

Early District Nursing in Gloucestershire

by Carrie Howse

Ask anyone to name a Victorian pioneer of nursing reform and the answer will probably be, 'Florence Nightingale'. Few people have heard of her contemporary, Elizabeth Malleon (1828-1916), founder of the Rural Nursing Association, or realise the importance of Gloucestershire as the place where her national system of rural district nursing began.

Elizabeth was born in Chelsea in 1828, the eldest of the eleven children of Henry Whitehead, a solicitor, and his wife Frances. The care and education of her younger siblings occupied Elizabeth at home until she was twenty-four years old. When finally she sought work, a brief period as a companion/secretary was followed by a post as a governess, then in 1854 she became a schoolteacher. Although Elizabeth gave up teaching when she married Frank Malleon in 1857, the education of women remained a priority in her life and she also became an energetic and determined campaigner for women's rights. At their home in Wimbledon, the Malleons entertained a large circle of influential friends which included artists, writers, politicians, philanthropists and intellectuals.



Elizabeth Malleon c1890 GA D4057/25

In 1881, Frank Malleon decided to retire from his business as a wine merchant in London and move to the country to breed horses. The following year, the family moved to Dixton Manor House in the Cotswolds, and in stark contrast to her busy Wimbledon lifestyle, Elizabeth found herself with no neighbours within a mile, whilst the post office was five miles away at Winchcombe, and shops and the railway station were seven miles away in Cheltenham. With characteristic vigour, Elizabeth looked for a new cause to champion and she quickly became aware of the poor living conditions in the nearby village of Gotherington, which suffered isolation and neglect from having an absentee landlord and no resident church minister.

Elizabeth decided to open a Reading Room in the village, but when she approached the landlord, James Hutchinson, he refused his permission, mainly because he was a staunch Tory and he did not believe that the Liberal Malleons either could or would run the club on non-political lines. However, Elizabeth's typical reaction was to say that if she could not work with him, she would fight him, so she went ahead with her plans. Within a year, the Reading Room was open,

where the men and older boys could relax in the evenings. The Room was also open in the afternoons, when the women and girls were encouraged to read and to attend classes in knitting and cookery.

It was this close contact with the villagers that brought to Elizabeth's attention the urgent need of skilled nursing in such remote rural areas, especially for women in childbirth. According to Elizabeth's

biography, written by her daughter Hope, the local women who acted as untrained midwives and nurses in Gotherington and its neighbouring villages "were too often rough, ignorant women given to drink, who supplemented their earnings by charring or hauling coals or working in the fields", whilst the local 'wise woman' was described by Elizabeth herself as "a relic of heathen superstition!"¹

To combat these problems, Elizabeth founded a small local charity, the Village Nursing Association, in 1884, with the nominal support of two local doctors, Mr William Cox of Winchcombe and Mr D. Devereux, the Surgeon of Tewkesbury Hospital. £33.12s.0d. was raised and in September 1885, "after careful searching a suitable woman was found, accustomed to country life, and already trained both as midwife and sick nurse". The experiment was a success, with Nurse Mary paying "ninety-six visits to the invalids on her list" in November 1885 alone, as well as attending midwifery cases.² However, after nine months, the funds were exhausted and the experiment ended, but national events were beginning to raise public awareness of the need for district nurses.

In 1887, as part of the celebrations for Queen Victoria's Golden Jubilee, the women of England were invited to make donations to a Jubilee Fund, and the Queen was then asked to decide how the money should be spent. From various plans submitted to her, Queen Victoria chose a scheme produced by Florence Nightingale and William Rathbone to provide district nurses for the sick poor throughout the country.

William Rathbone was a wealthy merchant who had already set up a highly organised and successful scheme of district nursing in his home town of Liverpool in the 1860s, with the advice and support of Miss Nightingale. When he became an MP, and consequently spent half of each year in London, he and Florence worked together to set up a similar scheme in the capital. Their Metropolitan Nursing Association, founded in 1875, became the urban model for Queen Victoria's Jubilee Institute for Nurses (QVJI) in 1889.

As the detailed plans for QVJI progressed, Elizabeth Malleson persisted with her efforts to provide village nurse-midwives, this time on a national scale. Locally, her short-lived experiment with the Village Nursing Association had certainly not been unique: in the Christchurch area of Cheltenham, the Reverend Fenn had established a system of district nursing as early as 1867 but it had closed in 1872 due to lack of funds, and in Charlton Kings a Parish Nurse had been engaged in 1883 but, again, insufficient monies caused the scheme to be abandoned at Easter 1885. Nationally, small, independent rural nursing schemes had been successfully set up by philanthropic individuals, but they were scattered all over England. Elizabeth realised how much more could be accomplished by co-operation. She envisaged a national association controlled by "a central body which could set and maintain the standard of nursing, and which could ask for funds to help poor districts and to train suitable women".³ In June 1888, she wrote to Florence Nightingale and asked that "you may allow your honoured name to be placed at the head of the Association I hope to form". Miss Nightingale declined, as she did not consider Elizabeth's plans to be detailed enough and doubted her credentials for setting up and running a national nursing association. However, she sent Elizabeth "valuable notes" for her "encouragement and guidance".⁴

Despite this setback, Elizabeth persevered with her plan, even though Florence Nightingale was not her only critic. Both locally and nationally,

*she encountered opposition from many quarters - from the medical profession, from country residents whose deeply-rooted conviction was that things were quite right as they were since they had sufficed for countless previous generations, from the villagers themselves who were shy of any change.*⁵

However, Elizabeth's own attitude needs to be considered as a contributory factor. In their country life, the Mallesons developed a small, inner circle of friends, but Elizabeth found the social claims of neighbours and acquaintances, such as attending garden parties and other local entertainments, "a sore

infliction". After the stimulating, intellectual company of her forward-thinking London friends, she found the society of country parsons and county gentry a necessity to be endured, rather than enjoyed, for the furtherance of her work:

*She paid the absolutely necessary duty calls. ... But with her scorn of small talk and as she would not listen to gossip, conversation had to be at a certain level or languish. Often ... she returned openly lamenting the wasted time and her own fruitless efforts.*⁶

She must have been a difficult visitor to entertain and it is, perhaps, not difficult to appreciate how her unorthodox views and forthright approach might have offended the traditional rural gentry. In the circumstances, it is possible that the opposition she initially encountered may have been, at least in part, a reaction to Elizabeth herself, rather than indifference to the needs of the poor.

Notwithstanding these obstacles, a combination of persuasion, argument and determination eventually resulted in the formation of "a small committee of sympathizers ... on the borders of Gloucestershire and Worcestershire" in 1889.⁷ Active support was also offered on a national level by Lady Victoria Lambton of Pembrokehire, the Countess of Selborne representing Hampshire and the Hon Mrs John Dundas of Yorkshire.

Among the experienced local members of the committee, Elizabeth was fortunate to have gained the support of Lady Lucy Hicks-Beach, who lived near Cirencester. With her husband, Sir Michael Hicks-Beach, later the Earl of St Aldwyn, Lady Lucy had, for some years, been actively involved in the administration of their local Cottage Hospital at Fairford. Sir Michael had been a Tory cabinet minister since the days of Disraeli's leadership, serving variously as Irish Secretary, Colonial Secretary, President of the Board of Trade and Chancellor of the Exchequer.

In May 1890, Lady Lucy used her contacts and influence to call a meeting at 11 Downing Street to consider "the employment of Trained Midwives and Nurses in country districts". She invited "country people whose approval would carry weight in many circles", and the guest of honour was Princess Mary of Teck, who was one of Queen Victoria's favourite cousins and also the mother of Princess May of Teck, the future Queen Mary. On that day, Elizabeth's vision was embodied in a national charity, the Rural Nursing Association (RNA).⁸

Overall, the RNA was controlled by a Central Committee, with Elizabeth Malleon as Secretary. Each county had a President and County Committee; the county was then divided into districts, each with its own Manager and local Committee. This organisational structure reflected the importance of the social hierarchy as it then existed: at local level, the Manager of the District Nursing Association was, more often than not, the local 'Lady Bountiful' and the Committee would consist of her daughters and worthy matrons such as the wives of the vicar, doctor and headmaster; at county level, the senior administrative posts would be filled by the most senior county ladies, thus in Gloucestershire the County President was the Duchess of Beaufort and the Vice-President was Lucy, Countess St Aldwyn.

By September 1892, RNA nurses were working in seventy-seven districts in twenty-five counties, including five in Gloucestershire in Gotherington, Kemerton, Quedgeley, Stanway and Westbury-on-Trym. Its ever-growing and impressive list of Central Committee members and supporters included not only two Archbishops and two Bishops, but also two Duchesses, nine Countesses, four Viscountesses and seventeen Ladies. Several of these titled ladies also had links with QVJI and they soon began negotiations to bring the two charities together. QVJI had always intended to extend into rural areas, but had concentrated on establishing itself in urban areas first. The leading figures of the RNA were able to present their charity as an already functioning national rural scheme and, in September 1892, a Constitution was published which formally established the RNA as QVJI's Rural District Branch. By 1896, a further fifty rural nurse-midwives had been trained and were working in thirty counties. The

following year, in the interests of efficiency and centralisation, complete amalgamation was recommended between the urban and rural branches of QVJI.

All Queen's Nurses had to be qualified hospital nurses, though before the Registration Act of 1919, the length and quality of their training varied. They took a six months' training course in district nursing, and for a rural post they were also required to hold a recognised midwifery certificate, either from the London Obstetrical Society or, after the Midwives Act of 1902, from the Central Midwives Board. The Conditions of Affiliation to QVJI, first issued in 1897 and revised in 1901, also sanctioned the employment of Village Nurse-Midwives (VNMs) "in rural districts where it is impossible to support a Queen's Nurse and the population of the district does not exceed 3,000".⁹ VNMs were not hospital-trained nurses; they were local women, usually working-class, whose district and midwifery training was paid for by the County Nursing Association (a progression of the RNA's County Committee), in return for which they contracted to work in the county for a minimum of three years.

In the 1890s, QVJI had no standard rate of pay in rural areas because of the diversity of local circumstances and arrangements. Each District Nursing Association (DNA) was responsible for raising its own funds, including the nurse's salary at a suggested rate of £25-£30 a year for a Queen's Nurse. They were also to provide uniform, laundry costs and accommodation for the nurse, preferably in a cottage of her own, or Board & Lodging in two furnished rooms, with attendance, fuel and light. By 1909, the suggested wage of £30 a year had become a required minimum, independent of local conditions, rising to £32 and £35 in the second and third years of service, with an additional £2 a year for practising midwifery. VNMs were paid £25-£50 a year, which covered salary, board, lodging and laundry, with uniform provided. This was at a time when a cook-housekeeper earned an average wage of £35 per annum in the provinces and £41 in London, whilst an upper-housemaid could earn £25 a year, all found.

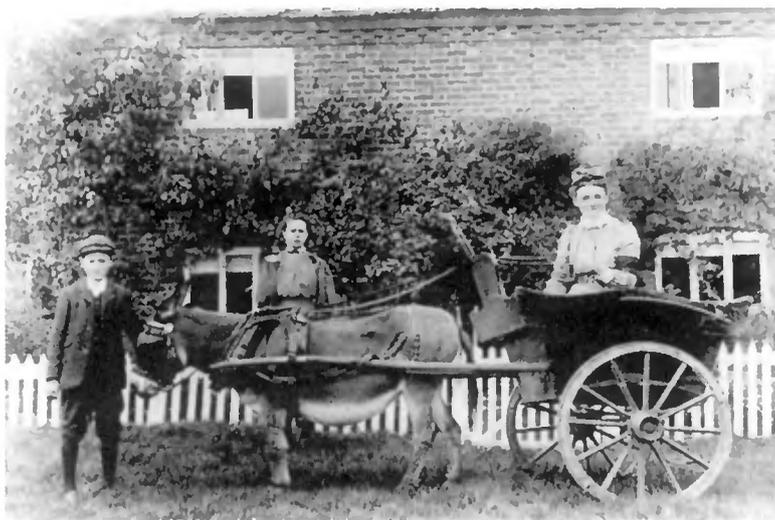
Increases in the cost of living, especially during World War 1 and the subsequent inter-war depression, further devalued the nurses' wages. By June 1915, food prices had risen by almost 32% compared with pre-war costs and by September 1916 they had increased by 68% in towns and 62% in rural areas. Consequently, a QVJI report on salaries in 1919 recommended an all inclusive salary of £89 - £121 16s. 0d. for VNMs, based on the population of the district. In Gloucestershire, the average cost of Board & Lodging for a nurse was £65 in 1919. When this is deducted, the VNMs were left with only £24 - £56 16s. 0d, whilst the recommended wage for a cook-housekeeper had risen to £65 a year, with food, by 1919. By 1924 the required minimum salary for a Queen's Nurse was £63 a year, rising £3 annually to £75, with all found, plus an additional £5 per year for practising midwifery. This figure of £63 in 1924 was more than double the required minimum of 1909, and if the same figure of £65 for Board & Lodging is taken into account, this represents the equivalent of a minimum all inclusive salary of £128 for a Queen's Nurse in Gloucestershire, compared with a maximum of £121 16s. 0d. for a lesser-trained VNM. However, a female school teacher could earn an average of £200 per annum in 1920.

The funds to cover the nurse's wages and the sundry costs of a DNA, such as medicines, dressings and stationery, were raised by subscriptions, donations, midwifery fees, church collections and special efforts such as fetes, jumble sales and concerts. An annual Sale of Flowers was held at Gotherington, whilst at Stroud the local Football Club played a Benefit Match each year, and branches of the Needlework Guild supported both the Cheltenham and Nailsworth DNAs. However, the increases in the cost of living affected not only the nurses themselves but also those from whom subscriptions and donations were collected. The anomaly of rural district nursing lay in the fact that, in the areas where the nurses were most needed, the poor patients could least afford to subscribe towards the DNA funds. Despite the personal generosity and sterling fund-raising efforts of their committee members, many rural DNAs in Gloucestershire, especially those serving poor, often widespread communities, had difficulty raising adequate funds, and annual accounts frequently showed a deficit. Gotherington DNA reported a debit balance every year from 1900 to 1902, 1904 to 1907 and 1912 to 1915, and this deficit was often covered by extra donations from Elizabeth Malleon, her husband, other family members and friends.¹⁰

Other local ladies were equally generous. When Nurse Mackay was appointed as the first district nurse in Winchcombe in 1904, Mrs Dent-Brocklehurst of Sudeley Castle was so anxious that the experiment should be a success that she personally paid the nurse's first six months' salary of £22 and her board at Almsbury Farm of £13. Similarly, in the summer of 1914, Mrs Welch offered the Lodge at Arle House as rent-free accommodation for the nurse of Staverton DNA, "after having it papered and painted and put into good order".¹¹

Many of the cottages that were made available for the nurses reflected the poor standard of housing in rural areas, with no gas, electricity, running water or drains. Lucy, Countess St Aldwyn, and two other Committee members of the Coln St Aldwyn DNA paid "the cost of cottage furniture for the District Nurse" in 1911, but furniture and fittings often consisted of secondhand donations. Part of the annual inventory for the nurse's cottage at Upton St Leonards in 1908 reads "6 teaplates (odd ones), 5 teacups (odd), 6 saucers (odd)" and notes such as 'faded', 'worn out', 'broken' and 'of no use' are made in every room. The very nature of a rural post dictated that the district nurse should live within the community she served, but to do this she had to accept accommodation that was often of questionable quality.¹²

The rural district nurse's duties consisted of general nursing of non-infectious cases, care of the elderly and invalids, and midwifery including attendance on the mother and child for ten to fourteen days after the birth. The nurse was strictly forbidden to interfere with the religious opinions of her patients and "must accept no presents, nor any wine, beer, or spirits".¹³ A standard national midwifery fee of 5s was charged in the 1890s, with a sliding scale of nursing fees depending on the husband's occupation and wage, with the poorest patients receiving free care. In 1892-3, the weekly wage of agricultural labourers in the Midlands counties, including Gloucestershire, was only 12s. 6d compared with the national average of 13s. 4d. By 1898, these figures had risen to 13s. 10d and 14s. 5d respectively. The introduction of a standard midwifery fee must have placed a strain on family finances, especially before the granting of the first



Queen's Nurse Jenny Wolfe at Gotherington c1895 GA D4057/26

Maternity Benefit in 1911, but against this must be weighed the advantages of attendance by a trained nurse-midwife compared with the conditions that Elizabeth Malleson had found when she moved to Gloucestershire. In 1906, subscriptions in the county ranged from 2s per annum for Labourers, whose families would then be nursed free, to Tradespeople & Farmers who paid £1 per annum plus a small nursing fee at the discretion of the DNA committee. By 1920, to meet increased costs, most DNAs were asking for a subscription of one penny a week, 4s. 4d per annum, with a midwifery fee of 15s.

In theory, a district nurse was expected to work for an average of 8 hours a day, with one afternoon a week free and only urgent cases or confinements attended on a Sunday or at night. In reality, the rural nurses served extended districts that necessitated arduous travelling in all weathers, often on unmade roads, with no transport other than a donkey or pony and cart, or, later, a bicycle. Where roads were impassable for vehicles, their only option was to walk. In fact, one of the questions on the application form for a rural post was: "Are you a good walker and accustomed to the country?"¹⁴ At Gotherington, during the seven months from June to December 1897, Nurse Jenny Wolfe travelled a total of 1,294 miles in her donkey cart, an average of 185 miles per month. In 1905, the building of the local railway near Gotherington brought many navvies and their families to the neighbourhood, and for one month alone during that year, Nurse Margaret Powell "recorded work over 8 hours a day for 30 consecutive days, and 4 nights on duty".¹⁵ This was, of course, a temporary situation, but even on routine days the nominal eight hours were expected to be highly flexible. At Staverton in 1902, it was announced that the newly arrived district

nurse "will start upon her rounds every day at 9a.m. and will generally be in by 8 in the evening. Of course, messages may be sent to Nurse, to go anywhere, at any time".¹⁶

Respiratory diseases (particularly bronchitis, pneumonia and phthisis), influenza and rheumatic fever appear regularly on surviving lists of the more serious cases nursed, as do abscesses and ulcers, burns and scalds, sprains and fractures. The spring of 1891 saw an outbreak of scarlet fever in the Gotherington district, in which two children died; an epidemic of measles broke out in the autumn of 1892; and in 1896 and 1897 there were cases of diphtheria.¹⁷ There was also a major outbreak of diphtheria in Nailsworth in October 1900, when forty-six cases were nursed in their own homes and twenty-four cases at a Temporary Isolation Hospital set up in the Infant Schoolroom.¹⁸ During the influenza epidemic of 1918, the Gloucestershire CNA reported that many of the county's district nurses "worked incessantly, day and night," and two nurses died: "Nurse S. Wright, who was at Mickleton for some years, and was loved and respected by all; Nurse Enos, after only 3 months on her district - she was young, bright, and devoted to her work".¹⁹

It must also be remembered that in the days before antibiotic, sulphonamide and analgesic drugs, the preparations and treatments available for the nurses to use were limited. A procedures manual written in 1905 urges the nurse to make her own lotions and potions instead of buying them ready mixed from a chemist, as "this is extremely expensive ... to the Association and it is a totally unnecessary outlay, as it is perfectly simple for any nurse to buy the materials cheaply and prepare lotions of any required strength". The manual includes recipes for a variety of preparations, including an opiate-based Poppy-head Fomentation which begins: "Get three poppy-heads from the chemist, break into small pieces and boil quickly in a quart of water for fifteen minutes." The ancient use of leeches is still recommended in a detailed and graphic section, which includes the useful directive: "The weight of the leech's body should be supported. Otherwise it may drop off from fatigue before it is satiated".²⁰

In 1909, the nurses' workload was increased by the introduction of Public Health Work, which involved assisting with the medical inspection of schoolchildren, visiting cases of tuberculosis, Health Visiting and care of mentally-defective children. By 1916, the Gloucestershire CNA reported that, "of the 72 District Nursing Associations affiliated to the County Nursing Association 64 are co-operating in this scheme for Public Health Work". By 1917, there were also sixteen Infant Welfare Centres in the county, attended by the district nurses, where mothers could have their babies weighed and ask advice on health and feeding. By 1922, the number of Centres had increased to twenty-five.²¹

In 1924, QVJI nurses attended 10% of home births in England and Wales, and by 1925 district nursing was available to 75% of the population. In Gloucestershire, where the rural movement began, the dual system of Queen's Nurses and VNMs, both combining district nursing with midwifery and health work, was clearly a success, and in their report of 1925/6, the Gloucestershire CNA recorded with pride that "the combination of State and Voluntary Work as carried out in this County is held up as a model all over the Country".²² Both Queen's Nurses and VNMs were clearly poorly paid and often inadequately housed. However, the early rural district nurses could derive a great sense of satisfaction from their work. A rural post offered the opportunity to befriend entire families and to live as part of a community in which the nurse was valued, trusted and respected, not only as a skilled professional but also as a neighbour and friend. Amongst the district nurses who served in Gloucestershire, Alpha Fenton worked at Charlton Kings for seventeen years and her successor, Ann Newdick, for twenty-four years; Rose Paling worked at Lydney for sixteen years, Beatrice Price at Stone for eighteen years and Lucy Avery at Nailsworth for twenty-four years.

The middle- and upper-class ladies who served as Managers of the DNAs and as Committee members at both local and county level also derived a great sense of purpose and satisfaction from their philanthropic role. Many such women devoted years of their lives to the district nursing scheme, entirely on a voluntary basis. When Nailsworth DNA celebrated its twenty-first anniversary in 1920, it was recorded that, of the twenty-one ladies who had been members of its first Committee in 1899, eight were still serving on the

present Committee, "21 years of faithful service".²³ Similarly, of the twelve ladies who had formed the first Executive Committee of the Gloucestershire CNA, seven were still serving when Lucy, Countess St Aldwyn, retired as Chairman in 1920, explaining that she was "no longer young and was becoming somewhat deaf and rather blind".²⁴ Despite her frailty, the Countess continued to serve as the CNA's Vice-President, as well as running her local Coln St Aldwyn DNA until the 1930s.

Elizabeth Malleon, the founder of the Rural Nursing Association, remained Manager of the Gotherington DNA until she died in 1916, at the age of eighty-eight. Her daughter Hope described her as "formidable ... and courageously unconventional. ... No one could have been less affected than she by what others said or thought once she was sure of her ground. And always her actions were very direct. Subtlety and finesse had no place in them".²⁵ Clearly, Elizabeth was a forthright and domineering character, but there is no doubt that she genuinely cared about the poor. She has been largely forgotten by history, but she deserves to be remembered as a pioneer of rural district nursing. She recognised the need for trained village nurse-midwives, and as a result of her resolute doggedness, her charity, which began as a nine month experiment with one nurse in an isolated country village in Gloucestershire, became an integral and very important part of the national organisation from which today's system of district nursing has evolved.

References

GA = Gloucestershire Archives

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- ⁴ British Library, Add 45808, F119-127 & F163-165v Letters from Elizabeth Malleon to Florence Nightingale 1888
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- ⁶ *Ibid*, p.207.
- ⁷ *Ibid*, pp.153-4
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