"In Search of Sympathy: Stereotypes and Stiff Upper Lips in Interwar Nursing"

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a chapter from

The Nurse in Popular Media: Critical Essays

edited by Marcus K. Harmes, Barbara Harmes and Meredith A. Harmes

# In Search of Sympathy

## *Stereotypes and Stiff Upper Lips in Interwar Nursing*

Sarah Chaney

## *Introduction*

In July 1939 the *Nursing Mirror and Midwives Journal* launched a competition to find the "typical" British nurse. Over the summer months, nearly a thousand nurses submitted their portrait photograph in an attempt to "portray the nursing countenance that can be called typical, used in the sense of ideal" ("Typical Nurse Competition: Adjudicators' Report," 1939: 48). The journal was the best-selling nursing publication at the time, and the pictures these nurses submitted indicate something of the variety of British nursing (McGann, Crowther and Dougall, 2009: 44). "This is not a beauty competition in the ordinary sense of the word." The *Nursing Mirror* editors stressed, "It is to find the typical nurse, the nurse whose features suggest not merely beauty of line, but professional capacity and human sympathy" ("Our Typical Nurse Competition," 1939: 616). The journal was careful to publish pictures showing a range of ages, positions and fields, although general hospital nursing predominated. Yet the photographs also show certain common features. All of the nurses pictured were white, while not a single man featured in *Nursing Mirror*'s pages, even though men made up nearly ten per cent of the 1930s nursing workforce in Britain (Abel-Smith, 1960: 257).[1] Nurses in psychiatric and municipal hospitals—more often from working class backgrounds—were also largely absent.[2] Whatever the reality, the middle class white female nurse—with her starched white cap and perfect uniform—firmly represented the nursing ideal on the eve of the Second World War.

The attempt to use a single, striking image to represent nursing in its

entirety was nothing new. For over a century after the publication of Charles Dickens' *Martin Chuzzlewit* in 1843–4, the stereotype of the lazy, drunken Sarah Gamp was assumed by nursing reformers and historians alike to represent the realities of private and domiciliary nursing (Summers, 1989). In the second half of the nineteenth century, the romanticized "lady with the lamp," made famous by war reporters and artists in the Crimea, shaped visions of the new Nightingale nurse (Baly, 1997). And, in the First World War, Edith Cavell was neatly transformed into a self-sacrificing saint in the immediate aftermath of her execution (Hallett, 2019: 82–3). All these representations of nursing have been questioned by historians in recent years. However, they have nonetheless shaped both popular perceptions of nursing and nurses' own expectations and self-image in the decades since their inception, as Julia Hallam shows in her analysis of nursing images in the post-war era (Muff, 1989; Hallam, 2000: 8).

In this essay, I place in historical context the three themes identified as important for the image of nursing in the *Nursing Mirror* competition, using nursing textbooks, diaries, memoirs, institutional and committee records and oral histories of nurses who trained in the 1920s and 1930s, largely from the Royal College of Nursing Archive. I begin with "human sympathy," a trait newly emphasized in nursing around the turn of the twentieth century (Chaney, 2020). As I have shown elsewhere, there were definite class overtones to this new framing of nursing care. The emphasis on "finer" feelings such as sympathy was linked to explicit efforts by some reformers—such as Ethel Bedford Fenwick—to turn nursing into a middle-class profession (Rafferty, 1993; Brooks, 2001). The professional status of nursing in Britain was even newer, solidified by the passing of the *Nurses Registration Act* in December 1919. I turn next, then, to "professional capacity." The view of professional identity that followed the introduction of registration was heavily shaped by First World War nursing. As well as the hierarchical structure of military discipline, the Edith Cavell myth popularized the view that *not* to show strong emotion was the hallmark of the modern, professional nurse. Finally, I examine the third theme outlined by the *Nursing Mirror*—beauty of line—in relation to the expectations around femininity and appearance in the interwar period. The good nurse was also a good woman, something visible in both her appearance and her actions.

The interwar period (1918–39) has largely been neglected in the history of British nursing. Existing scholarship has tended to focus on the nursing reforms of the Victorian era, the two world wars and the post-war founding of the National Health Service (NHS). Yet, beginning as it did with the passing of the Nurses Registration Act of 1919, the interwar era is an important moment for the formation of a new nursing identity. While this identity certainly built on prior expectations around class and gender,

it was also shaped by changes in education, new freedoms for women, and an increased interest in categorizing so-called "women's work." The nursing image was also affected by changing expectations on women's emotions after the First World War—an avoidance of sentiment, and the desire to show a "stiff upper lip" (Dixon, 2015: 214–6). The image of nursing found in the *Nursing Mirror* can thus be understood as, at one and the same time, an expression of the attitudes of the era, and a means by which nursing leaders actively sought to project a new vision of nursing. The three themes of the competition highlight different elements of this vision.

## *Human Sympathy: The Emotions of Interwar Nurses*

"Sympathy and service is the province of woman" wrote Joseph Johnson, author of several late Victorian advice guides for girls and boys, as the nineteenth century came to an end. "She turns as naturally to sorrow and suffering as the sun-flower to the sun; if she cannot aid by her hand she gives the sympathy of her heart" (Johnson, 1898: 88). Johnson implied that emotion arose from the physical weakness of women, unable to provide aid "by her hand." This form of self-sacrificing sympathy was seen especially in the home, where daughters dutifully attended to sick or aging parents and mothers to their children. The name Joseph most associated with the "serving and loving" of women was Florence Nightingale (Johnson, 1898: 98). No matter that Nightingale had explicitly rejected her family duties, as furiously outlined in her 1852 essay *Cassandra* (Nightingale, 1979). By carefully selecting newspaper quotes, and telling a Nightingale story that ended with her return from the Crimea in 1856, Johnson promoted the popular view of Florence Nightingale as a "ministering angel," smoothing pillows and soothing soldiers with kind words (Johnson, 1898: 100). It was Nightingale's love and service, according to Johnson, and not her efficiency and management skills, which made her the model to induce "many a dear and good girl to become an earnest woman" (Johnson, 1898: 5).

As the twentieth century dawned, this image of the Nightingale nurse remained alive and well. Yet, despite Johnson's choice of words, sympathy was a new addition to descriptions of the ideal nurse, even if a nurse's character and attitude had long been deemed important. "What is a nurse?" asked later editions of Nightingale's *Notes on Nursing*, explaining nursing as a need to move beyond dutiful obedience towards a "calling" which, in some mysterious way, gave one the ability to understand a patient's needs and desires (Nightingale, 1909: 97–9). Eva Lückes, Matron of the London Hospital, broke this skill down into "memory, forethought, cleanliness, calmness, cheerfulness, neatness." These were all traits which could

be named but needed little attention or teaching because new recruits knew "without my telling you, how valuable they are, and what a difference all these things make" (Lückes, 1884: 13). Nurses had these skills simply because they were women, and any failing in manner, touch or attitude meant they were "lacking in true womanly pity and tenderness" (Lückes, 1884: 14). A good nurse was simply a good—or earnest—woman.

Although the word sympathy was not often mentioned by nurse leaders in the late nineteenth century, this trait became increasingly associated with nursing in the interwar period (Chaney, 2020). In the 1930s, twice as many nursing textbooks identified sympathy as a valuable trait for nurses as had in the 1920s (although it was still by no means universally mentioned). What, though, did nurses of this era mean by human sympathy? On the one hand, sympathy remained a "natural" female trait, as it had been for Joseph Johnson. On the other, it was a product of a woman's class and education. "The woman who is spoken of as a 'born nurse,'" wrote sister-tutor Alice Jackson in 1934, "will have the same instinctive tendencies as other women, but some of them may exist in her in a particularly strong degree" (Jackson and Armstrong, 1934: 11). "Nature has endowed most women with a natural sympathy for the weak and helpless, great powers of endurance and much tenderness," obstetric physician and bon vivant Comyns Berkeley explained in 1931, "and these qualities, together with the training which is to be obtained at a good girls' school, have given to our country a large body of women who had devoted their lives to social service" (Berkeley, 1931: 9).

While nurse writers of the 1920s and '30s wrote in a more carefully critical vein of the innate womanly sympathy described by Berkeley, most nonetheless tended to agree with him on the importance of training from "a good girls' school." This was a running theme throughout the interwar years, especially by those who viewed nursing as a profession and a career, led by the newly founded College of Nursing. In 1920, a College of Nursing meeting in Leicester described the ideal nursing candidate as having "grace and dexterity through games and exercises—not least by dancing" and "pleasant speech, as well as something to say." The good nurse needed to be able to speak at least one foreign language, keep accounts and write a well-phrased letter while her "good character" meant not only that she was not a liar or thief, "but that she is gifted with social virtues" (*Leicester Mail*, 1920). Most of these skills had little direct relevance for nursing practice. Instead, they were associated with the desire to attract middle- and upper-class girls into the profession.

Voluntary hospitals had begun to recruit matrons and ward sisters from the middle and upper classes in the 1870s. However, well into the twentieth century, large numbers of probationers were still drawn from the working class, especially in provincial hospitals (Maggs, 1983: 73–101;

Hawkins, 2010: 54–5). This led, as Jane Brooks describes it, to a "two-tier system." Throughout much of the interwar period, "gentlewomen" could enter special probationer schemes, undertaking a shorter period of training for which they paid their own maintenance fees (Brooks, 2001). "Working class girls did not go in for nursing." Miss Maden stated in an oral history in the RCN collection, reflecting back on her training in the late 1920s (Maden, 2009). Maden had trained in a fever hospital, where the pay was so low that only those whose parents could afford to subsidize them could manage: most were fellow boarding school pupils.

While other interviewees in this collection found their cohorts more mixed—Sybil Gibbon and Mrs. Pearce, who left school at 16 and 17 respectively, nonetheless found they were better educated than most of their fellow probationers—the nursing elite placed a great deal of emphasis on class (Gibbon, no date; Pearce, 2009). It was by making nursing a middle-class occupation, the College of Nursing believed, that it would be held up as a skilled profession. The College sent representatives to headmistress' conferences to attract privately educated women into nursing, and firmly resisted demands to lower the entrance age from 18, in the hope that working-class girls would be forced to take jobs elsewhere long before they were eligible for admission. As Ellen Musson—chair of the General Nursing Council from 1926 to 1943—put it in 1931, "it is particularly those girls who can remain at school until 18 that we look to for the nursing profession" (RCN7/2/1—folder 3). Nursing organizations made no secret of their elitism, and it hardly seems coincidental that when representatives of these groups began to act in an advisory capacity to filmmakers in the 1930s, depictions of nurses on film were entirely of the middle classes (Hallam, 2000: 39–40)

The new emphasis on sympathy was indicative of this elitism. When society painter George Frederic Watts had depicted "sympathy" in 1892, he painted a stern, well-dressed middle-class woman. Sympathy was not only a female trait but thought to be specific to the so-called "educated" classes (Purvis, 1989: 59–70; Frevert, 2016). After the First World War, nursing textbooks thus shifted their focus away from the domestic skills expected of the working-class woman—cleanliness, orderliness, industry, honesty and thrift—to middle-class ideals of femininity—sympathy, gentleness, patience and tact (Gamarnikow, 1991: 127). Nursing textbooks in the interwar era worried about "manners" and "etiquette" as much as practical skills (Riddell, 1931; Perry and Harvey, 1932; Young, 1932). "This so-called 'hospital etiquette'" explained M. Vivian in 1920, "is little more than the ordinary courtesy to which any well-brought-up girl is accustomed in her own home circle" (Vivian, 1920: 26). The well-mannered middle-class girl made the best nurse—even if, in reality, most nurses were still drawn from the lower

middle and upper working class, as the Athlone Committee demonstrated in 1939 (Dingwall, Rafferty and Webster, 1988: 99).

Despite the widespread view that sympathy was a trait natural to middle-class white women, it was not quite the same as the Victorian notion of vocation. Indeed, an over-emphasis on vocation came in for some criticism in this period as having "hampered" the profession (Cochrane, 1930: 11; Pavey, 1930). This led some writers to view sympathy as a skill. According to Violet Young, sympathy came from knowledge and experience—a nurse who had suffered illness herself was better able to understand her patients—as well as observation. "To be thoroughly sympathetic a nurse must study the character and idiosyncrasies of her patient," Young explained, "so that she may be able to bear with the peculiarities which are always accentuated by illness" (Young, 1932: 19) Evelyn Pearce, who wrote the first edition of her popular nursing textbook towards the end of this period, agreed. A patient was in need of "understanding and sympathy" specifically because he could not behave normally while ill. The nurse's sympathy was a psychological skill; her interest in learning to "understand the workings of the human mind" (Pearce, 1937: 2).

These nursing leaders, writing amid a growing interest in psychology in medical circles, placed a new slant on sympathy in their drive to professionalize nursing. While it remained true for them that sympathy was inherent to middle-class white women, it was also a skill that needed to be taught and directed to produce the ideal nurse. The natural sympathy and love of a good nurse "must be directed by intelligence," warned Alice Jackson (Jackson and Armstrong, 1934: 19). If this was not the case, Edgell stressed, "There is a danger that understanding the situation in which another finds himself, we shall read into that situation not his feeling but our own" (Edgell, 1929: 134). While the *Nursing Mirror* was a commercial concern, the competition judges included matrons of London teaching hospitals and a member of the General Nursing Council; all of whom undoubtedly held a similar class and skill based notion of "sympathy" as these nursing textbook authors. The value of human sympathy they aimed to represent, then, was closer to a nurse's professional capacity than we might imagine it to be today. Although it remained a gendered—and class-based—trait, sympathy was also newly presented as an ability that could be taught, rendering nursing a skilled and elite form of women's work.

## *Efficiency and Order: A Nurse's Professional Capacity*

At 7.30 a.m., on 12 October 1915, British nurse Edith Cavell was executed by a German firing squad in Belgium. Cavell had been living in

Brussels since 1907, first as the head of the Ecole Belge des Infirmières Diplomées and, since 1910, as matron of the St. Gilles Hospital as well. Permitted to remain in Belgium after the German invasion which started the First World War, Cavell wrote anonymously in nursing journals of her sympathy for the Belgian people. As a "looker-on," she told readers of the *Nursing Mirror,* "I can only feel the deep and tender pity of the friend within the gates, and observe with sympathy and admiration the high courage and self-control of a people enduring a long and terrible agony" (Our Nurse Correspondent, 1915: 64). Cavell's sympathy was certainly not the passive service described by Joseph Johnson; instead, it drew her into an active role in local resistance networks. She helped more than 200 allied soldiers escape Belgium, and recruited others to the cause (Hallett, 2019: 23). Arrested in August 1915, Cavell was one of just two defendants sentenced to death out of 34 who stood trial on the same day. While she was by no means a leader of the resistance, more recently Cavell's acts have been defined as espionage (Hallett, 2019: 67–8).

In the weeks before her trial and execution, Edith Cavell wrote often from her prison cell to the nurses she had trained. "To be a good nurse one must have lots of patience" she told them drily on 14 September 1915. "Here one learns to have that quality, I assure you!" (Hallett, 2019: 26). Yet Cavell was remembered less for her nursing qualities than for her martyrdom. Her death was quickly adopted for propaganda purposes by British and Allied governments alike, and her genteel, feminine image played an important part in this. "Murdered by the Huns! Enlist in the 99th and help stop such atrocities" read a typical recruitment poster from Essex County, Ontario (Essex County Recruiting Committee, 1915). The Canadian poster featured a photograph of Cavell looking every bit the middle-class English ideal: calm and composed in her neat civilian dress. As Christine Hallett explains in her recent analysis of the Edith Cavell legend, the British government and press quickly produced "a monolithic image" of Cavell as a "patriotic 'martyr'" (Hallett, 2019: 3; 41). In a few years, Cavell had become a national heroine, and remained so throughout the interwar era. In 1932, when Madame Tussaud's asked children which of the famous figures among the waxworks they most wanted to be like when they grew up, Edith Cavell beat male explorers and female pilots alike to take top place (Dixon, 2015: 215).

Edith Cavell offered a new model for nursing in the interwar years, in which human sympathy was part of the nurse's professional capacity. Nursing accounts of her tended to describe Cavell as "calm and composed." Her thin lips, wrote Jacqueline Van Til, who claimed to have been trained by Cavell in Belgium, "denoted strength of will and firmness of character" (Hallett, 2019: 54). This connection between an active, intelligent sympathy and the nurse's professional role helps to explain why sympathy grew in

prominence after the passing of the Nurses Registration Act in 1919. Sympathy was, at one and the same time, a skill to be developed and an inborn, womanly trait. As Eva Gamarnikow has argued, the description of nursing as "women's work" was a political strategy employed by nursing reformers in the late-nineteenth and early-twentieth centuries. This tactic enabled them to frame the profession as something separate from and different from medicine, that could only be properly taught and regulated by other women (Gamarnikow, 1991).

The passing of the *Nurses' Registration Act* of 1919 meant greater emphasis was placed by nursing leaders on the development of a nurse's practical skills. The "born" nurse remained a stock character in nursing textbooks, but training was everywhere emphasized as essential. "While some women have a natural aptitude for tending the sick," wrote Charlotte Moles in 1933, "many others have hidden potentialities which can only be developed by training" (Moles, 1933: 1). Other writers stressed that "love, which is a powerful dynamic force, must be directed by intelligence": a nurse who was simply "kind-hearted" might cause "unnecessary pain" by her poor technique (Jackson and Armstrong, 1934: 19). Women still made the best nurses, but only if they were properly educated.

In the post-war period, this emphasis on education also incorporated a newly stressed need to rein in the nurse's natural emotions. Edith Cavell had become a national hero as much for her calm acceptance of her death as for her role in the resistance network. Historian of emotions Thomas Dixon describes her as "one of the first British women to be celebrated for her 'stiff upper lip'" (Dixon, 2015: 216). This new model of calm, stoic womanhood was associated in the press with the very educational background desired by nursing leaders: "boarding-school education and organized games" (Dixon, 2015: 222). Not coincidentally, this had been Edith Cavell's own background, educated first by governesses at home and then at a series of girls' boarding schools between the ages of 16 and 21 (Hallett, 2019: 10). The middle-class female ideal had shifted following the First World War, from the passive sympathy outlined by Joseph Johnson to the calm and practical response demonstrated by Edith Cavell.

Nurse leaders quickly adopted the notion of the no-nonsense modern woman, while admitting that the unemotional nurse—and woman—had her critics. "Accusations have been made from time to time that nurses are hard and callous" noted Mary Cochrane, matron of the Charing Cross Hospital in 1930. She went on to warn, however, about the "vast difference between quiet, knowledgeable, sympathetic help and frothy sentimentality. The calm demeanor of the true nurse does not indicate hardness and insensibility to suffering, only that her training has taught her that emotional outbursts do as much harm during a crisis as anything of a more actively dangerous

character" (Cochrane, 1930: 186). Similarly, Manchester matron E. Maude Smith wrote that "Nurses are often said to be 'hard' and callous." Smith drew a distinction between the nurse's inner feelings and outward presentation of them, concluding that "This is never true of a good nurse, but outsiders do not always realize that if a nurse did not control her feelings, she would be of little use to her patient in helping him to bear his sufferings, dread of an operation, etc., bravely and cheerfully" (Smith, 1929: 16).

Emotional restraint became an important—and visible—sign of professional capacity in nursing in this period. "I cried in the kitchen towel more than once" Mrs. Pearce recalled of her training at a Poor Law hospital. Even though it was "heartbreaking" to lose patients, "You don't let anybody see you. You might let the other nurses see, but you don't let the patients see" (Pearce, 2009). The interwar nurse was sympathetic but efficient. She had a good store of womanly sympathy but her training had equipped her with professional control and the ability to appear outwardly calm: that famous stiff upper lip.

The stereotype of the stiff upper lip had itself emerged from the upheaval of war. It came to prominence in Britain during the Boer War (1899–1902) and, by the First World War, was widely presumed to be part of the English national character (Dixon, 2015: 201–3). Some interwar nurse leaders—including founding members of the College of Nursing—had served in the Boer War, while others came to prominence during the First World War, when 17,000 trained nurses served in the armed forces. From 1914 to 1918, these nurses worked close to the front lines for the first time, in Casualty Clearing Stations, on ships and trains as well as in base hospitals, part of a military system that valued strict hierarchy and controlled efficiency (Hallett, 2014). These matrons and nursing leaders carefully avoided "frothy sentimentality"—the most commonly mentioned of all undesirable traits in interwar nursing textbooks—and emphasized the practical side of nursing. Emotional restraint was the hallmark of the modern woman. So too, however, was her appearance.

## *Beauty of Line: Womanly Love and the Attractive Nurse*

"Wipe that rouge off your face!," Dr. Wylie, Head Resident Surgeon, roars at new student nurse Cherry Ames on her first day at Spencer School in the early 1940s (Wells, 2006: 32). But nurse Cherry isn't actually wearing make-up. Her cheeks naturally glow red with health, her dark brown curls glisten, and she is groomed to "crisp perfection." Cherry is slender, healthy and well-built. She moves with grace and looks "vivid as a poster" in her red

wool sports outfit, the best-looking suit in her hometown of Hilton (Wells, 2006: 2). While "beauty of line" was certainly not the only quality expected of a nurse in the 1930s—as the *Nursing Mirror* editors had stressed—these descriptions of the fictional Cherry Ames emphasize the importance of appearance for both nursing and young women as the Second World War began. After the war, nursing recruitment literature similarly showed nurses as "young, attractive and fashionable" (Hallam, 2000: 96).

While Cherry Ames—first published in 1943—and her fictional nursing sister Sue Barton—first published in 1937—were both American heroines, their adventures quickly became available on both sides of the Atlantic (Hallam, 2000, p. 33). Their experiences seemed universal to many readers; Julia Hallam recalled being surprised to later discover that the fictional nurses she had grown up with were American, and not British (Hallam, 2000: 48–9). Sue Barton was invented by nurse Helen Dore Boylston, who nursed with the British Expeditionary Forces during the First World War (Hallam, 2000: 48). The author of the early Cherry Ames books, Helen Wells, was a social worker by background. Both applied themselves to the task of writing career novels for young women. The books were extremely popular, especially among their target audience of teenage girls. Over 5 million Cherry Ames books were sold, and Sue Barton sold even better (Finlay, 2010: 1189). It does not, however, seem as if they necessarily led these young women into nursing. Only one of the nurses Julia Hallam interviewed who had trained in the post war period, only one remembered being an "avid reader" of Sue Barton, but even she didn't think it had influenced her choice of career (Hallam, 2000: 152).

In these books, appearance was presented as something that interests young women—Cherry dresses well inside the hospital and out—as well as central to being a nurse. The first thing Sue Barton and her friends learn is how to put on their uniforms correctly, and their first class begins with a stern inspection. "If that's the way you put on your clothes at home," Miss Cameron, their tutor rebukes her charges, "I'm surprised that your family allowed you to go out of the house" (Boylston, 1981: 32). Appearance, like sympathy, was about class as much as gender. Tidy hair, a perfectly pinned collar and a straight apron were the mark of a well-brought up girl. Vivian Warren, one of the few working-class students in Cherry's school, has "cold eyes and [an] overrouged mouth" which "did not seem to belong here" (Wells, 2006: 26). Vivian struggles to fit in, until she finally confides in Cherry and relaxes her guard. In oral histories of nurses who trained in the 1920s and early 1930s, collected by the Royal College of Nursing, appearance was a running theme—more so than emotion, if a little less frequently discussed than practical nursing skills. Miss Maden remembered being told by the matron not to use the front entrance of the hospital because the

matron disapproved of her bright blue pill box hat, thinking she looked like an actress. The same matron demanded her nurses wear bright white shoes and stockings—"difficult to buy and so expensive!" (Maden, 2009).

The bright white of nursing uniforms symbolized the sexual purity of the nurse—quite the opposite of the stereotypes associated with actresses. Sybil Gibbon remembers feeling safe when going out as a district nurse late at night because of it: "your uniform was your protection" (Gibbon, no date). It was in part because of these connotations that a nurse must be "careful to wear her uniform with spotless cleanliness, neatness, and simplicity" warned Millicent Ashdown in 1922. Her hair should be tidy, and "her general bearing that of military smartness" (Ashdown, 1927: 1). Even into the 1970s, Julia Hallam notes, "respectability" in nursing was signified by tidy hair, pinned up above the collar, sensible shoes and an absence of jewelry and make-up (Hallam, 2000: 171).

Make-up and jewelry implied loose morals—like that bright blue hat owned by Miss Maden—a significant concern for interwar nursing leaders in Britain, who made no secret of their desire to "keep the register pure" (General Nursing Council, 1922, sec. 02/02/1928). Most of the cases brought before the General Nursing Council Disciplinary Committee in the interwar period dealt with sexual indiscretions—from illegitimate children to affairs with married men—rather than professional misconduct (Chaney, 2019). This was one of the reasons for the imposition of strict discipline in nursing training, which was increasingly described as outdated in the 1930s. When Sybil Gibbon asked for a sleeping out pass to attend a dance, it was nearly refused. "You would have thought I was going out on the streets or something!" She reflected (Gibbon, no date). Sexuality was also a concern for nurse leaders. Matron Lucy Duff Grant recalled in an oral history that disciplinary cases dealing with homosexuality in male nurses—illegal in Britain until 1967—might be judged on the appearance and mannerisms of the accused (Duff Grant, 1983).

It was also assumed that nurses were almost invariably white women. Sue Barton and Cherry Ames both have white friends with Anglo-Saxon names almost all of whom are from comfortable backgrounds (Philips, 1999: 68)—although Cherry does make friends with one Chinese student, Mai Lee. This was also the case in British nursing in the 1930s. While matron of the Manchester Royal Infirmary in 1937, Duff Grant openly refused to take "coloured nurses" for training (Eddo-Lodge, 2017). Black nurses did not appear in British film, even in minor roles, until the 1950s (*Doctor in the House*, 1954, and *Sapphire*, 1959), while the first black nurse in romance literature appeared in 1960. Julia Hallam, in her analysis of images of nursing, notes that these nurses tended to be given a white, middle class identity and a well-spoken English accent (Hallam, 2000: 158). Even in the 1980s, Pam

Smith found that hospital recruitment brochures showed only pictures of young, white, female nurses—at odds with the actual make-up of hospital staff—and physical appearance remained important (Smith, 2012: 44–5). Race and class also intersected. When a Miss Windsor asked if she might entertain her "coloured friends" at the Nation's Nurses and Professional Women's Club (later the Cowdray Club) in 1924, she was quick to inform the committee that these were "men and women drawn from the cultured and educated class." Miss Windsor's request was approved and she thanked the committee for being "so broad-minded" ("Cowdray Club House Committee Minutes, April 1922–December 1927," 1922: 139).

The ideal interwar nurse—for the nursing elite, at least—was white, youthful and middle class. Her perfectly pinned hair and clean, starched uniform made the standards of human sympathy and professional capacity visible, even if ideal appearance was harder to achieve than prescriptive texts might assume. Several oral histories in the RCN archive complain of the cost of uniforms: "I think most of our money went on shoes," Mrs. Pearce recalled (Gibbon, no date; Pearce, 2009). Muriel Hibbert, who began her training at King's College Hospital in 1941, struggled to maintain her uniform during the busy working day a decade later. "Much against my will I had to make up a clean cap," she wrote in her daily diary for 9 January 1952, "the one I have been wearing is so dirty that I dare not even wear it for the last two days of my practical work. I feel that I have abused the King's uniform enough already this fortnight without making matters worse by wearing it looking pale grey when it should be white" (Hibbert, 1952).

It becomes hard to disentangle the physical appearance of the ideal interwar nurse—her "beauty of line" as it were—from her professional and emotional capacities. As Adrienne Finlay describes it, the fictional Cherry Ames' "appealing looks, youth, and wholesomeness allow her to fulfil a dual role as chaste pin-up girl and nurturing caregiver" (Finlay, 2010: 1196). Finlay concludes that, by "renouncing men, sex, and actual motherhood," Cherry becomes the "ultimate mother" (Finlay, 2010: 1204). The efficient, educated but emotionally reserved middle-class nurse was similarly expected to treat her patients as her children: giving them her love and sympathy, but within carefully controlled limits to ensure order was maintained on the ward. "The relationship of the nurse and patient should be characterized by firmness and sympathy without familiarity" cautioned Margaret Riddell in 1931 (Riddell, 1931: 11).

The image of the nurse as mother was particularly important because most nurses were *not* mothers. Before the war, nursing training had frequently been associated with a woman's role in society, especially by medical men and hospital managers; it was work performed before marriage or

after widowhood (Hawkins, 2010: 22). "A little training in nursing in the school," psychiatrist James Crichton-Browne suggested in 1904, made "the girl a better wife and mother" (Committees, 1904: 54). Interwar nursing writers continued to see nursing skills as innate, but newly claimed that nursing itself could satisfy the biological maternal instinct, while simultaneously giving a nurse the "knowledge of a job well done" (Edgell, 1929: 125). This retained the idea of nursing as women's work but made it an alternative to a life of domesticity.

Sister-tutor Alice Jackson drew on the psychological theory of sublimation to explain that nurses were able to use their "natural" instincts for purposes other than that of husband and home. "The maternal instinct, often particularly strong in those who choose the profession of nursing," she suggested, "may be redirected or sublimated, so that the nurse gives to her patients a love akin to that which she might have given to her own children if she had been a mother" (Jackson and Armstrong, 1934: 13). "Sublimation" as a psychological term was used in the 1920s by psychologists like William McDougall and W.H.R Rivers to argue that "instinctive tendencies out of harmony with the needs of social life" did not necessarily cause pathology but could lead to "success in all the higher accomplishments of life, especially in art, science, and religion" when diverted (Rivers, 1920: 156). Jackson used this notion to argue that nursing was a very definite career for women, which had as much value as motherhood itself.

It was important to these nursing leaders that the ideal nurse appeared as a womanly, mothering figure. They were fighting against the pre-war panic that a declining birth rate and increasing infant mortality would damage the prosperity of the nation (Davin, 1978; Hunt, 1991, p. 25). This had led to unmarried women being viewed more negatively than they had in the Victorian era (Jeffreys, 1985: 134–5). In one particularly virulent pre-war example, the biologist Walter Heape referred to spinsters as "the waste products of our Female population" (Heape, 1913: 308). Many nurses, especially those who rose to the level of matron, did not marry; the marriage bar in hospitals meant that those who wished to work after marriage were usually pushed into private nursing. The appearance of these women became all the more important—in the absence of a husband and children—in proving them to be "ideal" women.

## *Conclusion*

The judging of the *Nursing Mirror*'s "typical nurse" competition was interrupted by the outbreak of the Second World War. The winners were

not announced until 14 October, in a double page spread ("The Typical Nurse," 1939: 38–9). All winners were in uniform—though not all entries had been—and all were white women. Most—like the second and third prize winners—were also young. Yet the photograph of the winner—Miss Violet Dargan, Deputy Sister at the Southern Grove Hospital—suggests a few of the changes that had taken place in the image of nursing since the meek and youthful Nightingale nurse was pictured in the *British Journal of Nursing* some fifty years before. More mature than her fellow prize winners, Miss Dargan looks tall and imposing in her stiff white veil. Her arms are folded over the spotless uniform that symbolizes her professional capacity, and she stares directly into the camera in quiet determination. Her human sympathy is not shown in a smile but in her almost stern restraint; it is difficult to know what she is really thinking or feeling.

The posed photographs of these interwar nurses, with starched uniforms, and calm, reposed faces—offer a telling glimpse into the place of nursing in the early twentieth century. *Nursing Mirror* editors sought human sympathy in the nurses they pictured which, as we have seen, was a newly emphasized trait in twentieth-century nursing. This sympathy was associated with the gender of the nurse and, perhaps even more strongly, with her class. Middle-class women had sympathy, while their working-class counterparts were not expected to possess the same fine feelings as their educated sisters. Yet sympathy was nonetheless presented as more of a skill to be learned than a vocation. It was also, in the interwar era, a trait more associated with Edith Cavell than Florence Nightingale. In this new nursing ideal, human sympathy became part of a nurse's professional capacity. Her practical skills were important, but so too was her ability to restrain her emotions.

Although the image of the nurse—and woman—with the stiff upper lip was new to the interwar period, it was nonetheless used within the nursing elite to justify a continued focus on feminine qualities that appeared increasingly old-fashioned to those outside the profession—and new nursing in training. Some things in nursing, then, did not change even as the place of women—and the work they were able to take up—altered following the First World War. While the image of the interwar nurse was, in some ways, that of the modern working woman, it also continued to draw on long-held beliefs about the need for a vocation and calling within the profession. This placed nursing a little at odds with a new society, in which "the modern woman," as Dr. Hadley put it to the College of Nursing in 1929, "is able to think and act and vote for herself!" (Hadley, 1929: 6).

Both sympathy and professional capacity were, it was assumed, visible in the appearance of the interwar nurse. Her "beauty of line" was not simply an afterthought of the *Nursing Mirror* judges, but a means of

quickly evaluating a nurse's worth. A well-presented appearance reflected the expectation that white, female, middle- and upper-class women made the best nurses. Yet this was also associated with changing expectations of women. As nurse leaders began to argue that a career in healthcare might prove a valuable alternative—and not a preliminary—to marriage and motherhood, they had to counter pre-existing negative stereotypes of the spinster as an "unwomanly" being. The nurse was thus presented as the ultimate mother, her womanliness developed, rather than stunted by, her nursing training. "Sister-tutors are always helping to produce, not merely nurses, but women." Alice Jackson told her fellow tutors in 1934 (Jackson and Armstrong, 1934: 5). Yet the kind of women these sister-tutors were hoping to produce was subtly changing. Restrained, efficient but quietly emotional, the ideal interwar nurse was not quite the same as her Victorian and Edwardian predecessors.

## Notes

1. There were also black nurses working in the UK at this time. In 1937, Harold Moody's "League of Coloured Peoples" (founded in 1931) protested against the discrimination these nurses faced in hospital employment (Eddo-Lodge, 2017, pp. 15–17).
2. Only two mental health nurses appeared—the editors were so unfamiliar with psychiatric hospitals that they spelt the name of one of them wrong, with Croydon's Warlingham Park Hospital becoming Warlington Park.

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