

# WORK AND THE NINETEENTH-CENTURY PRESS

Living Work for Living People

*Edited by Andrew King*

First published 2023

ISBN: 978-1-032-34654-0 (hbk)

ISBN: 978-1-032-34655-7 (pbk)

ISBN: 978-1-003-32320-4 (ebk)

# 6

## 'IN THE HOSPITAL & OUT OF THE HOSPITAL'

Nurses and Nursing in Margaret Harkness's  
Periodical Publications

*Flore Janssen*<sup>1</sup>

CC-BY-NC-ND

DOI: 10.4324/b23105-6

The funder for chapter 6 is Birkbeck, University of London.



**Routledge**  
Taylor & Francis Group  
NEW YORK AND LONDON

# 6

## 'IN THE HOSPITAL & OUT OF THE HOSPITAL'

### Nurses and Nursing in Margaret Harkness's Periodical Publications

*Flore Janssen*<sup>1</sup>

This chapter follows one writer, Margaret Harkness (1854–1923), through two professions: nursing and journalism. While Harkness is best known for the social novels about late nineteenth-century urban poverty that she published under the pseudonym John Law, her long career had a much wider span, and its professional cross-overs allow her to function as a case study of writing about working. She relied on paid work to give her independence, and the demands of her work determined much of the structure of her life, but in its turn her writing was also influenced by her personal beliefs and experiences. Although she disliked her own training as a nurse and chose writing as a career instead, her publications reflect a continued interest in the work of medical care, from her representations of doctors in London slum neighbourhoods in the 1880s to her commentary on epidemics on the goldfields of Western Australia at the end of the nineteenth century.

This research contributes to the fields of nineteenth-century women's writing and periodical studies in two ways: by adding to scholarship about the understudied writer Harkness and by applying literary analysis to representations of nursing in periodicals. The contested process of the professionalisation of nursing in Britain and Australia has been examined by historians such as Sue Hawkins and Judith Godden; my literary approach to contemporary representations adds insights into popular perceptions of nurses and their work to this history of the profession. While the 2000s have seen growing scholarship on Harkness, little work has been done on the key components of this chapter: her medical background and her journalism. Jason Finch explores Harkness's representations of hospitals in his analysis of 'hospital topographies' in her work in *The Materiality of Literary Narratives in Urban History* (2019), but the influence of her own medical training on her later writings has not been discussed.

In addition, Harkness's writing about her own former profession raises important questions regarding the representation of work and workers. What motivations underlie depictions of particular professions for a general readership as opposed to the specialist press? How should scholars read accounts that are primarily interested in the experience of work, and what value do they add to our understanding of a profession? Nursing and nurses appealed to the imagination of professional writers (and their readers) at the turn of the twentieth century, and while some seriously interrogate the appeal of the profession for single women, others romanticise it. Harkness's unique position as nurse turned writer allowed her to situate nurses, their work, and attitudes to them in the different contexts of the hospital environment and other settings. As a professional writer, however, she adjusted her writing to her popular publishing platforms. This meant that her writing was influenced by contemporary debates around the professionalisation of nursing, shifting conceptions of women's labour during the period, and widespread perceptions of care work as either a specifically feminine vocation or simply part of women's duties. While Harkness rejected nursing as a career, she repeatedly called for it to be recognised as real, hard work.

The title of this chapter derives from a letter Harkness wrote during her medical training, commenting on her experience of working and living with other 'probationers' or trainee nurses that '[i]n the Hospital & out of the Hospital the style of life & manners is about the same.'<sup>2</sup> In her own representations of nursing, however, the hospital setting often makes a crucial difference. This chapter is therefore divided into two sections: 'In the Hospital' and 'Out of the Hospital.' The first explores Harkness's descriptions of her direct experience of nursing in London hospitals by comparing her accounts of nurses' working lives in her personal correspondence and an early, popular magazine article. The second considers how her medical experience continued to inform her later career as a social writer using examples from her social novels set in late-1880s London and her understudied journalism for the Australian press at the end of the century. My conclusion contextualises Harkness's depictions with examples of later developments in popular representations of nurses and nursing, interrogating how they approach their readership and how they compare with the reality of the work of nursing and the lives of nurses.

### **'In the Hospital:' Harkness's Representations of the Work of Nursing**

Harkness entered training as a nurse around 1877 but within a few years she began to establish herself as a journalist and later novelist writing on socio-political themes. While she maintained a public persona as a writer and activist under her pseudonym, she evaded personal publicity, declaring in the *Pall Mall Gazette* that she did not 'like to be written and talked about.'<sup>3</sup> Nevertheless, the demands of a precarious career in journalism motivated her to write about – and thus

monetise – almost every aspect of her own experience, from her political activities to her global travels. As she developed her reputation as a writer, she increasingly used her representations of medical work to convey her social ideas. Focusing on her early writings on nursing, this section considers how her response to contemporary debates around the role of the nurse reconciled her practical understanding of nurses' labour with her own distinct sense of the vocation of helping others.

Harkness's biography before she began publishing around 1881 remains elusive, but we have a key source for her time in medical training in the letters she sent to her second cousin Beatrice Potter (1866–1943), who would become a prominent social investigator and reformer and later married politician Sidney Webb. Items in this collection have been retrospectively dated and assigned sequential numbers but the content of the letters often seems to contradict this sequence. While this produces some confusion about the trajectory of Harkness's medical education, the evidence shows that she was a probationer in early 1877 and went on to work in different London hospitals including Westminster and Guy's over the next few years. Around early 1878 an unspecified medical condition of her own prevented her from working on hospital wards so she commenced training as a 'dispenser' or hospital pharmacist, which entailed more straightforward study and fewer domestic chores.<sup>4</sup>

Throughout this period Harkness refers to her training as 'the life.' Phrases like 'I did not intend to begin this sort of life for two or three years, & then I intended to give myself up to it' and 'as I am to lead a Hospital life' suggest that she found the labour of nursing to be all-consuming, to the exclusion of all other 'life.'<sup>5</sup> Nearing the completion of her training in early 1880, she speculated on the lack of professional opportunities open to her.<sup>6</sup> Ultimately she decided that she was unwilling to dedicate herself to nursing and instead began to pursue a writing career. While similarly absorbing and gruelling, this work offered greater personal and intellectual freedom. Her first published periodical article, 'Women as Civil Servants' (1881), reflects her preoccupation with the restricted professional opportunities for women as she argued: 'The great and increasing demand for remunerative employment of women calls for frank discussion of their present position and future prospects as members of the working community.'<sup>7</sup> This article does not address either of Harkness's own professions, however; it discusses women in the postal service. It was another few years before she combined her writing career and her interest in labour conditions directly with her experience of hospital work.

In 1884, an article entitled 'Hospital Nurses' and signed M. E. H. (Margaret Elise Harkness) appeared in the *Leisure Hour*. The monthly magazine was published by the Religious Tract Society but, according to the *Dictionary of Nineteenth-Century Journalism*, sought to avoid being 'dismissed as a tract' itself. As its aim had always been to compete with popular periodicals, its tone was 'uplifting' rather than overtly religious, and in the early 1880s it further reduced its 'evangelical zeal.' Contributions from popular authors including Margaret Oliphant and Ellen Wood must have made the *Leisure Hour* an attractive platform for a writer at

the beginning of their career.<sup>8</sup> Harkness also had an existing connection with the Religious Tract Society: in 1883 she had published a volume called *Assyrian Life and History* through the Society, and in 1884 it would also issue her book *Egyptian Life and History according to the Monuments*. While publishing in its magazine provided an opportunity to further her writing career and generate income, it is likely that her awareness of the religious principles of the society restricted how she expressed herself.

'Hospital Nurses' detailed the working day of nurses on hospital wards in an often ambiguous commentary that does not mention the author's own experience of nursing. In its attempts to navigate the demands of its publishing platform it immediately raises several contradictions in the representation of nursing as work. The opening lines confuse the distinction between women's work and a vaguer notion of a gendered duty of care:

The fact that nursing was not recognised as an art when gentlewomen first undertook its duties, led sometimes to serious difficulties. Educated women were sorely in need of occupation when this new field was opened to them, and they rushed in knowing little of the nature of the duties they were about to undertake. Anxious to show their superiority over the style of nurses previously employed, they too often took to amateur doctoring and other objectionable practices. But these mistakes disappeared as the requirements of science became better understood. Among the very women they had despised and tried to supersede they found many who could teach them the real lessons they had to learn [...] of obedience, truthfulness, punctuality, loyalty, and cheerfulness ...<sup>9</sup>

Just as it is ironic that a detailed depiction of one of the few recognised types of paid labour for women should appear in a magazine entitled the *Leisure Hour*, as if to suggest that women's work was a suitable subject for the leisure time of others, it seems equally strange that Harkness, who began her writing career with an article on women in the workplace and went on to become an expert on labour exploitation, does not class nursing as either 'labour' or a 'profession.' Instead, her opening conflates art, science and duty in its depiction of nursing, suggesting caution on Harkness's part as to the position of her article in the contemporary debate around nursing as a profession. This debate was rooted in Florence Nightingale's efforts to present nursing as respectable work for women by emphasising its links to domestic work and gendered responsibilities.

In her historical study of the development of professional nursing, *Nursing and Women's Labour* (2010), Sue Hawkins explains that Nightingale wanted to suggest that 'the presence of middle-class women in hospitals was naturalized through the construct of domesticity.'<sup>10</sup> 'Hospital Nurses' seems to echo this idea by distancing nursing from medical knowledge, deriding nurses who overreached themselves through 'amateur doctoring' and instead praising supporting and subservient

qualities traditionally associated with femininity, such as obedience, loyalty and cheerfulness. This is comparable to Nightingale's deliberate presentation of the nurse 'not as a paid worker, but as a quasi-religious, ladylike philanthropist.'<sup>11</sup> Similarly, in a discussion of the *British Workwoman*, Deborah Canavan notes that '[a]ttending to the sick and needy in their local communities was considered a fundamental duty for any committed Christian woman.'<sup>12</sup> Attitudes like these implied that women were motivated to work as nurses by a natural instinct to care, rather than by economic motives or a desire for professional recognition.

Harkness's expressions in 'Hospital Nurses' seem to be in keeping with many of these assumptions about nurses and nursing. In reality, however, her rhetoric is indebted not to Nightingale but to another nurse reformer. Eva Lückes (1854–1919), the matron of the London Hospital between 1880 and 1919, was responsible for much of the formalisation of nurses' training in that institution. Harkness herself never trained at the London Hospital but she must have read Lückes's *Lectures on General Nursing*, first delivered to probationers at the London Hospital and published in volume form in 1884, as 'Hospital Nurses' sometimes echoes its phrases and arguments verbatim.<sup>13</sup> Moreover, those familiar with Lückes's work would recognise many of these phrases as having a different intent than 'Hospital Nurses' seems to suggest without this context. For instance, Lückes, too, separates the 'art' of nursing from 'medical science' and criticises 'amateur doctoring,' but she hastens to assure trainee nurses that this does not detract from their value, emphasising that both forms of medical work are necessary and must work together. In fact, she states,

[n]o doctor can refuse to learn of some matters from a nurse, for he is conscious of her greater familiarity with, and even of her greater aptitude in, many details; but he will most properly resent any interference on her part with those subjects which are within his own sphere.<sup>14</sup>

Lückes's language is still gendered but removes much of the sting of subservience from the nurse's role by acknowledging the unique value of nursing within medical care.

It is likely that this is what made Lückes's interpretation appealing to Harkness, who seems to have been particularly frustrated in her own training by the notion that nurses' chief value lay in unquestioning obedience. Her private letters to Potter reflect a lack of stimulation in the dull rhythms of her work:

At six. I get up & dress, at half past six I have breakfast.  
 At seven I am at the Hospital.  
 At one I have dinner.  
 At four I go to the Hospital, at eight I come back again.  
 At ten (if possible) I go to bed.  
 I also attend some lectures & write out cases.<sup>15</sup>

This letter conveys no enthusiasm for her work, but rather a sense of regimentation and routine producing exhaustion and boredom. So far from finding satisfaction in nursing as a vocation, she frequently expresses cravings for 'more excitement & amusement to take my thoughts off' these repetitive working days.<sup>16</sup>

Hawkins explains that the importance of obedience in Nightingale's model was enmeshed with the need to represent hospitals as safe and respectable places for young women, not least to reassure probationers' parents.<sup>17</sup> Harkness's reference in 'Hospital Nurses' to the need for nurses to learn 'lessons' of obedience may well have been double-edged, as she saw these lessons as imposing restrictions on women's place within medicine and thwarting ambition and personal and professional development. She informs her reader:

The position which hospital nurses have now taken up, and with which they appear perfectly satisfied, is that of agents in administering a system of relief to the sick. They now learn how to make poultices and to put them on, how to make a bed and render a patient comfortable in it, but they no longer ask *why* or *when*. They seek to carry out the doctor's orders efficiently, and to educate their perceptive faculties so as to observe intelligently and report with accuracy all that occurs in his absence. They strive to become skilful nurses, so as to give the patients the least possible amount of unnecessary pain and discomfort, and to gain the trust of both patients and doctors.<sup>18</sup>

This representation closely follows Lückes's argument that nurses were an indispensable link in the chain of healthcare provision. Nevertheless, while it acknowledges nurses' unique abilities, Harkness's rephrasing also suggests that self-effacement was part of this skill and value: instead of professionals in their own right, nurses were the doctor's eyes and ears while attending to what were essentially domestic duties on the ward. This may have been a way of making Lückes's ideas palatable to readers of the *Leisure Hour*; it certainly seems to reflect Harkness's own frustration with the work.

Hawkins illustrates that both the discipline and the lack of scientific medical training that characterised the trainee nurse had the distinct aim of preventing nurses from competing with doctors, as Harkness's and Lückes's references to 'amateur doctoring' also suggest. Hawkins describes probationers as 'regulated at every turn, dictated by myriad rules' that defined 'how she should relate to patients, other nurses and, most importantly, to doctors and hospital managers' in order to make her 'a valuable aid to doctors, but completely devoid of threat to the medics' professional status.<sup>19</sup> This same issue seems to have been at the heart of Harkness's own reluctance to see nursing as a potential profession, for herself or other women. Near the end of her training, she wrote to Potter: 'If I were a man I would be a doctor – as a woman I can't.'<sup>20</sup> This was not because she felt the training was beyond her: she described to Potter how she followed teaching surgeons around the ward and would 'listen to his remarks & long to answer the

questions he puts to the students.<sup>21</sup> She had no real ambition to be a doctor, however, as she was convinced that women patients ‘have very little faith in their own sex.’ Instead, she concluded that ‘There is no career – no profession for women.’<sup>22</sup> As far as Harkness was concerned, if women’s work was not accorded recognition and offered no scope for personal development, it was not worth sacrificing time and energy to the domestic drudgery, discipline, and lack of intellectual stimulus that work like nursing entailed. This context lends additional meaning to another close echo of Lückes in ‘Hospital Nurses’:

Let no one imagine that this is work which all women can do. [...] Think of the patient courage it demands, the strength of character it takes, to go on day after day, night after night, doing the sometimes disagreeable and often wearisome duties.<sup>23</sup>

Harkness’s letters suggest that ‘patient courage’ and ‘strength of character’ were needed specifically to continue the ‘disagreeable and often wearisome duties’ while the knowledge and experience that enabled nurses to work without asking ‘*why* or *when*’ went unacknowledged. It was not the lack of skill but of recognition that made their position more like that of a domestic servant than a trained professional.

Navigating a careful course between her own ideas and the tone of her publishing platform, Harkness highlighted the responsibilities, talents and experience of different members of nursing staff by phrasing her appreciation in rhetoric associated with maternity and traditionally feminine duties of care. The matron, for instance, was in charge of hiring, directing and sometimes paying the extensive ward staff, dealing with visitors, and reporting to the doctors: tasks that required confidence as well as tact and understanding. But, Harkness concludes, she should also, ‘if possible, be good-looking, and a woman who knows how to dress, for thus she makes her influence felt inside the hospital and effects much for the interests of the place in the outside world.’<sup>24</sup> The suggestion here is that the many competences of the matron go largely unseen; it is her physical appearance that others, from colleagues to visitors and potential benefactors, primarily respond to. Similarly, the ward sister directed the other nurses and was in charge of medicine and dietary administration as well as communication with patients’ families, a job that required a sound knowledge of medicinal dosage as well as excellent interpersonal skills. But again Harkness adds:

She is the mother of her ward, for the helplessness of the some twenty to sixty people under her care appeals to the maternal instincts of her nature [...] The strain put upon her is very great, but her reward is abundant, for in no other hospital position is so much gratitude received.<sup>25</sup>

While they still fit within the narrative that framed the hard work of nursing as its own reward, these remarks emphasise that any caring instinct that motivated nurses



to care for wards of strangers was more than simply women's nature, and must be combined with a range of other skills including sound observation, confidence and the tact that allowed them to mediate between doctors, patients and visitors.

Harkness's descriptions in 'Hospital Nurses' are detailed but largely abstract, and the authoritative voice she adopts is not backed up by comments from nurses. Only at the end of the article does she include a short anecdote that shows a nurse interacting with a dying patient on a children's ward. Abandoning her reportage style for a narrative voice, Harkness relates:

She spoke of God and heaven, but the child could not understand. So she took some violets from a cup on the locker, and said, 'Look at these; the flowers in heaven are much more beautiful than violets.'<sup>26</sup>

While this episode is very strongly cast in a context of instinctive maternal love, it is also a practical example of the independent initiative required in nurses' long-term care of hospital patients as opposed to doctors' more abrupt ministrations. Because nurses interacted with the patients continuously, they were able to assess their needs in addition to prescribed medication, from diet to personal comfort. The skill of this nurse lay in her ability to become child carer as well as impromptu theologian as she felt her work required it. In direct opposition to the earlier emphasis on obedience, this example shows that Harkness saw nurses' value as lying precisely in their independent assessment of the needs of their patients and their ability to respond to them regardless of their subservient position within the restrictive discipline of hospital hierarchy. Representations like this of the practical work of medical care, by doctors as well as nurses, occur frequently across Harkness's later work, and it is in this context that her own interpretation of the sense of a vocation to care for others emerges.

In 'Hospital Nurses' the early career journalist Harkness capitalised on her own experience by catering to the requirements of a magazine for the 'leisure hour' of a Christian religious readership. This meant that both her negative personal experience of nursing work and her broader ideas about nurses' role were mediated through contemporary assumptions about gendered labour. As she became a more experienced and better-known writer, however, she would regularly use medical professionals as mouthpieces for her own ideas and priorities. The next section will show that both Harkness and her medical characters required freedom from the restrictions of hospital discipline in order to pursue the vocations of care that equip them to respond to social problems.

### **'Out of the Hospital': Nursing across Harkness's Writing Career**

Throughout her later career, Harkness's representations of medical work 'out of the hospital' retained a strong focus on care given in addition to, or even in lieu

of, medical treatments, such as the independent initiative that characterised the nurse she admired in her *Leisure Hour* article. The development of her career impacted on her portrayals of medical professionals in two different ways. Firstly, her writerly voice became more assertive, giving a stronger and less ambiguous sense of her opinion. Secondly, the passage of time removed her further from her own personal experience of the developing profession of nursing. In spite of these changes, however, a key theme from 'Hospital Nurses' surfaces repeatedly: the pull between professionalism, labour and drudgery, and a vocation of care in people who nurse.

This section begins by exploring two of the novels Harkness published in the late 1880s. Although they were written relatively early in her writing career, the fact that they were novels rather than articles that had to be sold to periodicals at short notice gave her more freedom of expression than she is likely to have had in 'Hospital Nurses.' I then go on to consider an example of her later and little-known journalism for the Australian press. Harkness was able to further her career in Australia on the basis of her longstanding writerly reputation in Britain due to the significant cultural exchange between the two countries; as a result, she seems to have been able to choose her own subjects and to have been less constrained by the demands of different periodicals. Her representation of nurses working in difficult conditions on the Australian goldfields emphasised her recognition of nursing as labour, but also the sense that nurses were defined much less by their training and much more by the adaptability that enabled them to provide care in challenging situations.

Harkness launched her career as a novelist with the rapid publication of three stories set in London slum neighbourhoods. There is a strong contrast between the medical professionals who appear in the first and third of these: *A City Girl* (1887) and *In Darkest London* (1891).<sup>27</sup> *A City Girl* gives a cameo appearance to nurses in a fictional hospital and it is enlightening to read Harkness's criticism of them in the light of her remarks in the *Leisure Hour*. *In Darkest London*, on the other hand, moves its medical professional out of the hospital and into the context of medical vocation.

Nurses enter into the story of *A City Girl* when the protagonist, the sweated worker Nelly Ambrose who has been abandoned by her lover and ostracised by her community as an unmarried mother, is obliged to take her illegitimate child into a hospital. Already deeply reluctant to let the infant out of her care, she is further discouraged by the behaviour of a ward sister who, busy entertaining an influential visitor to the hospital, treats her dismissively. The sister is described as a 'pretty [...] little widow, who had taken to nursing because she was poor – because she thought a nurse held a better position in the eyes of the world than a governess.'<sup>28</sup> This nurse and the rest of the hospital staff that Nelly encounters seem to illustrate Harkness's claim in 'Hospital Nurses' that by no means all women were cut out for nursing. In her indifference to Nelly and her child, the sister shows

the negative consequences of not having the tact and caring instincts that her role requires in dealing with patients as well as the public.

The depiction of the nurses in *A City Girl* serves to emphasise how alone Nelly is in caring for her child. Because her perceived sexual transgression has placed both her and her child outside her community, no one besides Nelly is invested in her son's welfare. Forced by the sister to leave the baby behind, Nelly demands of each nurse she meets whether they have children of their own. Her focus is not on receiving a diagnosis for her son or finding out about the details of his treatment; she is concerned about leaving him alone with strangers who lack a maternal instinct. The coldness of the nurses is therefore of much greater relevance to her than their medical credentials. Jason Finch argues: 'Nelly is unreasonable in her expectation that nurses will need to be mothers themselves in order to look after her child, but her unreason [...] has powerful motives.' When she returns to the hospital to find her baby has died, Nelly takes his corpse from the mortuary and punches the nurse who tries to prevent her from leaving. Finch sees this as 'a mini-revolution which Harkness portrays as not a failure.'<sup>29</sup> Nelly has been failed throughout the story by her lover, her family, her employer and, in this instance, by an institution that ought to have helped her and her son regardless of their social position. Her reaction to the authority of the nurses, questioning their ability to care for her son, is a culmination of her fierce protection throughout the novel of the child's right to existence, even once he has died.

Harkness seems to have had second thoughts about her decision to include these portrayals of nurses for the benefit of the story. Eager to make clear that the snobbish ward sister was not the norm in her experience, she inserted a footnote stating: 'I trust my readers will not fail to recognize this sister as an exceptional member of the noble band of hospital nurses; for which band no one has a greater respect than myself.'<sup>30</sup> Yet the character illustrates the important role of nurses on the ward as well as the practical consequences of hospital hierarchy and discipline. Because she has the influence but not the maternity ascribed to senior nurses in the *Leisure Hour*, this sister has a strong negative impact on the experience of staff, patients and visitors.

Almost the opposite attitude informs what is probably Harkness's best-known portrayal of a medical professional: the parish doctor of a slum neighbourhood in east London who appears in *In Darkest London*. Harkness calls this character a 'modern Prometheus,' but despite the echo of Mary Shelley's *Frankenstein* (1818) her use of the phrase clearly refers to the doctor's self-sacrifice to his love of humanity, drawing on the classical myth of Prometheus's eternal punishment for giving fire to humankind. Although he is a man and a doctor rather than a nurse, the character is worth including here because he shares the attitude to caregiving that Harkness describes in 'Hospital Nurses,' focusing much more on basic care than on medical treatment in a genderless version of nurses' maternity. He states that he is affected by 'the disease of caring about the sorrows of the world.'<sup>31</sup> Before

coming to Whitechapel, he had held a good position 'at the London Hospital,' had 'done well at the examinations,' and 'was keen about science.'<sup>32</sup> Had he not been cast into depression by bereavement,

I should have been something by this time; as it is, here I am, fighting a hopeless battle against starvation. [...] What the people want is food, not physic. Yet I cannot go away, for the disease [of caring] has taken such a hold of me.<sup>33</sup>

A comparable character in Harkness's next novel, *A Manchester Shirtmaker* (1890), also resolves to set up an East End practice knowing that his idealism is really an 'attempt to escape from mental pain by fighting against physical suffering.'<sup>34</sup> Like Shelley's Victor Frankenstein, these doctors try to mobilise their learning to amend creation, but they find their efforts hopeless against the slow starvation that symbolises the economic malaise of east London's slum neighbourhoods and, like the original Prometheus, they suffer personally for their attempt to help vulnerable people.

Through his sympathy with the misery of the people he lives among, Harkness's 'modern Prometheus' has demoted himself in the hierarchy of medical practice from the position of a promising young doctor to that of a nurse. There is little scope for the scientific knowledge he has acquired during his training; as he tells the novel's protagonist, Salvation Army Captain Lobe: 'I dare not give the people drugs that are used by West End physicians; for if I did the poor wretches would be killed outright. [...] All I can do is to colour water with something or other.'<sup>35</sup> The doctor here makes a socio-economic distinction between the medical practices of the West and East Ends of London. The fees of the wealthy patients in a West End practice would subsidise his scientific research; but his poor East End patients require more time and greater personal care because they are physically too weak to withstand standard medical treatment. Harkness's radical doctors therefore not only undertake the work of nurses but also embody the values that she admired in 'Hospital Nurses': they strive to render their patients as comfortable as possible, content to hold a lowly place in the medical profession because they are more motivated by the vocation of care than by professional and financial recognition.

A similar breaking down of medical hierarchies characterised Harkness's writing on medicine in Australia, where she relocated semi-permanently in the 1890s. Scholarship including Judith Godden's study of Nightingale's legacy in Australia in *Nursing History and the Politics of Welfare* (1997) shows that professional nursing in Australia was based on the same model in which Harkness had trained, although of course both the differences of setting and situation and the passage of time distanced Harkness's experience from that of Australian nurses. As in her London novels, however, she was drawn to nursing practices that diverged from taught professional norms in response to their circumstances. Her long magazine

article 'The Fever in Coolgardie' (1895), which discussed a typhoid outbreak in a gold-mining community in Western Australia where she had just settled, gives an example of how different situations and localities required and produced different forms of nursing.

Settlements like Coolgardie were susceptible to epidemics due to the poor quality of water, food and accommodation, while their remote locations and widespread poverty restricted access to medical treatment. Harkness's article suggests that the precise nature of this particular disease was poorly understood, and the information she gives about it is limited and sometimes contradictory. Without describing its symptoms, she refers to the illness as 'fever' which 'the doctors call' typhoid. She also points to multiple causes which she presents as existing simultaneously. In a discriminatory passage, she first blames the poor hygiene in the settlement and indigenous people who go 'begging from tent to tent [...] carrying germs of fever with them.' She then states that a 'secondary cause of fever is no doubt want of water' and the high prices for clean drinking water that cause poor prospectors to collect polluted rain water.<sup>36</sup> Later, however, she indicates that '[t]he fever is not infectious; in fact, the doctors do not know whether it comes from germs in the air, or bad water.'<sup>37</sup>

This bewildering range of different causes is actually not far removed from contemporary understanding of typhoid. Textbooks such as *Treatment of Typhoid Fever* (1893) by medical lecturer D. D. Stewart indicate that it was widely agreed among medics that typhoid was caused by pathogens in drinking water contaminated with sewage. Stewart also pointed to '[o]ther and less common modes of dissemination' including through infected milk or contaminated food, on clothing or the hands of 'patients' attendants,' and 'especially in hot, dry seasons, through the transportation of the typhoidal poison in the dust of the atmosphere.'<sup>38</sup> Discussions of typhoid across the Australian press during this period show that it was prevalent both in Australia and internationally and was widely linked to water quality, warm weather and poor hygiene. There was a growing awareness of germ theory as periodicals published lectures and reports by medical professionals who emphasised that typhoid was preventable and that good hygiene gave protection.<sup>39</sup> A sample advertisement from summer 1895 warned: 'Hot Weather is Coming. Prevent Typhoid and other diseases by using Hunter's Deodorising Disinfectant.'<sup>40</sup>

Ultimately, however, the precise nature of the disease has no great relevance for Harkness's article, which focuses instead on reporting her observations of the provision of medical care and, specifically, the work of nurses in the settlement. Different types of medical care were available in typhoid-stricken Coolgardie. Patients could be nursed in government hospitals, private tent hospitals and in their own tents. Private doctors were available for consultation or home visits. Harkness is quick to emphasise the economic motives that drew many of these medical carers to Coolgardie; but her descriptions of the care provided suggest that this was by no means necessarily in conflict with a vocation of care.

Caring for typhoid patients in Coolgardie carried significant personal risks. Harkness notes that '[o]ne doctor died of the fever he came to cure [...]; another escaped from it by the skin of his teeth; a third looks like a walking ghost, thanks to relapses.'<sup>41</sup> Private practitioners also faced the risk of financial loss as patients might not pay for their often expensive care. As a result, Harkness points out that it is 'difficult to say whether the ladies who own [the private hospitals] make a good thing by their nursing.'<sup>42</sup> These comments may be read in two ways. It is possible that the private doctors and hospital owners were prompted by cynical financial motives of making money from disease, only to find that the gain was not worth the risk. On the other hand, the fact that private care was offered in spite of the personal and financial risks may also point to philanthropic and caring motives. The private tent hospitals owned and staffed by women, moreover, removed the hospital hierarchy that made nurses merely the instruments of doctors, which may have allowed these nurses more scope for the personal initiative that Harkness valued.

Harkness's only detailed description of the work of nursing in Coolgardie discusses the private nurses caring for individual patients. She may have focused on this because it was difficult to gain access to the hospitals, or because she was more interested in medical care outside the hospital; or she may have found this work closest to her own experience as a probationer because it required domestic labour and patience rather than medical knowledge. She explains:

The nurses employed are women who have strayed to the field in the hope of making money [...]. They work from dawn till dark, run errands, cook over a camp fire, and nurse the patient, who lies on his bunk cursing the flies that swarm over his face, arms, and legs [...] so the nurse is a maid of all work, requiring little knowledge of her profession, but much patience.<sup>43</sup>

In direct contrast to the Nightingale ideal, these private nurses were well paid at 'three guineas a week and her keep' but lacked medical training, yet their personal and domestic care competed in a care market with the private hospitals. Harkness's article suggests that, as typhoid in Coolgardie broke down hierarchies of care, the professionalism or otherwise of the different types of nurses became irrelevant. The qualities she recognises in these hard-working and patient private nurses are the same as those she ascribed to hospital nurses in 1884.

While there are significant differences between Harkness's examples of nursing 'out of the Hospital,' they all work to resituate contemporary debates around nursing as labour, profession and vocation. Unlike Nightingale, Harkness does not disguise the financial motive that caused many women to work as nurses by pretending that the hard work of nursing was its own reward. In the situations she discusses, however, the shortcomings of medical care increase the importance of the personal care involved in nursing. Harkness recognises patients' need for such care and, as in 'Hospital Nurses,' she expresses appreciation for nurses' willingness to undertake the drudgery that made herself decide against the profession. This

context removes any naivety from the vocation of care. The people who nurse outside of hospitals are open-eyed as regards the manifold limits and drawbacks of their work but persevere because it is necessary to meet the twin needs of the patients for care and themselves for an income. Although she rejected much of the existing popular discourse around nurses and nursing, then, Harkness still represented the work as a vocation of care rather than an organised profession. While the lack of professional recognition had frustrated her as a nurse, she praised other nurses for undertaking their work without demanding this recognition.

### Conclusions: Voicing Nurses in the Popular Press

Harkness's representations of nursing in the press were part of a developing journalistic interest, in Australia and Britain, in the profession and the women who practised it. Depictions of the work and workers varied hugely, however. In 1906, the *Sydney Morning Herald* reported:

Nursing remains the most popular of professions for Australian women. [...] a nurse's certificate ensures a livelihood. This is the most obvious reason for the popularity of nursing. The work appeals also to the domestic instincts in the normal woman. It is a scientific elaboration of one department of household economics. Last, not least, it is a road to matrimony. The career of an attractive nurse [almost certainly] ends with wedding-bells [...]. There may be another, deeper reason [...] that human nature always responds more readily to appeals to its self-denial than to its self-indulgence.<sup>44</sup>

This ambiguous view of nursing as work for women is in many ways comparable to Harkness's representation of the nurses in Coolgardie. While it admits readily that paid work was necessary for women to secure an independent livelihood, it also emphasises social expectations for women. The references to the tendency to self-denial, 'domestic instincts' and the ultimate aim of marriage imply that nursing was only an interim stage in young women's lives which remained dominated by domesticity and romance.

By the turn of the twentieth century, the periodical press as well as professional publications included accounts of the hardships and long working hours endured by nurses. Godden cites the example of one undercover reporter who 'contended that nursing was probably the most "strenuous and exacting" of all women's occupations and that nurses were examples of "sweated" labour. She called, vainly, for nurses to work only eight hours a day.'<sup>45</sup> The undercover report, published two years after the *Sydney Morning Herald's* claim that nurses were drawn to the self-denial involved in the work, indicates that discontent at the intense and exhausting nature of nursing was spreading within the profession. Godden notes:

Nursing journals, while not supporting the call for shorter hours, did allow some space for correspondents concerned about the working conditions of nurses. One such correspondent complained in 1918 that 'It is a recognised fact that the average nurse is completely run down, and sometimes quite broken in health at the end of the training.'<sup>46</sup>

This suggests that the experience of the nurse probationer had changed little in the 40 years since Harkness's training. The Nightingale system, while enlarging women's opportunities to engage in professional nursing, had also largely precluded nurses from drawing attention to themselves as professionals; but now they were gradually finding more platforms to challenge their poor working conditions.

Other perceptions of nurses also retained a prominent presence in the popular press, suggesting that these often young working women continued to be an interest for many readers' 'leisure hours.' In 1912, the Kalgoorlie-based *Sun* ran a racy column entitled 'Confessions by a Nurse.' Although it was signed 'Ministering Angel,' the narrator was more preoccupied with probationers' looks and flirtations than with the practice of medical care. A sample passage runs:

We have a new probationer! She shares my room. She came yesterday morning, and last evening we had a quarrel. It was over the eternal subject – Man! Most nurses start their career after a quarrel with their beloved, their immolation being usually attributable to petty pique.<sup>47</sup>

In contrast to the *Morning Herald*, this portrait of young women more interested in romance than in their profession accords no recognition either to the real need for paid work or to the labour involved in nursing. Yet this only appears to be a slight exaggeration of the emphasis on traditional feminine qualities such as a caring instinct and a tendency towards subservience that also appeared 'Hospital Nurses.'

Harkness's portraits of nurses appeared during a crucial period in the professionalisation of nursing as the Nightingale system produced restrictions on women's nursing skills but also prompted resistance from within the profession. These developments influenced popular representations of nurses and nursing reflected, for instance, in the ambiguity with which Harkness approached the ideal of a feminine 'caring instinct' in 'Hospital Nurses.' The different perceptions of nursing also offered nurses a choice of frameworks for self-identification, however: they could see themselves as maternal carers for whom the welfare of their patients was its own reward or as trained professionals doing varied and demanding work. While Harkness was personally not willing to be identified with a profession that she disliked, she continued to empathise with medical carers, giving them prominent roles and voices within her writing and demanding her readers' recognition for their work. Her writing thus added to the different ways in which



nurses could identify with and see themselves within the medical profession both in a hospital setting and beyond it.

## Notes

- 1 This chapter results from a Wellcome Trust Institutional Strategic Support Fund post-doctoral fellowship at Birkbeck, University of London. I am grateful to Terry Elkiss for his ever-insightful comments and helpful suggestions, to Jason Finch for sharing his work on Harkness and hospitals, to Clementa Veldman for medical context, and to Andrew King for thorough and constructive editing.
- 2 Passfield Collection, London School of Economics. Beatrice Potter Correspondence. PASSFIELD/2/1/2/2, item 40. Hereafter, Beatrice Potter Correspondence.
- 3 Margaret G. [sic] Harkness, 'The Hermit and the Puff "Par" Hunter.' *Pall Mall Gazette* (29 March 1889), 7.
- 4 Beatrice Potter Correspondence, item 42.
- 5 *Ibid.*, item 40.
- 6 *Ibid.*, item 49.
- 7 Harkness, 'Women as Civil Servants,' *Nineteenth Century* (September 1881): 369–81, 369.
- 8 Graham Law, 'Leisure Hour.' In *Dictionary of Nineteenth-Century Journalism*, edited by Laurel Brake and Marysa Demoor (Ghent: Academia Press, 2009), 356–7.
- 9 'Hospital Nurses.' *Leisure Hour* (March 1884): 152–4, 152.
- 10 Sue Hawkins, *Nursing and Women's Labour in the Nineteenth Century: The Quest for Independence* (Abingdon: Routledge, 2010), 22.
- 11 Judith Godden. "'For the Benefit of Mankind": Nightingale's Legacy and Hours of Work in Australian Nursing, 1868–1939.' In *Nursing History and the Politics of Welfare*, edited by Anne Marie Rafferty, Jane Robinson, and Ruth Elkan (London: Routledge, 1997): 177–91, 177.
- 12 Deborah Canavan, 'The British Workwoman (1863–1913).' In *Keep the Door of My Lips: Exhibition Booklet. Educating Women in Work?* edited by Andrew King (Greenwich: Stephen Lawrence Gallery, 2019). Available at [www.blt19.co.uk/blt19-exhibitions-2/blt19-exhibitions-2/blt19-exhibitions/keep-the-door-of-my-lips-exhibition-catalogue/keep-the-door-of-my-lips-exhibition-booklet-educating-women-in-work/](http://www.blt19.co.uk/blt19-exhibitions-2/blt19-exhibitions-2/blt19-exhibitions/keep-the-door-of-my-lips-exhibition-catalogue/keep-the-door-of-my-lips-exhibition-booklet-educating-women-in-work/)
- 13 I am grateful to Terry Elkiss for alerting me to Harkness's debt to Lückes.
- 14 Eva Lückes. *Lectures on General Nursing* (London: Kegan Paul, Trench, & Co., 1884), 3.
- 15 Beatrice Potter Correspondence, item 40.
- 16 *Ibid.*
- 17 Hawkins, *Nursing and Women's Labour*, 24.
- 18 M. E. H., 'Hospital Nurses,' 152 (emphasis in original). See also Lückes, *Lectures*, 3.
- 19 Hawkins, *Nursing and Women's Labour*, 80–1.
- 20 Beatrice Potter Correspondence, item 49.
- 21 *Ibid.*, item 48.
- 22 *Ibid.*, item 49.
- 23 M. E. H., 'Hospital Nurses,' 152. See also Lückes, *Lectures*, 4–5.
- 24 *Ibid.*, 152.
- 25 *Ibid.*, 153.
- 26 *Ibid.*, 154.

- 27 *In Darkest London* was first published as the serial ‘Captain Lobe’ in the Nonconformist periodical *British Weekly* in 1888. In contrast to the constraints often imposed on writers by the periodical press, as a regular contributor to the *British Weekly* between 1888 and 1889 Harkness had considerable freedom in her choice and representation of material. For more information on her publications in the *British Weekly*, see Flore Janssen “‘What You Write Down Is Going to the Press:’ Margaret Harkness’s Accounts of the 1889 London Dock Workers’ Strike.’ *Victorians: A Journal of Culture and Literature* 132 (2017), 162–74; and my PhD thesis, ‘Women Writers, World Problems, and the Working Poor: “‘Blackleg’ Work in Literature”’ (Birkbeck, 2018).
- 28 John Law [Margaret Harkness]. *A City Girl* (London: Authors’ Co-operative Publishing Company, 1890), 150.
- 29 Jason Finch, “‘Quite an aristocratic place, although in Whitechapel:’ Hospital Topographies and Margaret Harkness’s Writing of London.’ In *The Materiality of Literary Narratives in Urban History*, edited by Lieven Ameel, Jason Finch, Silja Laine, and Richard Dennis (London: Routledge, 2019): 93–112, 104.
- 30 Law, *A City Girl*, 151.
- 31 John Law [Margaret Harkness], *In Darkest London* (London: Reeves, 1893), 82.
- 32 *Ibid.*, 82–3.
- 33 *Ibid.*, 83.
- 34 John Law [Margaret Harkness], *A Manchester Shirtmaker* (London: Authors’ Co-operative Publishing Company, 1890), 167.
- 35 Law, *In Darkest London*, 83.
- 36 Law, John [Margaret Harkness], ‘The Fever in Coolgardie.’ *Cosmos Magazine* (29 June 1895), 520–2: 520. I am grateful to Terry Elkiss for sharing this source with me.
- 37 *Ibid.*, 521.
- 38 D.D. Stewart, *Treatment of Typhoid Fever* (Detroit: George S. Davis, 1893), 3.
- 39 Anon. ‘Typhoid.’ *Tasmanian News* (29 July 1891), 2.
- 40 Anon. ‘Hot Weather Is Coming.’ *Herald* (1 January 1895), 3.
- 41 Law, ‘The Fever,’ 520.
- 42 *Ibid.*, 521.
- 43 *Ibid.*
- 44 Anon. ‘Nursing.’ *Sydney Morning Herald* (5 July 1906), 5.
- 45 Godden, ‘For the benefit,’ 179. The undercover reporter was B. Tracey whose ‘The Ministering Angel’ was published in the *Lone Hand* on 1 July 1908.
- 46 Godden, ‘For the benefit,’ 179.
- 47 ‘Ministering Angel,’ ‘Confessions by a Nurse.’ *Sun* (14 January 1912), 5.