	Harriet Hamilton	St Thomas's	St Thomas's Hospital 1902–1913
By 1916	Rachel Cox Davies	St Bartholomew's	Royal Free Hospital 1905–1923
By 1917	Louisa V. Haughton	Guy's Hospital	Guys Hospital 1909 – had left by 1916

Table 5.2: Matrons of large civilian hospitals on the QAIMNS Army Nursing Board¹²¹

Lückes highlighted the network of 'Londoners' who were on the new ANB: 'Mr Holland was specially nominated by the Queen as one of the members chosen by her Majesty to be on the Nursing Board of Queen Alexandra's Imperial Military Nursing Service...'.¹²² Lückes was also delighted that Becher was one of the two principal matrons appointed to serve under the Matron-in-Chief, '[You] will learn with pleasure that a "Londoner" has been chosen to fill this distinguished post, and will feel that both Miss Becher herself and her old Training

¹¹⁹ Ian Hay, *One Hundred Years of Army Nursing* (London, Cassell and Co. Ltd, 1953), 54–56. Louisa Gordon attended the first five meetings; she last attended one on 18 June 1902. See: The Minutes of the Fifth Nursing Board, 18 June 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 17; The National Archives, Kew. Surgeon General W. Taylor wanted a third civilian matron whom he would recommend, see: Memorandum, Advisory Board Election of Members, 5 March 1902; WO30/114/38; The National Archives, Kew

¹²⁰ A comment on a surviving memo shows that Monk and Gordon were initially suggested by Dr E.C. Perry, Guy's Hospital, see: E.C. Perry, Nursing Services Reorganisation, 8 February 1902; WO32/9339; The National Archives, Kew

¹²¹ There is debate in the historiography about exactly how many civilian matrons were appointed to the Nursing Board, it seems likely that Mabel Cave was a substitute following Louisa Gordon's resignation as Matron of St Thomas's Hospital; both *The Nursing Record and Hospital World* and Juliet Piggott states that three Matrons were appointed to the Board, however she may have included Sidney J. Browne, the temporary Matron in Chief, see: Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 39. Editorial, 'The Army Nursing Service', *The Nursing Record and Hospital World*, 27 (12 October 1901), 289. Analysis of four volumes of Nursing Boards Minutes show two civilian matron members attending, in addition to the Matron in Chief. See: Nursing Board Minutes; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1911; WO243/20, 21, 24, 28, Volumes 1, 2, 5 and 9; The National Archives, Kew

¹²² Matron's Annual Letter, No.10; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.10, April 1903, 17; Barts Health NHS Trust Archives and Museums, London

School are to be congratulated.’¹²³ Lückes enthusiastically promoted the new military nursing service, and its connection with The London Hospital in her circular nurses’ letters:

Mr Holland, Sir Frederick Treves and Miss Cave, who are Members of this Army Nursing Board, are very keen to promote its success in every way. Those for whom the nursing of sick Soldiers has special attractions would do well apply to Miss Sidney Browne, the Matron-in-Chief of “Queen Alexandra’s Imperial Military Nursing Service,” ... for particulars, and we may be sure that Miss Becher, who is Principal Matron for England, will gladly give any “Old ‘Londoners’” any information on the subject.¹²⁴

Lückes actively suggested that military nursing was a good career option and inferred that favourable, if not preferential treatment, would be given to ‘Londoners’ who decided to apply to the new military nursing service.

Apparently, London Hospital nurses enjoyed Alexandra’s support, partially because of her affiliation with Holland and Treves, both of whom she selected for the ANB. It seems that she approved of Becher and McCarthy because they enjoyed Lückes and Holland’s support.¹²⁵ Summers argues that ‘It is not easy for the late twentieth-century reader to appreciate the extent of royal influence in so vital a state interest as military medicine in this period...’.¹²⁶ The beneficial effects of royal patronage were crucial to the employment of many London Hospital nurses as military matrons; this escalated from 1902 onwards following the formation of the QAIMNS, and reached its pinnacle in the First World War with the appointment of The London Hospital ‘triumvirate’ of Matrons-in-Chief: Becher, McCarthy and Oram.

¹²³ Ibid, 18

¹²⁴ Matron’s Annual Letter, No.11; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 13; Barts Health NHS Trust Archives and Museums, London

¹²⁵ For Ethel Becher’s appointment see: The Minutes of the Thirteenth Nursing Board, 17 December 1902; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 108 and for Emma Maud McCarthy’s appointment: The Minutes of the Sixteenth Nursing Board, 11 February 1903; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 124; The National Archives, Kew

¹²⁶ Summers, *Angels and Citizens*, 206

From Frivolry to Respectability – Improving the Tone

Although there is no evidence that the specially chosen London Hospital nurses had behaved in a frivolous manner whilst nursing in the Second Anglo-Boer War, the ANS had gained a reputation of frivolry while in South Africa. Charlotte Dale found that all social activities were considered potentially unacceptable and that ‘nurses consequently risked condemnation dependent upon personal moral judgement.’¹²⁷ In a letter to Holland, Becher ‘let off steam’ after a Miss Williams of the ANS apparently complained that Lückes had not selected nurses who would behave with the utmost propriety and had therefore tarnished the public image of the military nurses.¹²⁸ Part of the disagreement between Miss Williams and London Hospital nurses seems to have been because they had been sent out to the Second Anglo-Boer War at the bequest of the new Queen, previously Princess Alexandra, and were perceived to have given themselves ‘airs on the score that we were sent out by her Majesty...’.¹²⁹

Becher disliked being associated with impropriety and questioned her decision to nurse in South Africa:

I can’t tell you how glad we shall be soon when the time comes to quit this land, where we are associated in everyone’s minds with a body of women of so many of whom one feels ashamed to think were ever nurses, in fact many a time I have been tempted to wish I had never come out to be mixed up in the mind of the Public with such a collection. [original emphasis]¹³⁰

Becher also discussed the issue with Colonel Gubbins, with whom she later worked at the War Office, where he was Director-General of the Royal Army Medical Corps (hereafter RAMC).¹³¹ The evidence indicates that Becher was selected as a Principal Matron because of her robust attitude to the unladylike behaviour by ANS nurses and reservists, whose ‘frivolous’ expeditions with army officers into the South African Veldt had attracted unwanted public attention.¹³² It is reasoned that nurses from The London Hospital were favoured, because Lückes’s emphasis on producing nurses of the ‘right class’ was well

¹²⁷ Dale, ‘Raising professional confidence’, 83

¹²⁸ Letter from Ethel Hope Becher to Sidney Holland, Number 19 Gen. Hospital, 24 June, n.yr.; Matron’s Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London. It is not known exactly which Miss Williams this is, but it is thought likely that this could be Miss Florence Addams-Williams [Available at: <https://boerwarnurses.com/boer-war-nurses-database>, accessed on 20 April 2020]

¹²⁹ Ibid

¹³⁰ Ibid

¹³¹ Ibid

¹³² Dale, ‘Raising professional confidence’

known by those on the ANB. But the friction between the old-style ANS and the new nurses may have been exacerbated because of the Queen's involvement.

By encouraging the promotion of particular nurses from the right class who had 'nurse-like' characteristics and a suitable 'tone', Holland and Lückes were clearly trying at a distance to mould the new QAIMNS into a more ladylike and decorous profession. It is likely that they were also trying to dissociate 'The London', its nurses and themselves from the unaccepted behaviour of a few nurses who served in South Africa, and prevent their reputation from being tainted. Alexandra, who as President of the ANB had a clear vision of how 'her' service should develop, wrote in a memorandum:

I feel quite certain unless the nurses of the new scheme are taken from a better class and more cultivated and educated than is generally the case there will be no real improvement in the system. For instance I can speak from experience having sent out 36 most carefully selected nurses from the best hospitals in England – Most of whom on arrival in South Africa found themselves placed under Superintendents of a lower grade and inferior class to themselves. The result naturally must be unsatisfactory – the pay I consider insufficient to secure the services of the higher class...¹³³

At least six of Alexandra's '36 most carefully selected nurses' were from The London Hospital.¹³⁴ Before they travelled to South Africa, Alexandra, who was then Princess of Wales, hosted a reception at Marlborough House for the first six from 'The London', including Becher and McCarthy, and presented them with two warm shawls and her own special badge.¹³⁵ A special badge; 'Queen Alexandra's Cross' was created especially for the thirty-six nurses who were expressly selected to go from the best English hospitals.¹³⁶ It infers that Alexandra had given 'The London' her seal of approval. Becher and McCarthy

¹³³ Queen Alexandra, Balmoral Castle, copy of Memorandum, n.d., written between 1901–1902; Report of Broderick Committee on Reorganisation of Army and Indian Nursing Service: Queen's recommendations; WO/32/9339; The National Archives, Kew

¹³⁴ Alexandra requested a further twenty nurses from 'The London' a few months after the first cohort had arrived in South Africa; it is not thought that they are referred to in this 36.

¹³⁵ The special badge is thought to be Queen Alexandra's Cross, 37 x 21mm., silver, silver-gilt and enamel, reverse inscribed, 'Alexandra Princess of Wales, Faith, Hope and Charity 1900', see: Dix Noonan Web Auctioneers [Available at: https://www.dnw.co.uk/auction-archive/lot-archive/lot.php?department=Medals&lot_uid=203100, accessed on 17 July 2020]. Matron's Annual Letter, No.7, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 7; Barts Health NHS Trust Archives and Museums, London

¹³⁶ The insignia for the QAIMNS was not registered until 1905, see Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 40

were two of those élite nurses; what is not known is whether she was ‘vetting’ them for their suitability, and what part she played in their eventual promotions.¹³⁷

Lady Roberts was also very concerned about the ‘tone’ of the future nurses who would be appointed to the service:

When the nurses for her new service come to be selected from amongst those who have been serving in South Africa it will be very essential to have some one on the Army Nursing Board who knows all about them. There are a large number out there who it would be fatal to the credit and efficiency of the new service to appoint – I myself know a good deal about them but very little compared to some of the superintendents who have had them under their control.¹³⁸

The evidence suggests that Lady Roberts played a significant part in the selection process, particularly as both she and her husband had met Becher and McCarthy during the Second Anglo-Boer War. Furthermore, Lady Roberts was on the ANB Selection Sub-Committee (see discussion, pages 238–239 and 252). It is striking that Becher was appointed from a sister’s position in the PCANSR to Principal Matron with only three years’ experience, likewise McCarthy was appointed Matron after a similar length of service.¹³⁹

In 1902, when the ANB were considering appointments to the newly created QAIMNS, Holland’s suggestion that promotions should be based on merit, and not on length of service was implemented.¹⁴⁰ This enabled the appointment of women who had served for a short time in the service, but who would instil a better ‘tone’ such as Becher and McCarthy, rather than longer term ANS members.¹⁴¹ Becher’s appointment as Principal Matron in January 1903 was one the first to be made to the service. Piggott concludes that this may have been ‘engineered’ to a certain extent by Holland, and fulfilled ‘his’ rule that promotions should be

¹³⁷ Matron’s Annual Letter, No.7; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 7, 21; Barts Health NHS Trust Archives and Museums, London

¹³⁸ Lady Roberts to unknown recipient, probably War Office official, n.d., but thought to be after 6 January 1902; Proposals for amalgamating the Army Nursing Service and the Indian Nursing Service correspondence 1901–1903; WO 30/114/33; The National Archives, Kew

¹³⁹ Ethel Hope Becher, British Army Nurses’ Service Records 1914–1918; WO399/501 and Emma Maud McCarthy, British Army Nurses’ Service Records 1914–1918; WO399/12912; The National Archives, Kew

¹⁴⁰ Piggott, *Queen Alexandra’s Royal Army Nursing Corps*, 42

¹⁴¹ Sarah Lucy Wilshaw, British Army Nurses’ Service Records 1914–1918; WO399/9073; The National Archives, Kew. The War Office record for Caroline Hutton Potts does not appear to have survived.

made on merit.¹⁴² Becher initially served under the Matron-in-Chief Miss C.H. Keer, as Principal Matron, and in January 1907 she was also appointed as Secretary to the ANB.¹⁴³ Several other ‘Londoners’, who were all experienced Superintendents in the ANS were overlooked in favour of Becher, including Garriock, Oram, and Russell; Sarah Lucy Wilshaw and Caroline Hutton Potts were acting Superintendents, but nonetheless, each of them had at least sixteen years military nursing experience.¹⁴⁴

In July 1903, Lückes acknowledged her influence in a letter which she wrote to Margaret Paul, a former London Hospital sister and a friend of hers: ‘I am sometimes able to help a little behind-the-scenes getting the reforms in Army Nursing established on a sound basis – and only those who are a little behind-the-scenes can form any idea of the difficulties and of how much there is to be done.’¹⁴⁵ She also revealed the extent to which she was trying to ‘steer’ the development of military nursing, ‘It just occurs to me that it might interest you for a few minutes to read a copy of a letter I wrote to Sir Frederick Treves yesterday, in reference to the futility of the Army Nursing Service Reserve...’.¹⁴⁶ Evidently Lückes shared Holland’s opinion about the proposed addition of reservists to the newly formed QAIMNS, and had been trying, albeit unsuccessfully, to influence the decision to form the QAIMNSR.¹⁴⁷

Ensuring ‘a good social qualification’¹⁴⁸

When establishing the new service, Surgeon-General Hooper of the RAMC made it clear that it would be preferable to employ the daughters of army officers.¹⁴⁹ He probably thought this would improve the social status of the new military nursing service, and also guard against

¹⁴² Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 42. Ethel Hope Becher, British Army Nurses’ Service Records 1914–1918; WO399/501; The National Archives, Kew

¹⁴³ The Minutes of the Eighty-seventh Nursing Board, 13 February 1907; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1906 – March 1907; WO243/21, Vol.5, 186 and Ethel Hope Becher, British Army Nurses’ Service Records 1914–1918; WO399/501; The National Archives, Kew

¹⁴⁴ See also Figure 5.1: Military Matrons by class and decade: 1890–1919. Sarah Elizabeth Oram, British Army Nurses’ Service Records 1914–1918; WO399/6348 and May Russell, British Army Nurses’ Service Records 1914–1918; WO399/7286 and Sarah Lucy Wilshaw, British Army Nurses’ Service Records 1914–1918; WO399/9073; The National Archives, Kew. As Caroline Hutton Potts War Office record does not appear to have survived, see her appointment as sister in: The Minutes of the Fourteenth Nursing Board, 21 January 1903; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 114; The National Archives, Kew

¹⁴⁵ Letter from Eva Lückes to Margaret Paul, The London Hospital, 26 July 1903; Papers of Mrs Margaret Paul, formerly ‘Sister George’; RLHPP/PAU/1/1; Barts Health NHS Trust Archives and Museums, London

¹⁴⁶ Ibid

¹⁴⁷ Summers, *Angels and Citizens*, 190

¹⁴⁸ Discussion of the War Office Committee on the reorganisation of the Army Medical and Army Nursing Service, July 1902, 133; WO 33/208; The National Archives, Kew

¹⁴⁹ Ibid

the appointment of 'frivolous' nurses as seen in the Second Anglo-Boer War. This wish to improve the respectability of the nascent military nursing service, is reminiscent of the efforts by Lückes and her fellow nursing reformers to employ women from the higher-classes. It is possible that Lady Roberts and Cave, who were two members of the three person Selection Sub-Committee of the ANB favoured nurses who had trained at 'The London'.¹⁵⁰ Similarly Holland was one of five members of the ANB who sat on the Regulations Sub-Committee.¹⁵¹ His presence on the committee may have influenced the decision to ask applicants to state their father's occupation, just as potential probationers' to 'The London' were asked.¹⁵² He may also have influenced the decision to allow applications from candidates who possessed a 'certificate of three-years training and service in medical and surgical nursing in a civil hospital...', which therefore enabled nurses who had completed two-years training, plus service at The London Hospital to apply.¹⁵³ Many hospitals had adopted three-year training programmes following the 1890 House of Lords Metropolitan Hospitals Enquiry which supported a longer training.¹⁵⁴ By 1902 three-years training was 'standard practice.'¹⁵⁵ In early discussions about the type of women who would be appointed to the new service Surgeon-General Hooper made it clear that he would prefer the current recruiting arrangements for the ANS to be continued after the forthcoming amalgamation with the Indian Nursing Service, and that the relatives of military officers would be favoured.¹⁵⁶ 'Preference is always given to the relatives of military officers. It obtains in both Services, in the Army and in the Indian Service. I think we should provide that, or else the outsiders will

¹⁵⁰ Miss Monk, Matron of Kings College Hospital, was the third member, see: The Minutes of the Eleventh Nursing Board, 19 November 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 101; The National Archives, Kew

¹⁵¹ The Minutes of the Second Nursing Board, 30 April 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 8; The National Archives, Kew

¹⁵² For example, see: Ethel Hope Becher, Person Files; RLHLH/Z/1; Barts Health NHS Trust Archives and Museums, London and Emma Maud McCarthy, British Army Nurses' Service Records 1914–1918; WO399/12912; The National Archives, Kew

¹⁵³ The Minutes of the Seventh Nursing Board, 9 July 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 24; The National Archives, Kew

¹⁵⁴ H.M.S.O., *Third Report from the Select Committee of the House of Lords on Metropolitan Hospitals, etc., together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*, 1892, lxxix, civ; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London. The Enquiry adopted the British Nurses' Association recommendations rather than Florence Nightingale's, who argued for one-year's training – for regular nurses, and two-years if they were going to train nurses themselves.

¹⁵⁵ Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960), 70

¹⁵⁶ Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 37. The proposed amalgamation with the Indian Nursing Service did not occur and it remained independent of the QAIMNS.

swamp the Military candidates. It entails a good social qualification.’¹⁵⁷ Although the ANB overruled Hooper, this became an unwritten rule.¹⁵⁸

Becher’s family came from a long line of military service in the Indian Army, her father was a Colonel, her paternal grandfather was General Sir Arthur Mitford Becher, several of her great uncles, and her brother George, were also officers.¹⁵⁹ It is unsurprising that Becher had made it clear to Lückes that she was very keen to nurse in the South Africa conflict.¹⁶⁰ It is likely that Becher’s interest in military nursing was stimulated by her family’s military background, which may have influenced Holland and Lückes’s decision to appoint her in overall charge of the initial cohort. Clearly, Becher particularly benefitted from Hooper’s ‘unwritten rule’ because of her father and grandfather’s military connections. It is suggested that these networks were amplified because she was part of The London Hospital alumni, and also because of the prestige of being one of the first six nurses specially chosen for Princess Alexandra from the hospital. However, Emily Agnes Cox’s father was also an army officer, but not from the higher echelons.¹⁶¹ Cox had been in the ANS since 1897, but does not appear to have benefited from patronage, networking or Lückes’s influence to the same extent as Becher.¹⁶² This thesis argues that just as Lückes’s assessments of Becher and McCarthy influenced their appointments, so too it is conceivable that Lückes’s assessment of Cox swayed the decision in 1903 to ‘only’ appoint her as a sister in the QAIMNS; perhaps because Lückes felt that she had limited ‘powers’ and was over confident.¹⁶³

The military matrons’ next of kin were employed in a variety of occupations, but mainly came from the upper strata of society (see Table 5.3).

¹⁵⁷ Discussion of the War Office Committee on the reorganisation of the Army Medical and Army Nursing Service, July 1902, 133; WO 33/208; The National Archives, Kew

¹⁵⁸ Summers, *Angels and Citizens*, 94–95

¹⁵⁹ Becher, George A., RG101/2089J; 1939 England and Wales Register, Windsor, Berkshire; The National Archives, Kew [Available at: www.findmypast.co.uk, accessed on 18 June 2020]

¹⁶⁰ Ethel Hope Becher, Register of Sisters and Nurses; RLHLH/N/4/1, 162; Barts Health NHS Trust Archives and Museums, London

¹⁶¹ Emily Agnes Cox, British Army Nurses’ Service Records 1914–1918; WO399/1808; The National Archives, Kew

¹⁶² Ibid. The Minutes of the Fourteenth Nursing Board, 21 January 1903; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 113; The National Archives, Kew

¹⁶³ Emily Agnes Cox, British Army Nurses’ Service Records 1914–1918; WO399/1808; The National Archives, Kew. Emily Agnes Cox, Register of Sisters and Nurses; RLHLH/N/4/1, 152; Barts Health NHS Trust Archives and Museums, London

Social Classification	Description	The military matrons' parental occupations
I	Professional: upper and middle classes	Accountant, Army Officer, Clergyman, Land Owner, Ship Owner, Solicitor, Surgeon, Surveyor
II	Intermediate: Bourgeois	Company Manager, East India Merchant, Farmer, Fruit Broker, Ship's Broker
III	Skilled occupations: upper working class	Boarding House Keeper, Currier, Fire Insurance Clerk, Hat Maker, Master Mariner, Silk Maker, Steward,
IV	Semi-skilled workers	
V	Unskilled workers: lower working class	Time Keeper

Table 5.3: W.A. Armstrong's Social Classification scheme and the occupations of the military matron's father's

As shown in Appendix C this study identified the social class of 28 of the 34 matrons, who at the start of their career worked in various types of military establishments. This suggests that army nursing was a popular career option for these matrons after they left 'The London', possibly because it was seen as the 'posh', or élite arm of the nursing profession, had a recognised career structure and an opportunity to travel. As discussed in Chapter Two there is no directly comparable study of the social class and careers of a cohort of matrons from the same period. However, the most comparable data is that from Keiron Spires's research into the social class of Boer War Army Nurses.¹⁶⁴ Spires found, that by these South African campaigns nursing had become sufficiently reputable to attract women from the social élite; 67% of the women in his study were from social classes I and II, and 25% from Social Class III.¹⁶⁵ This research found that 75% of Lückes's nursing leaders who became military matrons were from social classes I and II, and 21% were from Social Class III as shown below in Table 5.4.

Whilst the data set is statistically very small, five percent more London Hospital military matrons were from classes I and II than the upper-class Army Nurses in Spires's study.¹⁶⁶ Moreover it suggests that Lückes's matrons reflect the pre-existing class structure within military nursing. The data shows that a higher proportion of Lückes's military matrons were

¹⁶⁴ Spires, 'Nurses in the Boer War (1899–1902)'

¹⁶⁵ Data for Boer War Nurses taken from Spires, 'Nurses in the Boer War (1899–1902)' 120–121

¹⁶⁶ Please note that this analysis uses the matron's first matronship, therefore Gertrude Richards, Catherine Thorpe and Mary Pinsent are not included as military matrons, as they were all civilian hospital matrons for a few years at least prior to joining the military nursing service.

Social class, by percentage	The London Hospital Matrons: 1880–1919	The London Hospital Military Matrons: 1880–1919
I	31	46
II	35	29
III	28	21
IV	5	0
V	1	4

Table 5.4: The London Hospital military matron's social classification data

from classes I and II than her other matrons in this study. This suggests that with Lückes behind the scenes, and Cave, Holland, Lady Roberts and Treves on the ANB, the London Hospital network may have been promoting and actively endorsing the appointment of 'new-style' trained London Hospital nurses who were from the higher-social classes, with 'nurse-like' characteristics, who behaved in a genteel and professional manner and set the right tone.

The social class of the military matrons changed across the decades (see Figure 5.1). Matrons who worked at all types of military establishments, and not just the élite QAIMNS, are included in the data. The 1890s matrons served in the ANS, and it is less likely that Lückes

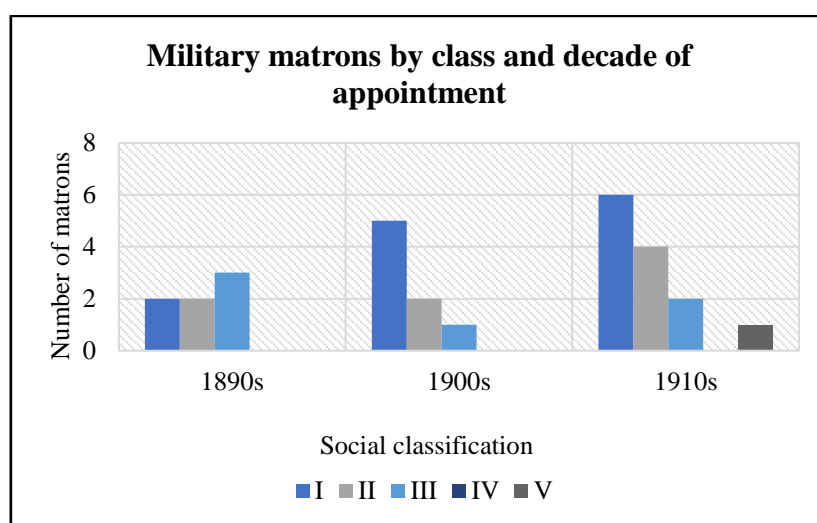


Figure 5.1: Military Matrons by class and decade: 1890–1919¹⁶⁷

¹⁶⁷ Please note that none were appointed matron in the 1880s.

had any input into their appointment to the military nursing service as this was before Holland joined 'The London'. As expected, in the 1900s there were more matrons from social classes I and II which coincides with Queen Alexandra's desire to employ more nurses from a 'better class', and to improve the tone of the service. Equally it is at this point that Lückes and Holland appear to become involved, albeit indirectly, in the recommendation and recruitment of nurses to the QAIMNS, which may have impacted the social status of the new military nurses. By the 1910s the matrons in this study worked in a myriad of different military establishments, and although the majority are from the two upper-classes, one matron is from the lowest-social class. This loosely mirrors the wider trend seen within this whole study.¹⁶⁸ Surprisingly the 'triumvirate' of London Hospital trained military matrons were not exclusively from Social Class I; Oram's father was a tax surveyor and he was from Social Class II, although Becher and McCarthy were both from Social Class I. As Oram was originally appointed into the ANS, it is likely that Lückes played little or no part in her initial military career. Unlike her colleagues, Oram probably achieved her promotions on her own merit.

Influencing the tone of future leaders

As discussed in Chapter Two Lückes wrote extensive reports on many of her probationers and qualified staff, in which she focused on their nurselike characteristics. It is particularly evident among some of the military matrons that Lückes especially favoured those women with suitable characteristics, from a good class, whom she felt would give a good 'tone' to the profession.

Of all the women who became military matrons Lückes 'fast-tracked' those who she felt were suitable for promotion and gave a select few of them temporary Sister's duties during their second year of training (see discussion in Chapter Three, page 104–105). Although Jane Brooks argues that during this period 'the leadership of nursing guarded the class disunity with a vengeance', and created a two-tier system of regular and paying probationers, and furthermore, that the élite had very different training experiences from the 'rank and file' nurses, this is not born out in this study.¹⁶⁹ Although Lückes only earmarked three women for sister's appointments after their training, several others from social classes II and III also

¹⁶⁸ The results are very small and therefore not necessarily representative.

¹⁶⁹ Jane Brooks, 'Structured by Class, bound by gender', *International History of Nursing Journal*, 6, 2 (2001), 13–21

became military matrons, as well as women from Social Class I. Whilst Becher, McCarthy and Gertrude Richards were regular probationers, they had somewhat different training experiences from most of their contemporaries (see Table 5.5 below).

Becher, McCarthy, Hodgson and Richards were all initially thought to have the right qualities, but ultimately only Becher, McCarthy and Richards were appointed as Holiday or Ward Sisters at the end of their training (see Table 5.5).¹⁷⁰ The evidence suggests that not only was Lückes earmarking them for leadership, but she was using some of them to raise the tone ‘As part of the purifying and sanitising order of the working-classes.’¹⁷¹

QAIMNS Matron	Class	Leadership or managerial responsibility during second year of training at The London Hospital	Post after training
Ethel Hope Becher	I	Holiday Sister for six months	Ward Sister
Emma Maud McCarthy	I	Nine months as a Relief Sister or in Matron’s Office	Holiday Sister
Gertrude Richards	I	Nine months as an Assistant or Relief Sister	Holiday Sister
Caroline Hodgson	I	One month in Matron’s Office	Staff Nurse
Emily Agnes Cox	I	None	Staff Nurse
Elizabeth Humphreys	I	None	Staff Nurse
Mary Makepeace	I	None	Staff Nurse
Caroline Potts	I	None	Left
Catherine Mowbray	II	None	Left
Marion Smith	II	None	Left
Sarah Elizabeth Oram	II	None	Left
Ann Garriock	III	None	Staff Nurse
May Russell	III	None	Staff Nurse
Sarah Lucy Wilshaw	III	None	Private Nurse
Emily Freudemacher	III	None	Staff Nurse

Table 5.5: Leadership experience of London Hospital trained QAIMNS matrons

Ethel Hope Becher and Emma ‘Maud’ McCarthy – the ‘chosen’ two

Evidently Lückes thought that Becher and McCarthy were from a suitable class, and had ‘nurse-like’ characteristics which would elevate the tone of nursing, and therefore gave them extended managerial training (see Table 5.5). Becher and McCarthy’s probationers’ reports suggest that Lückes felt they had special potential. Their sister’s reports suggest how both

¹⁷⁰ There may simply not have been a vacant position as Holiday or Ward Sister for Caroline Hodgson.

¹⁷¹ Brooks, ‘Structured by Class, bound by gender’, 14

women were moulded by Lückes. Prior to McCarthy's training she had 'lived at home', been a 'ladies' companion', and had turned down a place at university. Lückes was attracted by McCarthy's ladylike qualities, and said that she 'had an exceptionally nice disposition, and was essentially a lady, so that she brought some excellent qualifications for training with her. She was steady and interested in her work...'.¹⁷² It is likely that Lückes thought that McCarthy had the most 'nurse-like' and ladylike 'genteel' qualities; however, Lückes stated that when McCarthy was a probationer, she:

Needed more force of character. It was a difficulty to her to hold her own unless subordinates were very pliable. She found it very hard to control others, or to take firm action when necessary, but she was too conscientious not to struggle earnestly to do her duty. She was sweet tempered and so far easy to help, but she needed more moral cou[rage].¹⁷³

This may explain why McCarthy, although she was the more senior London Hospital sister to go to the Second Anglo-Boer War, was not put in overall charge of the party by Lückes, and perhaps why, unlike Becher, she was not leapfrogged to the post of Principal Matron in 1903.¹⁷⁴ It is not known if McCarthy asked for references from Lückes, or Holland, but copies of them do not survive in the hospital's archives. Copies of Becher's references have survived, which could suggest that she was less reserved than McCarthy, and better at networking, which she used to her advantage.¹⁷⁵ Because of her family background Becher may have been more conversant with military language and protocol, and more confident moving between private and public spheres.

Lückes was unusually complimentary about Becher in her probationer's report, and wrote that she 'Was a thoroughly satisfactory probationer, steady, earnest and distinctly capable. It

¹⁷² Emma Maud McCarthy, Register of Probationers; RLHLH/N/1/4, 25; Barts Health NHS Trust Archives and Museums, London

¹⁷³ Ibid. The last word is lost due to damage to the bottom corner of the page. Given the context of the report it is thought that this should read 'conviction', however a search of 80 transcribed reports written by Eva Lückes revealed that she has only ever used the phrase 'moral courage', not moral conviction. This report was probably written on completion of Maud McCarthy's training in 1894; she then gained five years' experience as a ward sister at The London Hospital.

¹⁷⁴ Emma Maud McCarthy, Register of Probationers; RLHLH/N/1/4, 25; Barts Health NHS Trust Archives and Museums, London. Maud McCarthy commenced as a probationer eighteen months before Ethel Becher and was already working as a relief sister, when Ethel Becher started training at The London Hospital

¹⁷⁵ Unsigned reference for Ethel Hope Becher, 12 December 1899; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London. The reference which is typed and unsigned is thought to be by Eva Lückes, although Spires has attributed it to Sidney Holland, but without an archive reference, see: Spires, 'Nurses in the Boer War (1899–1902)', 183

was evident from the first that she took a real interest in her work.’¹⁷⁶ As shown in Table 5.5 Lückes identified that Becher had leadership qualities before she had completed her training, and appointed her as a Holiday Sister for the last six months which ‘she entered upon... in a very capable way’.¹⁷⁷ Although Lückes thought that Becher was a ‘smart nurse’ she wrote a largely flattering report (see discussion in Chapter Two, page 93–94):

Becher was an exceptionally capable sister. She managed her wards with marked ability, and kept them and her subordinates in excellent order. ...It always seemed to me that Ethel H. Becher’s nursing instincts were beyond question, and that her tenderness with bad cases, and her care that everything possible should be done to relieve their suffering, from a human, as well as from a technical point of view, left nothing to be desired.¹⁷⁸

Lückes had reservations about Becher’s moods which she described as rather excitable. Becher was prone to angry outbursts, ‘a lack of self-control that was much to be deplored’, an ‘abrupt manner’ and was ‘occasionally unpleasant enough to do the better side of her nature much injustice.’¹⁷⁹ After one such incident Lückes reprimanded Becher by ‘pointing out the bad example it afforded to those working under her, and how this weakness detracted from her unquestionable gifts, both as a nurse, and as ward manager.’¹⁸⁰ Becher was ‘hurt and indignant’ but thereafter Lückes noticed a significant improvement in her behaviour.¹⁸¹ Given the success of Becher’s career she apparently acted on Lückes’s advice. The sources presented suggest that despite Becher’s tendency to be irritable, Lückes saw something of a special leadership quality in her, as ordinarily she would not have tolerated sisters or nurses who displayed unladylike characteristics.

¹⁷⁶ Ethel Hope Becher, Register of Probationers; RLHLH/N/1/4, 137; Barts Health NHS Trust Archives and Museums, London

¹⁷⁷ Ibid

¹⁷⁸ Ethel Hope Becher, Register of Sisters and Nurses; RLHLH/N/4/1, 162; Barts Health NHS Trust Archives and Museums, London

¹⁷⁹ Ibid

¹⁸⁰ Ibid

¹⁸¹ Ibid



Image 5.2: Military Matrons:
Left: Ethel Hope Becher, right: Emma 'Maud' McCarthy
Images used with permission from the Trustees of the Museum of Military Medicine

Later in life Becher was described as being formidable.¹⁸² She may have acquired her assertiveness and intimidating 'presence' probably during her upbringing as an army daughter and granddaughter or her life in boarding school. It is reasoned that Lückes's decision to adopt and promote Becher as her favourite was a pragmatic one. Despite Becher's brusque nature Lückes recognised her innate nursing and managerial ability, and perceived that Becher was more likely to gain promotion via patronage and connections. It is likely that Lückes saw the leadership potential in both Becher and McCarthy early on. Their appointments to the pinnacle of military nursing service enabled her to 'infiltrate' and establish a London Hospital stronghold within the service, and promote nurse training at 'The London' to potential candidates. If future candidates knew that army matrons had trained at The London Hospital, it might subliminally endorse and publicise the training programme there, and suggest that it was a respectable and acceptable hospital at which to train. The sources indicate that whilst Lückes thought McCarthy was the most genteel of the three future Matrons-in-Chief, and brought the most 'tone' to nursing, she recognised that Becher was a future 'commander'.

Military Matrons who were not groomed for leadership

The majority of 'Londoners' who became matrons in the QAIMNS were not selected for leadership or management training, and were not directly promoted by Lückes, but it is likely that they benefitted indirectly from her influence in their careers (see Table 5.5). As

¹⁸² McEwen, *In the Company of Nurses*, 41

‘Londoners’ it is likely that they were associated with Holland, Cave and Treves who sat on the ANB. They may have been identified as having trained at a hospital which produced ‘ladylike’ nurses with the right ‘tone’; this may have made them a safe option or a known quantity to employ as military matrons.

The significant proportion were from the upper-social classes; therefore, they may have been selected as military matrons as it was assumed that they possessed the qualities which Queen Alexandra associated with nurses from a ‘Better class’ [original emphasis].¹⁸³ Of the nurses from Social Class I, Lückes felt that Cox, whose father was a Lieutenant in charge of Army Orderlies ‘Was conscientious, and well-meaning...’.¹⁸⁴ and that Elizabeth Humphreys, whose father was a surveyor, was a ‘Bright cheerful little woman... she was very sympathetic and kind to her patients and had a gentle, pleasant manner.’¹⁸⁵ Humphreys was one of the second cohort of twenty ‘Londoners’ selected to work in the Second Anglo-Boer War as one of the Princess of Wales’s nurses. Mary Makepeace, whose father was an accountant, was considered to be ‘Careful and conscientious carrying out orders...’ and Lückes felt that Caroline Potts, whose father was a ship owner, had a ‘Gentle manner’ and that she ‘Left... a pleasant impression on those with whom she worked...’.¹⁸⁶

Sarah Oram was the most successful military matron from Social Class II, and became one of the London Hospital First World War ‘triumvirate’ of Matrons-in-Chief. At the end of Oram’s training Lückes was rather dismissive about her, although she described her as a ‘Competent nurse, nice-looking and a good worker’, but Lückes felt that Oram required strict supervision, in order to ‘maintain a good ‘tone’ in the ward.’¹⁸⁷ Lückes expressed concern that Oram ‘was not in the least a lady, but had great notions of being mistaken for one and an exaggerated idea of her own capabilities.’¹⁸⁸ Furthermore, Lückes was anxious that Oram’s behaviour with younger members of the medical team had led to ‘unfavourable comment on

¹⁸³ Queen Alexandra, Balmoral Castle, copy of Memorandum, n.d., written between 1901–1902; Report of Broderick Committee on Reorganisation of Army and Indian Nursing Service: Queen’s recommendations; WO/32/9339; The National Archives, Kew

¹⁸⁴ Emily Agnes Cox, Record of Sisters and Nurses; RLHLH/N/4/1, 152; Barts Health NHS Trust Archives and Museums, London

¹⁸⁵ Elizabeth C. Humphreys, Register of Probationers; RLHLH/N/1/6, 4; Barts Health NHS Trust Archives and Museums, London

¹⁸⁶ Caroline Hutton Potts, Register of Probationers; RLHLH/N/1/2, 13; Barts Health NHS Trust Archives and Museums, London

¹⁸⁷ Sarah Elizabeth Oram, Register of Probationers; RLHLH/N/1/1, 163; Barts Health NHS Trust Archives and Museums, London

¹⁸⁸ Ibid

more than one occasion...'.¹⁸⁹ This could have been for several reasons: Lückes may have felt that Oram was behaving in an unladylike manner and was overstepping behaviour boundaries both in propriety and clinical skills. Oram may have been flirting, but she may have simply appeared too familiar because she was treating the junior members of the medical team as fellow, equal professionals, and applying her scientific and technical knowledge to the treatment of her patients.

Like Nightingale, Lückes was concerned that nurses should not undertake doctors' work and thereby 'invade' their sphere; hospital relationships mimicked the accepted boundaries as established in Victorian middle-class family units.¹⁹⁰ Despite Lückes's assessment that Oram lacked tone, and was not a lady, she was selected by Mrs Jane Deeble, the first Superintendent of the ANS who desired to employ 'A class of women entirely superior to that of the wardmaster and the sergeants...'.¹⁹¹ Oram's successful career as an army nurse culminated in her appointment as Principal Matron, and later Acting Matron-in-Chief.¹⁹² In her annual circular letter Lückes merely acknowledged Oram's prestigious role, although Lückes wrote that she was 'very proud' of Becher and McCarthy.¹⁹³ Lückes's reports and surviving papers suggest that unlike the support which she gave to Becher and McCarthy, Lückes apparently gave Oram the least assistance in her chosen career. Arguably, Lückes's character assessments of the three women were affected by their class, her perception of their appearances and how ladylike they were.

Two other matrons were from Social Class II; Catherine Mowbray whose father was a leather merchant and Marion Smith whose father was a farmer. Lückes felt that Mowbray was a good worker, but that she was a 'Showy type of Hospital nurse', and that 'Her "tone" was to

¹⁸⁹ Ibid

¹⁹⁰ See: Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899). For further reading see: L. Holcombe, *Victorian Ladies at Work, Middle Class Working Women in England and Wales, 1850–1914* (Newton Abbot, David & Charles, 1973). Martha Vicinus, *Independent Women, Work and Community for Single Women, 1850–1920* (London, The University of Chicago Press, 1985). Judith Moore, *A Zeal for Responsibility; the Struggle for Professional Nursing in Victorian England, 1863–1883* (London, The University of Georgia Press, 1988)

¹⁹¹ Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 25

¹⁹² Sarah Elizabeth Oram, British Army Nurses' Service Records 1914–1918; WO399/6348; The National Archives, Kew

¹⁹³ Matron's Annual Letter, No.23; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.23, May 1916, 6–7; Barts Health NHS Trust Archives and Museums, London

be deplored...'.¹⁹⁴ In a reference which Lückes wrote for Mowbray when she applied to join the QAIMNS, Lückes questioned Mowbray's loyalty to 'The London'.¹⁹⁵ Lückes had not heard from Mowbray for several years, was unsure how up-to-date her nursing knowledge was, and had heard that she might still be flirtatious: 'I am not sufficiently in touch with Miss Mowbray at the present time to judge how far this weakness remains, or whether she has overcome it.'¹⁹⁶ Despite this reference and possibly because she 'was a known quantity', had trained at the same hospital as Becher, or because of the desperate need for more trained nurses during the war, Mowbray was appointed as a matron in the QAIMNSR.¹⁹⁷

After ten years as a sister Marion Smith eventually became a matron in the QAIMNS, but was considered unsuitable for the penultimate role of Principal Matron.¹⁹⁸ Lückes assessed her to be a good ward manager and a 'Quick and methodical work[er], clean and neat both in work and personal appearance. She was steady and punctual and good about keeping rules' but this assessment apparently had less impact on Smith's career than that of others.¹⁹⁹ On her QAIMNS application form Smith described her father as a landowner and gentleman.²⁰⁰ On two decennial censuses he is described as a farmer, suggesting that Smith may have deliberately elevated his status to try and ensure that she was accepted.²⁰¹ Smith worked as an Acting Matron in South Africa from 1910; she was promoted to Matron in November 1917 and served in France, at home in a war hospital in Sheffield, and in Mesopotamia.²⁰² In October 1925 a special committee of the ANB advised that she was not considered suitable

¹⁹⁴ Caroline Mowbray, Register of Probationers; RLHLH/N/1/3, 103; Barts Health NHS Trust Archives and Museums, London

¹⁹⁵ Lückes's reference is the only one which survives in her file, although Mowbray gave the address for a 'lady referee', see: Catherine Sarah Mowbray, British Army Nurses' Service Records 1914–1918; WO399/6024; The National Archives, Kew

¹⁹⁶ Letter contained in Caroline Mowbray's Service Records: Letter from Ethel Hope Becher to Eva Lückes, 10 August 10, 1914; British Army Nurses' Service Records 1914–1918; WO399/6024; The National Archives, Kew

¹⁹⁷ Ibid

¹⁹⁸ Marion Smith, British Army Nurses' Service Records 1914–1918; WO399/7730; The National Archives, Kew

¹⁹⁹ Marion Smith, Register of Probationers; RLHLH/N/1/6, 98; Barts Health NHS Trust Archives and Museums, London

²⁰⁰ Marion Smith, British Army Nurses' Service Records 1914–1918; WO399/7730; The National Archives, Kew

²⁰¹ William James Smith, RG11/2606, 14; The General Record Office, The England and Wales Census 1881 for Hope under Dinmore, Leominster, Herefordshire and William J. Smith RG12/2073, 89; The General Record Office, The England and Wales Census 1891 for Hope under Dinmore, Leominster, Herefordshire; The National Archives, Kew [Available at: www.ancestry.co.uk, accessed on 18 July 2018]

²⁰² Marion Smith, British Army Nurses' Service Records 1914–1918; WO399/7730; The National Archives, Kew

for promotion to Principal Matron.²⁰³ By this stage Lückes was dead, and the influential ‘web’ of ‘Londoners’ on the ANB and within the military matron hierarchy, had also diminished significantly. Smith retired in March 1927 and married Brigadier General Bernard Drake six months later.²⁰⁴

Three of the more longstanding military matrons who joined the ANS before transferring to the QAIMNS, were from Social Class III; Ann Garriock who was to become Principal Matron in South Africa, and May Russell and Sarah Wilshaw. Garriock, whose father was a master mariner, was described by Lückes as ‘a quiet active nurse, ... she was interested in her work and kept the various wards of which she had charge in very good order.’²⁰⁵ Russell’s father was a Purser for the P&O Shipping Company.²⁰⁶ Lückes felt that Russell was a ‘strong, active, clever young woman, good worker and an intelligent nurse. She was efficient enough to do staff nurse’s duty during the greater part of her training...’.²⁰⁷ Wilshaw, whose father was a bankrupt silk manufacturer, had many of the desirable characteristics Lückes preferred in a nurse, and was described as ‘a quiet steady Probationer, thoroughly interested in her work. She was kind to her patients, perfectly obedient to rule and conscientious in the discharge of her duties.’²⁰⁸ Emily Freudemacher whose father was a hat maker, was also from Social Class III. Lückes felt that she was a ‘capable, clever nurse, satisfactory in every respect throughout her training.’²⁰⁹ Freudemacher had already worked in a workhouse infirmary for two years prior to her training at The London Hospital and felt that she was suitably experienced for promotion.²¹⁰ Lückes disagreed: ‘I did not consider that her education qualified her for a position of the kind, though she would have made a superior staff nurse, or very good sister in a small Hospital where ladies are not appointed to the staff’, although Lückes felt that she was ‘thoroughly efficient, steady and trustworthy.’²¹¹ In spite of

²⁰³ Marion Smith, War Office Memorandum, 30 October 1925, British Army Nurses’ Service Records 1914–1918; WO399/7730; The National Archives, Kew

²⁰⁴ Marriage certificate: Bernard Francis Drake and Marion Scudamore Smith, All Saints, Margaret Street, Marylebone, London, 18 August 1927; General Register Office for England and Wales

²⁰⁵ Ann Garriock, Register of Probationers; RLHLH/N/1/1, 40 and Ann Garriock, Register of Sisters; RLHLH/N/4/1, 50; Barts Health NHS Trust Archives and Museums, London

²⁰⁶ See Appendix C: Database

²⁰⁷ May Russell, Register of Probationers; RLHLH/N/1/1, 24; Barts Health NHS Trust Archives and Museums, London

²⁰⁸ Sarah Lucy Wilshaw, Register of Probationers; RLHLH/N/1/2, 1; Barts Health NHS Trust Archives and Museums, London

²⁰⁹ Emily Elizabeth Mary Freudemacher, Register of Probationers; RLHLH/N/1/1, 97; Barts Health NHS Trust Archives and Museums, London

²¹⁰ Ibid

²¹¹ Ibid

Lückes's assessment, Freudemacher was made an Acting Superintendent of the Station Hospital, Portsmouth in 1897, but left the ANS three years later when she married.²¹²

Whilst the matrons did not all directly benefit from Lückes's support, some of them may have profited from her indirect influence on the ANB, and other London Hospital 'alumni' serving as matrons. They were a 'known quantity' to some of The London Hospital 'web' of ANB members, and had trained at a hospital which was associated with nurses of the right 'tone' which may have led to their successful appointments.

London Hospital matrons – infiltrating the new service

In 1903, when Becher was appointed Principal Matron, Cave, Holland, Treves and Lady Roberts were all on the new ANB.²¹³ Perhaps significantly, Cave and Roberts were on the Selection Sub-Committee of the ANB.²¹⁴ The sources indicate that Lückes may have also played a part in Becher's appointment, and the future shaping of the service. In December 1902 she wrote Becher a glowing reference: 'She displayed marked capabilities for general management, and every detail in the Wards under her supervision, was well arranged and systematically kept up to an efficient standard.'²¹⁵

A significant proportion of the new matrons who were initially appointed to the service were London Hospital trained. In May 1903 *The British Journal of Nursing* listed the twenty-three most senior appointments to QAIMNS, out of whom five had trained at 'The London'; Becher who was a Principal Matron and Garriock, McCarthy, Oram and Russell who were Matrons.²¹⁶ Within the first two years of the newly developed service at least six of the

²¹² Matron's Annual Letter, No.4, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.4, June 1897, 19; Barts Health NHS Trust Archives and Museums, London

²¹³ For Ethel Becher's appointment see: The Minutes of the Thirteenth Nursing Board, 17 December 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 108; The National Archives, Kew

²¹⁴ The Minutes of the Eleventh Nursing Board, 19 November 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 101; The National Archives, Kew

²¹⁵ Ethel Hope Becher, reference by Eva Lückes, 12 December 1902; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

²¹⁶ Anonymous, 'Queen Alexandra's Imperial Military Nursing Service', *British Journal of Nursing*, 791, 30 (30 May 1903), 428

approximately twenty-seven matrons were trained at The London Hospital under Lückes (see Table 5.6).²¹⁷

Year Appointed Matron	Name
1903	Ann Garriock
	Emma Maud McCarthy
	Sarah Elizabeth Oram
	May Russell
1904	Caroline Hutton Potts
	Gertrude Richards

Table 5.6: London Hospital trained QAIMNS Matrons

It is hard to be precise about the exact numbers of matrons as the records and historiography are sketchy and inconsistent. Although the ANB minutes states that thirty-seven military matrons were required,²¹⁸ Juliet Piggott suggests that overall, there were twenty-seven matrons,²¹⁹ which is supported by an analysis of the ANB Minutes for 1902–1904.²²⁰ ‘Londoner’, Caroline Hodgson was clearly overlooked when the list was compiled, or she did not transfer to the new service; between 1893–1904 she was also a matron in the ANS and was in charge of the Hospital for Soldiers’ Wives and Children in Aldershot.²²¹ ‘Londoners’ had infiltrated the upper echelons of the new military nursing service, which, until the First World War consisted of a Matron-in-Chief, and two Principal Matrons; one in South Africa and one who was assistant to the Matron-in-Chief (see Table 5.7).²²²

²¹⁷ Data obtained by consulting various records for these women including War Office records [Available at: <https://www.nationalarchives.gov.uk>, accessed on 19 October 2021] and The Boer War Nurse’s Database [Available at: <https://boerwarnurses.com/boer-war-nurses-database>, accessed on 17 June 2020]

²¹⁸ The Minutes of the Ninth Nursing Board, 15 October 1902; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 90; The National Archives, Kew

²¹⁹ Piggott, *Queen Alexandra’s Royal Army Nursing Corps*, 42

²²⁰ Nursing Board Minutes; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1 and Nursing Board Minutes; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1903 – March 1904; WO243/21, Vol.2; The National Archives, Kew

²²¹ Caroline Hodgson’s Service Records: Memorandum from Sydney Browne to General Officer Commanding Ist Army Corps, 13 June 1904, Aldershot; British Army Nurses’ Service Records 1914–1918; WO399/3900; The National Archives, Kew. Her records are scant and focus on the pension which Sidney Browne arranged for her shortly after the formation of the Queen Alexandra’s Imperial Military Nursing Service in June 1904

²²² Piggott, *Queen Alexandra’s Royal Army Nursing Corps*, 42

Year	Name	Rank in QAIMNS	Training Hospital
1902 / 3–1906	Sidney Browne	Matron-in-Chief	District Hospital, West Bromwich
1903–1910	Ethel Hope Becher	Principal Matron – War Office (Also Secretary to the ANB from January 1907)	The London Hospital
1902–1906	Catherine Helen Keer	Principal Matron – South Africa	Unknown
1906–1910	Catherine Helen Keer	Matron-in-Chief	Unknown
1906–	Florence Ellen Addams-Williams	Principal Matron – South Africa	Royal Infirmary Edinburgh
1907–1911	Ann Garriock	Principal Matron – South Africa	The London Hospital
1910–1919	Ethel Hope Becher	Matron-in-Chief – War Office	The London Hospital
1910–1914	Emma Maud McCarthy	Principal Matron – War Office (Secretary to the ANB)	The London Hospital
1911–1914	Sarah Elizabeth Oram	Principal Matron – South Africa	The London Hospital
1914–1919	Emma Maud McCarthy	Matron-in-Chief – British Expeditionary Force	The London Hospital
1914–1915	Sarah Elizabeth Oram	Principal Matron – Nursing Inspector and attached to The British Expeditionary Force	The London Hospital
1915– 1919	Sarah Elizabeth Oram	Matron-in-Chief (Acting) Eastern Mediterranean Force	The London Hospital
1916–1919	Ann Beadsmore Smith	Principal Matron – Malta; Acting Matron-in-Chief, British Expeditionary Force (April 1917–September 1917); Principal Matron in the War Office	St Bartholomew's Hospital
1916–1920	Beatrice Isabel Jones	Principal Matron Mesopotamia	St Bartholomew's Hospital
1915–1917	Mary Wilson	Principal Matron – Salonika Army and in the War Office	Royal Infirmary Edinburgh
1917–1920	Rosabelle Osborne	Principal Matron – British Salonika Force and Army of the Black Sea	Manchester Children's Hospital and Bristol Royal Infirmary

Table 5.7: The senior matrons in the QAIMNS, 1902 – August 1919

Holland remained on the ANB as one of Queen Alexandra's personal appointees from 1902–1919.²²³ Although he was not on the Selection Sub-Committee, he may have orchestrated some of these appointments, with Lückes in the background; it is reasoned that she gave verbal character reports to Holland at least. It is likely that Holland ensured that favourable attention was given to applications by 'Londoners' to the service, in order to place London Hospital trained matrons at the pinnacle of the QAIMNS. In April 1910 McCarthy's appointment as Secretary to the ANB was ratified by seven ANB members, five of whom were London Hospital 'supporters'.²²⁴ Her appointment as Matron-in-Chief was proposed by Lady Roberts, and seconded by Holland.²²⁵

The table shows that over a seventeen-year period a third of the key positions in the QAIMNS were occupied by London Hospital trained matrons, and that three of the four wartime Matrons-in-Chief had trained under Lückes. This thesis reveals the impact that Lückes's and Holland's networking, patronage and mentoring had on influencing the appointments of 'Londoners' in the élite military nursing service. Indeed, it appears that coupled with the 'web' of London Hospital alumni who sat on the ANB at this time, London Hospital nurses had an advantage at securing the 'plum' jobs in military nursing (see discussion on pages 262–265).²²⁶ The three 'Londoners', Becher, McCarthy and Oram, occupied what were arguably three of the four most important positions in military nursing during the First World War, and became a 'triumvirate' of Matrons-in-Chief at the pinnacle of their careers in QAIMNS.²²⁷

Whilst Becher was a Principal Matron in the QAIMNS she was jointly responsible, along with fellow matrons and London Hospital alumni, Oram and Garriock for the promotion of a number of London Hospital trained nurses to matron. These included: Cox, in June 1906;

²²³ It does not appear to be recorded exactly when Knutsford resigned from the Queen Alexandra's Imperial Military Nursing Service Nursing Board, however he did so 'because of their attitude towards V.A.D.s', see: Ethel Hope Becher's Service Records; Letter from Lord Knutsford to Winston Churchill, 19 August 1919, British Army Nurses' Service Records; WO399/501; The National Archives, Kew

²²⁴ The Minutes of the One Hundred and Nineteenth Nursing Board, 6 April 1910; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1910 – March 1911; WO243/28, Vol.9, minute 205, n.p.; The National Archives, Kew

²²⁵ Emma Maud McCarthy, QAIMNS Nursing Board Meeting, 4 February 1914, British Army Nurses' Service Records 1914–1918; WO399/12912; The National Archives, Kew

²²⁶ Anonymous, 'The Premier and Nurses' Registration', *British Journal of Nursing*, 50 (10 May 1913), 370

²²⁷ In 1917 Sarah Oram became Acting Matron in Chief in the Eastern Mediterranean. 'Acting' is omitted in many nursing journals, see: Sarah Elizabeth Oram, British Army Nurses' Service Records 1914–1918; WO399/6348; The National Archives, Kew

Wilshaw in 1907; and Makepeace, who, despite questionable reports about her suitability in her War Office records, was promoted in 1907.²²⁸ In 1909 Humphreys was successfully examined by Wilshaw for a matron's position, and in 1911 she was interviewed and promoted by Becher and two other matrons.²²⁹ Although these candidates were experienced members of the ANS since at least 1897, Becher possibly gave these women a favourable advantage because they were fellow 'Londoners', and they had been trained by Lückes. Furthermore, it is reasoned that they shared some of her beliefs about nursing.

Motivating present and future military nurses

In the first decade following the formation of the QAIMNS at least, the evidence implies that Lückes utilised the power of The London Hospital 'web' to influence her nurses career decisions, and possibly even their appointments via the ANB. Whilst there are no explicit references to individual cases of mentoring, Lückes used her annual circular letter and personal letters to mentor and potentially influence nurses, both individually and collectively (see Chapter Three). She appeared to focus on news about military nurses and gave annual updates about some of them in her Matron's Letters.²³⁰ It is not known exactly with whom she was in personal communication, although it is likely that it was Holland, who as a member of the ANB and Chairman of the London Hospital was in regular communication with Lückes.²³¹ She may also have received information about individuals from other sources. A few personal letters have also survived which Becher wrote to Lückes and Holland. Becher wrote to Holland at the beginning of her military career and also just before the First World War; it is possible that this correspondence continued throughout her military career.

²²⁸ Emily Agnes Cox, British Army Nurses' Service Records 1914–1918; WO399/1808 and see also: The Minutes of the Seventy-eighth Nursing Board, 13 June 1906; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1906 – March 1907; WO243/21, Vol.5, 31; The National Archives, Kew. Sarah Lucy Wilshaw, British Army Nurses' Service Records 1914–1918; WO399/9073 and see also: The Minutes of the Eighty-eighth Nursing Board, 13 March 1907; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1906 – March 1907; WO243/21, Vol.5, 199; The National Archives, Kew. Mary Ridley Makepeace, British Army Nurses' Service Records 1914–1918; WO399/5554; The National Archives, Kew. The War Office records of nurses were culled in the 1930s, or destroyed during bombing in the 1940s. Even if a nurse's service records survive, they are generally incomplete as they were all pruned, see: The Fairest Force [Available at: <http://www.fairestforce.co.uk/4.html>, accessed on 17 March 2022]

²²⁹ Elizabeth Clement Humphreys, British Army Nurses' Service Records 1914–1918; WO399/4082; The National Archives, Kew

²³⁰ See: Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, 1–23; Barts Health NHS Trust Archives and Museums, London

²³¹ Holland and Lückes wrote daily, and spoke by telephone 'almost every night...', cited by A.E. Clark-Kennedy, *The London, Volume Two, 1840–1948* (London, Pitman Medical Publishing Company, 1963), 151

In 1910 Lückes reported that whilst in South Africa Garriock had a traumatic accident which resulted in the loss of a foot. Lückes commented ‘it is wonderful with what pluck and perseverance she has struggled against this disablement ...’.²³² A year later Lückes reassured the nurses that despite this life altering injury, Garriock ‘was able to resume her duties in South Africa, ...and it is a pleasure to receive good accounts of her...’.²³³

Examples such as this add weight to the evidence that she communicated with several nurses, as well as with Holland (see discussion in Chapter Three, pages 110–113).²³⁴ The inclusion of this in her Matron’s Letter implies that she was promoting military nursing and motivating ‘her’ nurses to consider the service as a viable career option. A passage in another of the circular letters demonstrates Lückes’s attempts to influence her nurses about the satisfaction of military service: ‘All “Londoners” have found themselves very happy at Wynberg, where they have invariably received the kindest welcome and every consideration from the Superintending Sister there, Miss Garriock, who is herself an old “Londoner” and who has worked as an Army Nursing Sister for many years.’²³⁵ In so doing, Lückes was trying to build an ‘esprit de corps’. Lückes appeared to use news of promotions to encourage and to motivate ‘Londoners’ to join the service, suggesting to them that it is possible to both achieve high status and significant military decorations: ‘Miss Garriock, R.R.C., has been engaged in Army Nursing for many years, and it was with pride and pleasure that we heard of her appointment as one of the Principal Matrons in “QAIMNS” two or three years ago.’²³⁶ It is reasoned that Lückes was trying to influence the tone of the QAIMNS by persuading her nurses to become military nurses.

Lückes also inferred that a career change was possible at whatever stage and rank in nursing, when she reported that Gertrude Richards moved from the matronship of the Royal Ophthalmic Hospital in London and became a matron in the QAIMNS.²³⁷ Richards’ direct

²³² Matron’s Annual Letter, No.17; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.17, March 1910, 21; Barts Health NHS Trust Archives and Museums, London

²³³ Matron’s Annual Letter, No.18; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.18, March 1911, 19; Barts Health NHS Trust Archives and Museums, London

²³⁴ Lückes asked her nurses to keep in touch with her – so that she could update the Supplementary Register with their appointments and promotions.

²³⁵ Matron’s Annual Letter, No.8; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.8, March 1901, 5–6; Barts Health NHS Trust Archives and Museums, London

²³⁶ Matron’s Annual Letter, No.17; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.17, March 1910, 21; Barts Health NHS Trust Archives and Museums, London

²³⁷ The Royal Ophthalmic Hospital was also known as Moorfields Eye Hospital; Matron’s Annual Letter, No.11; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 13; Barts Health NHS

transfer as a matron into the QAIMNS was probably engineered by Lückes, who is reported to have written her a ‘very satisfactory’ reference.²³⁸ Her application may have been regarded favourably, if not actively facilitated by Lady Roberts and Cave on the Selection Sub-Committee, along with Holland and Treves on the ANB.²³⁹ Sidney Browne – the current Matron-in-Chief, supported Richards’ appointment, and the Sub-Committee who interviewed her ‘strongly recommended’ her promotion.²⁴⁰ Becher may also have been present in her role as secretary to the ANB.

It is reasoned that Richards was recruited to bring ‘class and tone’ into the recently reformed service; her father was a solicitor, and therefore from Social Class I. In Richards’ probationer’s report Lückes said that she ‘Had a bright lively manner which went far to make her a general favourite.’²⁴¹ But that ‘Her tone of thought, her views, the actual quality of her work, were all marked with a flippancy which was disappointing. I did not consider her a flirt, although her manners with doctors and students occasionally gave rise to that impression...’.²⁴² Despite this Richards was ‘fast-tracked’ took ‘sister’s duty’ for the second year of her training, and subsequently worked there as a sister for six years.²⁴³ When Richards left ‘The London’ in 1899 to take up a matronship, Lückes said that she was a very proficient sister.²⁴⁴ Just as Lückes overlooked Becher’s ‘unsuitable’ character traits, it is reasoned that some ANB members may not have been aware, or may have disregarded Richards behaviour with medical colleagues in order to gain élite promotions for some ‘Londoners’ within army nursing.

Trust Archives and Museums, London. Her first appointment was at The Royal Herbert Hospital Military in Woolwich from March 1904, see: Gertrude Mary Richards, British Army Nurses’ Service Records 1914–1918; WO399/6988; The National Archives, Kew

²³⁸ Gertrude Mary Richards, Selection Board Memorandum 30 September 1903, British Army Nurses’ Service Records 1914–1918; WO399/6988; The National Archives, Kew

²³⁹ The Minutes of the Twenty-seventh Nursing Board, 30 September 1903; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1903 – March 1904; WO243/21, Vol.2, 76; The National Archives, Kew

²⁴⁰ Ibid

²⁴¹ Gertrude Mary Richards, Register of Probationers; RLHLH/N/1/3, 240; Barts Health NHS Trust Archives and Museums, London

²⁴² Ibid

²⁴³ Ibid

²⁴⁴ Ibid. Gertrude Mary Richards, Register of Sisters and Nurses; RLHLH/N/4/1, 141; Barts Health NHS Trust Archives and Museums, London

The power of the London Hospital Network

In March 1910 Mr Holland facilitated a visit for the three most senior women in the military service, including the outgoing and incoming Matrons-in-Chief, Keer, and Becher, along with Principal Matron McCarthy to meet Queen Alexandra at Buckingham Palace: ‘the “Matrons” visit yesterday was a great success. The Queen saw each separately & they were I think greatly pleased. They owe their pleasure entirely to you! H.M. thought Miss Becher much the most taking but they were all three very nice.’²⁴⁵ Lückes described this meeting with the Queen as a ‘great honour ...’, which she asserted was ‘yet another proof, if such were needed, of the keen personal interest taken by her Majesty in the work and workers of Queen Alexandra’s Imperial Military Nursing Service.’²⁴⁶

It seems likely that Queen Alexandra played a role in the appointments of both Becher and McCarthy in a deliberate attempt to shape her service and ensure that ‘her’ new nurses were from a superior class, were more cultured and better educated than those formerly employed in the ANS. The sources suggest that Lückes played an indirect role through Holland, and other members of The London Hospital ‘web’ in the appointment of these two women, and therefore the shaping of the future QAIMNS. Lückes might have discussed their London Hospital staff reports with Holland, and it is reasoned that he would not have been able to resist promoting Becher and McCarthy in particular, as ideal military nurses.

There is evidence that Ethel Becher at least, was promoted early, partly because of possible nepotism within the ANB and Lückes’s vicarious influence. Becher was available at the start of the formation of the new nursing service, and also benefitted because there was a lack of suitable candidates for the new service which enabled rapid promotion.²⁴⁷ It was acknowledged in a War Office Minute that ‘Ladies entered young and came to the top after abnormally short service.’²⁴⁸

²⁴⁵ Letter from Queen Alexandra's secretary to Sydney Holland, Buckingham Palace, 5 March 1910; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London. The Queen Alexandra's Imperial Military Nursing Service matrons referred to are: former Matron-in-Chief, Miss Keer; Matron-in-Chief Ethel Becher, and Principal Matron Maud McCarthy, see: Anonymous, ‘Nursing Echoes’, *The British Journal of Nursing*, 44 (12 March 1910), 211

²⁴⁶ Matron's Annual Letter, No.17, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.17, March 1910, 21; Barts Health NHS Trust Archives and Museums, London

²⁴⁷ This was in discussions about Becher's pension arrangements, see: Ethel Hope Becher, Minute sheet 27 January 1914, British Army Nurses' Service Records 1914–1918; WO399/501; The National Archives, Kew

²⁴⁸ Ethel Hope Becher, Minute sheet, 27 January 1914, British Army Nurses' Service Records 1914–1918; WO399/501; The National Archives, Kew

In 1914, during the ongoing debate about Becher's contract extension, W.L. Gubbins revealed that he did not believe she was particularly skilled in her role as Principal Matron: 'I do not agree that Miss Becher has shown exceptional ability or administrative capacity...'.²⁴⁹ He also showed irritation with the power that some of the ANB members seemed to have: 'I think the Director-General [Gubbins] under whom she has immediately served for the past four years ought to be a better judge than the civil members who are only brought in contact her at ANB or Sub-committee meetings.'²⁵⁰ Whilst she was at 'The London', Becher was probably specifically chosen for the ultimate position in military nursing by Lückes and Holland, and despite valid concerns by some ANB members that she was not the best candidate for the post, their loyalty endured.



Image 5.3: Matrons-in-Chief:
Left: Ethel Hope Becher, and right: Emma 'Maud' McCarthy
Images used with permission from the Trustees of the Museum of Military Medicine

Although London Hospital supporters on the ANB appear to have had a significant impact on Becher's extension as Matron-in-Chief, and to some extent the career of McCarthy, it is suspected that they had a less favourable impact on the career of Sarah Oram. Oram was appointed as a sister in the ANS on 1 May 1886, and was promoted to Superintendent /

²⁴⁹ Ethel Hope Becher, Memorandum, 11 February 1914, W. L. Gubbins; British Army Nurses' Service Records 1914–1918; WO399/501; The National Archives, Kew

²⁵⁰ Ibid. The Board members include Lady Airlie, Lord Knutsford and Lady Roberts – the latter were two staunch supporters or promoters of The London Hospital.

Matron in May 1899.²⁵¹ Despite Oram's long service, she was appointed as a Matron after Becher was appointed Principal Matron, although Becher was much less experienced.²⁵² It is reasoned that that Cave – or even Holland, might have consulted with Lückes about Oram's appointment and even been aware that Lückes was rather dismissive of Oram's abilities and 'tone' in her hospital reports.²⁵³ Lückes reputedly discussed with Holland whether or not a probationer on trial, with a 'doubtful aptitude', should be allowed to stay on for full training.²⁵⁴ Therefore it seems possible that Holland may have sought Luckes's opinion on the desirability of appointing Oram as Principal Matron. It is reasoned that Lückes's influence had less effect on Oram's career by 1910, when the ANB 'unanimously recommended' her promotion to Principal Matron in South Africa.²⁵⁵



Image 5.4: Dame Emma 'Maud' McCarthy and Dame Ethel Becher at a pre-Armistice luncheon party, November 1918²⁵⁶
Credit: The Royal College of Nursing Archives and Library

²⁵¹ Sarah Elizabeth Oram, British Army Nurses' Service Records 1914–1918; WO399/6348; The National Archives, Kew. Anonymous, 'Army Nursing Notes', *The Nursing Record and The Hospital World*, 614, 24 (13 January 1900), 33

²⁵² Sarah Elizabeth Oram, British Army Nurses' Service Records 1914–1918; WO399/6348 and Ethel Hope Becher, British Army Nurses' Service Records 1914–1918; WO399/501; The National Archives, Kew

²⁵³ Sarah Elizabeth Oram, Register of Probationers; RLHLH/N/1/1, 163; Barts Health NHS Trust Archives and Museums, London

²⁵⁴ Clark-Kennedy, *The London, Volume Two*, 159–160

²⁵⁵ Sarah Elizabeth Oram, British Army Nurses' Service Records 1914–1918; Memorandum 22 September 1914; WO399/6348 and The Minutes of the One Hundred and Twenty-fourth Nursing Board, 7 December 1910; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1910 – March 1911; WO243/28, Vol.9, minute 250, n.p.; The National Archives, Kew

²⁵⁶ Anonymous, 'The Luncheon', *The Nursing Times*, 14 (9 November 1918), 1134

A contemporary primary source, *The British Journal of Nursing*, the journal edited and owned by Mrs Fenwick, contains some evidence which seems to corroborate that The London Hospital ‘web’ was attempting to influence the management of the military nursing service. However, as with all sources, this should be considered with an open mind, particularly so because of the long-standing ‘feud’ between Fenwick and Lückes (see Chapter Four). It is reasoned that this source may be biased and misinterpreting the reality. Ironically, although Fenwick uses the editorial to highlight the potential power imbalance of the ‘London Hospital web’ on the ANB, the whole episode actually shows that by 1913 Lückes’s influence may have been waning.

In 1912, Fenwick commented on Treves’s retirement from the ANB.²⁵⁷ She appears to confirm a popular belief that ANB members associated with The London Hospital had significant influence, and a virtual monopoly over the organisation of military nursing:

It is to be hoped the present vacancy will be filled by a representative of some other hospital than the London Hospital, as it is undesirable that one institution should practically manage the nursing department of a Government Service, especially when its two-year certificate of training undermines the three-years’ standard universally adopted in the most efficient nurse training schools. No such injustice would be permitted for a moment in the Army Medical Service.²⁵⁸

A year later the success of the London Hospital supporters at infiltrating and steering the ANB to favour ‘Londoners’ continued to create attention in the wider nursing profession.²⁵⁹ This was partly because Holland, a fervent publicist could not resist bragging about ‘The London’ and the successful careers of some of its nurses.²⁶⁰ It is considered highly likely that Fenwick, an ardent critic of Lückes, The London Hospital network, and of Holland, authored another highly critical editorial in *The British Journal of Nursing*, in which she claimed that the three most senior members of the QAIMNS; Becher, McCarthy and Oram, along with all London Hospital trained nurses, had received an inadequate and inferior training (see discussion in Chapter Four, pages 204–208):

²⁵⁷ Anonymous, ‘Nursing Echoes’, *The British Journal of Nursing*, 48 (16 March 1912), 210. The article is thought to have been written by Mrs Bedford Fenwick

²⁵⁸ Ibid

²⁵⁹ Anonymous, ‘The Premier and Nurses’ Registration’, *British Journal of Nursing*, 50 (10 May 1913), 370

²⁶⁰ Ibid

Once again Mr Holland claims that his superficial short-term training produces the best results, because London Hospital nurses monopolise the seats of the mighty. We all know better than that by now, and have only to turn to Queen Alexandra's Imperial Military Nursing Service to realise that with Mr Holland and other London Hospital influence on the Nursing Board, it is no difficult matter to foist into the three senior and most lucrative posts ladies holding the two years' certificate of training from the London; to the exclusion of highly qualified women from more thorough schools!²⁶¹

Evidently Fenwick believed that Lückes's achievements as a matron maker were because of Holland's position on the ANB, and his manipulation of patronage: 'The nursing profession needs state registration for many reasons, but it needs it primarily, at the present Epoque, to excise canker which poisons its life's stream; government through social influence, and promotion by patronage instead of for merit.'²⁶²

A series of three letters between Becher and Lückes in May 1913 appear to have been written as a result of Fenwick's inflammatory article.²⁶³ The letters imply that on at least one occasion, both Lückes and Holland were trying to manipulate policy decisions of the QAIMNS.²⁶⁴ In one of the letters, Becher told Lückes that Treves had been very firmly supportive of the new rule that only applicants to the QAIMNS who had undertaken three-years training should be accepted.²⁶⁵ Furthermore, Becher felt that because the ANB refused to bend the rules and accept London Hospital nurses, her loyalty to 'The London' was being questioned, particularly by Holland.²⁶⁶ Whilst she was upset to see 'this woman's insults printed [and] asked Mr Holland not to mention these appointments any more...' Becher told Lückes that she could never 'cease to be proud of having been trained by you. It is quite unthinkable...'.²⁶⁷ Although Becher felt that 'nothing Mrs Fenwick can say can possibly injure the "London", she felt that 'it does injure the service...' although she 'could stand a

²⁶¹ Anonymous, 'The Premier and Nurses' Registration', *British Journal of Nursing*, 50 (10 May 1913), 370

²⁶² Ibid

²⁶³ Letters between Ethel Becher and Eva Lückes; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

²⁶⁴ Ibid

²⁶⁵ It is not clear exactly when this rule was brought in. Letter from Ethel Becher to Eva Lückes, 44, Northcote Avenue, Ealing, W., 16 May 1913; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

²⁶⁶ Letter from Ethel Becher to Eva Lückes, The War Office, 13 May 1913; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

²⁶⁷ Ibid

good deal more than Mrs Fenwick's "Sneers" for the "London" ...'.²⁶⁸ Becher demonstrated that whilst she was loyal to 'Lückes', she would not be influenced by her mentor's argument that the ANB should assess each prospective military nurse's application on merit.²⁶⁹ She was however 'fearfully hurt. I have never been accused of disloyalty in my life, and it is impossible to sit down under such an accusation.'²⁷⁰

The symbiotic relationship between Lückes and Holland, which led to the successful promotion of a number of 'Londoners' in military nursing, clearly led to tensions between themselves and Becher, and reveal a change in the mentor / mentee role (see Chapter Three). These letters expose Becher's divided loyalties between 'The London' and her former matron and mentor, and the QAIMNS. As Matron-in-Chief, Becher endorsed the ANB decision to change the rules from 'three-years' service and training' and only accepted nurses who had completed three-years training, which therefore excluded those who had trained at The London Hospital.²⁷¹ Becher was unable to make individual exceptions for any nurse who had undergone a shorter programme, whichever prestigious hospital they had trained at. Lückes was clearly irritated that 'Londoners' were being discriminated against when applying to join the QAIMNS, because of their shorter training, and it seems likely that she thought that Becher and Treves were being 'disloyal' to their alma mater.²⁷² On this occasion, Lückes was unable to influence a policy decision. These events suggest that whilst Holland was the active and public manipulator on the ANB, that to some extent behind-the-scenes, Lückes was trying to quietly persuade and influence the application criteria for military nursing. It is suggested that this episode perhaps marks the reduction in her vicarious influence on military nursing and that of the London Hospital 'web', partly because nurses from 'The London' could no longer apply to the QAIMNS because of their shorter training. The 'web' lost further power on the ANB in 1913 when Cave resigned, which might have further reduced the impact of Lückes as a silent influencer and the impression she could vicariously make on

²⁶⁸ Ibid

²⁶⁹ Letter from Eva Lückes to Ethel Hope Becher, The London Hospital, Whitechapel, E., 17 May 1913; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

²⁷⁰ Letter from Ethel Becher to Eva Lückes, The War Office, 13 May 1913; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

²⁷¹ Letter from Ethel Hope Becher to Eva Lückes, 44, Northcote Avenue, Ealing, W., 16 May 1913; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

²⁷² Letter from Eva Lückes to Ethel Hope Becher, London Hospital, Whitechapel, E., 17 May 1913; Matron's Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

military nursing appointments.²⁷³ Having established an influential network on the ANB, and among the British military nursing hierarchy to promote ‘Londoners’ and Lückes’s ethos, and despite their waning influence, Lückes and the London Hospital ‘web’ used their connections to disseminate reformed nurses for active service.

Military conflict – Lückes and ‘The London’

In the build up to the First World War, Lückes along with influential members of the London Hospital ‘web’, appear to have utilised patronage and networking in order to influence the dissemination of ‘Londoners’ for military service. As throughout her matronship, Lückes seems to have readily accepted requests to supply nurses and she loaned nurses for military service in Greece.²⁷⁴ In the event of a worldwide war, she also agreed to second nurses to the British War Office.²⁷⁵ Their appointments appear to be because of the symbiotic relationship between herself and Holland, and the extensive networking of London Hospital alumni. It is reasoned that Lückes was particularly keen, as these were often high-profile appointments which were publicised in nursing journals,²⁷⁶ and enabled her to disseminate her ‘model’ nurses. Lückes probably thought that these appointments would reinforce to the nursing and medical ‘world’ that professionally trained nurses from The London Hospital were in demand. She may have been anticipating future demand for nursing during peacetime. Furthermore, the popularity of ‘Londoners’ might also remind the ANB that her nurses were still sought after for military nursing – and without three-years training.

Military nurses for European states

In 1912, Lückes released a number of ‘Londoners’ to serve in the Balkan War.²⁷⁷ This was in response to a request which ‘The London’ received via Treves, from the Greek Crown

²⁷³ Mabel Cave had a serious illness which necessitated that she resigned as Matron of the Westminster Hospital in 1913, see: Matron’s Annual Letter, No.21; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.21, April 1914, 25; Barts Health NHS Trust Archives and Museums, London

²⁷⁴ Matron’s Annual Letter, No.20; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.20, April 1913, 19 and Matron’s Report to House Committee, 4 December 1912; House Committee Minutes, 1912–1914; RLHLH/A/5/53, 50; Barts Health NHS Trust Archives and Museums, London

²⁷⁵ House Committee Meeting, 7 July 1913; House Committee Minutes 1912–1914; RLHLH/A/5/53, 238; Barts Health NHS Trust Archives and Museums, London

²⁷⁶ For example, see: Image courtesy *The Daily Sketch*, ‘The London Hospital Nurses Leaving at Victoria Stations’, *The Nursing Times*, 8 (9 November 1912), 1143

²⁷⁷ Matron’s Annual Letter, No.20; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.20, April 1913, 19 and Matron’s Report to House Committee, 4 December 1912; House Committee Minutes, 1912–1914; RLHLH/A/5/53, 50; Barts Health NHS Trust Archives and Museums, London

Princess.²⁷⁸ Lückes reported that before the nurses departed for Greece:

Our “Warrior” nurses had the honour of being received by Queen Alexandra at Marlborough House, ... The Queen of Norway, Princess Victoria and little Prince Olaf were also present. The Queen bestowed the Red Cross Badges on each of the nurses with many kind and encouraging words. Mr Holland, who was present, reported that ‘her Majesty said – in that gentle and dignified way we know and love so well – “Do not forget, Nurses, that you are going out as Nurses from *my* Hospital and that I expect you to do credit to me personally as well as to your Hospital and Training School.’²⁷⁹



Image 5.5: ‘Londoners’ leaving for the Balkans wearing Red Cross Badges personally awarded to them by Queen Alexandra²⁸⁰
Credit: The Royal College of Nursing Archives and Library

In January 1913, Gladys Barnes who was one of the seconded ‘Londoners’, died from enteric fever whilst she was working at the De Hirsch Hospital in Salonika.²⁸¹ Telegrams of

²⁷⁸ Treves was Chairman of the British Red Cross Society. Matron’s Annual Letter, No.20; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.20, April 1913, 19 and Matron’s Report to House Committee, 4 December 1912; House Committee Minutes, 1912–1914; RLHLH/A/5/53, 31, 50; Barts Health NHS Trust Archives and Museums, London

²⁷⁹ Matron’s Annual Letter, No.20; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.20, April 1913, 19–20; Barts Health NHS Trust Archives and Museums, London

²⁸⁰ Image courtesy *The Daily Sketch*, ‘The London Hospital Nurses Leaving at Victoria Stations’, *The Nursing Times*, 8 (9 November 1912), 1143

²⁸¹ House Committee Meeting, 6 January 1913; House Committee Minutes, 1912–1914; RLHLH/A/5/53, 77 and Matron’s Annual Letter, No.20, April 1913; RLHLH/N/7/2, No.20, April 1913, 20–21; Barts Health NHS Trust Archives and Museums, London

sympathy were received at 'The London' from Queen Alexandra, the Crown Princess of Greece, and Queen Amelie, who wrote that Barnes 'had fallen like a soldier on the battlefield, in the fulfilment of the most noble of duties.'²⁸² These messages signify the high esteem felt for London Hospital nurses. Such was the level of admiration for the nurses, that the Crown Prince of Greece also arranged for Barnes to have an Officer's funeral and be buried with full military honours which 'has never been done for a woman in Greece before.'²⁸³ HMS Yarmouth was moored in the harbour and British troops were allowed to participate in the funeral, her coffin was draped in a Greek flag and carried on a gun carriage. Edith Tucker, the 'Londoner' in charge of the nurses, told Lückes that 'It was a funeral a Prince might have had – the corridor was lined with Greek officers and Englishmen from the boat...'.²⁸⁴ The King and Queen's attendance was the 'Crowning Honour'.²⁸⁵ They 'went into the little room where the coffin was lying covered with a Greek flag and flowers. They stood by the side of the coffin with Princess Alice and Prince Andrew.'²⁸⁶ Only a few weeks later the war broke out again and the Greek Crown Princess requested that further 'Londoners' should be supplied to nurse in the war.²⁸⁷ Barnes's death demonstrated the Victorian values of nurse-heroism, self-sacrifice and patriotism which Lückes instilled in her nurses throughout their training: 'The highest things that are worth living for are worth dying for too, if the need arises, and if you are in earnest you will not be afraid that any good to others will cost yourselves too dear.'²⁸⁸

This episode demonstrates the high regard which Queen Alexandra had for the hospital and its nurses, and the extent to which royal patronage was conferred on both Lückes's nurses and 'The London'; the queen was willing to recommend to her aristocratic relatives that they select 'Londoners' to care for their troops during wartime. It is reasoned that Lückes was keen to agree to the release of these nurses, in a bid to influence the dissemination of reformed nursing and 'advertise' London Hospital nursing even further afield.

²⁸² House Committee Meeting, 13 January 1913; House Committee Minutes 1912–1914; RLHLH/A/5/53, 83 and Matron's Annual Letter, No.20; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.20, April 1913, 19–25, 21; Barts Health NHS Trust Archives and Museums, London

²⁸³ Matron's Annual Letter, No.20; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.20, April 1913, 22; Barts Health NHS Trust Archives and Museums, London

²⁸⁴ Ibid, 23

²⁸⁵ Ibid

²⁸⁶ Ibid

²⁸⁷ Ibid, 24

²⁸⁸ Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899), 212

The development of other military nursing services

As well as ‘helping behind the scenes’ with the development of the QAIMNS, Lückes is also known to have advised Queen Alexandra on the organisation of the Queen Alexandra’s Royal Naval Nursing Service (hereafter QARNNS). For her ‘invaluable services’ Alexandra awarded Lückes the Badge of the Red Cross Society in 1914 (see discussion in Chapter Three, page 126).²⁸⁹ Lückes was delighted that efforts were continuing to further improve standards in naval nursing and that ‘the improved conditions... cannot fail to stimulate enthusiasm ...and to promote steady progress.’²⁹⁰

During the period of pre-war militarisation, and the First World War, Lückes was regularly asked to make recommendations for nurses who would make suitable sisters to these new branches of military nursing. Lückes used her matron’s annual letters to remind her nurses that many ‘Londoners’ had joined the QARNNS.²⁹¹ Gwendoline Dayrell-Reed was delighted to be recommended by Lückes who had a ‘unique opportunity of recommending a Sister... She was interviewed by the Director-General, and was appointed.’²⁹² Likewise Margaret Copestake was happy to be considered for a post when Lückes was ‘asked to recommend a Sister for the Navy.’²⁹³ Among other staff who benefitted from Lückes’s influence were nurses who were employed in the QARNNS such as Nita Courtice: ‘Matron had little hesitation in recommending her for the post of Sister in the Queen Alexandra’s Royal Naval Nursing Service. Nita Courtice was very pleased and spoke very earnestly about the work, so we hope that she will do us credit.’²⁹⁴ Lückes inferred, that like Emily Dann and Dayrell-Reed they had a good chance of gaining further promotions, for example as Superintending Sisters.²⁹⁵

²⁸⁹ Letter from [Queen] Alexandra to Miss Lückes, no location, 16 June 1914; Matron’s Correspondence and Papers; RLHLH/N/7/19; Barts Health NHS Trust Archives and Museums, London

²⁹⁰ Matron’s Annual Letter, No.19, Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.19, April 1912, 16; Barts Health NHS Trust Archives and Museums, London

²⁹¹ See for example: Matron’s Annual Letter, No.17, Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.17, March 1910, 21 and Matron’s Annual Letter, No.19, Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.19, April 1912, 16; Barts Health NHS Trust Archives and Museums, London

²⁹² Gwendoline Dayrell-Reed, Register of Sisters and Nurses; RLHLH/N/4/2, 171; Barts Health NHS Trust Archives and Museums, London

²⁹³ Margaret Emma Goodall Copestake, Register of Sisters and Nurses; RLHLH/N/4/2, 213; Barts Health NHS Trust Archives and Museums, London

²⁹⁴ Nita Courtice, Register of Sisters and Nurses; RLHLH/N/4/2, 344; Barts Health NHS Trust Archives and Museums, London. All three women went on to become Superintending Sisters – hence their inclusion in this study.

²⁹⁵ See Appendix K: Career Histories. Matron’s Annual Letter, No.19, Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.19, April 1912, 16; Barts Health NHS Trust Archives and Museums, London. See Appendix K: Career Histories

Lückes frequently reminded the nurses that both she and Holland hoped that every ‘Londoner’ would have a successful career, and she particularly emphasised how Holland would help them achieve their goals.²⁹⁶ As with the QAIMNS, it seems that Lückes relied on Holland who acted as a conduit between herself and her nurses to achieve patronage from influential persons.

It seems that by 1909, when Lückes was first making these recommendations for Sisters in the QARNNS, she was less concerned about class and more concerned about their ‘nurse-like’ attributes, and promoting nurses from ‘The London’. The nurses whom she recommended were not solely from the upper classes. Whilst Copestake’s father was a surgeon and therefore she was from Social Class I, both Dayrell-Reed whose father worked in fire insurance, and Courtice whose mother was a boarding house keeper, were from Social Class III.²⁹⁷ Lückes wrote that ‘Dayrell will never be a ‘smart’ nurse, but her many ‘nurse-like’ qualities and her gentle manner, will always be acceptable to a sick person’ (see discussion in Chapter Two, pages 93–95).²⁹⁸ Although Florence Henrietta Porter’s landowning father was from Social Class I, she does not appear to have been assisted in her career by Lückes, who despaired about Porter’s inability to maintain a clean and tidy, dust free ward.²⁹⁹ Porter became a Superintending Sister in the QARNNS. She went on to receive the Royal Red Cross for her role in caring for victims of the Messina earthquake in Italy, and in retirement was Lady Superintendent of Honiton Red Cross Detachment until her death.³⁰⁰



Image 5.6: London Hospital Nurses leaving to enlist in the Queen Alexandra’s Royal Naval Nursing Reserve³⁰¹
Credit: The Royal College of Nursing Archives and Library

²⁹⁶ Matron’s Annual Letter, No.9; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.9, March 1902, 20; Barts Health NHS Trust Archives and Museums, London

²⁹⁷ See Appendix C: Database

²⁹⁸ Gwendoline Dayrell-Reed, Register of Probationers; RLHLH/N/1/11, 50; Barts Health NHS Trust Archives and Museums, London.

²⁹⁹ Florence Henrietta Porter, Register of Probationers; RLHLH/N/1/3, 90; Barts Health NHS Trust Archives and Museums, London

³⁰⁰ Anonymous, ‘The Late Miss Porter, R.R.C.’ *The Nursing Times*, 10 (4 April 1914), 429

³⁰¹ Courtesy of *The Daily Mirror*, ‘London Hospital Nurses (Naval Reserve) Leaving for Haslar’, *The Nursing Times*, 10 (8 August 1914), 1008

Royal patronage and connections appear to have secured naval positions for two other London Hospital Nurses; Georgina Phoebe Herbert Haines was appointed Matron at Osborne Convalescent Home for Naval Officers, and Eveline Dickinson was selected as nursing sister for the new naval cadet school at Osborne (see discussion in Chapter Three, pages 129–130).³⁰² Interestingly, both these appointments were in 1903, before ‘Londoners’ two-year training became considered too short.

Lückes also recommended a nurse for a matron’s post at a new Royal Flying Corps Hospital in Eton Square, London:

It was known to Matron that Laura Holroyde was ambitious enough to seek a Matron’s post. When asked by one of the visiting staff to put forward a candidate for the post of Matron for the Royal Flying Corps Hospital, she had no hesitation in recommending Laura Holroyde who was unanimously accepted by the Committee of that Hospital.³⁰³

Holroyde’s father was a clergyman and Lückes felt that she ‘was a particularly nice woman. She was quiet and gentle with nurselike ways. Her influence was very good with her fellow workers and patients. We found to be much in earnest and a capable woman.’³⁰⁴ After the war Holroyde was Matron of London Fever Hospital for many years.³⁰⁵ This implies that Lückes was trying to shape the ‘tone’ of another nascent service, much as she did with her promotion of Becher and McCarthy for the fledgling QAIMNS.

The First World War – serving the country

Although Lückes was unable to induce Becher to appoint ‘Londoners’ as military nurses before the war, they probably set aside their disagreement because of the incessant requirements for more trained nurses to serve in the First World War. Despite a recognition that many men had died in earlier conflicts from infectious diseases partly because of insufficient trained nurses, by the outbreak of the First World War there were only

³⁰² Eveline Dickinson, Register of Sisters and Nurses; RLHLH/N/4/1, 237 and Georgina Phoebe Herbert Haines, Private Nursing Institution Register, June 1898–May 1899; RLHLH/N/5/4,100; Barts Health NHS Trust Archives and Museums, London

³⁰³ Laura Margaret Holroyde, Register of Sisters and Nurses; RLHLH/N/4/3, 133; Barts Health NHS Trust Archives and Museums, London

³⁰⁴ Laura Margaret Holroyde, Register of Probationers; RLHLH/N/1/15, 138 and Matrons Report to House Committee, 8 January 1917; House Committee Minutes, 1916–1918; RLHLH/A/5/55, 160; Barts Health NHS Trust Archives and Museums, London

³⁰⁵ See Appendix K: Career Histories

approximately three hundred trained nurses in the QAIMNS.³⁰⁶ As part of the military build-up for war, a number of hospitals, including ‘The London’ agreed to release some of their nurses as reservists. In July 1913, and just two months after Lückes and Holland’s disagreement with Becher, The London Hospital management agreed to supply 60 nurses to the Admiralty and 50 to the Army.³⁰⁷ In total, 229 ‘Londoners’ were released to serve as military nurses, along with many more who no longer worked there and had volunteered directly.³⁰⁸ Although Lückes sent these not inconsiderable numbers of nurses from ‘The London’ to serve in the conflict, and despite the acknowledged shortage of nurses during the First World War, the ANB did not, officially at least, publicly sanction a reduction in the training requirements.³⁰⁹ Announcements were placed in the nursing journals specifically stating that ‘nurses holding certificates for three years’ general training ... should apply in writing, without delay to the Matron-in-Chief...’.³¹⁰

Despite her waning influence and pressures on the hospital nurses, Lückes’s ongoing support and loyalty for military nursing continued throughout the war. She reported on several occasions to The London Hospital House Committee that several cohorts of nurses had left for war service, reminding them that: ‘we had promised Miss Becher 12 Nurses by May 15th [1917].’³¹¹ Lückes reminded her nurses of her continuing support for military nursing, and in particular for Becher: ‘Our one desire is to afford the fullest measure of help that our resources permit, and in whatever direction it may appear to be most needed.’³¹²

³⁰⁶ Piggott, *Queen Alexandra’s Royal Army Nursing Corps*, 46

³⁰⁷ House Committee Meeting, 7 July 1913; House Committee Minutes 1912–1914; RLHLH/A/5/53, 238; Barts Health NHS Trust Archives and Museums, London. By June 1915, they had already seconded slightly more military nurses overall including 21 nurses to the Admiralty and 99 nurses to the Army, see: Matron’s Annual Letter, No.22; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 12; Barts Health NHS Trust Archives and Museums, London

³⁰⁸ Susan McGann, *The Battle of the Nurses: a study of eight women who influenced the development of professional nursing, 1880–1930* (London, Scutari Press, 1992), 29

³⁰⁹ Anonymous, ‘More Nurses for Army Service’, *The Nursing Mirror and Midwives Journal*, 23 (1 July 1916), 229

³¹⁰ Ibid

³¹¹ Matron’s Report to House Committee, 30 April 1917; House Committee Minutes, 1916–1918; RLHLH/A/5/55, 254; Barts Health NHS Trust Archives and Museums, London. There are several entries referring to the secondment of nurses to the War Office during 1917–1918, see: House Committee Minutes, 1916–1918; RLHLH/A/5/55, Barts Health NHS Trust Archives and Museums, London

³¹² Matron’s Annual Letter, No.22; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 12; Barts Health NHS Trust Archives and Museums, London



Image 5.7: London Hospital Nurses leaving for Military Service, August 1914³¹³
Credit: The Royal College of Nursing Archives and Library

Lückes's influence was also evident though the provision of beds within the hospital, as 'The London' was one of the first hospitals in Great Britain which received wounded troops at the start of the war.³¹⁴ Before the onset of war, it had agreed to provide 250 beds for injured Army and Naval servicemen, but within three weeks of the start of hostilities, the War Office sent three hundred men who were injured on the Western Front.³¹⁵ It is not known if 'The London' was selected because of its reformed nursing as instilled by Lückes, or the influence of Lord Knutsford and other London Hospital supporters on the ANB, or associations with royal patrons. Although a number of nurses felt impelled to resign and volunteer for military nursing, Lückes was pleased that Knutsford had been able to influence the majority to stay at 'The London' and inferred that London Hospital influence would give them a good chance of getting preferential postings and 'finding themselves amongst the front ranks of the Volunteers.'³¹⁶

³¹³ Anonymous, 'London Hospital Nurses Starting for Military Service', *The Nursing Times*, 10 (15 August 1914), 1041

³¹⁴ Anonymous, 'Scottish Wounded in London', *Evening Telegraph and Post, Dundee* (31 August 1914), 1

³¹⁵ The men were reputedly injured at the Battle of Le Cateau, see: Clark-Kennedy, *The London, Volume Two*, 177. The House Committee meetings were not held as usual during the summer 'vacation', and there are no entries between 27 July and 5 October 1914. Matron's Annual Letter, No.22, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 1–3; Barts Health NHS Trust Archives and Museums, London

³¹⁶ *Ibid*, 1



Image 5.8: The First Wounded, London Hospital, August 1914, Lavery
Credit: Dundee Art Galleries and Museums Collection (Dundee City Council)



Image 5.9: Nurses from The London Hospital saying goodbye to wounded soldiers, September 1914³¹⁷
Credit: The Royal College of Nursing Archives and Library

Reservists and civilian military nurses

During the leadup to war, and during the conflict, Lückes's influence also continued indirectly through her former nurses who were required to supplement the regular military nurses. By 1908, a Territorial Force Nursing Service (hereafter TFNS) was established; which, along with the Voluntary Aid Detachments (hereafter VADs), QAIMNS and QAIMNSR made up the complex and fragmented war time military nursing service (see discussion, pages 277–279).³¹⁸

³¹⁷ Anonymous, 'Where our Wounded are being Nursed', *The Nursing Times*, 10 (19 September 1914), 1181

³¹⁸ Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, Oxford University Press, 2014), 17–23. See also: Alison S. Fell and Christine E. Hallett (eds), *First World War Nursing: New*

Mary Pinsent, Matron of The Royal National Orthopaedic Hospital had already joined the TFNS by 1912 (see discussion in Chapter Four, pages 183–184).³¹⁹ After initially serving at home during the war she served in the QAIMNSR under Oram’s command in the Eastern Mediterranean.³²⁰ Pinsent is typical of many experienced ‘Londoners’ who joined the expanding nursing services as part of the pre-war military preparedness, and went on to serve in the conflict. During the war, some of the peacetime civilian hospitals which other London Hospital trained matrons ran were converted into Territorial Hospitals, or they became additionally responsible for another territorial hospital (see Table 4.4). Whilst Lückes was involved with the appointment of three of these women to their peacetime roles, they were agents of their own success in their civilian hospitals, but they were also ‘victims of circumstance’ because of the outbreak of war.

It is not known how much direct influence Lückes, and The London Hospital ‘web’ had on the careers of London Hospital matrons who worked in the myriad auxiliary military hospitals during the First World War. However, Lückes’s influence via The London Hospital network was directly responsible for the promotions of Cissie Emery and Katherine Morley. Lady Robert’s patronage led directly to the appointment of Morley as Sister-in-Charge of Ascot Military Hospital in 1917.³²¹ In August 1918, Emery who was a sister, benefitted from the ‘web’ when Lückes recommended her for the post of Assistant Matron at Kingston Auxiliary Hospital.³²² Although Emery was from Social Class V, Lückes thought that she would bring the correct ‘tone’ to the profession because she was a ‘thoroughly nice woman and very reliable. ... and her work was done in the right spirit. ... She had a pleasing manner

Perspectives (New York and Abingdon, Routledge, 2013). Christine Hallett, *Nurse Writers of the Great War* (Manchester, Manchester University Press, 2016)

³¹⁹ Anonymous, ‘Nursing Echoes,’ *The British Journal of Nursing*, 49 (3 August 1912), 98. Mary attended the coronation of King George and Queen Mary in 1911 in this role, see: Anonymous, ‘Territorial Nurses and the Coronation’, *The British Journal of Nursing*, 46 (3 June 1911), 435. Anonymous, ‘The General Hospitals T.F.N.S.’ *The British Journal of Nursing*, 53 (5 September 1914), 188. Mary E. Pinsent, British Army Nurses’ Service Records 1914–1918, WO/399/6348; The National Archives, Kew

³²⁰ Anonymous, ‘The Care of the Wounded’, *The British Journal of Nursing*, 53 (10 October 1914), 285. Anonymous, ‘Nursing Echoes’, *The British Journal of Nursing*, 49 (3 August 1912) 98. See: HSS Assaye, n.d., Ships Log Book; P&O Company Records: Journal of the Hospital Ship Assaye, 1914–20; P&O/92/3 n.p.; The National Maritime Museum, Greenwich. Anonymous, ‘In Recognition of Valuable Services in Connection with the War – (First Class)’, *The British Journal of Nursing*, 56 (10 June 1916), 495. Mary E. Pinsent, British Army Nurses’ Service Records 1914–1918, WO/399/6348; The National Archives, Kew. A Nurse Who Was Present, ‘Royal Investiture at Alexandria,’ *The Nursing Mirror and Midwives Journal*, 27 (27 April 1918), 60

³²¹ Matron’s Report to House Committee, 19 March 1917, 7; House Committee Minutes, 1916–1918; RLHLH/A/5/55, inserted between 215–216; Barts Health NHS Trust Archives and Museums, London

³²² Cissie Townsend Emery, Register of Sisters and Nurses; RLHLH/N/4/3, 362; Barts Health NHS Trust Archives and Museums, London

and a prepossessing appearance.’³²³ Furthermore Emery ‘was kind to her patients, a right-minded woman and loyal to the Hospital.’³²⁴

At least one of the matrons in this study ran a VAD hospital. Fanny Going, neé Edgecombe, was one of Lückes’s fast-tracked protégées, and whilst her husband served in the First World War, she successfully ran Littlehampton VAD Hospital.³²⁵ Lückes identified that Edgecombe was a ‘bright, capable, satisfactory probationer, with a very taking manner and appearance, and capabilities above the average.’³²⁶ Lückes promoted Edgecombe to ward sister immediately after her training.³²⁷ But Lückes became anxious that Edgecombe’s liaison with Robert Going – a London Hospital doctor, had lowered ‘the tone of the ward.’³²⁸ Edgecombe and her fiancé skilfully avoided further hospital gossip and Lückes’s censure by getting engaged whilst Edgecombe was away nursing her mother,³²⁹ and married in 1901.³³⁰ During the war Fanny Going ran Littlehampton VAD Hospital, which was known for its ‘high reputation...’ which ‘it has gained for efficiency...’ and that this was ‘due to the unfailing energy and devotion of the lady superintendent.’³³¹ Lückes may not have played any part in Mrs Going being appointed to this role, but she did appear to be open to the acceptance of VADs to alleviate the shortage of nurses.

Recognising the VAD contribution – Lückes and political networking

Throughout the war Lückes recognised the ongoing shortage of nurses.³³² Because of this she was supportive of volunteer nurses who belonged to VADs getting a short basic nurse training before working in military hospitals during the First World War. She accepted many

³²³ Cissie Townsend Emery, Register of Probationers; RLHLH/N/1/18, 74; Barts Health NHS Trust Archives and Museums, London. See also Appendix C: Database

³²⁴ Ibid.

³²⁵ Anonymous, ‘Littlehampton Red Cross Hospital’, *The Nursing Times*, 12 (26 August 1916), n.p.

³²⁶ Fanny Augusta Edgecombe, Register of Probationers; RLHLH/N/1/5, 145; Barts Health NHS Trust Archives and Museums, London

³²⁷ Fanny Augusta Edgecombe, Register of Sisters and Nurses; RLHLH/N/4/1, 200; Barts Health NHS Trust Archives and Museums, London

³²⁸ Ibid

³²⁹ Ibid

³³⁰ Rowland Ryder, *Edith Cavell* (London, Hamish Hamilton, 1975), 43

³³¹ Anonymous, ‘Littlehampton Red Cross Hospital’, *The Nursing Times*, 12 (26 August 1916), n.p.

³³² Eva Lückes, ‘Reasons against the London Hospital becoming affiliated with the College of Nursing.’; London Hospital Whitechapel, E., November 1916; Matron’s Correspondence and Papers; RLHLH/N/7/26 (iii), 10; Barts Health NHS Trust Archives and Museums, London

as paying probationers for three months experience.³³³ Indeed, Lückes seems to have been considering ways of training more nurses in peacetime as she was supportive of initiatives by influential figure[s] to accept experienced VADs for shortened training after the war.³³⁴ Like Lückes, McCarthy shared the view that the ‘advanced prior learning’ of VADs should be taken into account if they subsequently undertook nurse training.³³⁵ In 1909 Sir Frederick Treves had been asked by Edward VII to reorganise various voluntary aid agencies into one central body which led to the creation of the VADs.³³⁶ In *Veiled Warriors* Christine Hallett argues that military nursing became a highly complex structure.³³⁷ The historiography has portrayed the women who volunteered as nurse members of VAD units as generally coming from wealthy and privileged backgrounds.³³⁸ However Lückes acknowledged that not all VADs came from wealthy backgrounds, and that suitable women who could not afford to pay, and who wished to complete their training, would be employed as a regular, paid probationer at The London Hospital.³³⁹

Many matrons who ran auxiliary hospitals were untrained or partially trained nurses. In the first two years of the war, Lückes was overwhelmed by over two thousand extra applications from women who wished to pay for a few months training in order to learn some essential nursing skills so that they could nurse soldiers.³⁴⁰ In a bid to help the war-effort she was apparently determined to train as many as possible in order to ensure that they had a basic knowledge of nursing. Lückes was pleased that the majority of those who came for short-term training were enthusiastic to learn because they had a ‘genuine desire to be of

³³³ Matron’s Annual Letter, No.22; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 9 and Matron’s Annual Letter, No.23; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.23, May 1916, 11; Barts Health NHS Trust Archives and Museums, London

³³⁴ Letter from Richard William Alan Onslow, 5th Earl, to his wife Violet Onslow; no location, 8 July 1918; SHC/5337/10/52/287; Surrey History Centre, Woking, Surrey

³³⁵ Rosemary Shields and Linda Shields, ‘Dame Maud McCarthy (1859–1949): Matron-in-Chief, British Expeditionary Forces France and Flanders, First World War’, *Journal of Medical Biography*, 24, 4 (November 2016), 507–514. See also Maud McCarthy, War Diary: Matron-In-Chief, British Expeditionary Force, France and Flanders; WO95/3988-91; The National Archives, Kew [Transcription available at: <http://www.scarletfinders.co.uk>, accessed on 26 January 2022]

³³⁶ Louise King, ‘Saints and Sinners, Sir Frederick Treves’, *The Royal College of Surgeons of England Bulletin*, (2012), 284–285

³³⁷ Hallett, *Veiled Warriors*, 17–23

³³⁸ Ibid, 19–20

³³⁹ Letter from Eva Lückes to ‘Rachael’, 20 Marine Mansions, Bexhill-on-Sea, 18 September 1918; Matrons’ Correspondence and Papers; RLHLH/N/7/16; Barts Health NHS Trust Archives and Museums, London. This is catalogued as being to Lady Airlie and along with other letters in this series is in the process of being re-catalogued.

³⁴⁰ Matron’s Annual Letter, No.22; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 9 and Matron’s Annual Letter, No.23; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.23, May 1916, 11; Barts Health NHS Trust Archives and Museums, London

service.’³⁴¹ Lückes noted that they were from all walks of society: ‘many Candidates of every class were obviously carried away by the wave of excitement which broke over the whole Country when War was declared.’³⁴²

By May 1915 some of these paying probationers were already serving in military hospitals, augmenting the fully trained military nurses, as many more nurses were required than previously anticipated.³⁴³ It is beyond the scope of this research to establish how many of them found jobs because of Lückes’s influence, but she did suggest that probationers with three or six months training could apply to the Matron-in-Chief – Ethel Becher, for positions in military hospitals.³⁴⁴ It is not known if Becher had specifically told Lückes that she would like nurses who had completed a short term training at ‘The London’ to apply to become VADs. However, Lückes suggested their applications were likely to be successful, as supply outstripped demand: ‘Large numbers who have had not less than three months’ hospital training are likely to obtain the fulfilment of their hearts’ desire, i.e., to assist in the nursing of sick or wounded soldiers during the War.’³⁴⁵ An analysis of the women who completed short-term training at ‘The London’ is beyond the scope of this thesis, yet it is recognised that more of these women may have become matrons, who are therefore not currently included in this study. To date the Hon. Angela Margaret Manners is the only VAD nurse to be identified in this study who became a matron, and it is likely that she gained this appointment because of her social background and family wealth, rather than through Lückes’s influence.³⁴⁶

During the final three years of her life, the sources indicate that Lückes attempted to influence the development of the profession.³⁴⁷ Although she maintained her reactionary stance to centralised nurse registration and was still opposed to the College of Nursing, Lückes suggested that the lack of trained nurses could be resolved by accepting of VADs for shortened training:

³⁴¹ Matron’s Annual Letter, No.22; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 10–11; Barts Health NHS Trust Archives and Museums, London

³⁴² Ibid, 10

³⁴³ Ibid, 11

³⁴⁴ Ibid

³⁴⁵ Ibid

³⁴⁶ See Appendix K: Career Histories. Hon. Angela Margaret Manners, VAD records, British Red Cross Society [Available at: <https://VADredcross.org.uk>, accessed on 16 July 2020]. Letter from Eva Lückes to Margaret Paul, The London Hospital, 3 February 3 1915; Papers of Mrs Margaret Paul, formerly ‘Sister George’; RLHPP/PAU/1/31; Barts Health NHS Trust Archives and Museums, London

³⁴⁷ Eva Lückes, ‘Reasons against the London Hospital becoming affiliated with the College of Nursing’, London Hospital Whitechapel, E., November, 1916; Matron’s Correspondence and Papers; RLHLH/N/7/26 (iii), 10; Barts Health NHS Trust Archives and Museums, London

The assumption is that such large numbers of trained nurses exist, that their supposed interests must suffer from the influx of the many VADs and other partially trained workers, who may wish to continue nursing when the war is over. So much the better for the country if they do. There will be plenty of work for women who are not fully trained... There was a great shortage of nurses for a long period before the war began. The country has never produced enough trained nurses to meet its own needs.³⁴⁸

Lückes anticipated that because there were increasing openings for trained nurses and asserted that 'the dearth of certificated nurses will continue for years to come.'³⁴⁹ In November 1917 Lückes discussed the ongoing debate about recognition for VADs war service with Margaret Paul.³⁵⁰ Lückes apparently hoped that the ANB would 'do justice to those VADs who have done good work in the military emergency hospitals.'³⁵¹ She argued that 'I think that all VAD's who have done two or three years persevering work, should have some documentary evidence from the Army authorities to state what services they have rendered.'³⁵² Lückes reasoned that this experience should be counted towards 'part qualification for posts in the Army and Navy and Civil Hospitals.'³⁵³ At the very least she suggested that:

The time they have served in military hospitals should be allowed to count as the equivalent of the last year of hospital training. Anything short of this will do a great injustice to V.A.D.s, and probably deprive the nursing world of a multitude of candidates, who would ultimately make useful members of the nursing profession. It seems to me quite futile for Trained Nurses to be afraid of the competition of the V.A.D.s when England alone needs multitudes more of Trained Nurses than have ever yet been produced in this Country.³⁵⁴

In July 1918, Lückes was apparently still endeavouring to influence the professionalisation of nursing by insisting that two-years training at some hospitals, including 'The London' was

³⁴⁸ Ibid

³⁴⁹ Ibid

³⁵⁰ Letter from Eva Lückes to Margaret Paul, London Hospital, Whitechapel, E.1., 23 November 1917; Papers of Mrs Margaret Paul, formerly 'Sister George'; RLHPP/PAU/1/47; Barts Health NHS Trust Archives and Museums, London

³⁵¹ Ibid

³⁵² Ibid

³⁵³ Ibid

³⁵⁴ Ibid

sufficient, and she told Lord Onslow that VADs with two-years' experience would be accepted for shortened training at 'The London'.³⁵⁵ Onslow, and his wife Violet, seem to have been canvassing the major nurse training schools in London about proposals to accept VADs for shorter training. Because 'The London' and University College Hospitals broadly agreed with the proposals, he argued that 'I do not think that other training schools are likely to stand out against the London and University College [and] think that you may take that part of the battle as won...'.³⁵⁶ Furthermore, Onslow argued that The London Hospital 'will snap up all those who have done two years as they will be on just as good terms as probationers who started at The London in 1916.'³⁵⁷

A few months later, two months before the Armistice, Lückes expressed her views about the VAD situation in a lengthy letter to 'Rachael', who was probably a former 'Londoner'.³⁵⁸ Lückes argued that the temporary acceptance of VADs for shortened training should only be an emergency wartime measure. She confirmed that if VADs undertook their two-years training at 'The London', but were discriminated against elsewhere because 'their technical qualification is not accepted on the same level as the three-years training of an ordinary probationer...' they could return to 'The London' to serve a third year.³⁵⁹ Lückes displayed a pragmatic view and reasoned that:

I'm afraid the trained nurses in the military hospitals have, in many cases, shown a very narrow and unworthy spirit, and if they discourage V.A.D.s instead of advising them to get trained and make nursing their profession, the trained nurses themselves will suffer by having to put up with them as competitors, in spite of their efforts to prevent it.³⁶⁰

The sources suggest that Lückes was concerned about the dearth of trained nurses and was looking ahead in an attempt to improve post-war strength of the nursing profession. By

³⁵⁵ Letter from Richard William Alan Onslow, 5th Earl, to his wife Violet Onslow; no location, 8 July 1918; SHC/5337/10/52/287; Surrey History Centre, Woking, Surrey

³⁵⁶ Ibid

³⁵⁷ Ibid

³⁵⁸ Letter from Eva Lückes to 'Rachael', 20 Marine Mansions, Bexhill-on-Sea, 18 September 1918; Matron's Correspondence and Papers; RLHLH/N/7/16; Barts Health NHS Trust Archives and Museums, London. This is catalogued as being to Lady Airlie, and along with other letters in this series is in the process of being re-catalogued.

³⁵⁹ Ibid

³⁶⁰ Ibid

considering measures to increase nursing numbers both at 'The London' and in other hospitals she was endeavouring to grow the profession – and potential leaders.

Conclusion

The nurses whom Lückes selected and Holland promoted as military nurses were of the 'right class', had 'nurselike' characteristics of obedience, discipline and moral probity and the correct tone. In order to shape the élite profession, she selected those who were technically skilled, calm in a crisis and courageous, and had strong morals and excellent leadership skills. Because of the First World War, Maud McCarthy finally achieved career parity with Ethel Becher, and Sarah Oram almost did as an (Acting) Matron-in-Chief; it was the only occasion 'in the history of the QAs when there were two Matrons-in-Chief.'³⁶¹ This military nursing 'triumvirate' of London Hospital trained matrons who filled three of the highest positions of the QAIMNS during the First World War is thought to be Lückes's greatest achievement. The evidence suggests that she endeavoured to influence the nascent service from its first inception. Lückes, along with Holland, utilised their influential contacts to seize every opportunity to ensure that a number of posts in the QAIMNS were filled by London Hospital nurses. They appear to have targeted the highest and consequently most coveted posts, which would have the maximum impact and acted as an advertisement of The London Hospital and its new 'Nightingale-style' trained nurses. For Holland, who was aptly known as the 'Prince of Beggars', it was another way of promoting and attracting philanthropic giving to the self-supporting voluntary hospital. Perhaps recognising potential opportunities for early promotions, Lückes motivated her nurses to become military nurses during the formative years of the QAIMNS:

The time to come forward to help is just when the difficulties of establishing a new system being experienced, and those who possess the spirit of pioneers, and who are inclined to make light of temporary difficulties, with the assured prospect of speedily helping to bring about satisfactory results, will do well to turn their attention to army nursing work.³⁶²

Richards was one of several London Hospital 'pioneers' including Becher and McCarthy who all seized the opportunity when the chance arose. The careers of several of the 'Londoners'

³⁶¹ Piggott, *Queen Alexandra's Royal Army Nursing Corps*, 48

³⁶² Matron's Annual Letter, No.11; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 13; Barts Health NHS Trust Archives and Museums, London

who served in South Africa, in particular those of Becher and McCarthy benefited substantially from philanthropy, patronage and networking made through 'The London' and with Holland, and Lord and Lady Roberts. It is likely that Holland and Lückes both nurtured their relationship with Lady Roberts, which led to direct employment for at least one matron. Becher's ladylike characteristics, along with a particularly robust manner, and coupled with her familial military connections appear to be the key factors which enabled her to secure such an early promotion, from Sister in the PCANSR to Principal Matron. Becher was a highly successful agent of her own success, but without her family association with the services, and the backing of Holland and Lückes, and their attendant skilled networking, she might not have achieved the highest post in military nursing.

The culmination of mentorship, patronage and networking, and the careful selection and promotion of nurses with the right tone, class and characteristics, coupled with the successful working relationship of Lückes and Holland led to the employment of a significant number of 'Londoners' as military matrons. Further research might identify further women who having done three-months training during the war became matrons of VAD hospitals. It is likely that Lückes felt vindicated by her success as a military matron maker, and was proud of her 'Warrior Nurses' whose 'Courage seems to be of the same quality as that of our sailors and soldiers.'³⁶³ The dominance of 'Londoners' in the highest positions of the élite military nursing 'proved' to critics such as Mrs Bedford Fenwick that London Hospital trained nurses were highly successful, and accepted by the upper echelons of society, the ANB, and its patrons. This thesis argues that this was the pinnacle of Lückes's success as a matron maker, although Lückes was unable to witness it as she died three months before the Peace Parade, in which the military nursing contingent was led by Dame Ethel Hope Becher and Dame Maud McCarthy.³⁶⁴

³⁶³ E.C.E. Lückes, 'Our Warrior Nurses', *The London Hospital Gazette*, Vol.21, 1914–1919; RLHMC/A/25/8, 49–51; Barts Health NHS Trust Archives and Museums, London

³⁶⁴ The only surviving images do not state which Military Matrons, along with an Army Medical Officer, are leading the nursing section.



Image 5.10: Dame Ethel Hope Becher (left) and Dame Maud McCarthy (right) leading Allied military nurses during the First World War Victory Parade, July 1919³⁶⁵
Credit: Sue Light

³⁶⁵ Image © Sue Light [Available at: <http://www.scarletfinders.co.uk>, accessed on 18 February 2022]

Chapter Six

Conclusion

Introduction

Eva Lückes was matron of The London Hospital in Whitechapel between 1880–1919.¹ She was an influential nurse reformer,² and was referred to by her friend Florence Nightingale as a ‘Matron of Matrons’.³ Her matronship of the largest voluntary hospital in England was during a period of significant socio-economic change. Victorian middle-class women were constrained by the ingrained cultural idea of ‘separate spheres’,⁴ yet like Lückes – whose father was declared bankrupt during her training, many needed to find paid and respectable employment.⁵ Lückes was one of the first trained nurses to be appointed as matron of a voluntary hospital,⁶ and was employed to improve nursing at ‘The London’ during the second wave of nursing reforms.⁷ Hospitals were trying to introduce more highly trained and technically skilled nurses, and reformers wanted to improve the image of nursing, move away from the ‘Sarah Gamp’ stereotype of nurses, and demonstrate to higher-class women that it was a respectable profession to enter.⁸

¹ Susan McGann, *The Battle of the Nurses: a study of eight women who influenced the development of professional nursing, 1880–1930* (London, Scutari Press, 1992), 9–34. Grainne Anthony, ‘Distinctness of Idea and Firmness of Purpose. The Career of Eva Lückes: A Victorian Hospital Matron’ (Unpublished Master of Arts dissertation, London Metropolitan University, 2011)

² McGann, *The Battle of the Nurses*, 9–34

³ Letter from Florence Nightingale to Eva Lückes, Claydon, 2 January 1891; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/4; Barts Health NHS Trust Archives and Museums, London

⁴ Eva Gamarnikow, ‘Nurse or Woman: Gender and Professionalism in Reformed Nursing, 1860–1923’ in Pat Holden and Jenny Littlewood (eds), *Anthropology and Nursing* (London, Routledge, 1991), 110–129. Stephen Brooke, ‘Class and Gender’, in Francesca Carnevali and Julie-Marie Strange (eds), *20th Century Britain, Economic, Cultural and Social Change* (Harlow, Pearson Education Ltd, 2007), 42–57. Sarah Carter, *Imperial Plots: Women, Land, and the Spadework of British Colonialism on the Canadian Prairies* (Winnipeg, Canada, University of Manitoba Press, 2016)

⁵ See Appendix A: timelines of Eva Lückes and her father. Anonymous, ‘Bankruptcy notices’, *The London Gazette* (18 January 1878), 305

⁶ See Appendix B: Training status of voluntary hospital matrons in London, 1880s

⁷ See Appendix A: Eva Lückes’s timeline. House Committee Minutes, 20 July 1880; House Committee Minutes, 1878–1880; RLHLH/A/5/39, 518–519 and House Committee Minutes, 27 July 1880; House Committee Minutes, 1878–1880; RLHLH/A/5/39, 523–524; Barts Health NHS Trust Archives and Museums, London. Matron’s Report to House Committee, 5 October 1880; House Committee Minutes, 1880–1882; RLHLH/A/5/40, 41; Barts Health NHS Trust Archives and Museums, London

⁸ For example, see: Carol Helmstadter, ‘A Third Look at Sarah Gamp’, *Canadian Bulletin of Medical History*, 30, 2 (2013), 141–159. Anne Summers, ‘The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and Her Detractors, c. 1830–1860’, *Victorian Studies* (Spring, 1989), 365–386

Lückes established a structured two-year training for nurses which incorporated a programme of lectures and examinations.⁹ In 1895 she opened the first Preliminary Training School (hereafter PTS), for nurses in England.¹⁰ Lückes's tenure coincided with the campaign to professionalise nursing. Although she was seen as Nightingale's disciple and shared her vision for nursing, including a mutual opposition to the concept of centralised State Registration and a mandatory three-year training programme,¹¹ Lückes knew her own mind and was very determined with firm ideas about the development of the profession.¹² This often led to public comment from her former ward sister, contemporary and chief antagonist, Mrs Bedford Fenwick, née Manson, and a former matron of St. Bartholomew's Hospital.¹³ Lückes developed a highly successful and symbiotic working relationship with Sydney Holland who was appointed as Chairman of The London Hospital in 1896.¹⁴

Previous studies into Lückes's career have largely focused on her achievements and philosophy of nursing – in relation to her successful reforms of nursing at 'The London', the establishment of a large school of nursing and the first PTS, and her opposition to professional reforms.¹⁵ Until this study the pervading historiographical discourse about Lückes's career is summed up by Susan McGann; was Lückes a 'Pioneer or Reactionary?'¹⁶ Whilst academics allude to Lückes's supposed success as a matron maker, this is the first study which considers that claim empirically, examines the reasons which contributed to her success, and looks beyond the current narrative about Lückes's career at 'The London'.¹⁷

⁹ Anthony, 'Distinctness of Idea and Firmness of Purpose'

¹⁰ Sheila M. Collins and Edith R. Parker, 'A Victorian matron; no ordinary woman. Eva Charlotte Ellis Lückes, 8 July 1854 – 16 February 1919', *International History of Nursing Journal*, 7, 3 (Spring 2003), 66–74. Edith R. Parker and Sheila M. Collins, *Learning to Care: A history of nursing and midwifery education at The Royal London Hospital, 1740–1993* (Orpington, The Royal London Hospital Archives and Museum, 1998)

¹¹ McGann, *The Battle of the Nurses*, 27. Anthony, 'Distinctness of Idea and Firmness of Purpose', 6

¹² Sir Frederick Treves, *A Tribute to a Great Woman; Matron's Correspondence and Papers*; RLHLH/N/7/25, n.p.; Barts Health NHS Trust Archives and Museums, London. Anthony, 'Distinctness of Idea and Firmness of Purpose'. A.E. Clark-Kennedy, *The London: A Study in the Voluntary Hospital System, Volume Two, 1840–1948* (London, Pitman Medical Publishing Company, 1963), 160

¹³ Minutes of the Board of Governors, 8 December 1881; St Bartholomew's Hospital 1879–1885; SBHB/HA/1/25, 244; Barts Health NHS Trust Archives and Museums, London

¹⁴ Minutes of House Committee Meeting, 7 December 1896; House Committee Minutes 1895–1897; RLHLH/A/5/46, 439–440; Barts Health NHS Trust Archives and Museums, London. Sydney Holland, *In Black and White* (London, Edward Arnold, 1926). John Gore, *Sydney Holland: Lord Knutsford, A Memoir* (London, John Murray, 1936)

¹⁵ McGann, *The Battle of the Nurses*, 9–34. Anthony, 'Distinctness of Idea and Firmness of Purpose'

¹⁶ Susan McGann, 'Eva Charlotte Lückes: Pioneer or Reactionary? (1854–1919),' *The History of Nursing Journal*, 3, 5 (1990/91), 24–32

¹⁷ McGann, *The Battle of the Nurses*. Anthony, 'Distinctness of Idea and Firmness of Purpose'

This significant research establishes that Lückes was a maker of matrons, and that she produced at least 474 nursing leaders during her thirty-nine-year tenure.¹⁸ It reveals how Lückes directly and indirectly influenced this generation of London Hospital trained matrons and how she shaped the style of reformed nurses through her selection and training processes. These focused on parental occupation as an indicator of social status, gentility, possible education and tone – in order to produce trained nurses with Victorian middle-class ‘lady-like’ characteristics. Furthermore, it examines the role that Nightingale played as Lückes’s mentor, and demonstrates how Lückes emulated Nightingale and became mentor and patron to her nurses. Lückes’s working relationship with Sydney Holland is explored, and how she tapped into his patrons and networks to spread London Hospital ‘Nightingale-style’ reformed nurses, and influence reform in civilian hospitals and military nursing. Arguably Lückes’s greatest success as a matron maker and indirect influencer was on the development of the Queen Alexandra’s Imperial Military Nursing Service (hereafter QAIMNS), and the appointment of at least two ‘Londoners’ as Matrons-in-Chief. Furthermore, it demonstrates that the issue of class may be less clear cut than some of the historiography suggests.



Image 6.1: Eva Lückes wearing her decorations in 1917¹⁹
Credit: Barts Health NHS Trust Archives and Museums, London

¹⁸ See Appendix C: Database and Appendix K: Career Histories

¹⁹ Lückes seated with decorations, 1917; RLHLH/P/3/31/10; Barts Health NHS Trust Archives and Museums, London

Methodology

A multifaceted approach that incorporates historical, genealogical and prosopographical methodologies has been used. Lückes's matrons were identified from a number of primary sources, including her annual circular Matron's Letter to Nurses and the Supplementary Register, nurses' records, and her reports to the House Committee of the London Hospital, and contemporary nursing journals.²⁰ However, some matrons may have been overlooked if they did not keep in touch with Lückes and the London Hospital alumni network, or self-publicise their appointments. It was outside the scope of this project to examine other archives on the chance that another matron might be identified from the records of other hospitals.

Lückes 'produced' at least 474 matrons during her tenure, and this prosopographical analysis identified a number of key features about each matron including their previous employment, social class (where possible), and the type of institution where they gained their first matronship.²¹ W.A. Armstrong's scheme of social classification has previously been utilised by nursing historians to analyse the social origins of various cohorts of nineteenth-century nurses.²² This thesis adds nuance to the historiography. Armstrong's model was partly selected to enable comparison with these studies, and because it used decennial censuses to identify paternal occupations to determine class. Genealogical techniques were utilised to trace the nurses and their families before they commenced at 'The London'; this enabled the social class of 337 of these future matrons to be ascertained.²³ During the study known drawbacks of Armstrong's model were encountered.²⁴ Issues around the classification of farmers and significant changes to parental occupation occasionally adversely affected the social classification of a few nurses.

²⁰ The Supplementary Register is printed in: Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2; Barts Health NHS Trust Archives and Museums, London. Register of Probationers; RLHLH/N/1/1–27, Register of Sisters and Nurses; RLHLH/N/4/1–4, and House Committee Minutes 1880–1920; RLHLH/A/5/40–55, Barts Health NHS Trust Archives and Museums, London

²¹ See Appendix C: Database

²² W.A. Armstrong, 'The Use of Information about Occupation', in E.A. Wrigley (ed.), *Essays in the use of Quantitative Methods for the Study of Social data* (Cambridge, Cambridge University Press, 1972), 191–225. Sue Hawkins, *Nursing and Women's Labour in the Nineteenth Century* (London, Routledge, 2010). Stuart Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860–1900', (Unpublished PhD thesis, University of Birmingham, May 2012). Keiron Andrew Spires, 'Nurses in the Boer War (1899–1902)' (Unpublished PhD thesis, University of London South Bank, 2013). Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic'

²³ See Table 2.1: The social class of The London Hospital matrons, 1880–1919

²⁴ Susan Hawkins, 'Myth and Reality: uncovering and discovering the nurses of St George's Hospital, London, 1850–1900' (Unpublished PhD thesis, University of Kingston, April 2007), 14. Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860–1900', 142

Eva Lückes's personal writings – including her Matron's Annual Letters mentioned above, her personal correspondence and her influential text books for nurses – were drawn on extensively and were invaluable sources, because of the direct insight that they offered into her perspectives.

Producing superior nurses

Lückes produced her matrons during a forty-year period at the end of the late-nineteenth and early-twentieth centuries. The resulting data indicates that they were not exclusively from the higher classes: two-thirds of her matrons were from social classes I and II – the professional and intermediate classes, and suggests that Lückes favoured educated women.²⁵ Whilst not directly comparable, the results broadly concur with earlier studies by Hawkins, Rogers and Spires.²⁶ This thesis supports the view that nursing became gentrified during the later-nineteenth century and an acceptable profession in which higher-class women could obtain paid employment.

The historiography led to the original research question that Lückes, like other matrons, might have selected women from higher-classes as future leaders.²⁷ However, this research indicates that a third of Lückes's matrons in this study were from Social Class III, the upper-working-classes. This counters those academics who argue that the nursing reformers established a two-tier nursing hierarchy based on class and status.²⁸ Indeed, that one-third of Lückes's matrons were 'respectable working-class women' chimes with Hawkins's argument that 'with a suitable level of education, [they] would prove just as attractive to nurse recruiters as Nightingale's supposed ideal.'²⁹ This suggests that the prevailing historiographical discourse that being from the upper-classes was essential for leadership roles is mis-leading. It was outside the scope of this thesis to determine the social class of all

²⁵ See Table 2.1: The social class of The London Hospital matrons, 1880–1919

²⁶ Hawkins, *Nursing and Women's Labour*. Spires, 'Nurses in the Boer War (1899–1902)'. Rogers, 'The Nurses of the 1897 Maidstone Typhoid Epidemic'

²⁷ Christopher J. Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983). Martha Vicinus, *Independent Women, Work and Community for Single Women, 1850–1920* (London, The University of Chicago Press, 1985). Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996). Jane Brooks, 'Structured by Class, bound by gender', *International History of Nursing Journal*, 6, 2 (2001), 13–21. Jane Brooks, "'Visiting rights only": the early experience of nursing in higher education, 1918–1960' (Unpublished PhD thesis, London School of Hygiene and Tropical Medicine, University of London, 2005). Carol Helmstadter, 'Shifting Boundaries: Religion, Medicine, Nursing and Domestic Service in Mid-Nineteenth-Century Britain', *Nursing Inquiry*, 16, 2 (2009), 133–143

²⁸ Vicinus, *Independent Women*. Brooks, 'Structured by Class, bound by gender', 13–21

²⁹ Hawkins, *Nursing and Women's Labour*, 32

those nurses whom Lückes trained, of whom less than 20% became matrons.³⁰ Further research into the social class of all the probationers and nurses at 'The London' during Lückes's tenure would indicate whether or not the findings from this study are representative.

This thesis found that Lückes initially tried to attract suitable higher-class educated women to train as nurses. She also employed a few trained nurses to act as 'missionaries' and inculcate the working-class nurses and probationers with gentility and tone.³¹ Additionally, and in common with many – but not all hospitals during this period, she employed paying probationers who would be from a 'superior class' to improve the tone of nursing at 'The London'.³²

Lückes experienced a higher-class education, and this clearly affected her recruitment policies. She wished to attract educated middle-class women with a similar background to her own, for a life of service and vocation, but as sufficient suitable women were not forthcoming Lückes employed women from other social backgrounds. For Lückes recruitment was about more than class; as Christopher Maggs says 'Class origin and social background were less important than the possession of certain basic virtues...'.³³ The future matrons' hospital reports were considered alongside the social class results and suggest, that for Lückes, social status based on parental occupation was just one part of her selection process. Lückes seems to believe that nurses with the right social background might have been educated with the desirable Victorian middle-class characteristics, values and morals. She focused on the womanly attributes of her nurses, such as cleanliness, self-sacrifice and tidiness, which would bring the right 'tone' to the profession.³⁴ This resonates with the historiography which found that nurse reformers were trying to make the profession more respectable, and move away from the Sarah Gamp image of slatternly nurses.³⁵

³⁰ See: Appendix I: Attrition and examination rates of probationers, 1880–1915

³¹ See Table 2.3: Higher-class experienced nurses whom Lückes employed during the 1880s

³² Matron's Report to House Committee, 4 July 1882; House Committee Minutes 1882–1884; RLHLH/A/5/41, inserted between 19–20; Barts Health NHS Trust Archives and Museums, London. See Figure 2.2: Matron's probationer status.

³³ Maggs, *The Origins of General Nursing*, 22

³⁴ Register of Probationers; RLHLH/N/1/1–27 and Register of Sisters and Nurses; RLHLH/N/4/1–4; Barts Health NHS Trust Archives and Museums, London

³⁵ See for example: Summers, 'The Mysterious Demise of Sarah Gamp'. Carol Helmstadter, 'A Real Tone, Professionalizing Nursing in Nineteenth-Century London', *Nursing History Review*, 11 (2009), 3–30

This research examines how Lückes influenced the style of reformed nurses through her selection of probationers and nurse training programme, and during their early careers.³⁶ Lückes initiated a system of regular lectures and examinations for her probationers.³⁷ But like her mentor Nightingale, Lückes focused on character training to model her ‘Nightingale-style’ reformed nurses.³⁸ Lückes’s emphasis on character is consistent with the training methods of other reformers in this period.³⁹ If nurses were found to be deficient in ‘tone’, Lückes tried to ‘produce’ her ideal nurse. She tried to instil into them middle-class womanly attributes such as morality, honesty, truthfulness, discipline, punctuality, sobriety and obedience. One of the ways in which she did this was through her text books, *General Nursing* and *Hospital Sisters and Their Duties*.⁴⁰

Unusually Lückes probably shared her aversion to ‘smart nurses’ with Fenwick. They disapproved of nurses who were technically competent – but perhaps too efficient and mechanical, and evinced less compassion. This adds evidence to the limited body of knowledge about what smart nurses were, and to the overall image of how Lückes tried to influence the new reformed nurses and imbue them with ‘tone’. Whilst she disliked ‘robotic’ nurses it is unlikely that Lückes imagined that mechanical robots would perform nursing care, although, over a hundred years later the use of robots and Artificial Intelligence is being used increasingly within specific areas of nursing.⁴¹

Extending professional nursing

Mentoring

This research reveals that Nightingale mentored Lückes, and how she supported her through the 1890s House of Lords Metropolitan Hospitals Enquiry.⁴² Lynn McDonald alludes to

³⁶ Register of Probationers; RLHLH/N/1/1–27 and Register of Sisters and Nurses; RLHLH/N/4/1–4; Barts Health NHS Trust Archives and Museums, London

³⁷ Anthony, ‘Distinctness of Idea and Firmness of Purpose’

³⁸ Monica Baly, *Florence Nightingale and the Nursing Legacy*, 2nd edn (London, Whurr Publishers Ltd, 1997), 37, 230–231

³⁹ Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960). Rafferty, *The Politics of Nursing Knowledge*, 40–41

⁴⁰ Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899). Eva C.E. Lückes (1893), *Hospital Sisters and Their Duties*, Reprint (Cambridge, Cambridge University Press, 2012)

⁴¹ Jack Sherry, ‘The robot nurses are coming to a workplace near you’; *British Journal of Nursing*, 27, 13 (July 2018), 765–767; DOI:10.12968/bjon.2018.27.13.765

⁴² Letter from Eva Lückes to Florence Nightingale: 1889–1899; The Nightingale Papers; Add MS 47746, Vol. CXLIV; The British Library, London

Nightingale's role as a mentor,⁴³ and Maria Lorentzon and Kevin Brown considered how she mentored Rachel Williams, a Nightingale trained matron of St Mary's Hospital, London.⁴⁴ This is the first study which examines another matron as a mentor, and how they too were mentored. Lückes used mentoring as the first element in her strategy to influence and disseminate reformed nursing – through her fast-tracking of her favourite nurses, circular annual Matron's Letters (1894–1916), her 'at-homes', her text-books and her nurses' lectures.⁴⁵

Lückes selected 25% of her future matrons for early managerial experience. This thesis discusses how she mentored these favourite nurses – partly by appointing the majority of them as sisters, either during their two-years training, or early in their careers.⁴⁶ This was highly contentious; by the 1900s when the majority of them were appointed to leadership positions in other hospitals and institutions the accepted normative was three-years training.⁴⁷ Lückes promoted over two-thirds of her special nurses to sister's posts immediately after two-years' training, although they had no staff nurse placement to consolidate their experience.⁴⁸ Lückes supported some of these women to obtain posts within many spheres of nursing, and notably two of them – Ethel Becher and Maud McCarthy, became Matrons-in-Chief within military nursing.

The idea of 'tone' was very important to Lückes and whether fast-tracked or not, if she did not think a nurse had the right 'tone', she refused to appoint them as a staff nurse or sister. Analysis of the social class of Lückes's favourite nurses shows that a third were from social classes III – V, the working-classes, which is consistent with the overall data from this study.⁴⁹ These results conflict with the historiography which suggests that the higher-classes

⁴³ Lynn McDonald (ed.), *The Collected Works of Florence Nightingale: Volume 13, Extending Nursing*, (Ontario, Wilfred Laurier Press, 2009), 149–150

⁴⁴ Maria Lorentzon and Kevin Brown, 'Florence Nightingale as mentor of matrons: correspondence with Rachel Williams at Saint Mary's Hospital', *The Journal of Nursing Management*, 11 (2003), 266–274

⁴⁵ Lückes's textbooks which contain her lectures were not explicitly examined as part of this theses. See for example: Eva C.E. Lückes, *General Nursing*, 2nd edn (London, Kegan Paul, Trench, Trübner & Co., Ltd. 1899) and Eva C.E. Lückes, (1893), *Hospital Sisters and Their Duties*, Reprint (Cambridge, Cambridge University Press, 2012)

⁴⁶ See Figure 3.1: The social class of the fast-tracked matrons and stage of promotion and Appendix E: Fast-tracked Matrons

⁴⁷ McGann, *The Battle of the Nurses*, 33

⁴⁸ See Figure 3.1: The social class of the fast-tracked matrons and stage of promotion. See also: Appendix K: Career histories

⁴⁹ See Figure 3.1: The social class of the fast-tracked matrons and stage of promotion.

were generally favoured for promotion, and therefore adds nuance to the discourse about social background and hierarchy within nursing during this period.⁵⁰ Further research could consider whether or not other matrons implemented a similar system of managerial training.

This thesis considers how Lückes used her annual Matron's Letter to mentor her nurses and encourage them to maintain their loyalty to the hospital. She employed mentoring to ensure that her nurses acted as positive publicity for the hospital, and generated financial supporters for the voluntary hospital. The hospital suffered much reputational damage as a direct result of the 1890 House of Lords Enquiry into the Metropolitan Hospitals.⁵¹ Although the enquiry found that 'The London' and Lückes had not sweated and ill-treated their nurses, it nevertheless had a negative impact on the hospital's status and finances.⁵² It would be interesting to know if Lückes's fundraising was typical for other matrons of the period.

Lückes also used her Matron's Letters to maintain the standards and style of nursing which her nurses had assimilated during their probationary training. She emphasised to her Private Nurses that as members of the hospital's own Private Nursing Institution they had unique advantages over other private nurses, because they returned to 'The London' between cases where they could keep updated in nursing and clinical skills, and thereby avoided growing 'rusty'.⁵³ This resonates with today's requirements for Continuous Professional Development and mentorship in twenty-first-century nursing. Just as professional nursing and midwifery bodies today mandate regular educational updates and training to maintain standards, so to was Lückes endeavouring to maintain her standards and style of reformed nursing. As part of the mentoring process Lückes also helped her nurses with career development. She urged her nurses to gain additional training in sick-room cookery and midwifery whilst at 'The London'.⁵⁴ This had dual benefits for both Lückes and her nurses; it enabled her to offer staff

⁵⁰ Brooks, 'Structured by Class, bound by gender', 13. Brooks, "Visiting rights only". Helmstadter, 'Shifting Boundaries', 133–143

⁵¹ H.M.S.O., *Report from the Select Committee of the House of Lords on Metropolitan Hospitals, etc., together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*, 1890; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London

⁵² Keir Waddington, *Charity and the London hospitals, 1850–1898* (Woodbridge, The Boydell Press, 2015), 128–130

⁵³ Matron's Annual Letter, No.11; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 14; Barts Health NHS Trust Archives and Museums, London

⁵⁴ Matron's Annual Letter, No.12, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.12, April 1905, 3; Barts Health NHS Trust Archives and Museums, London. Parker and Collins, *Learning to Care*, 114–115

with a wide skillset to private clients and their doctors. Lückes also seems to have used her ‘At Homes’, and private by appointments for mentorship.⁵⁵

Understanding mentorship such as that offered by Lückes in the late-nineteenth and early-twentieth centuries can enable today’s nurses to obtain perspective on current issues. It is increasingly being recognised that a system of mentorship can ‘reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place’.⁵⁶ It can lead to improvements in the quality of healthcare,⁵⁷ and help prevent future tragedies, such as occurred at Staffordshire Hospital over several years in the 2000s. Following the Stafford Inquiry Sir Robert Francis wrote that mentoring developed ‘leadership skills within the team and ensure[d]...that the caring culture expected of professional staff ...[wa]s being consistently maintained and upheld.’⁵⁸ The recent report into failings in maternity care within Shrewsbury and Telford Hospital NHS Trust also highlighted the need for mentorship for newly appointed midwifery leaders.⁵⁹

Extending nursing through power and privilege

This research found that Lückes acted as both patron to her nurses, and utilised patronage to disseminate ‘Nightingale-style’ reformed nurses and nursing. In the first decade of her matronship Lückes largely accessed patronage through the hospital’s philanthropic benefactors, some of whom employed a succession of ‘Londoners’ as matron of a cottage hospital in Norfolk. Therefore, it is unsurprising that she produced only 28 matrons in this initial period.⁶⁰

⁵⁵ Matron’s Annual Letter, No.21; Matron’s Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.21, April 1914, 30; Barts Health NHS Trust Archives and Museums, London

⁵⁶ Nursing and Midwifery Council, *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* (London, Nursing and Midwifery Council, 2018), 17 [Available at: <https://www.nmc.org.uk>, accessed on 26 January 2021]

⁵⁷ Patricia Schwerdtle, Julia Morphet and Helen Hall, ‘A scoping review of mentorship of health personnel to improve the quality of health care in low and middle-income countries’, *Globalization and Health*, 13, 77 (2017), 1–8

⁵⁸ Robert Francis, The Mid Staffordshire NHS Foundation Trust Public Inquiry Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary, (London, The Stationery Office, 2013), 80 [Available at: <https://assets.publishing.service.gov.uk>, accessed on 26 January 2021]

⁵⁹ See: Ockenden Review, executive summary letter from Donna Ockenden to the Secretary of State for Health and Social Care, 30 March 2022 [Available at: <https://www.gov.uk/government/publications/final-report-of-the-ockenden-review/ockenden-review-summary-of-findings-conclusions-and-essential-actions#executive-summary>, accessed on 1 April 2022]

⁶⁰ See Figure 4.2: The matrons’ decade of appointment.

Notably more of Lückes's nurses secured matronships from the 1890s onwards and this thesis examines how she accessed patronage through Nightingale, London Hospital surgeon Frederick Treves, and Holland. Their access to the royal family, the aristocracy and social élite opened influential connections for Lückes and her matrons. Holland's appointment as London Hospital Chairman opened up employment opportunities for 'Londoners' through benefactors such as the Duchess of Bedford.⁶¹ Holland's connections with the royal family and his growing friendship with the Princess of Wales, later Queen Alexandra, were a particularly fruitful source of patronage. The turning point was when she asked Lückes and Holland to supply nurses for the Second Anglo-Boer War.⁶²

Despite an increase in the beneficial effects of patronage from the late-nineteenth century onwards, this research suggests that the attraction of employing Lückes's nurses was fading by the 1910s. This is reflected in the reduced number of her nurses receiving matronships in that decade.⁶³ More employment opportunities were opening up for women, and there were probably more nurses competing for each matron's position. This drop in popularity was doubtless exacerbated by Lückes's refusal to implement a three-year training programme, at 'The London'. It was the only voluntary hospital in the capital not to do so, and was a common topic of debate during the discussions about nurse-registration between 1887–1919.⁶⁴ Lückes believed that quality was more important than quantity, and argued strongly that a large hospital like 'The London' could give a broader and more diverse training experience than a smaller institution.⁶⁵

Because of their symbiotic relationship Holland continued to support Lückes in her opposition to three-year training, and to centralised and legally implemented nurse registration until a few months after her death. In December 1919, Holland accepted the need for registration, and implemented a three-year programme in January 1920.⁶⁶ In 1921 he was

⁶¹ John Gore (ed.), *Mary, Duchess of Bedford, 1865–1937, Volume One* (London, John Murray, 1938), 103

⁶² Matron's Annual Letter, No.7; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 7–8; Barts Health NHS Trust Archives and Museums, London

⁶³ See Figure 4.2: The matrons' decade of appointment.

⁶⁴ Christine Hallett and Hannah Cooke, *Historical Investigations into the Professional Self-Regulation of Nursing and Midwifery: 1860–2002. Vol. One: Nursing*, 141–146, available at the Archives of the Nursing and Midwifery Council, London, UK. See also Rafferty, *The Politics of Nursing Knowledge*

⁶⁵ Eva Lückes, 'Reasons against the London Hospital becoming affiliated with the College of Nursing,'; London Hospital Whitechapel, E., November 1916; Matron's Correspondence and Papers; RLHLH/N/7/26 (iii); Barts Health NHS Trust Archives and Museums, London

⁶⁶ Parker and Collins, *Learning to Care*, 68

admitted to the board of the new College of Nursing, to which Lückes had also been opposed.⁶⁷ The length of nurse training was still being debated leading up to the Second World War; in 1939 the Athlone Report recommended that subject to changes to the content of nurse training programmes it could be completed in two years – although this was never implemented.⁶⁸ Ironically a nursing degree in 2022 is of three-years duration, yet nurses today learn many more complex and technical skills than a hundred years ago.

This research explores how Lückes acted directly as a patron to promote both her fast-tracked nurses, and those who were not signalled out for managerial training. She recommended at least 85 of her nurses for specific matronships and a further 389 women used their own agency to find their first appointment.⁶⁹ However, those whom she directly recommended may have been under reported in the hospital records. Lückes promoted all her nurses, even those whom she felt were not suitable for ‘The London’ because they had displayed inappropriate characteristics. Evidently promoting her ‘new-style’ reformed nurses and nursing was the most important factor.

Adopting and creating networks

The final strategy which Lückes employed to influence and disseminate the spread of reformed nursing was networking. This thesis examines how Lückes established personal and organisational networks in three stages; firstly through building a network, then by expanding it and finally by maintaining the connections. Although historians have acknowledged that some professional women such as religious teaching sisters developed organised networks across the world there has been little discussion about how nurses may have networked.⁷⁰ Unlike Nightingale who had access to connections with the social élite from birth, Lückes had to learn the art of networking and building connections. Lückes taught and encouraged her nurses to adopt these skills, through the use of her annual Matron’s Letter and the Supplementary Register which incorporated their appointments and addresses. Lückes

⁶⁷ Susan McGann, Anne Crowther, and Rona Dougall, *A history of the Royal College of Nursing: 1916–1990: A Voice for Nurses* (Manchester, Manchester University Press, 2009), 12–13

⁶⁸ Janet Hargreaves, ‘The Good Nurse: Discourse and power in nursing and nurse education, 1945–1955’ (Unpublished PhD dissertation, University of Huddersfield, 2005), 63

⁶⁹ Please note that the data in Chapter Four on nurses whom Luckes recommended, and did not recommend, only includes those for whom a social class was apportioned and not the full cohort of 474 matrons.

⁷⁰ Deirdre Raftery, ‘Teaching Sisters and transnational networks: recruitment and education expansion in the long nineteenth century’, *History of Education*, 44, 6 (November 2015), 717–728. Jane Read, ‘Froebelian women: networking to promote professional status and educational change in the nineteenth century’, *History of Education*, 32, 1 (2003), 17–33

actively encouraged them to contact each other by utilising the Supplementary Register.⁷¹ In this way Lückes built an informal network of London Hospital alumni. Arguably this was the start of an informal league of nurses, some five years before the first league was formally established at St Bartholomew's Hospital, London.⁷²

Lückes also tapped into Holland's social networks and connections in order to disseminate reformed nursing. This research indicates that as Lückes's matrons were appointed to leadership positions they occasionally took fellow 'Londoners' with them to shore up their influence and establish reformed nursing. On many occasions 'Londoners' followed colleagues to a hospital, or an area, either a few months or years later, both at home and abroad.⁷³ Sometimes they moved directly from 'The London', and occasionally via another appointment. This research concurs with Hawkins's assertion about the beneficial effects of networking in nursing and adds to the historiography.⁷⁴ The career histories in Appendix K suggest the beneficial effects of networks on a nurse's career, influence on their geographical mobility and how Lückes consolidated her influence on reformed nursing.

Lückes continued to mentor and encourage these networks until the start of the First World War. Even after a serious illness in 1916, surviving letters reveal how she continued to help locate employment for her former workers via her networks, and acted as a modern-day careers' advisor, or recruitment agency.⁷⁵ Further research into whether or not other matrons in this formative period for the profession utilised mentoring, patronage and networking might supplement the historiography of nursing, and therefore women's history.

Spreading 'the gospel of a "London" training'⁷⁶

This thesis explores how Lückes utilised mentoring, patronage and networking to successfully introduce her 'new-style' nurses into hospitals and institutions, both at home and

⁷¹ Matron's Annual Letter, No.6; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.6, March 1899, 15–16 and Matron's Annual Letter, No.18; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.18, March 1911, 19; Barts Health NHS Trust Archives and Museums, London

⁷² Geoffrey Yeo, *Nursing at Bart's; A History of Nursing Service and Nurse Education at St Bartholomew's Hospital, London* (Stroud, Alan Sutton Publishing Ltd, 1995), 53

⁷³ See Appendix F: Hospitals and Institutions to which multiple London Hospital nursing leaders were appointed.

⁷⁴ Hawkins, *Nursing and Women's Labour*, 170

⁷⁵ Letter from Eva Lückes to Margaret Paul, London Hospital, Whitechapel, E.1., 4 November 1917; Papers of Mrs Margaret Paul, formerly 'Sister George'; RLHPP/PAU/1/46; Barts Health NHS Trust Archives and Museums, London

⁷⁶ Clark-Kennedy, *The London, Volume Two*, 157

abroad. She created a reforming diaspora who acted as ‘missionaries’⁷⁷ – and implemented reformed nursing within voluntary hospitals and in Poor Law infirmaries. Furthermore, Lückes sacrificed élite nurses to save failing hospitals, or those, which in her view did not meet her standards. Lückes largely obtained these openings via Holland and his connections with the social élite, and to a lesser extent through Treves and Bertrand Dawson, a London Hospital physician, who was later appointed as a royal physician. The first generation of nurse reformers apparently targeted the larger hospitals first in order to maximise their impact on the improvement of nursing care. But Lückes, who followed these reformers almost always promoted her nurses whenever she was asked for a recommendation.

Lückes’s reforming diaspora became matrons at a number of voluntary hospitals including The Westminster and Metropolitan Hospitals in the metropolis, and provincial hospitals such as Bristol Royal Infirmary, where these matrons initiated, or continued the reform of nursing to modern standards. Lückes’s connections with Nightingale led to a number of opportunities for ‘Londoners’. Several of Lückes’s diaspora followed ‘Nightingales’ or Nightingale’s protégées to large provincial hospitals as matron, including to Oxford, Liverpool and Cambridge. The two reformers seem to have collaborated, as ‘Nightingales’ also followed ‘Londoners’ on three occasions. Evidently Lückes used networking to reform and maintain a few failing voluntary hospitals. She was sometimes asked to advise about nursing in an underperforming hospital and released a valued staff member to initiate improvements such as Mabel Cave to the Metropolitan Hospital in Hackney. Sometimes Lückes sent a team of nurses with the new matron, or ‘Londoners’ joined the team later.

This research found that more nurses from Social Class III were appointed to the prestigious large voluntary hospitals, than from Social Class I. Arguably more employers were concerned about the nurse’s skills and ‘tone’ and that they brought ‘the superiority of training at elite hospitals...’ to the post, rather than about the nurse’s social background per se.⁷⁸ Lückes recommended about a third of her matrons for specific matronships – because of their ‘suitability’ and not solely because of their social background, and she also promoted others for junior positions. Some of them used these jobs to springboard into management roles, such as Annie Glover who went to the Westminster Hospital as a housekeeping assistant and

⁷⁷ Abel-Smith, *A History of the Nursing Profession*, 24

⁷⁸ Vicinus, *Independent Women*, 115

a year later was promoted to assistant matron.⁷⁹ Lückes was also known to have written references after a nurse had left the hospital in order to help them gain promotion. Several nurses achieved leadership positions after Lückes had refused to promote them at 'The London' because they were not suitable. Whilst these women achieved their positions through their own agency this suggests that Lückes's indirect influence and their London Hospital training, may have facilitated their appointments.

One of Lückes's earliest opportunities to reform of nursing was her successful attempt to vicariously influence the professionalisation of Poor Law nursing. Some of her élite diaspora went directly, or indirectly from 'The London' to several Poor Law infirmaries – both in London, such as St Pancras Infirmary, and Brownlow Hill Infirmary in Liverpool.⁸⁰ In 1883, Lückes 'lost' a favourite ward sister Ellen Moir, whom she had employed to improve the 'tone' at 'The London'.⁸¹ Lückes warmly recommended Moir for the matronship of St Pancras Infirmary where she followed a 'Nightingale' team.⁸² At least nine of Lückes's 'fast-tracked' nurses helped establish a professional nursing diaspora in Poor Law infirmaries. This concurs with Stephanie Kirby's assertion that some nurses appear to have consciously chosen this developing speciality.⁸³ Several 'Londoners' stayed in Poor Law nursing for many years and implemented reforms, including at Bethnal Green in London and Newcastle in the provinces.⁸⁴ A number of Lückes's matrons utilised their experience of working in Poor Law infirmaries to springboard to other positions such as Josephine Bourdillon who had a successful career in the Queen Victoria's Jubilee Institute for Nurses. Initially, Edith Cavell struggled to gain promotion – which she finally achieved under a 'Londoner' as a Night Superintendent at St Pancras Infirmary, before she eventually moved to Brussels to establish a school of nursing and hospital. It was noted that there was a degree of synergy between 'Londoners' and 'Nightingales' who followed each other into voluntary hospitals, however

⁷⁹ Annie Goodwin Croft Glover, Register of Sisters and Nurses; RLHLH/N/4/1/197 and Matron's Annual Letter, No.7, Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.7, February 1900, 22; Barts Health NHS Trust Archives and Museums, London

⁸⁰ See Table 4.3: 'Londoners' who carried on the Nightingale tradition in Poor Law Infirmaries

⁸¹ Ellen Jean Moir, Register of Sisters and Nurses; RLHLH/N/4/1, 41; Barts Health NHS Trust Archives and Museums, London

⁸² Rosemary White, *Social Change and the Development of the Nursing Profession: A Study of the Poor Law Nursing Service 1848–1948* (London, The Anchor Press Ltd, 1978), 73

⁸³ Stephanie Kirby, 'Diaspora, dispute and diffusion: bringing professional values to the punitive culture of Poor Law', *Nursing Inquiry*, 11, 3 (2004), 185–191

⁸⁴ See Appendix K: Career Histories.

no ‘Nightingales’ seem to have followed ‘Londoners’ to Poor Law infirmaries, suggesting that there was less collaboration, perhaps because of Nightingale’s failing health.⁸⁵

Lückes also sacrificed some of her favourite staff in ‘the good cause’⁸⁶ to reform failing hospitals and to perhaps improve others which she felt were not up to her standards. Despite the inconvenience to the management of her nursing department, Lückes encouraged staff to gain promotions elsewhere. The controversial promotion of Annie McIntosh – Lückes’s senior Assistant Matron, to the matronship of St Bartholomew’s Hospital, is an example of Lückes’s desire to influence the provision of nursing at other ‘failing’ hospitals – albeit even successful ones where nursing and nurse training was not organised in her mould.⁸⁷ Lückes encouraged McIntosh to apply for the position, and took great pleasure in her promotion.⁸⁸

The furore around McIntosh’s appointment encapsulates the issues about nurse training and registration being debated at that time, and illuminates the power struggle over the professionalisation of nursing.⁸⁹ Lückes apparently saw it as acceptance of her two-year training programme and a way of silencing her critics including Fenwick. Complaints were made that McIntosh had not undertaken three-years training, although she had worked, and probably trained at another hospital for two years before moving to ‘The London’.⁹⁰ McIntosh was not alone in repeating her training at ‘The London’; Lückes preferred nurses who had not trained elsewhere, because generally ‘they have something to unlearn’.⁹¹ It was assumed that McIntosh shared her mentor’s opposition to centralised nurse registration.

⁸⁵ There are no surviving letters between Lückes and Nightingale after 1899, which also perhaps indicate her failing health, see also: Paul Crawford, Anna Greenwood, Richard Bates, Jonathan Memel, *Florence Nightingale at Home* (Palgrave Macmillan, Switzerland, 2020) in particular Chapter 7: Working from Home, 179–208

⁸⁶ Letter from Florence Nightingale to Eva Lückes, 10 South Street, Park Lane, W., 17 October 1889; Papers of Miss Eva C.E. Lückes; RLHPP/LUC/1/3; Barts Health NHS Trust Archives and Museums, London

⁸⁷ Anonymous, ‘Appointments’, *The British Journal of Nursing*, 44 (4 June 1910), 456. Matron’s Report, 1 June 1910, House Committee Minutes, 1910–1912; RLHLH/A/5/52, 16; Barts Health NHS Trust Archives and Museums, London.

⁸⁸ Letter from Eva Lückes to Margaret Paul, London Hospital, Whitechapel E., 13 June 1910; Papers of Mrs Margaret Paul, formerly ‘Sister George’; RLHPP/PAU/1/9, 1–2; Barts Health NHS Trust Archives and Museums, London

⁸⁹ Sarah Rogers, ‘McIntosh, Annie Sophia Jane, (1871–1951)’, *Oxford Dictionary of National Biography* (Oxford, 2020) [Available at: <https://www.oxforddnb.com>, accessed on 21 January 2021]

⁹⁰ Annie Sophia Jane McIntosh, Register of Sisters and Nurses; RLHLH/N/4/1, 208; Barts Health NHS Trust Archives and Museums, London

⁹¹ Eva Lückes, 13 April 1905; *Report from the Select Committee on Registration of Nurses together with the Proceedings of the Committee, Minutes of Evidence and Appendix*, July 1905; 25, paragraph 512; Parliamentary Papers of the House of Commons of the United Kingdom, Parliamentary Archive, London. See Appendix J: Matrons previous employment type

Ironically McIntosh was one of the first promoters of the College of Nursing – which Lückes was also against.⁹² Patronage and networking by London Hospital supporters were said to have swayed the decision to appoint her.⁹³

Debate about the uniformity of training continued until the 1919 Nurses' Registration Act, which mandated a specific three-year training programme, or combination of training and experience if a nurse had trained before a specific date.⁹⁴ The debate about where nurses enjoy the most 'superior' training continues, although now this relates to university provision. Today online guides rank nurse training at differing institutions – although they do not necessarily reflect which institutions have the highest standards of teaching.⁹⁵ The resulting increase in applicants following the Covid-19 pandemic may have tempered these issues.⁹⁶

Military Nursing: Lückes's ultimate success

This research suggests that the pinnacle of Lückes's career as a matron maker and influencer of reformed nursing was the direct, and vicarious impact she had on the development of military nursing, and in particular the QAIMNS. Several 'Londoners' had joined the Army Nursing Service (hereafter ANS) early in Lückes's tenure.⁹⁷ However, there is no evidence to suggest that she played any role in their promotions. Lückes's influence escalated from 1899 when Princess Alexandra requested twenty-six London Hospital nurses to care for injured and sick troops in the Second Anglo-Boer War; this royal patronage marked the beginning of Lückes's influence on the development of army nursing. Two of the nurses whom Lückes selected exemplified her style of reformed nurse, including two of her fast-tracked favourites – Becher and McCarthy. Alexandra subsequently asked Holland to help organise the new QAIMNS.⁹⁸

⁹² Letter from A. McIntosh and A.B. Baillie, 'The College of Nursing and State Registration', 20 November 1916; RCN4/1918/1/9; The Royal College of Nursing Archives, Edinburgh

⁹³ Yeo, *Nursing at Bart's*, 55. McGann, *The Battle of the Nurses*, 77

⁹⁴ Eve R.D. Bendall, and Elizabeth Raybould, *A History of the General Nursing Council for England and Wales, 1919–1969* (London, H. K. Lewis, 1969), 51. Hallett and Cooke, *Historical Investigations into the Professional Self-Regulation of Nursing and Midwifery, Vol. One: Nursing*, 58–60

⁹⁵ See for example this league table from the Complete University Guide, Nursing Rankings 2022 [Available at: <https://www.thecompleteuniversityguide.co.uk/league-tables/rankings/nursing>, accessed on 18 February 2022]

⁹⁶ Gemma Mitchell, 'Student nurse applications up 6% in the UK but many courses not yet full', *The Nursing Times* (23 June 2020), n.p. [Available at: <https://www.nursingtimes.net/news/education/student-nurse-applications-up-6-in-the-uk-but-many-courses-not-yet-full-23-06-2020>, accessed on 10 February 2022]. See also: <https://www.ucas.com/corporate/news-and-key-documents/news/pandemic-inspires-future-nurses-welcome-increase-school-and-college-leavers-looking-enter-profession>, accessed on 10 February 2022]

⁹⁷ See Table 5.1: London Hospital trained matrons of the Army Nursing Service.

⁹⁸ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 158

This thesis explores how from 1902 Lückes became an influential yet silent figure behind the newly created QAIMNS. Holland asked her advice when formulating a plan for Queen Alexandra about ‘her’ new service, and Lückes enjoyed giving advice ‘behind the scenes’.⁹⁹ Lückes’s ‘stamp’ is on the training and experience criteria initially adopted by the QAIMNS; this enabled ‘Londoners’ with their two-year training – plus further service to apply, long after many hospitals implemented three-year programmes.¹⁰⁰ An influential web of London Hospital supporters facilitated Lückes’s input on the QAIMNS, and enabled her to become a silent figurehead on the Army Nursing Board (hereafter ANB). Four London Hospital supporters sat on the ANB: Holland; Lady Roberts, vice-president of the ANB and a friend of Alexandra’s; Treves, and ‘Londoner’ Mabel Cave, matron of the Westminster Hospital.¹⁰¹ Lückes’s influence on the organisation of military nursing has been largely overlooked within the historiography, and this research adds to the debate about the development of military nursing in the early-twentieth century.¹⁰²

Lückes capitalised on her professional collaboration and symbiotic relationship with Holland whom she used to make matrons and shape the service. Whether directly or indirectly, Lückes promoted and supported nurses with the right social background and characteristics to bring ‘tone’ to the new service, and whom she thought would go the furthest and therefore influence the service, including Becher and McCarthy, both leaders of QAIMNS during the First World War. Patronage, networking and mentoring were the key to Lückes’s success. Her access to patrons –particularly those facilitated through Holland, were essential and integral to Lückes’s achievements. She targeted the highest and most coveted positions in the QAIMNS, and by 1910, ‘Londoners’ filled all three principal positions, along with a number of other matronships.¹⁰³

⁹⁹ Sydney Holland, *In Black and White* (London, Edward Arnold, 1926), 158. Letter from Eva Lückes to Margaret Paul, The London Hospital, 26 July 1903; Papers of Mrs Margaret Paul, formerly ‘Sister George’; RLHPP/PAU/1/1; Barts Health NHS Trust Archives and Museums, London

¹⁰⁰ H.M.S.O., *Third Report from the Select Committee of the House of Lords on Metropolitan Hospitals, etc., together with the Proceedings of the Committee, Minutes of Evidence, and Appendix*, 1892, lxxix–lxxx; Parliamentary Papers of the House of Commons of the United Kingdom; Parliamentary Archive, London

¹⁰¹ The Minutes of the First Nursing Board, 21 April 1902; Queen Alexandra’s Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Vol.1, 5; The National Archives, Kew

¹⁰² Julie Piggott, *Queen Alexandra’s Royal Army Nursing Corps* (London, Leo Cooper Ltd, 1975). Anne Summers, *Angels and Citizens, British Women as Military Nurses, 1854–1914*, rev. edn (Newbury, Threshold Press Ltd, 2000). Yvonne McEwen, *In the Company of Nurses* (Edinburgh, Edinburgh University Press Ltd, 2014)

¹⁰³ Table 5.6: London Hospital trained QAIMNS Matrons and Table 5.7: The senior matrons in the QAIMNS 1902 – August 1919

Lückes promoted military nursing to her nurses in her annual Matron's Letter.¹⁰⁴ She urged them to join the nascent services and emphasised the career opportunities available to them.¹⁰⁵ She highlighted the careers of some 'Londoners', and emphasised how one matron at least had obtained a direct promotion.¹⁰⁶ Lückes's influence also extended to the development of other military services. Alexandra asked her to help develop the newly formed Queen Alexandra's Naval Nursing Service,¹⁰⁷ and Lückes recommended nurses for the new service.¹⁰⁸

Three-quarters of the military matrons in this study were from the highest classes, which reflects Alexandra's desire to employ a 'better-class' of nurse,¹⁰⁹ and broadly concurs with Spires's findings that two-thirds of the Boer War nurses came from the social élite.¹¹⁰ The studies are not directly comparable because the 'Londoners' were from the highest ranks of military nurses, unlike the Boer War nurses who came from all levels of military hierarchy. Even more 'Londoners' came from social classes I and II after the reforms in military nursing.¹¹¹ This reflects both the impact of the application process, which was almost identical to that implemented by Lückes at 'The London', and her promotion of the best nurses to influence and improve military nursing.

This research indicates that 'Londoners' benefitted from 'favouritism' during the selection and promotion process from 1902 onwards, and explores why a disproportional number were appointed to the most senior roles.¹¹² This was perhaps because of the London Hospital

¹⁰⁴ See: Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, 1–23; Barts Health NHS Trust Archives and Museums, London

¹⁰⁵ Ibid

¹⁰⁶ Matron's Annual Letter, No.11; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.11, April 1904, 13; Barts Health NHS Trust Archives and Museums, London

¹⁰⁷ Letter from Queen Alexandra to Eva Lückes, no location, 16 June 1914; Matron's Correspondence and Papers; RLHLH/N/7/19; Barts Health NHS Trust Archives and Museums, London

¹⁰⁸ See Appendix K: Career Histories.

¹⁰⁹ Queen Alexandra, Balmoral Castle, copy of Memorandum, n.d., written between 1901–1902; Report of Broderick Committee on Reorganisation of Army and Indian Nursing Service: Queen's recommendations; WO/32/9339; The National Archives, Kew

¹¹⁰ Spires, 'Nurses in the Boer War (1899–1902)'

¹¹¹ Figure 5.1: Military Matrons by class and decade: 1890–1919 and Table 5.4: The London Hospital military matron's social classification data

¹¹² Ethel Hope Becher, British Army Nurses' Service Records 1914–1918; WO399/501 and Emma Maud McCarthy, British Army Nurses' Service Records 1914–1918; WO399/12912; The National Archives, Kew. Oram was Acting Matron-in-Chief, see: Sarah Elizabeth Oram, British Army Nurses' Service Records 1914–1918; WO399/6348; The National Archives, Kew

network of military matrons, and its supportive web on the ANB, two of whom sat on the Selection Sub-Committee.¹¹³

In the early 1900s Lückes's matrons benefitted from royal affiliations considerably and also worked in naval hospitals and convalescent homes, including at Osborne, the former royal residence on the Isle of Wight.¹¹⁴ These connexions also extended to European Royalty. In 1913 Queen Alexandra specifically recommended to the Greek royal family that 'Londoners' should nurse their soldiers during the Balkan Wars. Although one nurse died, a further cohort were seconded when war broke out again.¹¹⁵

This research examines how despite Lückes's fading influence she was still striving to support military nursing. During the period of pre-war militarisation Lückes, Holland and The London Hospital House Committee agreed to provide 110 nurses to the Army and Navy in the event of war.¹¹⁶ Although 'Londoners' were unable to apply for the regular QAIMNS because their two-years training was no longer accepted, by the Armistice, 229 'Londoners' had served as reservists.¹¹⁷ The training criteria was probably overlooked because of a combination of Lückes's and Holland's connections with the social élite, and because the regular service were completely overwhelmed. Additionally, they made over two-hundred and fifty beds available to treat military personnel at 'The London', which was one of the first hospitals in England to receive injured troops.¹¹⁸ 'Londoners' also worked in several auxiliary military hospitals during the First World War – as much as a result of patronage and Lückes's direct and indirect influence, as their own agency. Several civilian matrons including Annie McIntosh, Agnes Watt and Anna Baillie took on additional responsibilities

¹¹³ The Minutes of the Eleventh Nursing Board, 19 November 1902; Queen Alexandra's Imperial Military Nursing Service: Proceedings and Reports; April 1902 – March 1903; WO243/20, Volume 1, 101; The National Archives, Kew

¹¹⁴ See for example Georgina Haines, Appendix K: Career Histories.

¹¹⁵ Matron's Annual Letter, No.20; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.20, April 1913, 24; Barts Health NHS Trust Archives and Museums, London

¹¹⁶ House Committee Meeting, 7 July 1913; House Committee Minutes 1912–1914; RLHLH/A/5/53, 238; Barts Health NHS Trust Archives and Museums, London. By June 1915, they had already seconded slightly more military nurses overall including twenty-one nurses to the Admiralty and ninety-nine nurses to the Army, see: Matron's Annual Letter, No.22; Matron's Annual Letter to Nurses, 1894–1916; RLHLH/N/7/2, No.22, June 1915, 12; Barts Health NHS Trust Archives and Museums, London

¹¹⁷ McGann also states that many more 'Londoners' who worked elsewhere had applied directly and were serving in the forces; McGann, *The Battle of the Nurses*, 29

¹¹⁸ The men were reputedly injured at the Battle of Le Cateau, see: Clark-Kennedy, *The London, Volume Two*, 177

and ran military hospitals,¹¹⁹ and served on the War Office's Supply of Nurses Committee.¹²⁰ That 'Londoners' trained by Lückes reached the most senior positions reflects the extent of her influence – however removed.

Declining superiority – clutching at power

The number of matrons whom Lückes produced declined in the 1910s. This thesis considers how her continued opposition to centralised state-registration, and a mandatory three-year training programme contributed to this.¹²¹ Lückes's refusal to implement longer training, meant that she remained in 'splendid isolation', and was probably a central factor in the reduction of London Hospital trained matrons.¹²² Without pre-war militarisation the popularity of 'The London' and its training might have faded sooner.

During the second-half of Lückes's tenure at 'The London', the success of 'Londoners' gaining prestigious promotions both in civilian and military nursing was commented on by her critics. Fenwick observed in *The British Journal of Nursing* the correlation between a number of 'Londoners' being appointed to 'some hospital "plums"' and the arrival of Holland as London Hospital Chairman in 1896.¹²³ On at least two occasions, and perhaps fairly, Fenwick complained in her editorials that 'Londoners' were receiving unfair advantages because of 'social influence', and were not being promoted by 'merit' alone.¹²⁴

Fenwick asserted that the appointment of matrons in the QAIMNS was biased, because 'Londoners' benefitted from the undue and unfair influence of their supporters on the ANB.¹²⁵ She was annoyed that despite their 'inferior' training 'Londoners' occupied the key positions in military nursing.¹²⁶ Fenwick inferred they had been promoted because of Holland's undue advantage and abuse of power, although the influence of the 'The London Hospital web' on the ANB had substantially waned by 1913. This debate resembles the complaints around McIntosh's appointment. Ironically the QAIMNS entry criteria had been

¹¹⁹ See Table 4.4: Matrons who combined Civilian and military roles

¹²⁰ Anonymous, 'The Supply of Nurses: A Committee of Inquiry', *The Yorkshire Post* (4 October 1916), 10

¹²¹ See Figure 3.2: The first appointment of the fast-tracked matrons

¹²² McGann, *The Battle of the Nurses*, 33

¹²³ For example, Joanna Elizabeth Hopper was appointed as Matron of Bethnal Green New Infirmary, see: Appendix K: Career Histories. 'Appointments', *The Nursing Record and Hospital World*, 23 (25 November, 1899), 434

¹²⁴ Anonymous, 'The Premier and Nurses' Registration', *British Journal of Nursing*, 50 (10 May 1913), 370

¹²⁵ Anonymous, 'Nursing Echoes', *The British Journal of Nursing*, 48 (16 March 1912), 210

¹²⁶ Anonymous, 'The Premier and Nurses' Registration', *British Journal of Nursing*, 50 (10 May 1913), 370

changed to three-years training by 1913, therefore ‘Londoners’ were now excluded from applying.¹²⁷ Despite Fenwick’s complaints, Lückes was already losing her vicarious power – as evidenced in her unsuccessful attempt to persuade Becher to make an exemption for ‘Londoners’ as they did not meet the new three-years training requirement.¹²⁸

McGann argues that Lückes became a reactionary towards the latter stages of her career.¹²⁹ However, this research indicates that in some areas she was still proactive. Lückes recognised that the ongoing shortage of trained nurses would continue after the hostilities ended, and anticipated there would be insufficient trained nurses. From early 1914, Lückes gave hundreds of extra paying probationers three-months training before they applied to serve as nurses in Voluntary Aid Detachments (hereafter VADs). She supported moves to enable VADs to be accepted for shortened training. She agreed to receive VADs back as ordinary probationers if their two-years’ military experience, plus training was not deemed sufficient by other hospitals. QAIMNS Matron-in-Chief Maud McCarthy also supported these initiatives and the recognition of previous learning by experience.¹³⁰ This resonates with moves by the nursing profession in the late-twentieth and early-twenty-first-centuries to credit nurses with prior experiential learning.¹³¹ Currently, if prospective nursing students hold a degree in a related subject, they may be offered a shortened nursing degree programme.¹³²

Conclusion

The historiography generally considers Lückes as either a ‘Pioneer or Reactionary’.¹³³ Her pioneering successes are assessed in relation to her successful introduction of reformed nursing to ‘The London’. Lückes was one of the reforming matrons who enabled the

¹²⁷ Anonymous, ‘The Premier and Nurses’ Registration’, *British Journal of Nursing*, 50 (10 May 1913), 370

¹²⁸ Letter from Ethel Becher to Eva Lückes, The War Office, 13 May 1913; Matron’s Correspondence and Papers; RLHLH/N/7/6 and Letter from Ethel Becher to Eva Lückes, 44, Northcote Avenue, Ealing, W., 16 May 1913; Matron’s Correspondence and Papers; RLHLH/N/7/6; Barts Health NHS Trust Archives and Museums, London

¹²⁹ McGann, *The Battle of the Nurses*, 9–34

¹³⁰ See also Maud McCarthy, War Diary: Matron-In-Chief, British Expeditionary Force, France and Flanders; WO95/3988-91; The National Archives, Kew [Transcription available at: <http://www.scarletfinders.co.uk>, accessed on 26 January 2022]

¹³¹ Carol L. Cox, ‘APEL, APL, or CPD?’, *International Journal of Ophthalmic Practice*, 1, 1 (October / November 2010), 49

¹³² Angela Grainger, ‘Is pre-registration nursing or nursing associate training the right path for you?’ *British Journal of Healthcare Assistants*, 12, 4 (April 2018), 182–185

¹³³ This debate began with the work of Susan McGann; McGann, ‘Eva Charlotte Lückes: Pioneer or Reactionary?’, 24–32

profession to become respectable so that the ‘angel in the house’ was able to gain paid reputable employment as a trained nurse. Although Lückes pioneered comprehensive nurse training which incorporated technical education and a PTS, character training was the central feature. However, Lückes is generally seen as reactionary in her opposition to centralised nurse registration, a mandatory three-year training scheme, and the proposed College of Nursing.

This research adds nuance to the discourse about Lückes’s career. She may have been intransigent in her opposition to State Registration because she was opposed to hospitals losing their control over nurse training and felt a longer programme was not necessary at ‘The London’. Even at the end of her life Lückes did have a vision which might have helped address the shortage of trained nurses. That Lückes produced at least 474 future matrons infers how far reaching her influence potentially was. This study is not directly comparable with McDonald’s analysis of the number of matrons produced at the Nightingale School; further comparison of the two studies would be worthwhile.¹³⁴ The empirical data only reflects part of the narrative. Nightingale had a significant advantage over Lückes through her access to patronage and connections with the social élite.¹³⁵ Indeed, further studies into matrons produced by other voluntary hospitals in London, for example St Bartholomew’s, and in provincial towns and cities such as Southampton would enable a deeper consideration of Lückes’s real influence and enable a more nuanced assessment of the relative achievements of Lückes and her fellow reforming matrons. It would enable a better understanding of how her matrons may have influenced reformed nursing.

¹³⁴ Lynn McDonald, ‘Mythologizing and De-Mythologizing’ in Sioban Nelson and Ann Marie Rafferty (eds), *Notes on Nightingale, The Influence and Legacy of a Nursing Icon* (London, ILR Press, 2010), 91–114

¹³⁵ Crawford et al, *Florence Nightingale at Home*



Image 6.2: The London Hospital: The Great General Hospital for East London
Credit: Barts Health NHS Trust Archives and Museums, London¹³⁶

Until now there has been no in-depth consideration that anyone other than Nightingale might have been as remotely successful at extending nursing. This research has opened up a new facet of nursing history – and therefore women’s history, namely how middle-class women without the privileges and social status experienced by Nightingale adopted skills such as mentoring, patronage and networking to extend reformed nursing. Through her selection of nurses with the ‘right’ social background and use of character and technical training Lückes produced her ideal nurses with ‘tone’. She emulated Nightingale and established mentoring at ‘The London’. Lückes deliberately encouraged Holland to move to The London Hospital and under their leadership it became ‘The Great General Hospital for East London’.

Through their professional collaboration and symbiotic relationship Lückes tapped into patronage and networking to extend her style of reformed nursing. Lückes used Holland as a conduit between the Victorian private and public spheres which enabled her to open up career

¹³⁶ The London Hospital: The Great General Hospital for East London; Photographs; RLHLH/P/2/3/4; Barts Health NHS Trust Archives and Museums, London

opportunities for her nurses whilst maintaining the womanly probity and respectability of herself and her nurses. Both Lückes and her nurses used agency to develop their careers – many of her nurses went out as her disciples and extended reformed nursing in their own right.¹³⁷ Arguably Lückes imbued them with superiority and confidence because they had trained at a prestigious London teaching hospital – which was also the largest in England. Further research into the lives and careers of these women, many of whom were largely ‘hidden from history’ could include the development of a website with which to share some of the data about their careers and lives.¹³⁸ There is a paucity of material about nurses, and even if there are records, they don’t ‘make it very easy to hear the voices of the nurses themselves’.¹³⁹ Nevertheless, the use of myriad sources has enabled small career histories of these ordinary women to be built, and in some cases small life stories. The digitization of primary sources, including the 1921 census continues at a pace and enables the researcher remote access to an ever-increasing number of primary sources.¹⁴⁰ Along with the placing of this thesis in the British Library, an online platform would enable academic historians, genealogists and family historians to utilise the data, and also enable the study to live on and develop. This could enable deeper understanding about these matrons and contribute to the historiography examining women’s careers, mobility and agency.

This research has added nuance to the debate about the relevance of social background in late-nineteenth and early-twentieth-century nursing, and particularly in relation to nursing leaders. Research into other how other matrons and hospitals selected and trained reformed nurses would add to the discourse. Although Lückes shared Nightingale’s vision for nursing, she knew her own mind and she influenced nursing through her ‘distinctness of idea and firmness of purpose’.¹⁴¹ Whilst Lückes was both a pioneer and a reactionary this study adds to the narrative about her career and indicates that she had a wider influence during the nineteenth and twentieth-century reforms of nursing than previously considered.

¹³⁷ See Appendix K: Career Histories

¹³⁸ The Harewood House Servants database is a good example of how to share such data [Available at: <https://servants.harewood.org>, accessed on 16 February 2022]. Rogers built a rudimentary website which was developed after completing research into ‘The Nurses of the 1897 Maidstone Typhoid Epidemic: Social Class and Training’ which continues to get enquiries and additional information from various interested parties, see: <http://maidstonetyphoidepidemic.weebly.com>

¹³⁹ Summers, *Angels and Citizens*, 257

¹⁴⁰ Online search engine www.ancestry.com now has over 30 billion records available from 80 countries [Available at: <https://support.ancestry.co.uk/s/article/Getting-Started-Lesson-3-Finding-Records>, accessed on 16 February 2022]

¹⁴¹ Anthony, ‘Distinctness of Idea and Firmness of Purpose’, 94



Image 6.3: Eva Lückes's Memorial Stone, in the former St Philip's Church, E1.
Image courtesy of Queen Mary University of London¹⁴²

[Word count: 78, 293]

¹⁴² Photograph © Sarah Rogers, 11 October 2018

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