

“SUITABLE AND REMUNERATIVE EMPLOYMENT”: THE
FEMINISATION OF HOSPITAL DISPENSING IN LATE
NINETEENTH CENTURY ENGLAND

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ABSTRACT

This paper looks at the contingent developments that led to the feminisation of hospital dispensing at the end of the nineteenth century in England. In the 1870s, as a result of the Women's Movement campaign to open medicine to women, the Society for Promoting the Employment of Women (another Women's Movement organisation) found it possible to place some of its protégées in the dispensaries of hospitals founded by members of the Movement. Coincidentally, a radical member of the Council of the Pharmaceutical Society smoothed the way for these women to take the Society's examinations, thus setting up an expectation that these women should be qualified. By the 1880s the practice of employing female dispensers had spread to Birmingham, and the women here adopted a less difficult and expensive qualification, the Apothecaries' Assistant's Certificate, as the qualification of choice. The 1890s also saw increasing pressure on mainstream hospital dispensaries to replace the untrained assistants in their dispensaries, customarily employed on the Babbage Principle to save money, with qualified ones. In consequence hospital managements sought a new means of containing costs and, turning to the kind of women already shown to be competent in Women's Movement hospitals, found the solution in a vertical gender-segregation, where the lesser qualification of women dispensers made them “unpromotable” to head dispenser, thus preserving the career ladder for more highly qualified male dispensers.

‘SUITABLE AND REMUNERATIVE EMPLOYMENT’: THE FEMINISATION OF HOSPITAL DISPENSING IN LATE NINETEENTH CENTURY ENGLAND

The Committee have reason to believe that both analytical chemistry and dispensing might be advantageously studied by women, and might afford them suitable and remunerative employment.

Annual Report, Society for Promoting the Employment of Women, 1869

In Agatha Christie's first novel, *The Mysterious Affair at Styles* (1920), she introduced a character, Cynthia Murdoch, who is training to be a dispenser at the nearby hospital. Cynthia is undertaking this training as the protégée of the rich woman who owns Styles, being the orphan daughter of a former schoolfellow of hers who had married a 'rascally solicitor'. Many years later, in her *Autobiography*, Agatha Christie recounted how she had herself trained as a hospital dispenser in Torquay during World War I, and in April 1917 gained the qualification of Apothecaries' Assistant issued by the Society of Apothecaries.¹ Agatha Christie's testimony thus suggests that by the beginning of World War I hospital dispensers were typically middle class women, 'ladies', with secondary educations, in salaried positions where entry was dependent on qualifications, that is, they had all the characteristics which would define them as paraprofessionals.

A check through the Candidates' Declarations Book for the Apothecaries' Assistant's examination (now housed in the Guildhall Library, London) shows that women began to take this examination in the late 1880s, and that in the late 1890s there was a rapid increase both in the numbers taking the examination and in the proportion of women. Whereas in 1890 56 men and three women, passed the examination, in 1900 of the 136 who passed, 100 were women. Since many of the women who passed in the early 1890s gave their occupation to the 1891 census enumerators as 'dispenser',² this suggests that the occupation of hospital dispenser was in the process of becoming both professionalised and feminised. Insofar as this group has been dealt with by historians it has been in terms of their relations to the Pharmaceutical Society, the organisation entrusted by Parliament with the task of regulating the retail side of dispensing.³ In this paper the rather different question of why, during the 1890s, increasing numbers of women entered the occupation of hospital dispenser⁴ will be considered.

EXPLANATIONS OF FEMINISATION

It has long been accepted by historians of work in nineteenth century Britain that when the percentage of women in a manufacturing industry increased it was usually because a

segmentation of the labour force had been established which allowed some jobs to be defined as female and paid at a lower rate than those of men. In factory and labouring work this usually took the form described as horizontal segregation, where men and women were employed on quite different tasks, an extension of what is known as the Babbage Principle which, in Craig Littler's words, 'involves stripping a skilled job to an essential core, and "deskilling" all the surrounding tasks. This division is then linked to status and pay difference'. In cases of gender segregation, the work defined as unskilled was handed over to the women.⁵

In service occupations like elementary school teaching, retail and clerical work, however, where large numbers of similarly educated and trained employees were necessary but where there were few positions of managerial responsibility to which workers could be promoted, the work could not be divided in this way. In such cases a form of segmentation currently referred to as vertical segregation was practised. In these areas women formed the 'unpromotable' group of employees that according to Rosemary Crompton and Gareth Jones made inviting male career ladders possible. Employers discovered that women with the appropriate education would work for lower wages than men, that young women could tolerate sedentary and repetitive work better than young men, and that these women did not clog up the promotion system because most of them left to be married after five to ten years.⁶

The nineteenth century saw a great expansion of waged work requiring in its employees the middle class characteristics of literacy, reliability, and respectability, and increasing numbers of men were employed as managers and clerks in commerce and industry, and as professionals and paraprofessionals in the areas of education and health. Yet, in spite of their suitability, and the benefits that vertical gender segregation brought to both employers and ambitious male employees, middle class women entered far fewer of these areas and usually much later than men. This was a result, I have argued elsewhere, of the way femininity was defined by the middle class. Though almost any new sort of work was seen as appropriate for men, it took a considerable imaginative leap to break through what Anna Jameson called the 'Chinese wall of prejudice' which circumscribed the definition of 'women's work'. This made it very difficult for employers to see women as suitable employees in any of the new occupations created by the social and industrial changes of the nineteenth century, and in consequence women often did not enter a new occupation until long after changed conditions in that occupation would have made them ideal employees.⁷

I have also suggested that in many cases, though by no means all, it was the arguments and campaigns of the members of the Women's Movement and their male supporters which

broke down the barriers of custom which kept women out of this new waged middle class work.⁸ In the case of female hospital dispensers, however, it appears that the timing was the other way around. The Women's Movement had begun introducing women into the dispensaries of institutions organised by supporters of the Movement, and equipping them with a modest qualification, *before* the need for vertical segregation arose. Thus when a need for an accredited but cheap labour force which could be deemed 'unpromotable' (in this case because of its lesser qualification) developed, it had already been shown that women could fill this niche.

Over the last ten years social historians have become increasingly interested in looking not just at *what* structures existed within a society, but also at *how* they came into existence. The postmodernism of Derrida, Foucault, Lacan and Lyotard, and the pioneering attempts by Joan Scott to apply such theorising to history have not only initiated the 'linguistic turn', but have given greater legitimacy to the 'agency' side of the 'structure and agency' debates that preceded it.⁹ It is now fairly widely accepted that ultimate outcomes, in spite of the constraints of structural factors, are the result of agency, contingency and historical specificity.¹⁰ Thus in areas like the feminisation of hospital dispensing it now seems pertinent to look at the specific conditions under which the change came about, the people who were involved, and the part played by chance and contingency in determining when and how feminisation began and the kind of women who became the preferred employees.

This paper looks at the events that led to women with backgrounds like that of Agatha Christie and the fictional Cynthia Murdoch becoming technically-qualified hospital dispensers. Although very little has survived of the records kept by institutions employing hospital dispensers, and most of what has survived relates to institutions which did not employ women particularly early, other evidence when looked at in conjunction with this makes it possible to hypothesise that in hospital dispensing a situation emerged in the final decade of the century which made such women ideal employees. During the last quarter of the century the number of voluntary hospitals increased, the workhouse infirmaries were transformed into institutions offering services not very different from those of the voluntary hospitals, and many of the provident funds to which working people contributed as a form of medical insurance set up their own dispensaries for their members.¹¹ The number and sophistication of the prescriptions dispensed in these institutions also increased, and there was growing criticism of the extent to which the work was done by unqualified laboratory boys and dispensary porters. Yet at the same time there was a growing market in the retail sector for men with pharmaceutical qualifications and the salaries they could command were increasing, suggesting that the cost of replacing

unqualified assistants with qualified ones was becoming more and more difficult and expensive. In such circumstances young women with a modest qualification like the Apothecaries' Assistant's Certificate (which did not entitle them to dispense for the retail market) and likely to marry rather than seek promotion became an attractive option, and these seem to be the situations for which Agatha Christie's predecessors were fitting themselves in greatly increasing numbers.

Such women became available, it will be argued, not as a direct response to the changing needs of employers, but because twenty years earlier members of the Women's Movement began placing women in the dispensaries and hospitals founded by the Movement. In the 1870s and 1880s some of these women passed the examinations of the Pharmaceutical Society, and others gained the Apothecaries' Assistant's Certificate, demonstrating that women could become competent dispensers and gain appropriate credentials. Thus as hospitals and infirmaries expanded their staff and responded to the demands for that staff to possess formal qualifications, the kind of women being employed in the specialised women's hospitals and holding the Apothecaries' Assistant's Certificate began to be seen as a cheaper replacement than men with full pharmaceutical qualifications for the unqualified assistants and laboratory boys previously employed. Women did not, of course, totally replace men, any more than they did in other vertically segmented occupations like elementary school-teaching and clerical work, and even by 1900 they were still only a small proportion of the total. Nevertheless, the evidence from a variety of disparate sources, when brought together, suggests that a move in this direction was in progress.

The first part of this paper will look at the three contingent developments that came together to create a body of qualified female hospital dispensers by the beginning of the 1890s: the efforts made by one branch of the Women's Movement, the Society for Promoting the Employment of Women, to open non-traditional occupations to women, the quite separate campaign by another branch of the Movement to gain entry to medicine for women, and the presence on the Council of the Pharmaceutical Society of a man strongly committed to the principles being advocated by the Movement. The second part will examine the changes in hospital practice and the practice of pharmacy that made the kind of female dispenser being trained in the women's institutions more generally attractive as an employee.

THE SOCIETY FOR PROMOTING THE EMPLOYMENT OF WOMEN

The Society for Promoting the Employment of Women (SPEW) was founded in 1859 as part of the efforts being made by the emerging Women's Movement to improve the employment prospects of young women. In the mid-1850s a group of young women headed by Barbara Leigh

Smith, later Bodichon (1827-1891), and Bessie Rayner Parkes, later Belloc (1829-1925), turned their attention to certain aspects of the 'woman question' that related to middle class women, in particular to, as the *Athenaeum* put it in 1851, 'those women - and their name is Legion - of refined habits and elegant tastes whom the premature deaths of protectors or other misfortunes leave stranded on the bleak shores of existence',¹² the class in fact to which Agatha Christie's Cynthia Murdoch belonged half a century later. These women, unlike their brothers, had not been trained in any occupation, and when left to fend for themselves had only two resources, passing on the kind of education they had received by becoming governesses, or using the one saleable skill all women acquired, sewing.¹³

For many years it had been pointed out that these occupations were overcrowded and wages and conditions consequently poor; Barbara Leigh Smith and Bessie Rayner Parkes came to the conclusion that the answer was to persuade young women to train for and enter a wider range of occupations. In 1858 Barbara Bodichon founded, and Bessie Parkes became editor of, a periodical called the *English Woman's Journal* which devoted much of its space to the problems faced by women seeking employment and to suggestions of occupations that might provide alternatives.¹⁴ The publication of this paper brought a number of new recruits to the Movement, while the office of the *Journal* quickly found itself inundated with appeals from women desperately in need of work.¹⁵

One of the new recruits was Jessie Boucherett (1825-1905), a member of a landed Lincolnshire family. She was fired with the idea of founding a society which would help these women by seeking out opportunities in previously all-male occupations. It was to be called the Society for Promoting the Employment of Women.¹⁶ She gathered together a set of influential supporters, and in December 1859 the Society was affiliated with the prestigious National Association for the Promotion of Social Science. The Earl of Shaftesbury became its first President, holding this office and presiding at the Annual Meetings until his death in 1885, while a number of aristocrats, MPs and leading philanthropists agreed to serve on its Committee. After the first half dozen years meetings were attended primarily by a smaller, largely female group, though even this included a number of titled women and wives of MPs. Much of the success of the Society was due, however, to Jessie Boucherett's untiring commitment and financial support and to the efforts of its salaried Secretary, Gertrude King, who was appointed in 1865 and held the post for fifty years.

In January 1860 a Committee meeting approved the following statement of the Society's aims:

The object of this Society which has been sanctioned by the Council of the National Association for the Promotion of Social Science, is to promote the employment of women in occupations suitable for their sex, by collecting and diffusing useful information on the subject, by establishing an office which shall be a centre for inquiry, by practically ascertaining the capacity of women for some of the occupations hitherto closed to them, and by encouraging their better and more complete education.¹⁷

During the next few decades attempts were made to establish classes to teach girls new trades, and within two years of the Society's foundation the Secretary (who was at this date Jane Crowe,¹⁸ a close friend of two leading Women's Movement members, Emily Davies and Elizabeth Garrett) had arranged apprenticeships for girls in printing, hairdressing and dial-painting.¹⁹ By the mid-1860s a practice had been established that if parents could not pay apprenticeship fees themselves, the Society made loans from its own funds which were to be repaid as the girls began to earn. The Annual Report of 1872 stated:

Trades can most efficiently be learnt by means of apprenticeships, as not only does the apprentice learn her business thoroughly, but, while serving her time, she grows familiar with the customs and practices of the trade, and when she is out of her time her indenture forms her best introduction to remunerative employment.²⁰

In the late 1860s, because of developments in another branch of the Women's Movement, hospital dispensing became one of the occupations to which the Society apprenticed young women. Since the foray by Florence Nightingale into the Crimea in the 1850s hospital nursing had been seen as an occupation in which middle-class young women could respectably engage. By 1865 two nursing sisterhoods had undertaken to provide and supervise trained nurses for King's College Hospital and University College Hospital, and nurse training institutions had been set up to serve the needs of St Thomas's Hospital in London and the Liverpool Royal Infirmary. The conditions offered were similar to those seen as suitable for young women who worked away from home as governesses, dressmakers and domestic servants: they lived at their place of work and their comings and goings and general behaviour were under strict female supervision.²¹ Yet although this development meant that the presence of middle-class women in a hospital environment had become acceptable, the employment of women as hospital dispensers

did not arise from it, but from the campaign to have women enter medicine, and the conditions of female dispensers, when once appointed, were based on those offered to male dispensers: a salary which was expected to cover all their expenses, with no supervision of their leisure time.

In 1865 one young woman, Elizabeth Garrett, later Anderson (1836-1917), having studied the requisite subjects privately, passed the examination held by the Society of Apothecaries and became a qualified medical practitioner. By 1866 she had opened St Mary's Dispensary for Women and Children in the Marylebone area of London, and set up house nearby with her friend Jane Crowe, who, though no longer Secretary of the SPEW, was still an active Committee member.²² Her dispensary then became the site where the process of opening hospital dispensing to women began, though the women suggested for this occupation were rather different from those who were attempting in a variety of ways to follow Elizabeth Garrett into medicine. The women aiming for medicine came from comfortable families who could afford to support them whether or not they achieved their ambitions. The women entering dispensing had applied to the Society for Promoting the Employment of Women because they needed to earn their own livings and hoped to do it in an occupation less crowded than teaching or dressmaking.²³

In 1867, 1868 and 1869 the Annual Reports of the Society recorded this development. The 1869 Report noted under the heading 'Dispensing':

In the Report for last year it was stated that one young woman, who had received a regular course of instruction at St Mary's Dispensary, in Seymour Place, W., had been appointed dispenser to that institution; she still retains her situation, and does her work well. A second has lately been appointed dispenser to a dispensary in Bethnal Green, and a third is now receiving instruction at St Mary's Dispensary.

The Committee have reason to believe that both analytical chemistry and dispensing might be advantageously studied by women, and might afford them suitable and remunerative employment. There is still a strong prejudice against women dispensers, but experience has proved that they are able to do the work.²⁴

Two of these women were almost certainly Louisa Stammwitz and Rose Minshull, women who were to play an important part in demonstrating that women could pass professional examinations.²⁵

THE PHARMACEUTICAL SOCIETY EXAMINATIONS

In the 1860s, when these women were first employed, although women often worked in the chemist shops of their male relatives, or dispensed for fathers and husbands who were medical practitioners, no woman had as yet passed an examination which provided dispensing qualifications. This was not the case with men. Right at the beginning of the century, the 1815 Apothecaries' Act had set up the Apothecaries' Assistant's examination, its purpose at that date being to license men employed by apothecaries to do their dispensing.²⁶ At this time, however, much of the selling of drugs, previously the province of the apothecary, was being taken over by specialised shopkeepers who identified themselves as chemists and druggists, and they too employed assistants, many of them serving an apprenticeship to the chemist, to do some of the dispensing in their shops. In the 1840s leading members of the group established the Pharmaceutical Society which instituted a series of examinations for testing the competency of those dispensing for the public: the Preliminary which tested fitness to begin the study of pharmacy, the Minor to provide a qualification for assistants, and the Major which gave the successful candidate the right to the title of Pharmaceutical Chemist.²⁷

The Pharmacy Act of 1868, prompted by the need to regulate the sale of poisons, gave a new status to these examinations. It gave to the Pharmaceutical Society the task of determining what substances were to be defined as poisons, and of maintaining a Register of Chemists and Druggists containing the names of those entitled to dispense poisonous compounds for sale to the public. The initial list was to contain the names of those operating chemist shops at the date when the Act was passed, but in the future only the names of those who passed the Society's Minor examination were to be added.²⁸ This Act finally established pharmacy as a profession in the nineteenth century sense, one deriving the power from parliament to perform the dual function of protecting, firstly, the public from the ministrations of the incompetent and, secondly, the incomes and conditions of its members from undercutting by unfettered competition.²⁹

It was, however, still perfectly legal for those who had not passed any examinations to dispense for doctors and hospitals, and the Boards of the voluntary hospitals used their own discretion as to who should be appointed, though in 1871 the Poor Law Board laid down some guidelines on the appropriate qualifications for dispensers in workhouse infirmaries.³⁰ These were the conditions that made it possible for the Society for Promoting the Employment of Women to identify the occupation as one suitable for its protégées.

For the first few years no question arose of these women attending formal lectures or seeking legal qualifications, but by 1872 they had been made aware, probably through the

actions of the group of women anxious to follow Elizabeth Garrett's example and acquire medical qualifications, that they were now eligible to sit for the examinations of the Pharmaceutical Society. This was a period of great frustration for the women anxious to enter the medical profession. The Society of Apothecaries had closed the route by which Elizabeth Garrett had gained her registration, and the University of Edinburgh was making it increasingly clear that the women studying there would not be allowed to finish their course, while the only institution in London which gave medical training (in this case limited to obstetrics) to women, the Ladies' Medical College, was not recognised by any of the medical examining bodies and was rapidly losing staff and students.³¹

By 1872, however, it was realised that there was one professional register which did record the names of women. When the Register of Chemists and Druggists was compiled in accordance with the 1868 Pharmacy Act instruction to list those already conducting businesses as chemists or druggists, it was found that almost 2% of those listed were women, widows and daughters of chemists, who were, like the female relations of other tradesmen, carrying on the family business after the male head died. Furthermore, as S. W. F. Holloway has noted, by 1872 the Council contained a number of radical members who were inclined to extend, rather than restrict, the participation of women. The prime mover here was a chemist of radical opinions from Manchester, Robert Hampson (1833-1905), who was elected to the Council in May, 1872.³² He was determined that the Society should, in its new role, be responsive to progressive new social developments, and by October, when he proposed to Council that the lectures and laboratories of the Society should be opened to women, had made it clear that one of his crusades would be the question of women's rights within the Society.³³

Women's Movement members must have been made aware very early that they now had a supporter on the Council, for by the end of the year four women had indicated their intention of attending the lectures and studying for the examinations. The first two to present themselves came from the group of women who had set out to follow in Elizabeth Garrett's footsteps, and found themselves blocked by the change in the Society of Apothecaries' regulations. Although the Society of Apothecaries could now exclude women from its licentiate examination, it believed itself still bound to admit them to its preliminary examination, the Examination in Arts for which no formal medical instruction was required,³⁴ and between 1868 and 1872 at least six women presented themselves for this examination. Two of the women who took the examination in 1872, Alice Vickery and Alice Hart (née Rowland), then had their certificates approved by the Pharmaceutical Society 'in lieu of' the Preliminary Examination.³⁵ Their example seems to have

fired two of the women who had become dispensers through the SPEW to seek credentials for themselves from the Pharmaceutical Society. In January 1873 Rose Minshull and Louisa Stammwitz sat for and passed the Pharmaceutical Society's Preliminary Examination, with Rose Minshull heading the list of 166 candidates.³⁶

The Society of Apothecaries had managed to block the route taken by Elizabeth Garrett by changing its bye-laws to admit to examination only candidates who could produce certificates showing that they had attended public lectures at recognised hospitals, relying on the hospitals to exclude women.³⁷ In Pharmacy, however, as an article in one of the professional journals noted, this was not possible: 'The question has been carried to a further stage in the profession of medicine, in which an attendance at a recognized source of instruction is compulsory; but it must be remembered that in pharmacy there is no limitation as to where or how the education has been obtained, so long as the candidate is able to pass the examination.'³⁸ Furthermore, the Council was too divided in its views to make any concerted effort to devise an alternative strategy for excluding women from its examinations.

But Robert Hampson and his Women's Movement protégées wanted more than access to the examinations. They wanted women to be given the same privileges of membership of the Society and governance of the profession that were open to men who passed the Major examination, and this was something that a majority of members of the Council and the Society were prepared to resist strongly. When the first group of women applied to be registered as apprentices of the Society, members of the Council, though acknowledging that they were now eligible to sit for the examinations, refused to allow them to have any connection with the Society, claiming that 'the Society was founded by men and for men'. Hampson therefore took the question of membership to the next Annual Meeting of the Society. His motion to have women admitted was defeated but not his determination to win in the end.³⁹

The two women whose primary interest was a medical career withdrew from the fray in 1874 to attend the new School of Medicine for Women, though not before Alice Vickery had become the first woman to pass the Minor Examination. The two women from the SPEW, however, persevered, being joined in 1874 by a third woman, Isabella Clarke, who had set her sights on running her own chemist shop. In 1875 Isabella Clarke passed both the Minor and the Major examinations, but when she applied for membership of the Society she was refused, because the Council felt bound by the decision of the 1873 meeting. In 1878 after a further refusal by the Council to accept her application, Hampson brought up the issue at the Annual Meeting and again at the Meeting in 1879, by which time both Rose Minshull and Louisa

Stammwitz had passed the Major examination. On both occasions his motion was narrowly defeated, but later in 1879 the Council voted to admit the women.⁴⁰ It appears that though the members had not been willing to accept the abstract principle of women's right to membership, the fact that three women had had, as a contributor to the pharmaceutical press put it, 'the necessary moral courage to undergo the ordeal of *two* or *three* examinations, where fifty per cent. are plucked [i.e. fail]' made them change their minds.⁴¹

THE PRACTICE SPREADS TO BIRMINGHAM

In spite of the success of the Women's Movement protégées and the modest publicity this brought, the practice of hiring women as dispensers was very slow in spreading. Table 1 contains the names and demographic details, produced by a search through the CD-Roms of the 1881 census enumerators' records, of the women whose listed occupation included the letters 'disp'.⁴²

TABLE 1: WOMEN WITH 'DISP' IN THEIR OCCUPATION IN 1881 CENSUS

NAME	CON*	AGE	RESIDENCE	REL**	OCCUPATION
<i>Possible Hospital Dispensers</i>					
Alice M. LANGRIDGE	U	23	Tottenham, Middlesex	Daur	Dispenser
Elizabeth RASHEL	M	35	St Pancras, London	Board	Dispenser (S M S)
Flora E. MINSHALL	U	33	Mile End, London	Daur	Dispenser (Sub Med)
Elizabeth COBLEY	U	34	Shadwell, London	Board	Dispenser At Medical Mission
Alice J. CLARKE	U	26	Paddington, London	Daur	Dispenser Holiday Appt (S M S)
Laura NEWTON	U	21	Lambeth, Surrey	Serv (Head)	Dispensary Assistant
Ada JUMPS	U	27	Camberwell, Surrey	Daur	Dispenser (S M S)
Mary A. TRIST	M	40	Hammersmith, London	Wife (Head)	Ms Dispenser
Annie M. BEDMAN	U	29	Kings Norton, Worc.	Lodger	Dispenser (...)
Pharmaceutical Student					
Eliz. SWAIN	U	20	Edgbaston, Warwick	Visitor	Dispenser (S M)
<i>Ancillary Dispensary Employees</i>					
Mary DAWES	M	45	West Ham, Essex	Wife	Caretaker Of Dispensary
Jane BAGSHAW	M	68	Bakewell, Derby	Wife	Dispensary Matron (Sub Med)
Susan HARRIS	U	50	Tottington, Lanc.	Head	Assistant Dispensing Medicine S M S
Margaret ASHWORTH	W	53	Hulme, Lancashire	Head	Dispensary Nurse (S M S)
Elizabeth ASBERY	W	62	Great Crosby, Lanc.	(Head)	In Charge Of Dispensary
Mary HEARD	U	42	Dawlish, Devon	Sister	Dispensary Matron
Eleanor MILLER	U	29	Monkwearmouth, Dur.	Res	Dispensary Nurse (Subord)
Margaret ELLIOTT	W	68	Westoe, Durham	Head	Dispensary Housekeeper (Inislet Serv)
<i>Dispensing to Medical Paractitioners</i>					
Hannah LARKIN	M	54	Sheppey, Kent	Wife	(Dispenser) [to doctor

husband]						
Elizab. MAXWELL Somerset (Sms)	M	62	Bradford, Lancashire.	Wife		Dispensar To Dr
<i>Dispensers' Wives and Daughters</i>						
Elizabeth BROWN Wife	M	35	Westminster, London	Wife		Dispensing Chemists
Amelia HURLE	M	30	Portsea, Hampshire	Lodger		Dispensers Wife
Dora V. VINT		13	Hastings, Sussex	Daur		Chemists Daughter
Matilda CAPPERM	39		Woolwich, Kent	Wife	Dispensers	Wife
Esther PURDY	M	44	Brighton, Sussex	Wife		Dispensers Wife
Elizabeth BULL Druggist Wife	M	41	Royston, Hertford	Wife		Dispensing Chemist &
Elizabeth BREWER	M	26	Birmingham, Warwick	Wife		Dispenser (SMS)
Louisa EWEN Medicines Wife	M	36	Melton Mowbray, Leic.	Wife		Dispenser Of
Mary JOHNSON	M	71	Kings Norton, Worc.	Wife		Dispenser Wife
Mary CLEMENTS	W	67	Leicester St Mary, Leic.	Head		Dispensers Widow
Rebecca BRADSHAW (Wife Of)	M	20	Birmingham, Warwick	Visitor		Dispensing Chemist
Ellen CHARRINGTON Wife	M	48	Lichfield St Mary, Staf.	Wife		Dispensing Chemist
Francis E. SHILTON Wife	M	23	Aston, Warwick	Wife		Dispensing Chemist
Elizth. HUNTHURST Wife	M	56	Nott. St Mary, Nott.	Wife		Dispensing Dentist
Anna PULLINGER Wife	M	45	Oldham, Lancashire	Wife		Dispensing Chemist
Clara Anne DISON Medicines Wife	M	34	Exeter, Devon	Wife		Dispenser Of
Helen WILLIAMS	M	27	Tavistock, Devon	Wife	Dispenser	Wife
Sarah Elzth. HALL	M	30	Bristol, Gloucester	Wife		Dispenser Wife
Mary J. MARSHALL	M	26	E. Stonehouse, Devon	Wife		Dispensers Wife
Eliza J. EDWARD	M	28	E. Stonehouse, Devon	Wife		Dispensers Wife
Anne H. ROSSITER	M	60	E. Stonehouse, Devon	Wife		Dispensers Wife
Eliza CARTER Dentist	M	43	Dorchester, Dorset	Wife		Wife Of Dispenser &
Fanny MUNDAY	M	20	Tiverton, Devon	Wife		Wife Of Dispenser
<i>Oddities</i>						
Charlotte BARNETT	U	28	Burton Upon Trent, Staf.	Head		Dispensing Chemist
Lavinna BARNETT Ass	U	15	Burton Upon Trent, Staf.	Sister		Dispensing Chemist
Sarah NIELD Medicines (SMS)	M	21	Embsden St Penetentiary	Needle		Dispenser Of

For Females, Lanc. -woman

* CON = marital condition ** REL= relationship to head of household

Source: CD-Roms of 1881 Census of Great Britain. Church of Jesus Christ of the Latter Day Saints, 1999.

The entries in the table have been sorted into roughly equivalent categories, and it can be seen that almost half the women were wives and daughters of dispensers and dispensing chemists who may or may not have been helping them with their work but were certainly not paid employees of a public institution. Of the rest two were acting as dispensers for medical practitioners, and six more, though connected with dispensaries, gave their occupations as nurse,

housekeeper, matron, etc., while the two sisters in Burton-on-Trent calling themselves dispensing chemists, and the young woman in the penitentiary in Lancashire appear at best doubtful cases. It would seem, therefore, that fifteen years after the first female dispenser was employed by Elizabeth Garrett Anderson only ten women gave the census takers an occupational description that suggests they might have been working as dispensers in public institutions, while only one entry identifies the institution where a dispenser worked -- a Medical Mission in East London otherwise staffed by deaconesses.

Eight of these ten women have demographic characteristics which identify them as potentially belonging to the group the SPEW was directing into dispensing: unmarried, under 40, and either living at home or boarding with a family. It is noteworthy that two of them were younger sisters of Isabella Clarke and Rose Minshull (who called themselves pharmaceutical chemists in the census), and that all but two of them lived in the London Metropolitan Area, suggesting that there was a diffusion of the practice among those known to one another, rather than a series of independent initiatives. There is a reference to one of these women, Elizabeth Swain, from Birmingham, in the *Englishwoman's Review* of 1880 which reveals that she was the daughter of a surgeon, had recently passed the Pharmaceutical Society's Preliminary examination, and was working at the Birmingham and Midland Hospital for Women.⁴³ Examination of the records of this hospital,⁴⁴ combined with references in the Pharmaceutical press and the Candidates' Declarations Book of the Society of Apothecaries, have revealed that the appointment of female dispensers in this hospital marked the beginning of a trend in Birmingham, and that by the end of the 1880s the hospitals in this city offered opportunities equal to, perhaps greater than, those available in London.

This was a city proud of its radicalism, and Women's Movement ideas found a receptive constituency among the part of its citizenry engaged in administering the city's voluntary hospitals. In July 1870 the *Englishwoman's Review* reported that two women who had studied midwifery at the Ladies Medical College 'were now practising in connection with the Birmingham Lying-in Hospital'.⁴⁵ In 1872 a woman, Mrs Louisa Atkins, M.D. Zurich, was appointed Resident Medical Officer at the Birmingham and Midland Hospital for Women (founded in March 1871 with members of the Chamberlain family figuring prominently in among its managers). In 1875 she was replaced by Edith Pechey, one of the women who had begun her training in Edinburgh and completed it in Switzerland, and they were followed by two other women doctors, Annie R. Barker, M.D. (Paris) and Annie E. Clark, M.D. (Berne), both of whom then practised in Birmingham and remained attached to the hospital for some years as

Honorary Surgeons.⁴⁶

The managers of this hospital soon followed the practice established by Elizabeth Garrett Anderson in her Marylebone dispensary of employing women as dispensers. Although the hospital opened in 1871 with a male dispenser, a Mr Davies, the Annual Report for 1872 noted:

In December, your committee, with the concurrence of the Medical Board, appointed a lady dispenser. The manner in which the duties of this office have been discharged by the gentlemen, who had at various times accepted the post, and the short time during which they remained had been a source of considerable anxiety to your committee. After consultation with the Medical Board, it appeared that the appointment of a properly qualified lady dispenser offered in a Woman's Hospital, the best chance of a satisfactory result. Under these circumstances Miss Harding was selected for the post, and arrangements were made with Mr Lucas, chemist and member of the Pharmaceutical Society, to give her the necessary training, and every precaution was taken to secure efficiency before allowing her to enter on her duties.

Miss Harding is now regularly undertaking the duties of the office, and it is with much pleasure that your committee report that she performs them with zeal and intelligence, and gives complete satisfaction to all connected with the Hospital.

The committee believe that with the assistance of the Medical Board, and under the watchful care of your house-surgeon and dispenser, the expenditure of drugs will be much reduced.⁴⁷

In the next year the Medical Board reported:

The election of a Lady Dispenser has amply justified the wisdom of that step, as the dispensing has been much more satisfactorily conducted since Miss Harding's appointment than under any previous arrangements.⁴⁸

This hospital continued to employ female dispensers for the rest of the century. Miss Harding remained until 1877, when a Miss Perceval took her place for a year. In 1878 she was replaced by the Elizabeth Swain who was recorded as a dispenser in the census and who held this position for two years. During this time the Managing Committee 'arranged with Miss Swain their Dispenser, to add the registration of patients at the Upper Priory [the outpatients

department] to her previous duties'.⁴⁹ In 1880 the position with its dual duties passed to Miss Kate Charlton,⁵⁰ who seems to have possessed what was seen as the main criterion for a good dispenser:

The Committee can again speak of the good service done for the hospital by Miss Kate Charlton as dispenser and registrar. It will be seen that this year there is a further reduction in the expenditure of drugs to the extent of nearly £30. The credit of this is in chief part due to the dispenser's attention to and care for, the interests of the Hospital. It will be observed that the decrease in expenditure under this head is even more important than at first sight appears, inasmuch as there has at the same time been a large increase in the number of patients prescribed for.⁵¹

Whether as a consequence or not of her good management, the salary paid to the dispenser, which had begun as £23-18-5 in 1872, was raised from £37-10-0 to £47-8-11.

In 1885 she was asked to add the office of Collector (presumably of the subscriptions promised to the Hospital) to her other duties, and Miss Blanche Thompson was appointed to assist her in the registrar work. Though Kate Charlton acted as Collector for only a year, Blanche Thompson kept her place and apparently learnt dispensing work as well. Thus when Kate Charlton married in 1888, Blanche Thompson took over as Dispenser and Registrar (the title was changed in 1897 to Dispenser and Lady Superintendent of Out-Patient Department), and remained in this position into the next century. The 1891 census records show her as aged 35 at that date and living with her father, an insurance official and her brother a commercial clerk.

Unlike the London pioneers, none of the women employed by the Birmingham and Midland Hospital for Women gained a place on the Pharmaceutical Society's Register. On the other hand, during the 1880s other Birmingham hospitals seem to have followed its example and appointed female dispensers, and it was women from these hospitals who led the way in gaining formal qualifications. One of these women, Florence Brittain, who became head of the dispensary in another Birmingham hospital in 1884 and remained in that post for many years, passed the Minor Examination in 1889.⁵² It was she, moreover, who led the way in establishing an alternative qualification as the most suitable for female hospital dispensers: the old-established Apothecaries' Assistant's Certificate.

THE APOTHECARIES' ASSISTANT'S CERTIFICATE

The campaign to gain admission to the Pharmaceutical Society had established a goal for the women introduced into hospital dispensing by the Women's Movement: they should not just be trained for the work, they should undertake the academic study of pharmacy, have their knowledge tested by examination, and receive a formal certificate of qualification. Nevertheless, by the end of the 1880s only eleven more women had followed the pioneers in gaining Pharmaceutical Society qualifications, and several of these in fact ran their own chemist's shops rather than working as hospital dispensers.⁵³

It was suggested both in an article in the *Girls' Own Paper* in 1883, and in the 1882 and 1884 Annual Reports of the Society for Promoting the Employment of Women that the main reason was the difficulty of finding places where women could gain the three years' experience which was a prerequisite for sitting the Society's examinations. However, the cost involved may have contributed. The lectures at the Society's school cost four guineas per year, while the fees at the only school in London where laboratory training was available to women were £15, substantial sums for women earning salaries like that of the £40 per annum offered by Elizabeth Garrett Anderson.⁵⁴ It seems also that the academic demands of the Pharmaceutical Society examinations could be intimidating. One young woman who in May 1883 had been granted a loan of £50 by the Society for Promoting the Employment of Women to work under Isabella Clarke (now Mrs Clarke Keer) withdrew because she 'had been frightened at the Latin in the preliminary Examination'. The young woman who took her place in October 1883 struggled on until July 1886, when she was forced to give up because she was 'unable to grasp the Chemistry' though she could cope with the Botany and Dispensing. (The Committee expressed regret 'but hope she will get work as a dispenser'.)⁵⁵

By the end of the decade, however, an alternative to the Pharmaceutical Society qualifications had been found, the lead being taken here by two dispensers in hospitals in Birmingham: Catherine Perkins and Florence Brittain. In her contribution to an article on women pharmacists which appeared in the *Chemist and Druggist* in 1892, Florence Brittain complained that parents who apprenticed their daughters to dispensing did not recognise the importance of their gaining formal qualifications:

Dealing with those who devote themselves with more or less assiduity to the work, I find that only a small proportion proceed to the portals of the examination hall, and this is almost entirely due, either to the heavy handicapping of many by the non-recognition on the part of parents and guardians of the unavoidable outlay of money and time necessary

for efficient technical education . . . or to the fact that the environment to which she has been accustomed is almost certain to prove an unsuitable one for the studious habits which alone will lead to success. I would therefore, strongly, advise a girl before adopting this profession to see that these obstacles are, as far as possible cleared away at the outset, and, if she can conceivably do so, to separate herself for a short time from social calls and home ties.⁵⁶

She had, she said, trained twelve young women in the past eight years, and though she was the only one as yet to hold a qualification from the Pharmaceutical Society, she had hopes that others would soon take the examinations. She had, however, already begun sending her pupils in for (and had herself sat) the examination that was to become even more significant for female hospital dispensers than the official Pharmaceutical Society qualifications. In the same article she was quoted as writing:

The Assistants' examination at the Apothecaries' Hall forms a most convenient stepping-stone to those of the Pharmaceutical Society; it has also the advantage of being readily appreciated among doctors, besides forming an agreeable break in the three years practical work necessary to becoming qualified.⁵⁷

This qualification, the Assistant's Certificate issued by the Society of Apothecaries, had, as was noted above, been established by the 1815 Apothecaries Act, and for the first seventy years of its existence was obtained each year by a fluctuating (always under 100) number of men. The *Pharmaceutical Journal and Pharmacist* had little to say in its favour:

Candidates who offer themselves for the examination appear to waste the amount of the fee they pay, for the certificate is no evidence of any qualification and is worth little, if anything, more than the paper it is printed on. It is, we believe, an attractive specimen of the printers' art, and doubtless its handsome appearance has been partly accountable, in time past, for the number of registered chemists and druggists, who, flushed with their victory in Bloomsbury Square [where the Pharmaceutical Society had its headquarters], have rushed off to Blackfriars [the site of Apothecaries Hall] to secure the extra three-guinea decoration for their future pharmacies, possibly also with the idea that some suggestion of a medical qualification may be conveyed thereby.⁵⁸

The examination was both less demanding and cheaper than the Pharmaceutical Society's Minor. Only six months practical experience was required and the examination fee of three guineas was less than the five guineas required for the Minor.⁵⁹

In 1887, when the Society of Apothecaries, faced with the gradual acceptance of women doctors elsewhere, lifted its twenty-year ban on examining women for its medical license, one woman, Fanny Saward of Camberwell, presented herself for the Assistant's examination and was accepted. In July 1889, a young woman from Birmingham, Catherine Perkins (listed in the 1891 census as a dispenser aged 26, living with four brothers, one a land surveyor, the other three clerks), passed the examination, and in October of the same year Florence Brittain herself, Blanche Thompson from the Birmingham and Midland Hospital for Women, and two other women from the Midlands (both listed as dispensers in the 1891 census) sat for the examination.⁶⁰ Thereafter candidates from both Birmingham and London appeared every year, being joined after 1891 by women candidates from all over the country. By the end of 1894 29 women had gained the Assistant's Certificate, in five years overtaking in numbers the 26 who had passed Pharmaceutical Society examinations in the last twenty.

The records of the Society of Apothecaries show that, in the second half of the decade, the trickle of women seeking this qualification became, by comparison, a flood, and that the number of women obtaining the qualification was outstripping the number of men. Table 2 below shows this development.

TABLE 2: NUMBERS AND PERCENTAGES OF MEN AND WOMEN GAINING THE APOTHECARIES' ASSISTANT'S CERTIFICATE 1887-1900

YEAR	TOTAL	MEN	WOMEN	% WOMEN
1887	89	88	1	1
1888	77	77	-	0
1889	71	68	2	3
1890	59	56	3	5
1891	57	55	2	4
1892	42	41	1	2
1893	42	37	5	12
1894	79	65	14	18

YEAR	TOTAL	MEN	WOMEN	% WOMEN
1895	64	44	20	31
1896	78	63	25	32
1897	102	52	50	49
1898	72	25	47	65
1899	104	23	81	78
1900	136	36	100	74

Source: Court of Examiners: Candidates' Declarations Books, 1885-1900. (Guildhall Library: Ms 8240 Vol 9.)

As can be seen, the numbers of men taking the examination, though fluctuating, show a general decline during this period, whereas the proportion of women began to rise significantly in 1894, almost equalling the number of men by 1897, and rising to three-quarters of the total by the end of the decade. London and Birmingham were still the major places where women seeking this qualification were employed, but the numbers from elsewhere were increasing. In 1895, for example, of the twenty-six women (six of whom failed) who entered their names and addresses in the Candidates' Declarations Book, eleven came from London, four from Birmingham, and a further eleven from other parts of the country.⁶¹ Over the next five years women from all over the country registered for the examination, suggesting that hospitals and dispensaries with no connection to the Women's Movement were now employing female dispensers. At the end of the decade a writer in the *Girls' Own Paper* reported:

Hospital Appointments.---Very many of these are open to female dispensers; and it speaks well for lady dispensers that those hospitals once opened to women invariably appoint a lady on any successive vacancy occurring. The larger institutions require the minor qualification, salaries varying from forty pounds to eighty pounds indoors [i.e. with board and lodging provided] and from sixty pounds to one hundred and fifty pounds outdoors. In smaller hospitals, for which the apothecaries' qualification is sometimes considered sufficient, the remuneration seldom exceeds fifty pounds outdoors.⁶²

This influx of women raises two questions. First, why was there this rush in the second half of the 1890s to gain a formal qualification, and secondly, why were mainstream hospitals and infirmaries now appointing women. The answer proposed here, based on the fragmentary surviving evidence, is that there was growing pressure on hospitals and infirmaries to

professionalise their assistant dispensing staff, and that this coincided with an increased demand in the retail sector for qualified chemists prepared to work for wages rather than open their own shops. The consequence of this was calls for the standard for pharmaceutical credentials to be lowered so that more, and probably cheaper, assistants could be hired. This was, of course, congruent with the practices pioneered in the preceding decade by the Women's Movement for its female dispensers, and it would seem that women trained in this tradition began to be hired by mainstream institutions as their need for a different kind of assistant dispenser clarified.

FROM BABBAGE PRINCIPLE TO VERTICAL SEGREGATION

The 1880s saw a considerable expansion of hospital facilities.⁶³ The facilities of the major hospitals, which were dependent on voluntary contributions, were strained to the limits set by their funding, workhouse infirmaries, funded by the rates, were increasingly offering similar services, and provident societies were setting up their own outpatients departments (known as dispensaries) supported by the subscriptions of their members.⁶⁴ There was no legislation determining who should do the dispensing in these institutions, and they seem to have operated on the Babbage Principle, appointing a qualified man as dispenser, and then providing him with, as assistants, a shifting group of unqualified and hence 'unpromotable' workers, to do the routine parts of the work for a very much smaller wage.⁶⁵

Unfortunately little information on staff at the various Hospitals and Workhouses has survived. The London Metropolitan Archives, however, houses some scrappy records of dispensary staff for Westminster Hospital, the workhouses at St Pancras, Fulham and Bermondsey, and the Asylum at Colney Hatch, and these indicate that this was the practice at these institutions right up to the end of the century. At the Westminster Hospital in the 1860s the Dispensary was in the charge of an apothecary on the register of the General Medical Council and in 1881 of a man giving his occupation to the census takers as 'Surgeon & Apothecary'. In addition between 1866 and 1875 five men in their forties successively held the position of Dispensary Porter and were paid 10 to 12 shillings a week, and between 1865 and 1883 there were, successively, five Junior dispensers in their twenties, paid £50 to £70 a year.⁶⁶ These Junior Dispensers may have seen themselves as training for an occupation, and one was actually promoted to Senior Dispenser in 1881, but none of the names ever appear on the Register of Chemists and Druggists published by the Pharmaceutical Society. At St Pancras, in the 1890s, the Babbage principle was even more obvious in the staffing. Four dispensers earning £120-140 per annum were assisted by dispensary boys at '6s. a week and rations', who usually held the

position for only a year or two.⁶⁷

The pharmaceutical press had long been critical of the quality of the dispensing provided by hospitals and medical practitioners. Head dispensers might well hold medical or pharmaceutical qualifications, but there was no legal requirement that they should. In 1872 the *Pharmaceutical Journal and Transactions* commented: There is not any department of a hospital which is habitually so starved as the dispensary. The dispenser is commonly overworked and underpaid; all sorts of devices are adopted for cutting down the expenditure on this department.' It was also customary for these departments to save money (the Babbage principle) by letting the dispensary porter operate 'a small branch dispensary' in 'the casualty room' to hand out 'antidotes to poisons, mixtures against coughs and diarrhoea, liniments and ointments'. The porter was 'often a very intelligent though uneducated person, whose only failing is too strong an affection for methylated spirit and for cordial tinctures'. A letter in the *Chemist and Druggist* in April 1873 made a similar complaint about 'the errand boy and groom sometimes employed in private surgeries'.⁶⁸

An attempt to deal with this situation in workhouse infirmaries had been made in 1871 in regulations issued by the Poor Law Board. Article 12 of these Orders stated: 'No person shall be qualified to be appointed a dispenser unless he shall be a Licentiate of the Apothecaries' Company of London, or shall have been duly registered under the Pharmacy Act, 1868, or some other authority of law in that behalf.' By the 1880s the Board was issuing printed forms to workhouses to be returned with the details (including qualifications) of those appointed to the Infirmaries. Two of those filled in by the St Pancras Guardians for dispensers appointed in 1884 have survived, and they indicate that one held 'The Dispensers' certificate of Apothecaries Hall & Minor of Pharmaceutical Society' and that the other was an 'A.P.S.', that is, he had passed the Minor examination and joined the Society as an Associate.⁶⁹

By the 1890s the demand was not, however, simply that principal dispensers should be qualified. The pharmaceutical press was insisting that the poor who turned to public institutions for their medicines should have the same protection as those who had their prescriptions made up in chemist shops, where throughout this period, the Pharmaceutical Society was making increasing efforts to prosecute unqualified assistants found dispensing.⁷⁰ An editorial on 'Hospital dispensers' in the *Chemist and Druggist* in 1891 commented:

... there is not decided uniformity in the control of the dispensaries, nor in the supply of physic to them. It is generally known that hospital governors take care to appoint

competent pharmacists as managers of the dispensaries, and in some cases each dispenser is required to hold a certificate of qualification in pharmacy and dispensing; but this is by no means the rule. It would be greatly to the advantage of pharmacy, and conducive to public safety, if a qualification were insisted upon in every case.⁷¹

During the next two years the *Pharmaceutical Journal and Transactions* recorded two cases of poisoning by doctors' unqualified assistants, while the *Chemist and Druggist* took the trouble to discover and inform its readers of the qualifications being demanded in all the various public institutions, army, navy, lunatic asylums, prisons, etc. employing dispensers.⁷² A series of letters in the latter paper gave further details of the very limited knowledge expected of army and prison dispensers and the consequence that those with pharmaceutical qualifications were not offered suitable pay and conditions, while the *Pharmaceutical Journal and Transactions* took up the same subject at the end of the year.⁷³

At the same time as this pressure was building, the Pharmaceutical journals began to comment on the difficulty of finding qualified assistants for the retail trade. The 1880s had seen the emergence of companies like that of the unqualified Jesse Boot operating chains of cut-price 'Cash Chemist' stores, the new department and co-operative stores like Harrods and the Civil Service Stores establishing their own chemist departments, and many registered pharmacists opening branch shops.⁷⁴ All of these, to remain within the law, needed salaried managers who were registered chemists. Consequently, whereas in the 1870s a correspondence on chemists' assistants had been fired largely by the qualified assistants' complaints of how little they were paid, when the topic resurfaced in 1891, the complaints came from employers about the difficulty of finding qualified assistants, and the way this was driving up the wages and reducing the hours 'to give them that leisure for recreation which modern ideas demand, and which is not denied to their friends engaged in commercial pursuits'.⁷⁵

A survey conducted by the *Chemist and Druggist* of its subscribers produced the information that about three-quarters of the respondents employed at least one assistant and that some flourishing chemists employed as many as fifteen or twenty. One large wholesale house which often passed on employees to retail firms reported having no disengaged assistants on their books and another 'that the number of applicants is 50 to 70 per cent. less than formerly'. The journal also reported that an analysis of its advertisements for the month of June over four years found that whereas in 1888 there were 29 advertisements for situations wanted compared to 17 of 'situations open', in 1891 the position was reversed with only 41 wanted compared with

85 open. Many of their respondents dated the shortage from November 1889 when an apprentice was prosecuted by the Pharmaceutical Society for selling poisons.⁷⁶ It seems probable, however, that the demand for staff by the cash chemist chains and the department stores increased the competition for the services of the newly qualified.

This must have had an impact on the hospitals and workhouse infirmaries who looked for similar qualifications in their dispensers. The surviving records indicate that during the period from the 1870s through to 1900 the salaries of the chief dispensers varied from £30 to £140, with a steady rise over the period. At St Olave's, Bermondsey, for example, the dispenser who held the post from 1876 to 1882 was paid only £30 rising to £40; two short-term replacements were paid £80 and £90, but the fourth, who served from 1894 to his death in 1917, was paid £90 rising to £120 in 1902 and £220 in 1917.⁷⁷

The increasing insistence that assistants in both chemist shops and dispensaries be qualified drew the response from some quarters that the level of the qualification required should be lowered. Some of those who wrote letters to the *Chemist and Druggist* made this suggestion, and the same paper noted that the Poor Law Board's listing of the 'licence of the Apothecaries' Society of London' as an acceptable qualification was on occasion interpreted as referring to the Assistant's Certificate. In 1895 the Local Government Board, which had powers to regulate all local government activities including the running of workhouses, clarified its position on the qualifications required of those holding posts in Poor Law, Workhouse and Prison Dispensaries, and nominated the Apothecaries' Assistant's Certificate along with registration under the Pharmacy Act as acceptable.⁷⁸ The legitimacy of the Apothecaries' Assistant's Certificate was in consequence enhanced, to such an extent that in 1898 the Society of Apothecaries, for the first time, published a booklet, called *Regulations Relating to the Assistant's Examination*, setting out the expectations of the examiners and the conditions under which the examination was held, and stating towards the end: 'These regulations apply also to Female Candidates.'⁷⁹

On the other hand, the Pharmaceutical Society and its members were far from pleased. In 1895 the *Chemist and Druggist* ran a leading article entitled 'Pharmacy Below Par', and a number of letters were published under the same heading during the next few months. Some correspondents wrote in defence of the Certificate, but others were scathing:

I must say it is difficult to realise that this retrograde movement in an age of thirst for higher qualifications could ever emanate from, or even be tolerated by, such a body as the L.G.B., who should be the leaders in advising Boards of Guardians to obtain officers of

the highest educational attainments---not the lowest---to fill the important posts of Poor-law dispensers.⁸⁰

I notice in your issue of July 20 two legless letters of blank argument from correspondents of shady qualification, who must have had a factious spasm when they say they consider one qualification as good as another. Their certificates to act as assistants to an almost extinct race to be on a par with the certificate of the Pharmaceutical Society. What presumption! . . . I look upon the Hall assistants' certificate as the last resource of the 'Bloomsbury plucked,' 'the ne'er-do-wells,' 'the unintellectual,' or 'the impecunious,' and I consider that men possessing it are totally unfit to have sole charge of any public dispensary.⁸¹

There was a further outraged response. In November 9, 1897 a Public Dispensers' Association was established, and six days later a Poor Law Dispensers' Association was founded, most of the members of both holding Pharmaceutical Society qualifications. The two soon amalgamated to form the Public Dispensers' Association whose 'Rules' stated the Association's object as being 'to protect and further the interests of all Dispensers in Public Institutions', and defining 'Public Institutions' as 'Hospitals, Infirmarys, Asylums, All Government Institutions, Provident and other Dispensaries', and by 1902 had decided that: 'After this date (June 11th, 1902) no dispensers in public institutions are eligible for membership unless they are on the register of the Pharmaceutical Society'.⁸²

Although, as the examples given above show, in those institutions whose staff records have survived this lowering of the qualification does not seem to have affected the practice of staffing according to the Babbage principle, the most satisfactory way of fulfilling the new demands would seem to have been some form of vertical segregation, with a chief dispenser paid at the current rate supervising a group of less well-paid but qualified employees who could be nevertheless identified as for some reason 'unpromotable'. I would further suggest that in this lies the explanation for the change in numbers and gender composition of the group taking the examination for the Apothecaries' Assistant's Certificate. Some institutions were responding to the demand that all those who dispensed prescriptions should have some academic qualification, and finding in the kind of women employed in women's hospitals and clinics in London and Birmingham in the 1870s and 1880s the 'unpromotable' group that would make vertical segregation possible. The training they were being given, including the level of academic

education required for the Apothecaries' Assistant's Certificate, fell neatly between that undertaken by the relatively ambitious, academically proficient men who were seen as the appropriate chief dispensers, and that of the porters and laboratory boys employed as their assistants. Furthermore these women had the added advantage of having a usual employment span longer than that of the transient junior dispensers and laboratory boys and yet, because of the likelihood of marriage and consequent resignation, not long enough to make them discontented at the lack of promotion opportunities.

Unfortunately the mainstream institutions that pioneered the appointment of women cannot be identified and there is thus little surviving evidence of this change to complement the records in the Society of Apothecaries Candidates' Declarations Books. None of the workhouses whose records are held in the London Metropolitan Archives employed female dispensers, though in the early 1900s St Pancras began employing women as (very cheap) Junior Assistant Medical Officers.⁸³ Apart from the Birmingham records, there is no indication of where the women who gave their occupation as 'dispenser' to the 1891 census enumerators worked, and the 1901 records give no indication that the information there will be much more specific.⁸⁴

On the other hand, references in other sources suggest that vertical segregation based on the level of qualification but increasingly gender-specific was emerging. From 1894 onwards the Society for Promoting the Employment of Women was once again placing women as dispensers. In May of that year they received a request for an apprentice from the New Hospital for Women,⁸⁵ in 1895 from the female head of the dispensary at Ryde,⁸⁶ and in 1897 found places for two candidates, one at the New Hospital and another at the Harrow Road Provident Dispensary, the Minutes noting, 'In both cases the girls will train for the Apothecaries Hall Examination.'⁸⁷ During these discussions one of the Committee members mentioned 'that properly qualified women were employed at several of the Medical Provident dispensaries' and the Annual Report for 1899 stated:

The demand for women as dispensers, though still small is on the increase. The lectures and examinations at the Pharmaceutical Society in Bloomsbury Square are open to them, so are the examinations at the Apothecaries' Hall. Laboratory practice and instruction can be obtained at the South London School of Pharmacy in Trinity Square, Borough. Pupils are taken to learn practical dispensing at the New Hospital for Women in the Euston Road, and also at some of the dispensaries connected with the Provident Medical Society, Lamb's Conduit Street. The diploma from the Apothecaries' Hall

qualifies a woman to act as dispenser to a Hospital or public Institution. No one can go in for the final examination of the Pharmaceutical Society who has not had three years' practical work in dispensing, but this it is often difficult for a woman to get.⁸⁸

The *Pharmaceutical Journal and Pharmacist*, discussing the Apothecaries' Assistant's Certificate in 1900, commented: 'This certificate is recognised by the Local Government Board as a qualification of Poor-law dispenserships, and is that usually taken by women dispensers.'⁸⁹

This did not please the Women's Movement supporters who had seen entry into pharmacy as promoting greater equality between men and women. One of the leading women pharmacists, Margaret Buchanan, noted the tendency for this qualification to place women in the 'unpromotable' category. In 1909 she wrote that 'as a great number have taken this comparatively easy examination, their ranks are somewhat over full and work is difficult to obtain. If obtained, it consists of dispensing under the supervision of a doctor, or as assistant in a hospital dispensary. . . . Many who begin as assistants find it necessary to qualify as 'pharmacists' at as early a date as possible in order to be eligible for better posts.'⁹⁰ The Certificate was, however, Agatha Christie's evidence suggests, still maintaining its popularity during World War I, and women were still regarding work as an assistant dispenser in a hospital as a suitable career to occupy the time between school and marriage.

CONCLUSION

This paper has attempted to trace the way in which hospital dispensing came to be an occupation entered by middle class women who were able and willing to study for a modest professional qualification. I have suggested that this development began as an 'unintended consequence' of the very deliberate and planned attempts undertaken by the Women's Movement to gain entry for women into medicine. While searching for occupations which middle class women could enter as alternatives to teaching and dressmaking, the Society for Promoting the Employment of Women found it possible to place some young women as dispensers in the clinic for women and children opened by the first registered woman doctor to practice in London. This established the kind of young woman who was to be seen as suitable for the occupation: a middle class 'lady' with some secondary education who needed to earn her own living.

At first there was no prospect of formal accreditation, but within a few years it was discovered that, by a fortunate coincidence, there was a member of the Council of the Pharmaceutical Society who was prepared to smooth the way of these young hospital dispensers

towards qualifying themselves as pharmacists. This set a standard for the ideal qualifications for a female hospital dispenser. When, however, they began to be employed by other hospitals, it was found that full pharmaceutical qualifications were not practicable for all of them, so when the Society of Apothecaries opened its examinations to women, female dispensers were encouraged to take instead the Apothecaries' Assistant's Certificate.

In 1895 the Local Government Board set higher standards for the dispenser's assistants employed in the reformed and expanding workhouse infirmaries, and the same standards seem to have been adopted by the voluntary hospitals. These organisations were then faced with the task of filling their positions with a new kind of employee, with higher credentials than the porters and laboratory boys previously employed but less expensive than a man with full pharmaceutical qualifications. They found in the kind of young woman being produced in the specialised women's hospitals the ideal recruit: better educated than most young men available for such positions and so more capable of undertaking the study required, yet less ambitious for promotion, and usually expecting to leave after five to ten years to get married. The Women's Movement's efforts to provide 'suitable and remunerative employment' for a handful of young women in the 1860s and to find an appropriate qualification for them in the 1880s had ensured that when, as the result of quite independent pressure, mainstream hospitals began looking for a new kind of dispenser's assistant in the 1890s, these women fitted the bill, and increasing numbers began to be employed.

Yet this was not an inevitable outcome but a contingent one. If Elizabeth Garrett had not arranged to share a house with Jane Crowe, if Gertrude King had not found such academically competent women to take the first dispensary apprenticeships, if Robert Hampson had not been elected to the Council of the Pharmaceutical Society, and if Florence Brittain had not identified the Apothecaries' Assistant's Certificate as more suited than the Pharmaceutical Society examinations to the kind of young women she took on as assistants, the workhouses and voluntary hospitals might well have found a different solution to the problem of satisfying the demand that their staff be qualified at a period when men holding Pharmaceutical Society qualifications were increasingly hard to attract. As Stephen Jay Gould writes:

Contingency is rich and fascinating; it embodies the exquisite tension between the power of individuals to modify history and the intelligible limits set by laws of nature. The details of individual and species' lives are not mere frills, without the power to shape the large-scale events, but particulars that can alter entire futures, profoundly and forever.⁹¹

In its tiny way, the story of how women came to be hospital dispensers supports such a generalisation.

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ENDNOTES

1. A. Christie, *The Mysterious Affair at Styles* (London, 1920); A. Christie, *An Autobiography* (Glasgow, 1978); London Guildhall Library: Ms 10,987.

2. The candidates were required to give a residential address when they registered for the examination, and I have been able to find about half of them by checking the enumerators' books for the 1891 census.

3. S. W. F. Holloway, *Royal Pharmaceutical Society of Great Britain 1841-1991* (London, 1991); E. Jordan, "'The great principle of English fair-play': The admission of women to the Pharmaceutical Society of Great Britain", *Women's History Review* 7 (1998): 381-409.

4. The terms dispensing, dispenser, and dispensary were used in a variety of ways in the thirty years under discussion here. 'Dispense' was generally used to mean making up medicines to a prescription written by a medical practitioner, and this could be done by the practitioner himself, by an assistant in his rooms, by a chemist in a retail establishment given the written prescription by a customer, or by the 'dispenser' in a public institution such as a voluntary public hospital, a workhouse infirmary, or one of the 'dispensaries' established by the provident funds to which working people increasingly subscribed as a form of medical insurance. The term 'dispensary' was not, however restricted to these institutions. What would now be called outpatients departments of hospitals sometimes went by this name, as did other outpatient facilities established under various guises. On the other hand, some public hospitals and workhouses restricted the term to the department devoted to the dispensing of medicines ordered by its doctors.

5. L. Holcombe, *Victorian Ladies at Work: Middle Class Working Women in England and Wales, 1850-1914* (Newton Abbot, 1973) pp. 18, 142-4; S. O. Rose, 'Gender segregation in the transition to the factory: the English hosiery industry 1850-1910', *Feminist Studies* 13 (1987): 163-183; C. Cockburn, 'The gendering of jobs: workplace relations and the reproduction of sex segregation', in S. Walby (ed.), *Gender Segregation at Work*, (Milton Keynes, 1988) pp. 22-5; C. R. Littler, *The Development of the Labour Process in Capitalist Societies: A Comparative Study of the Transformation of Work Organization in Britain, Japan and the USA* (London, 1982) p. 18.

6. C. Cockburn, *In the Way of Women: Men's Resistance to Sex Equality in Organizations* (London, 1991), p. 63; S. Cohn, *The Process of Occupational Sex-Typing: The Feminization of Clerical Labor in Great Britain*. (Philadelphia, 1985), pp. 93-7; R. Crompton and G. Jones, *White Collar Proletariat: Deskilling and Gender in the Clerical Labour Process* (London, 1984), p. 243; F. Scudamore, *Report by Mr Scudamore on the Re-organization of the Telegraph System of the United Kingdom* (London, 1871), pp. 78-9.
7. E. Jordan, 'The exclusion of women from industry in nineteenth century Britain', *Comparative Studies in Society and History* 31 (1989): 273-296.
8. E. Jordan, *The Women's Movement and Women's Employment in Nineteenth Century Britain* (London, 1999), pp. 15-16.
9. C. Kent, 'Victorian Social History: Post-Thompson, Post-Foucault, Postmodern', *Victorian Studies* 40, no. 1 (1996.): 97-133; J. W. Scott, 'Gender: A useful category of historical analysis', in *Gender and the Politics of History* (New York, 1988), 28-50.
10. M. Barrett, *The Politics of Truth: From Marx to Foucault* (Cambridge, 1992), pp. 202-4; N. Fraser and L. Nicholson, 'Social criticism without philosophy: An encounter between feminism and postmodernism', in A. Ross (ed.), *Universal Abandon? The Politics of Postmodernism*, (Minneapolis, 1988), pp. 91-2.
11. C. Maggs, *The Origins of General Nursing* (London, 1983), p. 7; G. Rivett, *The Development of the London Hospital System 1823-1982* (London, 1986).
12. *Athenaeum*, (1851): 631.
13. E. Jordan, "'Women's work in the world": The birth of a discourse, London 1858', *Nineteenth Century Feminisms* 1, (1999): 12-38; E. Helsinger, et al, *The Woman Question: Society and Literature in Britain and America 1837-1883*. (New York, 1983), vol. 2, pp. 114-19; B. R. Parkes, 'The profession of the teacher', *English Woman's Journal* 1 (1858): 1-13.
14. P. Hirsch, *Barbara Leigh Smith Bodichon 1827-1891: Feminist, Author and Rebel* (London, 1998), pp. 142-7, 184-90; J. Rendall, "'A moral engine?" Feminism, liberalism and the English Woman's Journal', in J. Rendall (ed.), *Equal or Different: Women's Politics 1800-1914*, (Oxford, 1987); Jordan, *The Women's Movement and Women's Employment*, pp. 151-9.
15. B. R. Parkes, 'A Year's Experience in Woman's Work', *Transactions of the National Association for the Promotion of Social Science* (1860): 811-19; M. E. Tusan, "'Not the ordinary Victorian charity": The Society for Promoting the Employment of Women archive', *History Workshop Journal*, No. 49 (2000): 221-30.
16. J. Boucherett, 'Adelaide Anne Procter', *English Woman's Journal* 13 (1864): 17-21. Until recently, archivists and historians of the Women's Movement believed that the papers of this organisation had vanished. In 1997, however, it emerged that the Society was still flourishing, having changed its name in the 1920s to the Society for Promoting the Training of Women, and that Minute Books and Annual Reports dating back to the 1860s were still in existence. These were presented to the archive of Girton College, Cambridge, and have since been listed, boxed,

and made available for scholars.

17. Society for Promoting the Training of Women, Minute Books and Annual Reports, Library Archives, Girton College, Cambridge (SPTW), Minute Book 1860-69.

18. This woman's surname is frequently spelt 'Crow' in biographies of Women's Movement members, but this is a mistake, and seems to stem from the fact that Emily Davies spelt it like that in her Family Chronicle, written towards the end of her long life and now held in the Girton Archives. In all the records of the SPEW, however, both the printed lists of members and in the Minutes of the Committee, the earliest of which she wrote herself, it is spelt 'Crowe'.

19. SPTW, Minute Book 1860-69: 6-3-1860, 8-1-1861.

20. SPTW, Annual Reports 1859-1958.

21. B. Abel-Smith, *A History of the Nursing Profession* (London, 1960); M. E. Baly, *Florence Nightingale and the Nursing Legacy*, (London, 1988); M. A. Nutting and L. L. Dock, *A History of Nursing*, 2 vols. (New York, 1907); S. W. F. Holloway, 'All Saints' Sisterhood at University College Hospital, 1862-1899', *Medical History* 3 (1959): 146-56.

22. J. Manton, *Elizabeth Garrett Anderson* (London, 1965), pp. 116, 176.

23. Jordan, "'The great principle of English fair-play'", p. 409.

24. SPTW, Annual Reports 1859-1958.

25. Jordan, "'The great principle of English fair-play'", p. 390.

26. *Abstract of the New Apothecaries' Act Commencing August 1, 1815* (London, 1815).

27. B. Bernard, 'Pharmacy as an employment for women', *Englishwoman's Review*, 1 (1868): 336-58, p. 352; *Pharmaceutical Journal and Transactions*, 4 (1862): 141-43.

28. Holloway, *Royal Pharmaceutical Society*, pp. 230-43.

29. W. J. Reader, *Professional Men: The Rise of the Professional Classes in Nineteenth Century England* (London, 1966), pp. 25-7; E. Freidson, *Professional Dominance: The social structure of medical care* (New York, 1970), pp. 83-7, 93-9; R. Collins, 'Changing conceptions in the sociology of the professions', in R. Torstendahl and M. Burrage (eds.), *The Formation of Professions* (London, 1990), pp. 11-23.

30. 'Official appointments in pharmacy', *Chemist and Druggist*, 41 (1892): 489.

31. J. M. Benn, *The Predicaments of Love* (London, 1992); E. M. Bell, *Storming the Citadel: The Rise of the Woman Doctor* (London, 1953); Manton, *Elizabeth Garrett Anderson*; S. Roberts, *Sophia Jex-Blake: A woman pioneer in nineteenth-century medical reform* (London, 1993); J. Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (New York, 1977).

32. Hampson was one of a group of radical chemists interested, for example, in democratising the Society by having a reporter at Council meetings and in organising a relief fund for chemists caught in political and legal tangles. He moved to London in 1875. His wife was a midwife and later ran a successful refuge for prostitutes (Holloway, *Royal Pharmaceutical Society*, p. 256).

33. Holloway, *Royal Pharmaceutical Society*, pp. 256, 262; Jordan, ““The great principle of English fair-play””, pp. 389-90.

34. London Guildhall Library, Ms 8200, Vol 14 28 Jan. 1868.

35. London Guildhall Library, Ms 10,981 Vol. 1; *Pharmaceutical Journal and Transactions*, 3rd ser. 3 (1872): 308, 429.

36. Jordan, ““The great principle of English fair-play””, pp. 390-1; *Pharmaceutical Journal and Transactions*, 3rd ser. 3 (1873): 590, 591.

37. Benn, *Predicaments of Love*, p. 120; Manton, *Elizabeth Garrett Anderson*, pp. 116, 176.

38. ‘Lady Pharmacists’, *Pharmaceutical Journal and Transactions*, 3rd ser. 3 (1872): 294.

39. Holloway, *Royal Pharmaceutical Society*, pp. 263-4; Jordan, ““The great principle of English fair-play””, pp. 391-9.

40. Holloway, *Royal Pharmaceutical Society*, pp. 264-5; Jordan, ““The great principle of English fair-play””, pp. 398-401.

41. *Chemist and Druggist*, 14 (1873): 123; Jordan, ““The great principle of English fair-play””, p. 400.

42. Only the 1881 census is searchable in this way. The census enumerators’ books for this year were transcribed onto computer by members of British local history societies, and these have been transferred to CD-Roms by the Church of Jesus Christ of the Latter Day Saints. A Viewer has recently been made available which allows one to identify all household records containing a particular word or section of a word. The records must, of course, be taken only as giving a general impression of the situation. Some of the women giving their occupation as dispenser may have been out of work, or purely fantasising. The names of others who were definitely working for hospitals during this year, for example Louisa Stammwitz in London and Kate Charlton in Birmingham, do not appear in the census records.

43. *Englishwoman’s Review*, new ser. 1 (1870): 221-2.

44. The Annual Reports of this hospital have survived and are housed in the Birmingham City Archives.

45. *Englishwoman’s Review*, new ser. 1 (1870): 227. The campaign for women in medicine had considerable support in Birmingham. In 1873, just after the door was closed on the women students at Edinburgh University and before the London School of Medicine for Women was even planned, a young woman applied to be admitted as a student in medicine into the Queen’s College, Birmingham. When she was refused a Ladies’ Association for the Education of Women

for the Medical Profession was formed with the long term aim of gaining admission for female medical students into both the college and the hospitals and with the short term intention of arranging a course of medical lectures for women to be given by professors from Queen's College who disapproved of the exclusion. Within a few months £100 had been raised for the purpose (*Englishwoman's Review*, new ser. 4 (1873): 226-7).

46. Birmingham City Archives, HC/WH/1/10/1-2. When they were first employed neither Louisa Atkins nor Edith Pechey was on the British Medical Register because at that date no British medical institution would examine women. However, when in 1876 King's and Queen's College, Dublin, (later the Dublin College of Physicians) took advantage of the Enabling Act of that year which allowed medical schools to over-ride their charters and open their examinations to women, they were among the first group of women to gain places on the Medical Register by passing its examinations (I. Thorne, *Sketch of the Foundation and Development of the London School of Medicine for Women, Hunter Street, Brunswick Square, W.C.* (London, 1905), p. 22).

47. Birmingham City Archives, HC/WH/1/10/1: 1872, pp. 12-13.

48. Ibid, HC/WH/1/10/1: 1873, p. 13.

49. Ibid, HC/WH/1/10/1: 1879, p. 12.

50. Kate Charlton seems to have been missed by the 1881 census takers, while the fact that Elizabeth Swain was recorded as a dispenser suggests that she had moved on to another Birmingham hospital.

51. Birmingham City Archives, HC/WH/1/10/1: 1883, p. 13.

52. 'Lady-pharmacists', *Chemist and Druggist* 41, July 30 (1892): 143-6. I have not been able to identify the hospital in which Florence Brittain worked. Although the Annual Reports of a number of Birmingham hospitals are held in the Birmingham City Archives, none, apart from the Birmingham and Midlands Hospital for Women, contains a clear record of the dispensing arrangements.

53. 'Lady-pharmacists': 143-4; E. J. Shellard, 'Some outstanding women pharmacists of the late 19th century,' typescript, Museum of Royal Pharmaceutical Society of Great Britain, London, 1996; E. Jordan, "'Admitting . . . a dozen women into the Society": The first women members of the British Pharmaceutical Society', *Pharmaceutical Historian*, 31 (2001): 18-26.

54. 'Work for all', *Girls' Own Paper* 5 (13 Oct. 1883): 120; SPTW, Annual Reports 1859-1958; S. F. A. Caulfield, 'On earning one's living: Fruitful fields for honest labour', *Girls' Own Paper* 1 (31 Jan. 1880): 76; L. M. Hubbard, *The Year Book of Women's Work* (London, 1875); L. M. Hubbard, *Englishwoman's Year-Book for 1881* (London, 1881); E. Faithfull, 'Women's Work, with Special Reference to Industrial Employment, *Journal of the Society of Arts*, (1871): 378-83.

55. SPTW, Managing Committee Minute Book 1875-94, 15-6-1883; General Committee Minute Book 1869-1901:12-10-1883, 2-7-1886. The Society had more luck with a young woman who applied for help in May 1884. She was the daughter of a Pharmaceutical chemist in Gloucestershire (and had presumably got her training there) but wished for extra instruction in

preparation for the Minor examination. The Society lent her money for a month of lessons with Mrs Clarke Keer and to pay her examination fee. In November the Minutes reported that the Committee had received a letter from her 'saying that she had obtained a situation as dispenser to a doctor at Dartford who has a large practice among poor people. Her dispensing is like that of a Hospital and is very useful to her. She is very grateful to the Committee for the help she received from them which enabled her to take this situation'. (SPTW, Managing Committee Minute Book 1875-94, 23-5-1884, 7-11-1884; General Committee Minute Book 1869-1901: 4-7-1884)

56. 'Lady-pharmacists': 144.

57. Ibid.

58. *The Pharmaceutical Journal and Pharmacist*, 3rd ser. 60 (1898): 596.

59. R. K. Spencer, 'Pharmacy as an employment for girls', *Girls' Own Paper* 21 (14 Oct. 1899): 19

60. London Guildhall Library, Ms 8240 Vol 9. On this occasion only Florence Brittain passed. Two of the others, Blanche Thompson and Marion Wolsley, tried again the next year and passed while the third, Gertrude Manning, passed the Pharmaceutical Society Minor examination in 1894. The pioneering Catherine Perkins passed the Major Examination of the Pharmaceutical Society in January 1895, while a further woman from Birmingham, Mary Hadley, who had gained the Apothecaries' Assistant's Certificate in 1895, passed the Minor in 1896.

61. One piece of evidence, the action of Rose Minshull's sister, Flora, suggests that these women (and possibly also the men) were not necessarily recent recruits to hospital dispensing. The 1881 census recorded Flora E Minshull as a dispenser aged 33, yet it was not until 1899 that Flora Emma Minshull was recorded as sitting for the Apothecaries' Assistant's examination (London Guildhall Library, Ms 10,987).

62. Spencer, 'Pharmacy as an employment for girls': 20.

63. M. E. Baly, *Nursing and Social Change*, (London, 1980), pp. 129-31; Maggs, *The Origins of General Nursing*, pp. 6-11.

64. S. W. F. Holloway, 'Neglected foundations: Public pharmacy 1897-1922', *Pharmaceutical Journal Supplement*, Feb. 28 1998 (1998): 62-64; Rivett, *The Development of the London Hospital System*, pp. 119-131.

65. Crompton and Jones, *White Collar Proletariat*, p. 243; Littler, *The Development of the Labour Process*, p. 18.

66. L. G. Anderson, *Elizabeth Garrett Anderson 1836-1917* (London, 1939), p. 67; 1881 Census C-D-Rom; London Metropolitan Archives, H2/WH/A40/3.

67. London Metropolitan Archives, ST/P/BG/254.

68. 'Hospital dispensing', *Pharmaceutical Journal and Transactions*, 3rd ser. 2 (1872): 851; *Chemist and Druggist*, 14, 15 April, 1873.

69. 'Poor law dispensers', *Pharmaceutical Journal and Transactions*, 3rd ser. 25 (1895): 841; London Metropolitan Archives, ST P/BG/255/2. When I tried to check the qualifications of the dispensers whose names appear in the London Metropolitan Archives I found that at least four of those appointed in the 1870s and 1880s had only passed the Modified Examination open to those working as assistants in chemist shops before the 1868 Act.

70. Holloway, *Royal Pharmaceutical Society*, pp. 280-4.

71. 'Hospital Medicines', *Chemist and Druggist*, 38 (1891): 172-3.

72. *Pharmaceutical Journal and Transactions*, 3rd ser. 23 (1892): 432-3; 24 (1893): 71; 'Hospital Medicines': 172.

73. *Chemist and Druggist*, 43 (1893): 464; 45 (1894): 163; *Pharmaceutical Journal and Transactions*, 3rd ser. 25 (1894-95): 505, 841.

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74. Holloway, *Royal Pharmaceutical Society*, pp. 273-9.
 75. *Chemist and Druggist*, 39 (1891): 832.
 76. *Chemist and Druggist*, 39 (1891): 49-50, 52-4.
 77. London Metropolitan Archives, B/BG/660/1.
 78. *Chemist and Druggist*, 39 (1891): 54; 'Official appointments in pharmacy', *Chemist and Druggist*, 41 (1892): 489; 'Qualifications of public dispensers', *Pharmaceutical Journal and Transactions*, 3rd ser. 25 (1895): 1178-9.
 79. There is a copy of this pamphlet in the box containing the Public Dispensers' Association records, at the Museum of the Royal Pharmaceutical Society of Great Britain.
 80. *Chemist and Druggist*, 47 (1895): 35.
 81. *Ibid.* p. 301.
 82. Holloway, 'Neglected foundations'; Museum of the Royal Pharmaceutical Society, Public Dispensers' Association records, Packet 34.

 83. London Metropolitan Archives, ST/P/BG/254.
 84. The only additional evidence of the particular institutions where women were employed comes from a list in the Pharmaceutical Society's Register of Chemists and Druggists of those 'Registered under 1908 Act Section 4.' This section empowered the Pharmaceutical Society to place additional names on the register if it was satisfied 'that they are persons of sufficient skill and knowledge to be registered' (PDA, Packet 45). Of the 45 individuals listed, 15 are women, and quite a number, both male and female, give institutional addresses. The women are listed as working in the Parish Infirmary, Southampton, the County Hospital, Ryde, the Nunhead Dispensary in London, the Victoria Hospital for Children in Hull, and the Bootle Borough Hospital, Lancs.
 85. SPTW, Managing Committee Minute Book 1875-94, 4-5-1894, 16-7-1897.
 86. SPTW, General Committee Minute Book 1869-1901, 11-10-1895. The entry in the Minutes reads: 'Also that Miss Bradbury of the Dispensary at Ryde has a vacancy for an apprentice to live in the house for 3 months for 30/- a week, she will prepare the apprentice for the Examination at the Apothecaries Hall.' A check in the Society of Apothecaries' records found that Constance Bradbury, 4 St Peter's Terrace, Cambridge, had gained the Apothecaries' Assistant's Certificate on November 28, 1894.
 87. SPTW, Managing Committee Minute Book 1875-94, 16-7-1897, 22-10-1897; General Committee Minute Book 1869-1901, 3-7-1897.
 88. SPTW, Annual Reports 1859-1958: 1899, p. 9.
 89. 'Apothecaries' assistants' certificates', *The Pharmaceutical Journal and Pharmacist*, 65 Supplement (1900): 13.
 90. M. Buchanan, 'Pharmacy', in M. G. Spencer (ed.), *The Fingerpost: A guide to the professions and occupations of educated women* (London, 1909).
 91. S. J. Gould, *Eight Little Piggies* (Harmondsworth, 1994), p. 7.