



Nurses at the Hospital for Sick Children, 1899, taking tea in a sitting room. The transformation of nurses from formally untrained servants to educated ladies performing a unique job is clearly evident in this scene.

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"IT IS NATURAL TO EVERY WOMAN TO BE, TO SOME EXTENT, A NURSE": NURSING IN THE LATTER HALF OF THE NINETEENTH CENTURY IN AUSTRALIA

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Abstract

From the 1860s to 1900 general nursing changed from being a degraded occupation associated with the work of servants to a unique female occupation filled by women with some education. By the end of the century there was widespread community acceptance that women were the only suitable nurses, but that they needed formal training to be fit to carry out the work of a nurse. Specific apprenticeship-style training was developed in the last two decades of the nineteenth century, and nurses provided indispensable cheap labour for hospitals. In the transition from nurse as general servant to the specially skilled nurse, the status of the practitioners rose more sharply than the working conditions. By 1890 the ideal nurse was seen to be a woman of education and refinement. Innate womanly virtues were needed as a nurse was "born not made" but she also required education, devotion to the orders and good reputation of the doctor, hard work and true love of her work. Nurses were thus trapped into poor working conditions by the success of their own rhetoric.

Three overlapping phases are discernible in the transition from the form of nursing existing in 1800 to that which was common one hundred years later. Prior to the 1860s, formally untrained women and men worked as nurses in institutions in what was regarded as a lowly occupation. Following changes to the occupation of nursing in Britain, nursing in Australia changed in the three decades from 1860 to become an occupation almost exclusively for women, "some of them ladies of birth, and all of them ladies of education", as Dr W.H. Embling, Chairman of the Alfred Hospital's medical staff and Victorian Legislative Council member, believed (VPD 18 December 1895: 4326). By the 1890s the predominant public view was that trained female nursing was the only acceptable choice and this article examines this change of image and its ramifications for the occupation of nursing.

TRANSITION TO FEMALE NURSES, 1860-1890

Before about 1860 most nursing was carried out by women who looked after their family, relatives or neighbours in their homes. Women, usually older and often widowed, who needed to earn an income were paid for their services as private nurses in their own communities. Hospitals, which cared for the chronically ill and destitute, were staffed by nurses and wardsmen who did a job that society regarded as very lowly and who were therefore classified as servants. Nursing "amounted to little more than specialized charring" and standards of nursing varied from unsatisfactory to skilled as nurses learnt their tasks by experience on the job (Abel-Smith 4). However the position of matron, a job undertaken in female institutions and orphan schools, was different and "provided employment for a limited number of free women of respectable background and credentials" (Alford 184). Thus the nurse was placed firmly among the servant hierarchy while the matron was chosen for her managerial and supervisory skills, not for her training as a nurse.

Between 1860 and 1890 the community's perceptions of nursing changed, although the pace of this change was uneven. Nursing moved from a form of servant work available to either sex to an occupation in which women were the only suitable members, largely because of the widespread community belief that women had a greater capacity for caring than men. The transformation in the occupation of nursing in the Australian colonies followed the mid-century changes instituted in England by reformers like the widely-publicised Florence Nightingale. News of Nightingale's adventures and ideas spread rapidly to the Australian colonies in the 1850s. The 1866 Queensland Select Committee on the Hospitals of the Colony was well aware of the English innovation of trained female nurses, and in their evidence a number of hospital representatives discussed the advantages of appointing female nurses from Sydney or London where they had received proper training (SC 1621). In 1868 Miss Lucy Osburn and five nurses trained at St Thomas' Hospital in London and selected by Florence Nightingale herself, came to work in the Sydney Infirmary and from there some of them moved to other jobs in the colonies (Susman 633-642).

By 1890 the overwhelming bulk of nursing work was done by women, at least in the larger hospitals in the cities. The 1891 census in Queensland recorded 178 people in the category of nurse, only five of them men (CQ 1892: 1051, 1155). (Comparative figures cannot be obtained for Queensland as the census in 1881 did not give a separate category for nurses (CQ 1882: 1080).) Census data from Victoria also clearly show the changing sexual division of labour in nursing. Until 1881 there were more wardsmen than female nurses in charitable institutions but by 1891 female nurses outnumbered wardsmen by approximately five to one and by 1901 wardsmen had all but disappeared[1] and were restricted to areas where their strength was required for lifting patients (RC Evidence of Isabella Rathie, questions 7261-7265). By 1890 there was wide community acceptance that nursing (except in mental hospitals) was a job done exclusively by women and most city hospitals had adopted this system. The larger city hospitals, mirroring the changes in the larger voluntary hospitals in Britain, more quickly instituted the employment of female nurses to the exclusion of male ones. The picture nation-wide is difficult to ascertain but what was happening in the colony of Victoria is clear from the extensive evidence given to the 1891 Royal Commission on Charitable Institutions in Victoria, an enquiry which was not replicated in any other colony. Even though all but one of the small hospitals in the country regions of Victoria agreed that female nurses should be employed, many had not implemented this change (RC Evidence of Isabella Rathie, questions 7261-7265). Evidence before this commission shows that the belief that all women had an innate ability to be nurses was beginning to alter to one in which women possessed the potential to become suitable nurses, a potential which could be realised if specific training was undertaken. By the 1890s many hospitals, especially the larger city hospitals, had begun some form of training.

ACCEPTANCE OF FEMALE NURSING

Witnesses before the Victorian Royal Commission readily accepted the "naturalness" of women being employed as nurses. Dr Walter Balls-Headley from the Medical Society of Victoria, elaborated why women were better nurses:

They sit up better and endure better, and I think they are apt to be kinder. Their hands are more delicate; they understand the feeding of people better than men, and they do not, as a rule, drink....Then they do not go out and smoke, and loaf; they very often like their work. I think it is natural to every woman to be, to some extent, a nurse. (RC Question 2451)

His final comment reflects the belief that it was in every woman's nature to be a nurse, a belief that included the idea that women were superior to men in this work. Rev. Mervyn Whitton, a hospital chaplain, endorsed female nursing, saying that "females are more patient, enter more into details, are more sympathetic, and in nearly every way are better qualified than men for sick nursing" (RC Question 19517). Dr Robert Duncan, a surgeon working at Kyneton Hospital, believed that "male nurses, except in very exceptional instances, are out of place as attendants on the sick, and it is astonishing how such a barbarous custom could have survived for the length of time it did" (RC Question 20497).

But these virtues were associated with a particular "class" of women, and were attached to educated, cultured women, even upper class "ladies", at least in the minds of many hospital administrators and doctors. Uneducated women from the servant class, those who had worked as nurses prior to the changes in the occupation, were seen to lack these qualities. Although the work of untrained women from this category might be satisfactory, "gentlewomen" were preferable. The *Australian Medical Journal* believed that although, "considering the class from which they have been drawn, the head nurses in the [Melbourne] Hospital have been remarkably efficient as far as regards their practical work, and many of them have picked up for themselves an amount of knowledge that is creditable to them in the highest degree", women of a higher class would be preferable:

None of them pretend to be gentlewomen, or to possess that sympathy and refinement which adds so much to the efficiency of a hospital sister in other places. It is not essential that all the nurses in the hospital should be ladies, but certainly some of them should be. ("Training School for Nurses" 507)

Being able to do the job of nursing was not sufficient any more, as refinement was a necessary quality. The *Australian Medical Journal* concluded that "unless they are to be treated as ladies, however - that is to say, fairly paid, given a reasonable amount of leisure, a private room, and well-cooked, decently-served food - such a class will never be obtained, either as pupils or nurses" ("Training School for Nurses" 507).

The dilemma was that while educated ladies were the desired trainees, there were too few of them willing to take up nursing. It was difficult to entice educated women into nursing while it contained routine, hard domestic labour. The changes in nursing and hospital practice emphasised the necessity for cleanliness and meant that nurses were expected to know how to keep a room completely clean. For "cleaning, domestic, or menial tasks were...performed because they were part of the science of nursing, asepsis and antisepsis, or were part of the characteristics of the new nurse" (Maggs 26). But the "charring" was a discouragement to the middle class women hospitals were trying to attract as trainees and this work was transferred to other female servants, "scrubbers" or ward maids. Although most trainees still did some domestic work, they did not have to do this work routinely (RC Evidence of Mary Muffitt, questions 6496, 6497, and Alice Martelli, question 6529). Although there was public debate in the press about educated women taking up nursing, poor working and living conditions were a great disincentive to these potential recruits, for "even young ladies who felt the greatest compassion toward the sick found all this hard to endure. They were trying to make nursing a profession, but they were treated still as domestic servants" (Qtd Inglis 97). An additional difficulty, especially for smaller hospitals, was the increased cost of introducing female nurses, particularly the expense of new nurses' quarters, "because nurses cannot be placed on the same footing as domestic servants, and proper arrangements must be made for their comfort" (RC Evidence of William Avison, question 12488).

THE TRAINING OF NURSES

By 1890 city and larger country hospitals had instituted formal training courses, although a large component of this training was gained through work in the wards. Modelled on the new training courses in England and America, many larger hospitals in the Australian colonies admitted two categories of trainees, lady probationers and ordinary probationers. This separation reflected the changed beliefs about the suitable class from which nurses should be drawn. Lady probationers paid for their maintenance at hospitals and underwent a shorter course, devoid of much cleaning and housework which was performed by the ordinary probationers. This group, always the numerically larger group, worked longer hours, generally undertook a longer training period and did not pay for their training and maintenance.

In Australia there was public pressure for this two-tiered system of training, and although very few women could spend their whole lives without an income of their own, there were some who could afford to spend a year or two without wages and even pay the hospital for the privilege of their training (Mitchell 78-79). At the Alfred Hospital in Melbourne the lady probationers paid a premium of twelve guineas for their twelve month course, plus one guinea per month and an additional two guineas per month if they lived at the hospital. For this they were excused from household work, and worked the comparatively short day of ten hours with no weekend duty. The other probationers received the same training, had to live in and performed the ordinary work of the wards. Their days were twelve to fourteen hours long, with one day off a week, and in return for their labours, their training and board were free. They received no pay and had to pay one guinea as a deposit which was returned on satisfactory completion of their training. At first there were very few lady probationers but after the provision of better accommodation they represented about one in four of the trainees (Mitchell 80). The hospital thus had not only the cheapest labour available but labour that paid the institution to work for it. Trainees formed the bulk of the nursing workforce, and this labour was captive at the hospital for the length of the training course.

The popular portrayal of the nurse did not reflect the practical reality that most nurses worked because they needed to earn a living, and this was not incorporated into the mystique of the self-sacrificing nurse. The necessity of earning a living was often forgotten in the image of total dedication that could be created by nurses working long hours under difficult conditions for little remuneration. In England as well as in the Australian colonies the special category of lady probationer remained a numerically smaller group than the regular probationers. Maggs has characterised the first generation of trained general nurses in England as "women who turned to nursing as a choice of work, paid work, rather than one of the many other occupations then available to women" (Maggs 12). This view was mirrored by the surgeon at Bendigo District Hospital when he was asked at the 1891 Royal Commission: "Are there any of your nurses who take up the work from the enthusiasm of the work, apart from the pay?" He replied that he thought that "all the young ladies who have come there to learn nursing have come with the intention of making a livelihood by nursing. I do not know of one who has come without that intention" (RC Evidence of Archibald Colquhoun, question 11615).

Trainees were generally in their twenties when they began their hospital life. Miss Isabella Rathie, trained at the Edinburgh Royal Infirmary and matron of the Melbourne Hospital from 1890, asserted:

Any one who contemplates the profession of nursing ought to be thoroughly healthy, young (not too young), well educated, of medium height, and of an even and sweet temper. The candidate must be prepared to take her life in her hand as it were, and for the coming two or three years as the case may be, make herself and her personal interests second to those of her patients and the hospital in which she is being trained. (RC Question 7198)

In most of the Victorian hospitals the class origins of the trainees were mixed (RC Evidence of Elizabeth Finlay, question 7172, and Isabella Rathie, question 7209). The matron of the Alfred Hospital recorded that the majority of nurses came "from the lower middle class or that of the superior domestic servant" (RC Evidence of Henrietta Strong, question 6310). At Bendigo Hospital Dorothy Smith, one of the nurses, told the 1891 commission that the majority of nurses were from "the class of domestic servants" and were "simply there in order to gain a livelihood." She did not think that it was "from the love of nursing that the majority go there." She added that they took it up "as a profession; but there is a great advantage to them because they have shorter hours than they would have in domestic service, from which most of them come, and there is a better position" (RC questions 6235-6238). Catherine Caffyn, a private nurse who had trained at St Thomas' Hospital, felt that there were "a good many" applicants for nurses' jobs from the housemaid class, "who are not common women, but they are not quite ladies, and they want to raise their position by becoming nurses." She would not debar these women from training:

Certainly not if they have a real vocation, or go into it from a better motive than earning a livelihood. I think they will never make as trustworthy nurses as women of education, because women of education like the work from a scientific point of view, whereas it often becomes a drudgery to people of the other class. (RC question 7416).

Yet the ideal remained, even though it was contradicted by reality. One member of the British Medical Association thought that "the higher they are educated the more gentle they are, and kinder, and better to the patients" (RC Evidence of Thomas Fitzgerald, question 3118). Alice Martelli, a nurse who had trained at the Alfred Hospital, told the Victorian Royal Commission: "I think the educated brain will do better at any work, especially as women of this class take it up with the view of perfecting themselves in the art. The domestic servant class take it up, as it would any domestic service, to make wages." (RC questions 6543, 6558)

However prospective nurses needed an additional quality - they had to be intelligent enough to undertake the specific education recommended for the nurse at the turn of the century. Entry standards were a serious concern for, as an editorial in *Una* said, nursing called for:

... the noblest qualities in woman, and raised as it now is to the rank of a science, the portals of the nursing profession should be wide enough to permit the entrance of all whom Nature has endowed with a sympathetic disposition, and whose physical and mental capacities are equal to the demands made upon them. ("The Qualification of Probationers" 1)

Besides possessing "sound health" the prospective entrant to "this noble profession" had to have "a natural inclination". This meant that "she must be sympathetic, self-sacrificing, and patient, and she must be so constituted as to realize to the full the helplessness of those whom she has to serve, and the responsibility which that service places upon her." These qualities could be judged by the matron during probation. But in addition the nurse needed "a special mental equipment" to cope with the study now involved in her training:

For her own sake, for the sake of her patients, and for the advancement of her profession, she must be equal not only to the educational requirements of the curriculum, but also to the intelligent observation, recording, and interpretation of the innumerable phases of disease which she will be called upon to nurse, which more often than not necessitates educational acquirements considerably above the average. ("The Qualification of Probationers" 1)

THE QUALITIES NEEDED IN A NURSE

Women who wanted to be nurses needed to possess certain qualities which would be enhanced by the training they received. Developments in the nineteenth century resulted in the model for trained nursing which "stressed discipline, self-sacrifice, order, and a separate sphere for nursing within the hospital structure" (Reverby 60). In the Australian nursing journals of the early twentieth century some confusion in thinking is evident as writers attempted to link the idea that a nurse had to possess special innate womanly qualities with the idea that a nurse needed specific training. Even the name of one nursing journal exemplified the main strand of the debate. The name "Una" was chosen because she was "the 'lovely lady' of the Red Cross Knight of the Faery Queen" who brought St George to a hospital where he was nursed back to strength. She was thus seen by the journal editor as "the embodiment of gentle and devoted womanhood" (*Una*, April 1903: 1).

In the exploration of what constituted an ideal nurse and therefore what sort of person should become a nurse there was frequent emphasis on innate womanly or mothering attributes. In a lecture on the preliminary training of nurses, Dr Robert Scott felt that "a nurse must, like a poet, be 'born, not made.' She must be wholesouled and devoted to her calling, and train herself to cheerfully give up many pleasures and make many self denials to endeavour to live up to a high ideal" (149). In fact, he believed that "in no profession more than that of a nurse is a high ideal of such importance" and quoted Ruskin to support his views: "She must be enduringly...wise - wise, not for self improvement, but for self renunciation: wise, not with the narrowness of insolent and loveless pride, but with the passionate gentleness of an infinitely variable...modesty of service - the true changefulness of woman." (149)

While on the one hand formal, even scientific, education was seen as a necessary preparation for becoming a trained nurse, on the other hand nursing was always linked to womanly virtues. The emphasis on innate qualities was exemplified in a 1904 newspaper comment that "all the training in the world will not...necessarily make a good nurse. She is born, not made, and she must add to her technical knowledge sympathy, tact, and common sense" (*Argus* 10 June 1904, qtd *Una* July 1904: 78). Or, as an editorial in the Victorian nursing journal put it:

A very large, if not the largest, usefulness of the nurse will, of course, always lie in those womanly feelings of sympathy and devotion which urged Florence Nightingale to that great initiative, which is the starting point of the present profession. But the feelings must be directed by the intellect, and upon her intellectual acquirements will inevitably depend very much of the success or failure which attends the nurse's efforts. ("The Qualification of Probationers" 1)

Other writers painted the nurse as saint-like: "In the ideal nurse we look for an infinite patience, and sympathy born of understanding, for a breadth of heart and mind that is unfortunately too rare, for perfect sincerity, loyalty, and refinement" (E.M.G. 188). Nurses were seen to belong to "the noblest and most self-sacrificing profession open to women" (Meyer 71). One nurse felt that "nursing must mean to some extent self-renunciation" (Jones 64).

A major characteristic of the nurse's role was that she had to be subordinate to the superior males in their environment, the doctors. In nursing women did not compete with men but in fact carried out their orders in a way which was deemed suitable for women. As the popular English journal, *St Paul's Monthly Magazine* said in 1871:

Here is an opportunity for showing how a woman's work may complement man's in the true order of nature. Where does the character of the 'helpmeet' come out so strikingly as in the sick-room, where the quick eye, the soft hand, the light step, and the ready ear, second the wisdom of the physician, and execute his behests

better than he himself could have imagined? (Qtd Abel-Smith 18)

This image replicated the relationship of husband and wife in the middle-class home where the Victorian wife provided "the proper environment of respectability. She became the guardian of morality, the citadel of respectability. 'Helpmeet' to her husband required that she be righteous, gentle, sympathetic, and most of all submissive" (Branca 7). This description could easily have been applied to the nurse. The 1891 Royal Commission in Victoria which was strongly in favour of trained female nurses, acknowledged nursing "as the handmaid of medicine" (RC xix). To the commissioners, nursing was not a form of domestic service but a distinct and separate function within the hospital, ancillary to the male domain of medicine. An editorial in a 1905 nursing journal believed that it was:

... essential that she [the nurse] recognise that the doctor, before all others, is the commander-in-chief, that her first duty is to loyally carry out his orders, and that in the execution of that duty she should not alone do nothing [sic] to disturb the patient's confidence, but rather strive, by every legitimate means, to impress her charge with the value of his services. With this spirit underlying her work, she should bring to the performance of her important task all the skill of which she is mistress, all the thoroughness and attention to detail that she can command, all the sympathy and tact that she has inherited or acquired. ("The Nurse and the Doctor" 1)

As a totally female occupation in which high educational attainments were not required of recruits, and in which the training was at best like that of an apprentice tradesman, nursing had to prove its status by other means. Its recruits, if not ladies when they came to the hospital, had to be trained to be indistinguishable from them. As Maggs has said:

Most nurse commentators knew the occupation to be at least "mixed as to rank", if not absolutely composed of women from the "lower orders"; however, even when admitting this, the nurses did not speak of women from the working-class in general, but women from an "earnest class";...their earnestness was what wiped out the social distinctions of class of which contemporaries were acutely aware....the standard form of instruction and the standardisation of the training programme itself would wipe out any vestiges of "class", and turn all women into trained nurses and thus members of the earnest class. (45)

NURSES' WORK

If the work of a nurse involved self-sacrifice there needed to be extraordinary conditions in which she could give of herself. This was found in the harsh working conditions. The work was characterised as drudgery and the nurse had to be "a strong, capable, practical, sweet-tempered woman, whose work can never be comfortably rounded into eight hours, but more often runs into 18" (*Argus* 10 June 1904, qtd *Una* July 1904: 78). The training was "long and arduous" and her work once she had qualified was "frequently more arduous still" (Johnstone 5). Working conditions were discussed in a way that was akin to the trials of faith demanded of those with a religious vocation. Dr Scott said that nurses should impress on prospective trainees:

... the very highest traditions of nursing as a profession - let her see that what she wishes to become can only be done by hard work, combined with true love for her work; put before her, truthfully, the hardships she will have to put up with; the selfishness and ingratitude, and oftentimes the deliberate, and it may be malignant, misconstructions from those to whom one's best service has been given; above all, do not allow her to go into the profession for the glamour of novelty, which will be destroyed, like the gloss on new paint, after very little wear and tear. (151)

The nurse had to be a woman of virtue, with unflinching saintlike patience, physically very strong, and intelligent enough to absorb theoretical training. Nurses were expected to have a

vocation and a moral development that was not required of other workers. As an occupation, trained nursing was in a peculiar position with "an ambiguous and uncertain status. Although wage labor, it was seen as akin to a woman's devotional acts on behalf of her family. As women's work in a field dominated by male physicians, it was subordinate labor. As woman's labor, it demanded self-sacrifice and self-abnegation" (Reverby 117).

The importance given to the ideal that nurses did not work merely for money but did so for the sheer love of the job had as its obverse the fiction that income and working conditions were unimportant. Nurses were trapped into poor working conditions by the success of their own rhetoric. In this debate their selflessness accorded them status but this very characteristic locked them into long hours of work. Nurses were also trapped because they now provided indispensable labour for hospitals. This labour had to be cheap, since the institutions were charitable ones, although this argument never applied to medical practitioners. Their reward was the unique designation of being a nurse, but this had to be created in the public mind, for there was to be no great monetary reward. In fact, financial reward was counter-productive to the image of self-sacrifice that nursing needed to guarantee its uniqueness. Instead of earning a large salary as other mere mortals did, the nurse's reward for long hours of work and training at little or no cost to the hospital was to be a "ministering angel" (*Argus*, 1856, qtd Trembath and Hellier 10), a member of "one of woman's noblest professions" (Watson 134) which was "a sacred office, not a trade" (Inglis 96).

Examples of sacrifice were seen in the lengthy working hours of many nurses. Miss MacLean, matron of the Women's Hospital in Melbourne, proclaimed:

Our work, in its very nature, needs a spirit of self-sacrifice, quite outside all question of recompense. We cannot measure our work and charge so much per hour; we must throw ourselves into it and work while there is need, and because we wish to do all that is possible, and not merely all that is absolutely necessary. ("Lecture by Miss MacLean" 34)

Miss E. Glover, an office bearer of the nurses' association in Victoria, stated firmly:

A nurse who is willing to leave her patient at a critical moment, on the stroke of the clock, is not worth being called a nurse....A nurse's life is hard, and full of self-sacrifice. Anyone going into the profession must go in fully prepared to sacrifice a great deal for the sake of her work. We must not measure our hours of labour, but rather regret that we cannot do more. (11)

These views were widespread. One hospital association in the USA in 1917 asserted that "the work of nurses can no more be regulated by a hard-and-fast law than the work of doctors or mothers" (Qtd Reverby 128). After all, "a good nurse can never be fully compensated by money. She must be paid, as she undoubtedly is, a fair remuneration, but her work must be something better, something higher, and I may add purer and holier than the ordinary commerce of to-day" (Glover 11). These views clearly show the strength of the ideology of the self-sacrificing nurse which had a profound and direct effect on the industrial issues of working hours and wages.

The ideal of the altruistic nurse serving humanity was critical in keeping hospital and community health costs down as it provided cheap, and sometimes free, labour from nurses in training and long hours from all nurses. Within several decades there had been a transition from the belief that every woman was a born nurse by virtue of her sex, to the belief that every woman had the potential to become a trained nurse, by virtue of her sex. Nevertheless the ideal of the nurse had not changed since it was described by the Sydney Infirmary's report in 1869:

There cannot be a doubt that the best and most efficient nursing is that which simply and faithfully carries out

the instructions of the Medical Officers, attends cheerfully to the domestic comforts of the patients, manages the wards with the strictest economy, method, and cleanliness, and meets every emergency with unflinching self-sacrifice. (Qtd MH 14)

By the last decade of the nineteenth century the occupation of nursing was characterised not only by its totally female nature, but by its long hours, low or non-existent pay during training, and by the cloistered life that hospital nurses led. Within fifty years nursing had been transformed from work done by servants to a paid living for women from many different classes. It was an occupation that was characterised in the public mind by selfless sacrifice, a belief that its members absorbed to a large degree but also one that provided a cheap public health service.

Note

[1] Trembath and Hellier (14) warn that the figures indicate trends only.

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