

CONTESTED FEMININITY: GENDER AND WORK AT THE SYDNEY INFIRMARY, 1868-1875

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Abstract

Prior to the arrival of the Nightingale trained nurses at the Sydney Infirmary in 1868 gender relations at the Infirmary were based on clear cut authority relations between 'respectable' male doctors and administrators and female nurses who were outside acceptable Victorian notions of ideal femininity. While the Nightingale nurses brought with them the protection of respectability, higher class and status, they also held professional aspirations concerning the creation of an autonomous sphere in which to establish their own set of authority relations within the Infirmary. The struggle which ensued had ramifications for gender relations within the institution, for the status of women in colonial Sydney society and also for the nascent colonial state, which set a precedent for state intervention into gender relations.

In March 1868 the *Dunbar Castle* berthed at Sydney Harbour with five Nightingale trained nurses and a lady superintendent, Lucy Osburn, on board. Their arrival was the long awaited result of personal correspondence between the NSW Colonial Secretary, Henry Parkes and Florence Nightingale. Parkes had written to Nightingale to enlist her help in introducing trained nurses and a training school for the colony (Brodsky 20). Henry Parkes went personally to greet the nurses. Macquarie Street was lined with members of the public who clapped and cheered as they drove past, hopeful, no doubt, that the nurses might improve conditions at their dirty, smelly Infirmary. All through the afternoon, politicians, clergy - including a Bishop - doctors and other prominent citizens called on the "English" nurses to welcome them to the colony.

Yet, within weeks of this felicitous welcome, organised opposition by the Infirmary doctors against the nurses was already forming. This was only the beginning. The doctors were joined by the lay administrators and even the male servants. The women struggled to remove the vermin, clean the wards and nurse the sick even as the doctors removed the diagnosis cards on the patients' beds, so that the nurses would be kept in ignorance about their conditions. Under the leadership of the outspoken Osburn, the nurses pushed to implement their reforms against opposition so hostile that it eventually spilled over into the popular press and into the Legislature. Finally, the state itself was called on to resolve the conflicts and bitter tensions within the *Infirmary*. A Royal Commission was called to inquire into and make recommendations about the nurses, the lady superintendent, the doctors, the administrators and the Infirmary. The recommendations of the Royal Commission and its aftermath confounded the doctors and the administrators, and ensured that relations between doctors and nurses were renegotiated with entirely new assumptions.

How are we to understand this historical narrative? What is its significance for the construction of gender relations within the Sydney Infirmary and in colonial NSW more generally? In contrast to other accounts which treat these events either as an individual trial for Osburn or as a "bar to progress" (Brodsky; MacDonnell), the reading developed in this paper will focus on the contestation of discourses of femininity (and to a lesser extent of masculinity) which are inherent within the narrative. I will argue that: (i) the series of events

which led up to and included the Royal Commission, represent a crucial moment of contestation and struggle around definitions of what constituted a "good" woman and a suitably behaved "gentleman" in colonial NSW at this time; (ii) that in this case, ideologically constructed notions of femininity and masculinity were mediated through professional discourses concerning what constituted appropriate behaviour for the new Nightingale nurses as well as for the male doctors and lay administrators at the Infirmary; (iii) that discourses concerning behaviour were directly linked to negotiations, disputes and struggles concerning authority, occupational territory and the re-establishment of a sexual division of labour within the institution; (iv) that the nascent colonial state had a direct role in orchestrating a new form of gender regime in the institution, which in turn had implications for the gender order as a whole; (v) and, finally, that the form and outcomes of this intervention have implications for theorising the state and gender relations.

While the most telling evidence concerning these issues is contained in the transcripts of the Royal Commission, there is also some rich and revealing material contained in the correspondence between Osburn and her mentor Florence Nightingale. Accordingly, before moving on to examine the discourses of femininity as they are revealed in the Commission transcripts, I will examine the early attempts of the Nightingale nurses to influence gender relations at the Infirmary through the "reform" of the original Sydney nurses to English, middle class concepts of acceptable femininity - attempts which ultimately failed but which were not without their own ironies.

TEACHING FEMININITY

The historical depictions of the pre-Nightingale nursing staff are almost uniformly damning. They are variously described as "slatternly" and "a dissolute class" while their matron, Mrs Ghost, has been referred to as "a Sarah Gamp of the Southern Hemisphere" (Brodsky 18; MacDonnell 21). Yet it is clear from the evidence that these women suffered coercion and abuse under the old gender regime at the Infirmary. It fell to Lucy Osburn, the Lady Superintendent of the Nightingale nurses, to find some words which at least give a glimpse of how work in the Sydney Infirmary was experienced from the standpoint of these nurses. Nine months after arriving in Australia Lucy Osburn wrote in a letter to Florence Nightingale:

My first endeavour was to reform a crying abuse and that was the miserable, pitiable condition of the Nurses. Bad was the treatment of the wardsmen, but I can never tell you the violent language and abusive conduct practiced by every official, petty or supreme, to those unfortunate women. ... The doctors habitually stamped and raved at them in the wards. The patients called "Betsy" or "Polly" to do their most menial work. The dirt in spite of all the raging and stamping seemed ever increasing. The noise and pranks in the wards were too dreadful. (NC 4 December 1868)

She goes on:

The doctors were always advising me to pack them all off. But was it fair after treating them all like dogs, because they did not look bright and trim and clean like the Sisters, to turn them off without a trial. (NC 4 December 1868)

This gives an insight into the crude form of gender relations which had been operating at the Infirmary under the old system. This was not only a gender regime of male privilege but also one of naked and often violent male power. In the view of the doctors, these women who were shouted at and abused, could be discarded now that "a nicer style" of women had materialised. Osburn made certain immediate changes:

I got a dormitory assigned to them in which we got four posted iron bedsteads, wash basins and looking glasses. The sisters taught them to do their own hair: there was no excuse for being dirty when they had a basin to wash in. We got them uniforms, white caps and aprons and lilac dresses. (NC 4 December 1868)

There is a real sense here of the effort which was required to transform gender relations at the Infirmary. The first step was to teach the old nurses a new concept of respectability and femininity. Matthews has discussed the way that the gender order of any particular society creates an ideology of femininity, which establishes both the imperative and the meaning of being a good woman. She argues that a part of this ideology is concerned with the development of gender identity:

It involves strategies to instil in each woman the desire and need to be feminine. Such desire and need become part of the woman's sense of herself, and direct the path of her becoming. (15)

She goes on:

The other part of the ideology of femininity establishes the meaning or content of being a good woman. Such meaning is constructed by a series of strategies which establish a complex hierarchy of ideal attributes. This hierarchy can perhaps best be conceived as a checklist of specific forms of appearance, behaviour, thought, speech and activity. (15)

The overworked and ill-treated nurses at the Sydney Infirmary had not, up to this point, been expected to absorb and live out middle class ideologies of femininity. There is a strong sense in which ideologies of femininity, and a presence in that institution under the old system, were simply incompatible. The task for the English nurses was consciously to teach the Australian nurses to re-construct themselves according to the checklist of attributes compatible with middle and upper class good women.

Sometimes, however, human practice can go terribly wrong. In the case of the English nurses, it seems that they too had much to learn in the freer, more informal environment of Sydney and the Infirmary. It seems that they quickly discovered or at least began to express, their sexuality. Only a few months after their arrival, Osburn was writing to Nightingale:

My matrimonial troubles have begun. Sister Annie (Miller) the oldest of the lot, considerably above 40, is openly getting up a flirtation with the Resident Physician, a German with his hair permanently on end and a beard several yards in length. A vase is bought for flowers. Slippers are being worked. Shirts and collars come to be marked. Nurses, servants and patients are all talking about it... (NC November 1868)

One year later she was writing again:

Another vexation: Sister Haldane is propagating even in my presence ... that Sister Bessie was confined three months after she left here - fancy if *Punch* gets that. Sister Mary tells me she has two strings to her bow, a patient and a wardman, and she has quite made up her mind to marry. I sometimes think it must be both for they both visit her, and sit in her room drinking tea, or even in the wards with their hands on her shoulder. Sister Haldane asked her before some of the nurses if that patient man ...had his arm round her waist and was mauling her in the ward... She explained with great dignity that it was only a dear, decent fellow from Hampshire who caught hold of her to say something in her ear ... (NC 24 March 1870)

The letter continues in this vein until she cries: "Now they were none of them as bad as this when they came: what has altered them?" On a more serious note, these observations would appear to support the proposition that the early recruits to the Nightingale Fund were a socially mixed group with only a minority who were educated and upper middle class (Dingwall *et al.* 71). This is supported by other comments from Osburn's correspondence to Nightingale, such as this excerpt where she describes the progress of some of the sisters sent

out with her:

Sister Eliza is the most vulgar for she is too conceited to hide her bad manners with quietness. It is sometimes a trial to sit at meals through it all, talking and laughing loud with her mouth chock full... (NC 16 June 1869)

As well as illustrating the complexities and the unintended effects of human practice, these observations are also useful as a counter to any simplified notion that the English nurses completely embraced a kind of genteel respectability. That historical definitions of femininity are as much about gender *relations* as they are about women's attributes can be seen from the process of re-education which involved the doctors as well as the nurses. It was apparent from the beginning that as students of a new type of gender regime, the doctors were going to be slow learners. In the same letter, Osburn comments that despite these changes:

[T]he stamping and raging of the doctors though checked was by no means stopped. Nurses were still scolded until they cried before their patients and I was sorely puzzled how to stop it for respectable women could not stand it... (NC 4 December 1868)

This statement tells us much about both class and gender relations in the Institution. That nurses were verbally abused "until they cried before their patients" indicates, firstly, that the nurses were regarded as a lower class of women who not only required no expressions of respect, but who had to be publicly humiliated to reinforce their subordinate position. Secondly, it shows that the status of the doctors as gentlemen is also questionable given their shouting and stamping behaviour and, thirdly, that power relations between the doctors and nurses were based on the type of overt conflict and brutality which was more suited to a relationship between overseer and convict. This was the antithesis of the Nightingale reforms which were based on clear but silent authority relations and a mutually recognised division of responsibilities (WC Nightingale to Windeyer 28 March 1874). It also assumed that both doctors and nurses behaved toward each other in the manner of the upper middle classes. Osburn was right to state that "respectable women could not stand it". If the Nightingale reforms and new sexual division of labour were to become established in Australia, it would not be sufficient to re-educate the nurses. The doctors, too, would have to learn new rules of working and relating which would introduce a degree of ambiguity and insecurity into authority and power relations.

In the event, it was not just the shouting and abuse but constant disputes over territory, ambit and authority which epitomised the failure to establish new working relationships. The lack of a clear line of authority can also be seen in the virtual impossibility of any definitive action to resolve ongoing problems, such as the vermin, leaking sewage, and bugs in the walls. While it later became convenient to blame the new nurses for such stalemates, it is evident that it had always been difficult for the doctors to remedy anything in the Infirmary that involved an outlay of money (RC 153). Rather than ameliorating conflict and inaction, there is ample evidence from the Royal Commission to suggest that the arrival of the Nightingale nurses actually introduced new tensions and problems into the Sydney Infirmary. After 1868, the personal and professional attacks on Miss Osburn, the nurses and "the system" increased in intensity.

As the condition of the hospital continued to deteriorate, patients became increasingly reluctant to enter the wards because of the regular outbreaks of pyaemia and erysipelas (MacDonnell 81). There existed in the Infirmary a stalemate, a division of power between the nurses, the doctors, and the lay administration which resulted in poor efficiency and lack of action in any of the areas which needed rectification (Watson 107, 120; MacDonnell 79). The one area which prospered was the nurse training school. Australian women were graduating

as both nurses and sisters and it was generally agreed that the standard of nursing was improving (MacDonnell 80). However, the lack of harmony within the institution, combined with the decrepit state of the buildings, became a pressing public and therefore political issue. Matters concerning the institution and its poor image were raised in the popular press and in the parliament (NC Osburn to Parkes 8 September 1870; SP 13 February, 20 February, 26 September 1873). It became clear from the various press reports and the sometimes desperate tone of Miss Osburn's correspondence that the institution was incapable of reforming itself.[1]

STATE INTERVENTION: A ROYAL COMMISSION

It is important to note that Parkes and his government had both a wider political agenda concerning reform of public institutions, including public charities, as well as an immediate need to act for reform at the Sydney Infirmary due to public pressure. Watson adds a third instigating cause for government intervention, which was the agitation of the directors for funds to erect a new building (119). The motion for the appointment of a Royal Commission was moved in the Legislative Assembly by Captain Onslow, who was an acquaintance of both Lucy Osburn and Florence Nightingale.[2] MacDonnell claims that while debate over the issue was taking place, Parkes hurried over to the Infirmary to consult with Miss Osburn. When she agreed that such an inquiry was desirable, Parkes returned to the House and supported the motion (83). On reflection, it does seem odd that such an important step would not have had more detailed planning.[3] Nevertheless, it is clear that Parkes was acting in a way which would bring a higher authority to bear on the troubled Infirmary. It is also clear that he was prepared to use state power to support the nurses and the nursing system there.

The Royal Commission was appointed on 8 April 1873 and consisted of seven members, with W. C. Windeyer as president.[4] They sat for twenty-four days in the Infirmary board room taking evidence in regard to the method of administration, sanitary conditions, dietary scales, accommodation, systems of superintendence, medical treatment, and all other matters of a cognate nature (Watson 119). The ambit of the inquiry was wide ranging and it carried the highest authority. While it was feared by the lay administration, it was seen by the government, Osburn, and some of the doctors as an opportunity to bring about long overdue change. The interests of the different parties emerge strongly from the transcripts of evidence. The lay administrators wished to reduce the power of the Lady Superintendent in all matters relating to the administration of the institution. The doctors had mixed agendas - a reflection of the immature state of the medical profession at that time - but held in common a desire to see the nurses categorically under their control and supervision. The nurses wanted an end to direct interference in their work, and full acceptance of themselves as professionals as well as acceptance of the Nightingale principles of nursing and hospital administration. It was the incompatibility of these aspirations which had led to the stalemate since the arrival of the nurses. Adjudication from a higher authority was going to be essential for the possibility of future working relationships. In the process it was also influential in making space for a new discourse of femininity which encompassed authority and a new level of autonomy for nursing which formed the parameters for a new sexual division of labour within this institution and in all others which adopted the Nightingale system.

The First Report of the Royal Commission contains transcripts of evidence which reveal both the hidden and the overt conflicts of interests of the different groups. Of particular interest for this paper, are the different positions, which are sometimes explicitly articulated and sometimes covertly implied, regarding the behaviour and attitudes appropriate for ladies who happen to be working as nurses. While all the parties were called to give evidence, there is a palpable assumption on the part of the doctors and lay administrators that the male

Commissioners will meet their testimonies of complaint (about the nurses) with sympathy and certainly with belief. However, it is apparent from the record that this assumption was based on shifting sand.

One of the hospital surgeons, Roberts, actually went to the trouble of sailing to England, and secured an interview with Miss Nightingale, in an attempt to prove that Miss Osburn had altered the system at the Sydney Infirmary to suit her purposes. At his first meeting with the Commission he spoke in mostly general terms. He stated that he desired to give an exposition of his ideas on what constitutes a good nursing staff. He stated:

The leading features of a good nursing staff are strict obedience, not only to the letter but to the spirit of all directions given by the physicians and surgeons, adopting the principle that effective nursing is an important part of medical treatment. (RC 212)

After enlarging on his theme of the need for a lady superintendent to have a "calm, conciliating, womanly disposition" and no interest in "an instinctive grab for power" he reiterated his attempt to constitute nursing as part of medicine by adding: "The object of medical treatment, of which nursing is a part, is to save human life and relieve human suffering" (RC 212). The Commissioners then quoted extensively from Nightingale and asked if he was able to agree with the general principles of hospital management that she laid down. He stated that he did agree with these general principles (RC 215). It appears that after some reflection on the record of his testimony, Roberts formed the opinion that he had not put his views sufficiently strongly, and so submitted a particularly damning memo containing the purported views of Miss Nightingale on the way that her system had been subverted at the Sydney Infirmary by Miss Osburn. In his memo, Roberts claimed that Nightingale was "impressed with a feeling of the deepest disappointment in the results attained by the staff sent to Sydney, which she appeared to consider as the nearest approach to failure which their establishment had received" (RC 252).[5]

At his second appearance before the Commission, Roberts was submitted to hard, detailed and, at times, unsympathetic questioning. What follows is an edited version of this interview:

Commissioner (C)

Have you any idea why she was not satisfied?

Roberts (R)

That would lead me into a personal discussion - too personal a discussion.

(C) Was it because the nursing of the patients was not fairly attended to?

(R) She considered that the whole thing was in the highest degree unsatisfactory.

(C) Did she give any reason for it - How long were you in conversation with her?

(R) About two hours

(C) You were talking to her for two hours, and surely she would give you some reason for the belief she expressed?

(R) Yes, I - well -

(C) Upon what evidence did she say that she came to this conclusion?

Another Commissioner:

That is just what I want to know, or that is what I want to get out. It appears that Miss Nightingale, lying sick in bed, stated this, and I want to know did she say why she stated it. She might have been misinformed for anything we know to the contrary?

(R) I remember one expression of hers, which was -; well, I do not like to mention one thing without another.

(C) We may as well have all the facts that you can give us. Did you give her any impression as to the state of matters?

(R) I gave her my own impressions afterwards undoubtedly.

(C) Were your impressions for or against the nursing staff?

(R) They were decidedly against Miss Osburn's tact and judgement. (RC 252)

The interview continued in this vein, with the Commissioners making repeated efforts to extract details from the witness. It is clear that they became impatient with his continual refusal to provide details of his conversation with Miss Nightingale and his assumption that her opinion was its own justification:

- (C) But give us the facts and let us judge for ourselves?
- (R) Quite so: but does it not occur to you that Miss Nightingale would not give an opinion that was not well founded - that she would not judge loosely of her own system?
- (C) But she gives an opinion which will bear rather hardly upon a lady when it goes into print, and I would urge you to give the reasons for that opinion if you can?
- (R) I cannot, but I really feel rather vexed that I have attempted to mention any of her supposed reasons. (RC 252)

After several more attempts in this line of questioning, the Commissioners turned to Roberts' own views of the nursing system at the Infirmary. They prefaced one of their questions with the revealing comment:

- (C) In fact, it would be hard for doctors and lady superintendents who take too much upon themselves to go on together, *as, from evidence we have had, the doctors seem to think that there should be no authority but theirs in the institution?* (RC 253, emphasis added)

The Commissioners went on to question Roberts about his views on the working of the nursing system at the Infirmary. He replied:

- (R) It has been a great improvement on the system which was adopted here before, and conducted by a lady who I am sure is very talented and highly conscientious, *but who has views of her own, with regard to nursing, beyond those of the Nightingale system, and has endeavoured to carry out those views, and not always been judicious in carrying them out.*
- (C) What are those views?
- (R) The assumption of a position which is not taken under the Nightingale system by any officers.
- (C) Is that the difference to which you have alluded as existing here, as compared with the system in England?
- (R) Yes, to a certain extent.
- (C) What other differences are there?
- (R) The changing of the sisters I have referred to. The others are - I should like to be very explicit indeed, but it is so very difficult, and it is a question of a matter of detail - when they arrived, there was *a great assumption of power* by the lady superintendent. (RC 253, emphasis added)

At this point, Roberts fell upon the tactic of pointing to supposed personal failings of Miss Osburn to explain deviations from the Nightingale system. At the same time he was attempting to call on acceptable constructs of femininity to highlight Miss Osburn's deviancy:

- (R) I look upon the failure of Miss Osburn to arise from the natural disqualifications of mind that she possesses, which unfit her for the peculiar duties of a lady superintendent in these Colonies.
- (C) What are those disqualifications?
- (R) She is extremely talented and conscientious, but ambitious. (RC 254)

Roberts used this term as though it ought to be sufficient explanation in itself. He was arguing that ambition in a woman is a "natural disqualification of mind" and he naturally expected that the male Commissioners would concur with his judgement on both Lucy Osburn and on what constituted appropriate femininity. The Commissioners, however, were not so categorical. Once again they pushed him for specifics and he was forced into a circular argument:

- (C) She must have a rather small ambition to stop where she is I think?
- (R) No one can be more anxious for the success of the nursing system, but she has a natural ambition, a spirit

which has led her to make small hot water for herself, if I may use the term.

(C) In what way?

(R) A great many ways.

(C) Tell us some of them. Do you mean in the way of disagreements with the doctors or the patients - there are many doctors who are rather queer tempered?

(R) I have no doubt there are other people too who have queer tempers.

(C) Then we come back again to the question of her peculiarities, and we should like to know what they are?

(R) Ambition, I think. (RC 254)

The transcripts of evidence, reveal a sense of discomfort, surprise and offence on the part of Roberts. It is noteworthy that Roberts does not receive the sort of chummy, male response that he might have expected. At one point in the questioning, he said: "You still have put your question rather unfavourably to me (RC 255)."

It is clear that traditional assumptions concerning women and an appropriate femininity were being challenged and reconstructed through the process of this Royal Commission. By the end of his evidence, Roberts was aware that he could no longer rely on a common patriarchal language nor common assumptions concerning ideal womanhood. He was reduced to calling up an image in the hope that it might convey what his words had been unable to:

There has been a great deal of talk and some little misunderstanding, but if the Commission could go up to Gladesville, and walk into the matron's department there - she is a little, thin, quiet woman, who manages 250 lunatics and their attendants, and has a much greater responsibility - you would see the absolute quiet way in which everything is managed there. You hardly hear this woman's voice; as for thinking of discharging a nurse, she would shrink from such a thing, but none the less report her for disobedience. That would show what I mean. (255)

THE STATE AND GENDER RELATIONS

As well as having a specific task to confront, the Commission can also be seen as part of a social process of opening up the possibilities for a wider range of subjectivities for women in professional positions. Roberts's rather pathetic call for a "little, thin, quiet woman" whose voice is hardly heard and who would not dream of exercising any authority, ultimately fell on deaf ears. This lack of sympathy on the part of the Commissioners and their challenges to dominant, male notions of acceptable female attributes, can be seen as a form of intervention on the part of the state, via the Commission, into gender relations. This particular instance of early state intervention, while interesting in itself, may also have something to say about the state more generally. It appears to support other theoretical and historical studies which acknowledge the dynamic and contradictory nature of the state in terms of gender, and other, relations (Franzway *et al.*; Witz). This position is counterpoised against a view of the state as essentially patriarchal and so an instrument of male power. Franzway *et al.* make the point:

The state is culturally marked as masculine and functions largely as an institutionalisation of the power of men, especially heterosexual men. In that sense it is patriarchal, can often be seen as the collective patriarch. *Yet this institutionalisation is uneven and generates paradoxical reversals, in which the state participates in constituting antagonistic interests in sexual politics and can become a vehicle for advancing those interests.* (41, emphasis added)

I wish to argue that the events outlined in this paper are an example of just such a paradoxical reversal. In this particular case, it was brought about by the personal friendship between Osburn and Henry Parkes as well as by the objective issue of state accountability for public institutions. Parkes and his government needed to break the nexus of power at the

Infirmary which revolved around a group of powerful doctors and the directors which formed from the shifting alliances of the religious and lay male elites of Sydney. Only in this way could a direct role for government be forged in this institution and later, in others. The Nightingale nurses were central to this strategy. The outcome of state intervention left the Nightingale nurses in a much stronger position in the hospital and it is possible to argue that their enhanced authority raised the status of women in general.

There is another point which emerges that has to do with the Royal Commission being more than a form of state intervention. It was also a visible, public process of exposing, exploring, re-affirming and challenging dominant discourses and attitudes in a range of areas which included medical authority, nursing identity and gender relations. In this sense, it can be seen as the public face of an intense and pivotal private moment when complex relations of gender, class and state were being worked out in a prominent Sydney institution. However, its ramifications were to move beyond more than one institution. For instance, the Commission can be seen as part of a process which was reconstituting ideologies of acceptable femininity. No longer could doctors like Roberts rely on keywords like "ambition" to provoke an instant, male comradely response. While there may have still been a strong desire from many doctors for "little, quiet, thin women" with "voices you hardly hear", the need for reform in public services, in particular, public charities, meant that limiting notions of acceptable feminine behaviour and activity were to be opened up for challenge and possible re-definition.

This is not to underestimate the continuing oppressive nature of the gender order for women. In his discussion of hegemonic masculinity, Connell makes the point that one particular form of femininity is defined around compliance and subordination and is "oriented to accommodating the interests and desires of men". He gives this the name of emphasised femininity and it is possible to see this as the type of femininity preferred by the majority of doctors and the lay administration in the Infirmary (Connell 183). However, to the degree that the nurses challenged this view, and the Commissioners sanctioned this challenge, the Royal Commission can be seen to have been not only opening up possibilities for different subject positions for women, but as also acting as a form of re-education for men. Again, using concepts developed by Connell, it can be seen as part of a process of re-defining socially constructed notions of hegemonic masculinity. The shift here was from crude and sometimes violent masculinity more suited to authority relations of the convict era, to one more in line with the radical, literary set who dominated government at this time and which meshed with aspirations for a cosmopolitan city and state, with a prosperous, mixed economy.

While other accounts of the early years of the Nightingale nurses at the Sydney Infirmary have attended to the conflicts and difficulties that the nurses encountered, they have done so with a focus on personalities and private power struggles (Cope; Brodsky; MacDonnell). There is a strong sense in these and other histories, that Nightingale nursing was simply transplanted, albeit with some early hiccups, from Britain to Australia. The argument I have developed from the evidence presented in this paper challenges this view, and in the process, opens up other areas of the story for reconsideration.

I have argued that the arrival of the Nightingale nurses and the disputes which lead up to the Royal Commission, formed a pivotal moment in the ongoing and contested social construction of gender and gender relations in colonial NSW. In this case, ideologically contested notions of femininity and masculinity were mediated through professional discourses concerning appropriate behaviour for the Nightingale nurses, the doctors and the lay administrators in the Infirmary. In turn, these discourses were linked to disputes and negotiations concerning authority, occupational territory and the establishment of a new sexual division of labour within the institution. In this particular case, intervention into gender relations on the part of the nascent, colonial state was connected to a wider political agenda concerning the need for a more direct role for the government in the financial management of

public institutions. Finally, the events examined in this paper, contribute to a perspective which calls into question theoretical approaches to the state which view it as essentially patriarchal. It is apparent from the evidence presented in this paper, that the state made alliances with a group of professional women which resulted in a significant shift in gender relations which were in the interests of professional women, in this case, nurses. Witz (208) has called this approach an institutional theory of the state in that it views the state as less a monolith of class or patriarchal power and more a constellation of competing interests with outcomes which are historically and nationally variable. It may be that small, particular studies of state intervention offer useful insights into the multi-layered construction of the colonial state and its later, comparative openness to gender relations in its national, democratic form.

Notes

[1] In her letter to Parkes, September 8, 1870, Osburn wrote: "I am nearly in despair. I see Mr Buchanan has attacked me in the House last night. At least he has given notice that he is going to do so with the sanction of your committee." Further on she added: "I fear they will never leave me alone, Mr Parkes. I seem only to be a cause of worry and annoyance to my friends just now. Whenever you see it will be advisable for me to resign I shall trust to you to tell me. I don't want to be a coward, but I should not like to feel in an undignified position." (NC)

[2] The exact wording in Hansard reads: "Charitable Institutions: Captain Onslow moved, pursuant to Notice, That an Address be presented to the Governor, praying that His Excellency will cause a Royal Commission to be appointed to inquire into the working and 'management' of our Charitable Institutions, more particularly the Sydney Infirmary and the Orphan Schools." After some debate, it was agreed that the words "and the result or products" be inserted after "management". This was put and passed on February 4, 1873 (Hansard, State Parliament of NSW, 1873:147).

[3] However, this story is verified in a letter from Lucy Osburn to Florence Nightingale where she wrote: "A Royal Commission has just been appointed ... to inquire into the management of the Hospital as well as some other charitable Institutions. Mr Parkes kindly came to inquire if I thought this would do good ... (NC 12 May 1873).

[4] It is interesting to note that there were complaints in the NSW Medical Gazette concerning the fact that there were no doctors on the Commission. One writer was of the opinion that the Commission should have consisted of "at least one third of medical men" (MG 1873-74, vol iv, 637).

[5] Both Henry Parkes and the president of the Inquiry later wrote to Nightingale and asked her to respond to these allegations. In her replies she made it clear that she considered herself to have been misrepresented by Roberts (WC 28 March 1874). However, on the basis of Robert's testimony and Nightingale's letters to Windeyer and Parkes, it does appear that Nightingale (through fatigue or vexation at the Sydney situation) may well have given Roberts the very little ammunition that he needed to mount the attack on Osburn.

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