**“I helpt to nurse”: unpaid care work by Georgian spinsters 1780-1820[[1]](#endnote-1)**

Histories of nursing before Nightingale are beset by a number of definitional problems around the tasks of sick-nursing and the reputations of the women and men who nursed. One of these problems relates to the apparent discrepancy between the reputation of nursing which was remunerated by the day or week and stereotypically regarded as very poor, and the quality of nursing performed without payment by the relatives and friends of the sick, generally held in high esteem. This article forms part of a larger project to consider these different perspectives at length, by uncovering histories of nursing and of nurses in both domestic and institutional settings during the years before calls for nursing reform.

Paid female nurses in the period 1780-1820 were satirised for their alleged failings. They were feared to be inattentive to patients, neglectful of their employers’ home and property, ignorant as to the best actions to take to mediate symptoms, and more interested in their own comfort than the patient’s recovery.[[2]](#endnote-2) Nurses generally were routinely denigrated as ignorant and fond of old, traditional cures in contradiction to contemporary medical advice. In this way, paid nurses were burdened with some of the same stereotypes that beset the wider groups to which they often belonged (women, the elderly, the poor) while attracting new criticisms of their own. Unpaid nurses, in contrast, were either invisible or lauded for their selfless devotion (although vocal praise was often reserved only for the times when nurses themselves had died).[[3]](#endnote-3)

This disparity is ironic when we consider the similarity of tasks required of pre-professional nurses, whether they were paid or unpaid.[[4]](#endnote-4) These can usefully be summarised as watching and regulating, feeding and administering, cleaning and removing waste. Nurses watched patients and symptoms with a view to recognising and reporting changes in (for example) skin, temperature, pulse, and evacuations. Regulating the patient’s environment involved (among other things) controlling heat, managing air flow, light and noise. These practical matters were frequently joined by emotions management via the offer of comfort and encouragement, helping the patient to procure sufficient rest/sleep, and physical regulation of movement/exercise. Feeding and administering encompassed the preparation, provision, and feeding the patient with appropriate food and drinks, plus ensuring their ingestion at the right times or in the correct sequence. Supplying and administering medicines or treatment interventions, either at the instruction of another party (physician, apothecary, the patient, patient’s relations, other) or under the nurse’s own initiative required a good memory and attention to the clock. However, the last on the list, cleaning and removing waste, has been the activity most commonly associated with the pre-professional nurse, given the propensity of historians to conflate nurses with domestic servants.[[5]](#endnote-5) In both sickness and injury the patient’s wounds, body and environment required attention in a timely way which probably included changes of patients’ clothes and bedding, and may have included laundry. Removal and disposal of soiled dressings, catarrh, vomit, excrement, and potentially body parts was a smelly task which risked expressions of repugnance from an incautious nurse.

The risks induced by these tasks and the personal views of nurses, paid or unpaid, are unknown because we lack research on these activities from the perspective of the women who nursed. Their point of view is difficult to retrieve, not least because the women who were paid to nurse in this period may have been illiterate – fifty percent of nurses at Guy’s hospital 1762-1783 could not sign their names – while literate women who were inclined to reflect on their nursing activity were exclusively genteel and unpaid, their thoughts on nursing scattered across multiple narratives that focus on other more prominent life events.[[6]](#endnote-6)

Does unpaid nursing ‘count’ in a study of pre-professional activity?[[7]](#endnote-7) I argue that it must if we are to do justice to women’s experience and activity in the past.[[8]](#endnote-8) Furthermore, a careful reading of letters, diaries and memoirs by women responsible for nursing members of their family or household provide one way to access the accounts of women who nursed, albeit when they were unpaid for their service and possibly (if not always inevitably) of a higher status than the women who were paid. Personal documents comprise an important genre for social historians *per se*. Surviving texts tend to be more numerous for men than for women – see for example the gender imbalance in the genre of working-class autobiographies, where less than 10% of those found by Burnett, Mayall and Vincent were written by women.[[9]](#endnote-9) At the same time, men were less likely than women to set down the minutiae of nursing work as either participants or recipients of care.[[10]](#endnote-10) Here, I consider the narratives of three unmarried women which offer detail about episodes when they nursed others. In each case they were available to nurse (being either on the spot at the time of injury or in the neighbourhood), but not specifically paid to be a sick nurse (although they might have been employed in another capacity at the same time). They exhibit the valuable combination of acting as nurses and having the scope to write about nursing, either in specific or abstract ways. The calibre of their testimony is high, since all three of the women identified here as case studies feature in the *Oxford Dictionary of National Biography*, with their notability deriving from their writing prowess. In each case, it is possible to speculate about the extent to which firm evidence from unpaid nurses can help to frame questions about the experience of women who were paid. There may be no firm answers: we may hope to unsettle the stereotypes, however, which have been so unforgiving to the pre-reform nurse for so long.

Nelly Weeton (1776-1849)

Nelly Weeton could probably be identified as the female writer of lowest social status among the three examples used here. Her father was a slave-ship captain who died when she was young and Nelly seemingly experienced severe material poverty in her youth (an experience not shared by her brother who was away from home training to become a lawyer). After her mother’s death, various attempts to make ends meet as either a landlady (renting out her former family home in Lancashire) or as a governess/companion preceded her eventual marriage in 1814 when she was in her late thirties. Her written legacy survives in the form of a memoir, and copies of her outgoing letters which she conscientiously made before posting the originals.

Her experience of emergency nursing came in 1810 when the child she had been employed to teach was badly injured (an accident described at length in a letter to her brother ten days later).[[11]](#endnote-11) Nelly had been recruited by Edward Pedder of Dove Bank in Ambleside to be a governess for his daughter. Only two months into the job the child, Mary Pedder, in a rare moment of being left alone, stood too close to the fire and her apron caught alight. The fire was extinguished by Nelly’s retrieval of ‘the ironing blanket’; the child being rolled in the blanket by her nursery nurse (who burned her hand in the process) and other household servants. By the time the fire was extinguished Mary’s face and limbs were badly burned such that her skin hung off her ‘like shreds of paper’, but her torso was relatively unhurt.

From Weeton’s point of view the key features of the resulting nursing experience were threefold. First, attempts to put out the fire and mitigate the burns revealed a chronic lack of household access to fluids: ‘I could find no liquid of any kind’, wrote Nelly. No water could be had suddenly, and in the immediate aftermath of the burning the attending adults resorted to the use of ‘all the milk and cream [the dairyman] could get’ and a small amount of hair oil. It seems that the adults on the scene knew what they wanted to do. Nelly’s account does not suggest that there was any senior (or indeed male) authority that was directing their actions, so this was either unreported or they were apparently behaving independently of oversight in a co-ordinated and informed way. Even so the absence of suitable resources meant that they could not carry out their intentions for ‘first aid’ (incidentally, a phrase only coined later). Second, care was directed to both the physical and emotional needs of the child. This included preventing her from sitting or lying down (at least in the first instance, for fear she would adhere to anyone or anything that supported her), warming her feet (which were unburned) by rubbing and hot water bottles, and reassuring the child that she would not die. It also entailed holding her hands during a series of fits which came on after about an hour, to prevent her pulling at the loosened skin, a duty which Weeton found terrifying. Third, the hours after Mary was injured involved careful watching and listening, monitoring her breathing and state of consciousness, plus reporting on her state to her father and step-mother throughout the succeeding night.

The case did not evolve from emergency to chronic nursing because, despite vocal reassurances to the contrary, Mary died about eighteen hours after she was injured, an outcome which Weeton attributed to her underlying epilepsy. What is most striking about the account though is the combination of practical and emotional detail clustering around a fairly brief vignette of a fatal household accident: Weeton wrote, for example, ‘I listened with such intense anxiety for so many hours to every breath … that still while I am in the room where she died, I imagine I can hear her breathe’. The shocking events around Mary’s injury palpably dominated this letter.

Nelly Weeton’s letter contains the vivid and piecemeal detail which springs from a recent tragedy. Nonetheless my experience of reading about other types of nursing suggests that where events were recalled at some distance of time, and possibly where the higher social status of the writer makes an impact on their propensity to deliver details of dirty work, the likelihood of writers dwelling on the physical minutiae of nursing declines. This weakening of detail is observable in the writing of the next two women. Their narratives are still valuable for their further consideration of the emotional impact of nursing.

Elizabeth Ham (1783-1859)

Elizabeth Ham was the daughter of a farmer and brewer, with numerous aunts and uncles living across Somerset and Dorset. Her memoirs were truncated and published by an unsympathetic editor in the mid-twentieth century, who in his introduction dismissively described the second half of her manuscript as ‘Elizabeth Ham in Search of a Husband’ from which he omitted ‘nearly fifty thousand words of almost maudlin self-pity and inconsequential gossip’.[[12]](#endnote-12)

Ham’s work in later life included the publication of a charmingly-illustrated children’s grammar book, but in her late twenties and early thirties her day-to-day experience consisted of living with one set of relations after another, during which she was made to feel redundant as an adult woman lacking her own household.[[13]](#endnote-13) It is fairly ironic therefore (with hindsight) to observe the essential work she fulfilled in other people’s homes including as a sick-nurse.

Her most sustained recollections of nursing her relatives relate to 1812 and an outbreak of typhus fever at the house of her aunt Mary Genge. Mary Ham had married Edward Genge in 1787 and the couple had at least ten children over the next twenty years. They lived at Preston Plucknett (now a suburb of Yeovil), three or four miles away from Elizabeth’s residence at the time in East Coker. Since the whole family was suffering at once and ‘nurses were not to be had’, Ham walked to her aunt’s house every other night to help nurse her uncle and cousins: ‘It was a most distressing scene, hurrying from one bedside to another, every instant of the night’. After a week the younger children were getting better – Ham and her aunt Mary seem never to have been infected - but William Genge aged about twenty fell ill, and Ham received an entreaty from her aunt to come at once, this time to stay.

William was largely speechless, but not quite insensible. Ham recalled ‘For five days and nights I never left his bedside, except for about an hour one day … and one night when I laid down in my clothes … whilst my aunt took my place but she called me before I got to sleep’. Ham’s exhaustion was compounded by the arrival of the cousins’ great aunt who audibly castigated the patient for being ‘a wicked and depraved young man’. Ham confessed

I shall never forget that moment! The poor dying youth made a violent effort to turn towards me, with an expression of the greatest terror in his poor faded face, and grasped my hand, with the expression ‘Don’t run away’. The only articulate words that were heard from him during his illness.

William Genge died the following day: it was nearly forty years before Ham started to compose her memoirs, with a consequential lack of immediacy in her writing plus the risk of distortion over a protracted lapse of time. Even so her account of caring at night, sleeplessness, and the affective work entailed in nursing relatives with (or in spite of) other relatives has an authenticity confirmed by other writers.[[14]](#endnote-14) If nurses lacked a personal connection with their patient, as is presumed for women who were paid, did they entirely escape these forms of emotional drain, or simply experience them at a less intense level? What is more, the combination of sleep deprivation with an unchanging demand on nurses’ attention starts to suggest that it was nurses’ conditions of work (rather than their moral unfitness) that undermined their competency. If paid nurses also worked under expectations of constant wakefulness, we might now counter accusations of their incompetence with queries about their physical capacity to go without sleep.[[15]](#endnote-15)

Sarah Harriet Burney (1772-1844)

Sarah Harriet Burney was born into the eighteenth-century artistic elite. She was the daughter of Charles Burney, musician and composer, and half-sister of the novelist Frances Burney. Sarah was herself a novelist and author. Her family had contact with both London’s intellectual and creative leaders (lexicographer Samuel Johnson, actor David Garrick) and royal patronage: Frances was second keeper of the robes to Queen Charlotte, and Charles was appointed organist to the Royal Hospital at Chelsea.

Sarah lived at Chelsea in her father’s Hospital apartments from 1787 acting as her mother’s nurse during her last illness in 1795-6 and, after an absence from the Hospital between 1798 and 1807, was Charles’s companion, amanuensis and nurse in the final years of his life from 1807 to 1814 when he was in his 80s. What is distinctive about Sarah’s letters is that they give little to no insight into the practicalities of nursing, despite the fact that she certainly spent hours and days at her parents’ bedsides. Instead, her surviving correspondence speaks solely about her father’s physical state, the emotional burdens of care work, and the grief of absence: ‘Nothing leaves a sadder gap than the loss of one whom we have watched over, and nursed’.[[16]](#endnote-16)

Charles Burney, in his final years of life, was beset by a number of the maladies common to old age. A seizure in 1806 when he was eighty probably accelerated his withdrawal from social life, and from then on his biographer judges that he adopted the life-style of a permanent invalid.[[17]](#endnote-17) Alongside the chronic complaints of old age, he suffered from bouts of acute ill health. In 1809 he had a severe sore throat which inhibited his swallowing, characterised by Sarah as ‘a thrush, and a spasmodic hiccup, which, almost without cessation lasted four days and nights!’.[[18]](#endnote-18) The drug regime which was prescribed was itself heroic, including opiates, and Sarah attributed her father’s loss of appetite during his convalescence to the action of drugs on his stomach.

In his final year of life, Charles Burney suffered from low mood, giving Sarah an additional task. She wrote to her half-brother Charles junior in December 1813 urging him to visit and help her in raising their father’s spirits: ‘He has had for some time a very severe cold, and other teasing complaints have followed it which render him so low that it is shocking to see him. I want you to come and cheer him up a little.’[[19]](#endnote-19) Sarah’s own attempts had proved less than effective, she thought, owing to her easily being silenced. There are no surviving letters from Sarah between the end of January 1814 and September of the same year, a gap occasioned by Charles’s death in April.

The rather slight reflections on nursing contained in Sarah’s letters were expanded somewhat in her fictional writing. Her novel *Traits of Nature* (1812) sees the heroine Adela Cleveland nursing her father in the desperate hope of winning his affection. In return, Adela is treated to an object lesson in emotional blackmail. Her father ‘would acknowledge no pleasure in receiving her attentions: but the attentions of any other were not even permitted’.[[20]](#endnote-20) In the novel, then, to nurse a manipulative elderly parent is to suffer chilling emotional isolation at the same time as physical domination. Sarah’s editor Lorna Clark characterises the outcome of the novel, whereby Adela secures no obvious display of affection from her father but discerns the growth of her own fondness for him, as the result of habits of self-denial at a huge emotional cost for questionable gains.[[21]](#endnote-21)

It would be glib to assume too close a relationship between Adela’s yearning toil and Sarah’s lived experience. Yet there are grounds to suppose that echoes, at least, of Sarah’s parental nursing found their way into her fiction, because while she is largely silent about the mundane aspects of care she is less reticent about the affective strain of living with a parent who exerts authoritarian control in the expression of his own interest. In 1811, for example, it was agreed that Charles Burney would temporarily be moved from his own bedroom into Sarah’s room, to allow for thorough cleaning. This left the problem of where Sarah should sleep in the interim, and she allowed herself the luxury of imagining she might be permitted to travel to Richmond to stay with her favourite niece. This arrangement did not suit her father at all, who apparently resented this modest show of independence and preferred that she sleep in the accommodation of a Chelsea neighbour. When Charles was presented with the Richmond plan, he ‘grumbled… and wondered so much at my fickleness and caprice, that I told him I would give up the plan, & came out of his room quite sick’. Sarah construed her father’s preference for her staying nearby to his liking for her reading the newspaper to him every evening, a routine she characterised as ‘the sickening dose’. The difference in opinion rumbled on between the elderly parent used to obedience and the adult daughter keen for a change of scene. It was concluded only when the former ‘told me last night in a pet, that if I had set my heart upon the Richmond jaunt, he would not oppose it: - “I never set my heart upon any thing, Sir”.’[[22]](#endnote-22) Sarah’s self-denial may not have reached the same melodramatic pitch as that of her character Adela yet still have been a tangible accompaniment to the tenor of her life at Chelsea, to the extent that it evidently invoked metaphors of her own consequential sickness.

Sarah was the most emotionally invested of the three spinster nurses identified above, and the least inclined to offer details about her practical delivery of care. The emotional conflict she experienced in maintaining an attentive presence shows instead the penalties on individuals who subordinated themselves to their patients. Perhaps paid nurses need not have had the same level of personal commitment to their patient in order to feel some loss of their own autonomy, and consequential regret or unhappiness, in the pursuit of their work.

Conclusion

These examples suggest that we can benefit by extending the boundaries of the history of nursing to value the fragments of evidence offered by unpaid, literate women. By gathering multiple shreds of evidence from dispersed sources (in this case from three spinsters’ writings) we reveal aspects of pre-reform nursing in ways that variegate our appreciation of historic actions and constraints on nurse activity. In particular the intimation that women might work for protracted periods, throughout full nights or for days at a time without sleep, requires further investigation and reflection. Furthermore, they may have experienced personal conflict if they had any kind of personal connection to the sick or wounded person under care and either felt obliged to protect them from emotional hazard, or to protect their own sense of autonomy in contradiction to their patient’s interest.

The absence of narratives by women who were paid to work means that we lack the experience of people without an *automatic* emotional investment in their patients: would they have written solely about the practical aspects of sick-nursing? The emotional burdens on paid nurses, whose care for patients was based primarily on a contract rather than love or duty, can only be guessed. We cannot assume that there were none.

1. J. Martin (ed.), *A Governess in the Age of Jane Austen. The Journals and Letters of Agnes Porter* (London: Hambledon, 1998), p. 243. [↑](#endnote-ref-1)
2. Summarised conveniently by the narrative attached to a popular engraving of the early nineteenth century: N. Heideloff after T. Rowlandson, ‘While confined to your bed by sickness – the humours of a hired nurse’, *Miseries of Human Life* (London: Ackermann, 1807), viewed at The Wellcome Collection www.wellcomecollection.org 23 August 2022. [↑](#endnote-ref-2)
3. For example, see the death notice of Miss Mary Hudson who nursed her mother and became a martyr to filial duty: *Gentleman’s Magazine* 71 (1801) part one, p. 375. [↑](#endnote-ref-3)
4. T. Langtree, ‘Notes on Pre-Nightingale nursing: what it was and what it was not’ (Phd thesis, James Cook University, 2020), p. 217. [↑](#endnote-ref-4)
5. See for example P. Williams, ‘Religion, respectability and the origins of the modern nurse’, in R. French and A. Wear (eds), *British Medicine in an Age of Reform* (London, 1991), p. 233. [↑](#endnote-ref-5)
6. London Metropolitan Archives H09/GY/D/023/4-5 Guy’s Hospital receipt books 1762-74 and 1774-83. [↑](#endnote-ref-6)
7. A question raised but not decisively answered by C.E. O’Lynn, ‘History of Men in Nursing: A Review’, in C.E. O’Lynn and R.E. Tranbarger (eds), *Men in Nursing. History, Challenges and Opportunities* (New York, 2007), 6-7. [↑](#endnote-ref-7)
8. M.C. Versluysen, ‘Old Wives’ Tales? Women Healers in English History’, C. Davies (ed.), *Rewriting Nursing History* (London: Croom Helm, 1980), pp. 175-199. [↑](#endnote-ref-8)
9. J. Burnett, D. Mayall, and D. Vincent (eds), *The Autobiography of the Working Class: an annotated critical bibliography volume one: 1790-1900* (Brighton: Harvester, 1984), p. xviii. [↑](#endnote-ref-9)
10. A. Tomkins, ‘Male nurses in England and Europe before 1820: beyond the madhouse’, *Nursing History Review,* (forthcoming, 2023). [↑](#endnote-ref-10)
11. E. Hall (ed.), *Miss Weeton. Journal of a Governess 1807-1811* (London, 1936), letter of 25 February 1810. All information and quotes about Weeton are drawn from this volume. [↑](#endnote-ref-11)
12. E. Gillett (ed.), *Elizabeth Ham by herself 1782-1820* (London, 1945), 7, 180-1. All information and quotes about Ham are drawn from this volume. [↑](#endnote-ref-12)
13. [E. Ham] *The Infant’s Grammar, or A Pic-nic Party of the Parts of Speech* (London: Harris and Son, 1824). [↑](#endnote-ref-13)
14. M. De Lancey, *A Week at Waterloo* (London: Reportage Press, 2008), p. 34. [↑](#endnote-ref-14)
15. Evidence for night nursing in provincial infirmaries at this time indicates that paid nurses were indeed expected to spend long periods awake: A. Tomkins, ‘Stafford Infirmary and the ‘Unreformed’ Nurse, 1765-1820, I. Atherton, M. Blake, A. Sargent and A. Tomkins (eds), Local Histories: Essays in Honour of Nigel Tringham (Staffordshire Record Society, 2022), pp. 267-288. [↑](#endnote-ref-15)
16. Written in sympathy to her niece, also bereaved after nursing her mother: L. Clark (ed.), *The Letters of Sarah Harriet Burney* (Athens, Georgia: University of Georgia Press, 1997), p. 434. All quotes about Burney are drawn from this volume. [↑](#endnote-ref-16)
17. R. Lonsdale, *Dr. Charles Burney. A Literary Biography* (Oxford: Clarendon, 1965), pp. 460-461. [↑](#endnote-ref-17)
18. *Letters*, pp. 103-4. [↑](#endnote-ref-18)
19. *Letters*, p. 178. [↑](#endnote-ref-19)
20. S.H. Burney, *Traits of Nature* volume 5, (London: 1812), pp. 104-105. [↑](#endnote-ref-20)
21. L. Clark, ‘Sarah Harriet Burney: Traits of Nature and Families’, *Lumen. Selected Proceedings from the Canadian Society for Eighteenth Century Studies* 19 (2000), 121-134. [↑](#endnote-ref-21)
22. *Letters*, p. 137 [↑](#endnote-ref-22)