

# Introducing the trained and educated gentlewoman into the wards of a children's hospital. The role of Charles West, M.D. (1816-1898) in the rise of pediatric nursing

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**Abstract.** The recent bicentenary year of Charles West (1816-1898), the well-known pioneer of pediatrics, gives us the opportunity to highlight his fundamental role in the birth and first development of pediatric nursing. His initiatives (most notably the establishment of the first pediatric hospital in London, the Great Ormond Street Hospital for Sick Children) and his ideas on nursing were often misunderstood and opposed by his contemporaries. But nowadays they appear to us very relevant and forward-looking, centered as they are on the rigorous selection and the full human and professional training of the new nurses for "sick children". His attempt to fight classism – a social feature so deeply rooted in the Victorian era – which many people wanted to be reflected also in the organization of hospital nursing, deserves to be remembered and analyzed. Along with many other aspects of his life and works, starting with the role he played in the professional education and advancement of one of the leading figures of early pediatric nursing: Catherine Jane Wood.

**Key words:** Charles West, Catherine Jane Wood, history, pediatrics, nursing, London, Great Ormond Street Hospital

## Introduction

Charles West "in 1862, introduced the trained and educated gentlewoman into the wards of the Children's Hospital, and from that year may be dated the immense advance that took place in the nursing of children's diseases" (1).

This authoritative statement was made by Catherine Jane Wood (1841-1930), probably the most influential among the UK's pioneer pediatric nurses (2), and could on its own suffice to give Charles West (1816-1898), founder of the Great Ormond Street Hospital in London, a prominent place in the origins of pediatric nursing.

However, West's interest in and thoughtful concern for the development of this specific nursing specialty began much earlier than 1862. (This paper will

also offer considerations on *why* Wood indicates that year...)

As evidence for this, we can cite, for example, *The First Annual Report of The Hospital for Sick Children*, published in London in 1853, about a year after the opening of the new little hospital in Great Ormond Street. On the cover page of the report the three "Objects of the Institution" were listed as follows:

I.- The medical and surgical treatment of poor children.

II.- The attainment and diffusion of knowledge regarding the diseases of children.

III.- The training of nurses for children" (3, cover page).

Whereas the achievement of the first "object" gives full credit to West as the founder of one of the world's leading institutions for the care of sick chil-

dren and the achievement of the second “object” makes of him one of the fathers of general pediatrics (4), the third object still needs a thorough investigation which is the specific aim of the present article: West’s championing of a specific “training of nurses for children”.

### Great expectations

The first traces of West’s appreciation for the nursing role in hospitals, together with his advocacy of a better training for general nurses, can be traced back to 1838 in his first publication after his Doctoral thesis.

In the Autumn of 1837, West returned to London from Berlin where on September 27, he had obtained his degree in Medicine (5, 6). Thanks to Dr. Peter Mere Latham, West was allowed to attend the wards of the old St. Bartholomew’s Hospital, which at that time were ravaged by many cases of epidemic typhus (7, p. 118).

Among the preserved notes of the sixty cases which came under his notice, we are struck by the story of a forty-nine years old hospital nurse whose death was attributed to the lack of attention of one of her fellow nurses: “The nurse, whose duty it was to attend upon her at night, appears to have neglected her, and in the morning she was evidently dying. An unsuccessful attempt was made to rally her by sinapisms, &c. but she died at 5 p.m., on the 4<sup>th</sup> of February [1838]” (7, p. 124).

In this same paper West noticed that the greater mortality among women with typhoid had as the only possible explanation the fact that “while the sister in the male-ward was active and assiduous in seeing that the nurses did their duty in waiting on the sick, she who had the care of the female-ward was indolent and inattentive” (7, p. 143; 8, p. 65).

In the year when Florence Nightingale was just eighteen, Charles West seems already perfectly aware of “how much depended upon the nursing in the wards and their proper supervision” (8, p. 65).

In the following years, while West’s clinical interests focused more and more on the diseases of women and children, his sensitivity to the quality of care for the sick, especially if “so frail a being” (9, p. 22) as a new-born child, was expanding. We get the impression that in his writings of the early 1840s, a set of best

care practices is forming gradually, even if not always explicitly referred to nurses and nursing. For example, in a paper about children’s pneumonia we can read:

- “nothing is of greater moment than that a sick child should retain its fondness for its attendants during the whole period of its illness” (10, p. 363);
- “never to allow the children to lie flat in bed or in the nurse’s arms, but to place them in a semi-recumbent posture in the arms, or propped up in bed. By so doing respiration is facilitated, since the diaphragm is relieved from the pressure of the abdominal viscera, and that stasis of the fluids in the posterior parts of the lungs is prevented, which has been shown by French writers to be so prejudicial to infants or children labouring under pneumonia” (10, p. 363);
- “when pneumonia has reached an advanced stage, or has involved a considerable extent of the lungs, the children should be moved only with the greatest care and gentleness, lest convulsions should be brought on. Whatever may be the explanation of this occurrence, the danger is by no means an imaginary one, for I have seen instances in which children have been seized with convulsions immediately on being lifted somewhat hastily from bed and placed in a sitting posture” (10, p. 364).

West shows that he knows well the history of nursing assistance (from Guy de Montpellier, in the early 13<sup>th</sup> Century, to the modern Sisters of Charity and beyond...) (9, pp. 3-4), especially with reference to those antecedents of children’s hospitals which were foundling hospices and orphanages (9).

While recognizing and describing the severe limits of such structures, West does not agree with those who consider them totally useless and even harmful. To him, the high mortality among the foundlings is mainly caused by “a want of due care” (9, p. 22). He knows that, in principle, the best thing for children’s health is that their stay in a hospice was “as short as possible” (9, p. 22) and that “a new-born child is so frail a being that a thousand precautions are essential to the preservation of its life” (9, p. 22). But he seems to sense that the poor results of foundlings hospitals and orphanages (and even of the world’s first children’s

hospital, the *Hôpital des Enfants Malades* in Paris!), derived mainly from lack of sanitation and other fundamentals of caring (10): solve those problems, change those “extremely unfavorable hygienic conditions in which all children are placed” (10, p. 3) and the importance of this kind of institution will appear in a completely different light.

He gives as an example the hospice for foundlings in Lyon where the mortality rate had been dropping ever since, in the early 1810s, reforms had been undertaken to improve, in an “unwearied” manner, the care for sick children (9, p. 23). For example, he notices: “In Lyons messengers are employed, who carry the infants, placed in a cradle and well protected from the weather, on their heads, and this mode of conveying the children is considered preferable to any other, from its exposing the children less to be shaken or injured” (9, p. 22).

His attention not to underrate the information received by the mother or the nurse of the sick child (“You see the child but for a few minutes... They tend the little one by day and night...”), is also a good clue of how much eager the young West was to create a fruitful professional collaboration between physician and nurse: “A mother hanging over her sick infant, or a nurse watching the child she has helped to rear from babyhood, may sometimes see dangers that have no existence, but will generally be the first to perceive the approach of such as are real” (11, p. 797).

As these few examples indicate, West was at that time building, little by little, a real system of “fine tuning” in the health care of children.

West’s connection with the Royal Dispensary for Children in Waterloo Road dated back to the late 1830s (8, p. 30) and his connection, as Physician Accoucheur, with the Finsbury Dispensary for poor people at least to 1841 (10, p. 3). It is probable that such direct and lasting contact with those charitable institutions for the poor and for sick children, with all their limits and potentiality, gave him the idea of creating a hospital specifically for children in London.

In fact we know that from 1843 onwards West made many attempts to convince the Committee of Management of the Royal Dispensary to create wards for inpatients (8, p. 89). Despite a theoretical consensus the proposal did not go ahead and, later in his life, West remembered sadly and a little bitterly his final

unsuccessful attempt: “In 1848, I made an attempt to convert the institution [in Waterloo Road] previously only a dispensary into a hospital. Several new members joined the committee, of whom one of the most active was Mr. W. Hawes, brother of the late Sir Benjamin Hawes. The attempt failed, owing to the jealousies of local medical men” (12, n. 2).

It is important to remember that in London the opposition not only to the opening of children’s hospitals but also to the creation of children’s wards in general hospitals had deep and strong roots, all of them related to the nursing problem. Even George Armstrong, founder of the first children’s health facility in Europe, the Dispensary for the Infant Poor (1769), took a very strong position in 1772 against the idea of a children’s hospital or ward: “a very little Reflection will clearly convince any thinking person that such a scheme can never be executed. If you take away a Sick Child from its Parent or Nurse you will Break its heart immediately: and if there must be a Nurse to each Child what kind of Hospital must there be to contain any number of them? Besides, in this case the Wards must be crowded with grown Persons as well as children; must not the Air of the Hospital be thereby much contaminated?” (quoted in [8], p. 59).

Along those same uninterrupted lines, around 1850, came the decision to close the only children’s ward existing at that time in London, the one at Guy’s Hospital. The main reason was that the ward “required so many nurses that it was better to place them [the sick children] where the services of women patients could be utilized in their nursing and care” (13, p. 358).

Had it not been for the climate of growing concern for the miserable conditions of the poor sick children of the city, raised by the works of Charles Dickens (Little Nell in *The Old Curiosity Shop*, 1841, and Tiny Tim in *A Christmas Carol*, 1843, come immediately to mind), West’s utopian project would probably never have turned into a reality (8).

### **Nurses and nursing education in the first years of the Great Ormond Street Hospital (1852-1862)**

In the context of such oppositions, West honed his skills for public relations and fund raising. It took

about three years of intense work, but in February 1852 a small Hospital for Sick Children opened its doors in Great Ormond Street (from here onward usually referred to as GOSH).

In April of that same year Charles Dickens and his friend and collaborator Henry Morley visited the hospital for the first time (“That was a mansion too: broad, stuccoed front, quite fresh and white; bearing the inscription on its surface, *Hospital for Sick Children*”). They were positively impressed by many details, but in the article published shortly after in *Household Words* (14) they make no reference to a nursing staff.

Nonetheless, we know for sure from the report of a meeting of the Committee of Management that no later than November 1852 the hospital was equipped with a few nurses (their only sleeping room was to be provided with “a Chest of Drawers and a Wash Stand”) and a Matron (who, on that occasion, was authorized by the Committee to procure those pieces of furniture) (8, p. 34).

That tiny initial staff must have grown gradually along with the number of little patients (only 24 outpatients and 8 inpatients during the first month (8, p. 4) but already 1250 outpatients and 143 inpatients at the end of the year (15, p. 11). In 1854, West published *How to nurse sick children* (16) dedicating the work “to the nurses at the Hospital for Sick Children” (16, p. 4).

This little book, which underwent many re-editions and translations, is a milestone of pediatric nursing and of nursing in general, being the first book on the subject to appear in Britain in the *Nightingale era* (17, p. 27).

Unlike Florence Nightingale’s *Notes on nursing* (1859), West’s work is devoted primarily to those who wish to choose nursing as a profession and reveals the author’s greater concern about the human qualities of nurses than about their specific technical and professional training: “Indeed, if any of you have entered on your office without a feeling of very earnest love to little children, a feeling which makes you long to be with them, to take care of them, to help them, you have made a great mistake in undertaking such duties as you are now engaged in: and the sooner you seek some other mode of gaining an honest livelihood, the better. I do not mean this unkindly, for you may be very good,

very respectable women, and yet be very bad nurses” (16, p. 8).

This is not to say that West underestimated the importance of a nurse’s knowledge and skills (“the nurse may do much by her careful observation towards helping the doctor to come to a right decision”) (16, p. 26) or of her independence of judgment (“Any doubt as to the result of a plan which the doctor is pursuing, must be stated to him quietly, respectfully, in the absence of the patient’s friends”) (16, p. 23). However his attention seems more focused on the “soft skills” of the professional nurse.

Not only he asks nurses to keep a cheerful attitude despite all the difficulties that the profession entails (“be happy in spite of it, if you have to be a useful nurse”) (16, p. 11), but he asks them also, for example, to be good storytellers: “If the child is older, you may tell it stories to keep it quiet, and no one who really loves children will be at a loss in finding a story to tell. All children love to hear of what happened to grown people when they were young: tell them of your own childhood, of what you saw and did when you were a little girl, of the village where you played, of where you went to school, of your church and your clergyman. Or tell the fairy tales that you heard, and your mother before you, and her mother before her in childhood the tales of Goody Two Shoes, or Cinderella; Blue Beard, or Beauty and the Beast. I name them because I would not have you think that fairy tales are too foolish to be told, now that we have so many good and useful books for children. Grown people need amusement sometimes, and children, even when well, cannot be always reading wise and useful and instructive books. The story which teaches nothing wrong; which does not lead a child to think lightly of what is good and right, which, in short, does no harm, is one which you need not fear to tell to children, even though it does not impart any useful knowledge, or convey any important lesson. God himself has formed this world full not only of useful things, but of things that are beautiful, and which, as far as we can tell, answer no other end than this, that they are lovely to gaze upon, or sweet to smell, and that they give pleasure to man” (16, pp. 60-61).

This approach - albeit very time-consuming - easily explains Charles Dickens’ growing enthusiasm for

GOSH (15) and the importance West himself gave to the charitable help of the “lady visitors”, women of good social level who dedicated their free time to keeping company with the hospital’s sick children (18, pp. 64–65). It can just as easily explain the growing uneasiness of Florence Nightingale – that other absolute protagonist of the birth of modern nursing – who after returning from the glorious Crimean experience was focusing nursing on the problems of hygiene. In her fundamental work, *Notes on Nursing* (1859), she took a very strong stand against children’s hospitals: “For a long time an announcement something like the following has been going the round of the papers: ‘More than 25,000 children die every year in London under 10 years of age; therefore we want a Children’s Hospital.’ (...) The causes of the enormous child mortality are perfectly well known; they are chiefly want of cleanliness, want of ventilation, careless dieting and clothing, want of white-washing; in one word, defective *household* hygiene. The remedies are just as well known; and among them is certainly not the establishment of a Child’s Hospital” (19, p. 7, note).

It has been suggested that, in spite of his eulogistic expressions (“a good nurse is worth a great deal more than a bad doctor”) (16, p. 20), West continued to consider nurses as little more than handmaidens at the service of the physicians and surgeons in charge (18, p. 38). However, in the absence of specific evidence, we think this must be seen as a matter of opinion or emphasis.

What is certain is that, in a period “when Dr. West was practically the Director of the Hospital” (20, p. 6), a great novelty was introduced into the nursing organization of GOSH. In 1862, for the first time an unpaid Lady Superintendent was appointed to the hospital to lead a new group of sisters – young and well-educated women – in the task “to supervise regular nurses and instill them with ‘respectability and decorum’” (18, p. 39). Isabella Babb, the daughter of a solicitor, was this first superintendent (18, p. 39).

The organizational improvement must have been quickly and remarkably achieved, if Charles Morley, appointed by Dickens to prepare a new report on GOSH’s tenth anniversary, was able to remark that now “there is a good superintendent nurse” (21, p. 455) and to consider even the way of feeding many babies

at a time worth describing: “In the middle of the floor of one [of the nurseries], is the round nest in which the young ravens are fed; it is a circle of tiny seats into which babies can be shut, built on the floor around a central stool. The feeding nurse sits in the middle of the nest with basin and spoon; fourteen of the fledglings can be settled around her; and she then proceeds to revolve on her stool, filling mouth after mouth – finding mouth one, as well as mouths two, three, and four, empty and open, by the time fourteen is filled” (21, p. 455).

These changes, which occurred around 1862, are probably the reason for the statement by Wood we quoted at the beginning of this article: “in 1862, [Charles West] introduced the trained and educated gentlewoman into the wards of the Children’s Hospital, and from that year may be dated the immense advance that took place in the nursing of children’s diseases”(1).

Those gentlewomen helped to quickly transform the climate of the nursing group, which, to be fair, in the first few years of the hospital had not gone without criticism, due to the much gossiping and many other “shortcomings in tone, motive and feeling” (Louisa Twining, a lady visitor in 1860, quoted by [18], p. 38).

The training of nurses, during those first years, was probably informal and unstructured, but we know that West “gave the most unremitting attention to all the details of the nursing; nothing escaped his notice; he knew each nurse; and he constantly inquired as to their progress and aptitude for the work. A nurse was not only to be proficient in her work, but she was to succeed in making her patients happy and in winning their confidence, or she was not worthy to be on the staff” (1).

And this last professional note must have been very central, if Morley also points it out in his article: “It is the sound rule of the place that the most estimable person in the world cannot be accepted as a nurse, if she proves unable to keep children happy and amused” (21, p. 456).

### Charles West and Catherine Jane Wood (1863-1874)

Catherine Jane Wood (1841-1930) entered GOSH as a sister, under superintendent Babb, in the

summer of 1863. In her early twenties at the time, Wood had already been for some years a regular visitor to the children of the hospital. She apparently gave good proof of her abilities for she was nominated ward superintendent less than a year later, in the spring of 1864 (22).

In her later years, Wood gave a very synthetic description of nurses training at GOSH which seems to confirm a mostly informal way of learning based on a day by day experience and communication between the doctors and the nurses: “In those early days there was no training for nurses, you just picked up what the doctors would teach you” (23).

However, we know from a much earlier work of hers (*The Training of Nurses for Sick Children*, 1888) that things were already much more thought out and organized: “Perhaps, to make clear my meaning, I had better refer to the system of training initiated at the Great Ormond Street Hospital. This system was organized by Dr. Charles West, one of the founders of the Hospital, and I conclude has existed since 1852; its results are known by all who have seen the work done by the Nurses at that Hospital. The Ward was under a Sister (the Sister did not come into being until 1862), and each Nurse had a certain number of children allotted to her, according to her experience and the nature of their diseases; she was responsible to the Sister of the Ward for the care of these children, and through her, as a rule, she received the Doctor’s instructions concerning these children; to her she made her report, and through her instructions learnt what to observe and what to expect. (...) The senior Nurse of the Ward was not changed, and the juniors were kept quite six months, or often longer, in the Ward where they began their training, so that the instruction might sink into their being and become part of themselves” (24, p. 510).

From 1865 or 1866, along with Jane Spencer Percival, another nurse at GOSH, Wood was involved in the project to create a new Hospital specialized in the treatment of children suffering from diseases of the joints, who needed a longer hospitalization than GOSH could afford to provide for for them (25, p. 79). The new hospital, with only ten beds, opened in March 1867 in the nearby Queen Square and was initially named “The House of Relief for Children with

Chronic Diseases of the Joints” (later, in 1881, it was renamed after its great supporter, the future Queen Alexandra, as “The Alexandra Hospital for Children with Hip Disease”) (25, pp. 80-81).

We do not know if West was directly involved in that new project, but he was surely impressed by Miss Wood’s managing skills to the extent that he asked her in 1870 to become Lady Superintendent of Cromwell House, the new country convalescent branch of GOSH at Highgate Hill (2, p. 16). Of Cromwell House – whose “repairs, alterations and furnishing” were executed entirely under West’s direction (12) – Wood “had the full charge and responsibility, as there was then no resident medical officer” (22).

West, always very focused on the development of GOSH, directed and oversaw the projects for the building of new hospital wings, under discussion from the late 1860s (18, pp. 176-177) and of which the foundation stone was laid by Princess Alexandra on July 11, 1872 (26). But this new project drove his attention even more toward the selection and training of nurses. For example, in its meeting on June 11, 1873, the Committee of Management (West was among those present) discussed “the training of young women as Nurses in view of the increased staff required for the service of the New Hospital” (27, p. 114).

But in the months preceding the inauguration of the new buildings (planned for November 1875), tensions arose between West and other members of the Committee of Management. The conflict, becoming more and more evident, eventually led to the final and traumatic divorce between GOSH and its founder two years later.

A detailed historical analysis of this conflict still awaits scholarly attention and is beyond the scope of the present work. But we cannot but notice that at the very heart of the matter there were, once again, questions about the training of nurses and the organization of the nursing department. What we can offer here is a summary report of its key developments.

We should keep in mind that in this tumultuous period Wood was engaged – apparently to everyone’s great satisfaction – on the peripheral front of Cromwell House, and was probably quite untouched by the conflict.

## The great divorce (1874-1878)

Towards the end of 1874 the news of West's conversion to Catholicism became public (20, p. 1), although it probably occurred a couple of years earlier, partly influenced by his friendship with Cardinal Newman (28, p. 386, note 2). Some historians have traced the break between West and GOSH to the climate of distrust that arose around him because of this choice (18, p. 15), especially since the appointment as a new Chairman of the Committee of Management, in December 1875, of John Walter III (1818-1894), the Liberal politician and chief proprietor of *The Times* (29).

West himself seemed to corroborate this interpretation when he wrote: "the Chairman of the Committee, Mr. Walter, declined to work with me when he heard that I was a Roman Catholic. He admitted my perfect loyalty in the past, but a large majority agreed with him that I could not be trusted for the future" (quoted by [6], p. 922).

At the time of the break, the Committee of Management had obviously denied that West's conversion had anything to do with the conflict (20, p.4) but - what matters most - the analysis of published sources and unpublished documents preserved in the GOSH archives seems to indicate that the events went differently and that things were much more complicated than this.

In view of the opening of the new building and the subsequent need for staff expansion, someone had suggested the possibility of entrusting the managerial nursing roles at GOSH (Lady Superintendent and Ward Sisters) to one of the Communities or Sisterhoods - religious societies of women devoted to the care of the sick - which had been appearing, even in the Protestant world, on the model of the Deaconesses of Kaiserwerth (30, pp. 17-18, 27-28). In November 1874, at the suggestion of West, the Committee of Management rejected this hypothesis and recommended that the nursing of the hospital "be continued as at present conducted, under the superintendence of a Lady appointed by the Committee" (20, p. 1).

But a few months later, in February 1875, West, whose appointment as Physician to the Hospital was expiring, decided not to seek reappointment for the

following reason: "I did not seek reappointment as Physician in 1875, under the mistaken impression that when it was evident that I could have no PERSONAL interest in the prosperity of the hospital my influence would be greater, and my hands would be freer to help in its proper management, and in the control of its wantonly extravagant expenditure" (12, n.19).

The Committee accepted West's decision and, in a way that seemed to confirm its full confidence in him, asked him to continue as a member of both the Managing and Building Committees (20, p. 2). In the following months, on the recommendation of the Medical Officers, he was also nominated to the new post of "Consulting Physician" and elected a Vice-President of the Hospital by the Court of Governors, as well as a member of the House Committee, the body responsible for the daily management of the hospital (20, pp. 2-3).

Despite all these roles, which were by no means merely honorific, something important went wrong between West and his colleagues, and when the majority of the House Committee, against his advice, decided to accept a long delay in the selection of several new Ward Sisters by the Lady Superintendent, he ceased attending the meetings of that Committee (20, pp. 2-3).

West did however continue to follow closely the construction and furnishing of the new buildings and, in the autumn of 1875, he made a gift to the hospital of his collections of books on children's diseases and of drawings of morbid specimens (6, p. 922).

It seems that even the appointment as Chairman of John Walter, who in previous years had criticized the excessive cost of GOSH management, happened "with the full approbation of Dr. West" (20, p. 3). Moreover, at least according to the Committee of Management, Walter accepted the Chair in December 1875 "mainly with the desire of co-operating with Dr. West in reducing the unusually high rate of expenditure at the Hospital" (20, p. 3).

Unfortunately, in the following months the situation deteriorated more and more, apparently due to the rejection by the Committee of Management of a proposal advanced by West concerning, once more, the necessary training and qualification of a Ward Superintendent or Sister. West's proposal was that "no per-

son be appointed Sister in the Hospital until she bring proof of having had at least twelve months of previous training in some general Hospital, and until she has discharged the duties of Sister for at least three months to the satisfaction of the Medical Officers and of the Lady Superintendent” (20, p. 3).

The majority of the Committee felt that the proposed Regulation “would operate harshly and ungenerously upon the Lady Superintendent” (20, p. 4) and, as we have mentioned, on April 27, 1876, rejected it. From that moment West “ceased altogether to attend the Meetings of the Managing Committee, and gave instructions that no notices of Meetings should be forwarded to him” (20, p. 4).

In *The Annual Report of the Hospital for Sick Children*, published in January 1877, West’s name appears for the last time among the Vice-Presidents and - first among the Medical Officers - as the only Consulting Physician (31, p.4). However, he does not seem to have been present at the celebrations for the 25th anniversary of GOSH, held at the *Freemasons’ Tavern* on February 21, when the senior Physician of the Hospital, Dr. Dickinson, warmly remembered the services “of no ordinary kind” rendered to the hospital by West (32, p. 7).

By then, unable to recover the necessary harmony with the current leaders of GOSH - perhaps because of his somewhat harsh and resentful character - West was writing a sort of “spiritual testament” for the hospital he had created: “I do not care to relate the strifes which led to my final separation from the place I love, further than to say that my views on hospital management which led to my unpopularity, are those contained in my book on Hospital Organisation, and that I have seen no reason to change them” (12, *post* n.19).

West’s book “*On Hospital Organization, with special reference to the organization of Hospitals for Children*” (30) was published in the spring of 1877 (Florence Nightingale acknowledged the receipt of a copy with a letter dated June 4) (17, p. 318) and dedicated to the then President of GOSH, Anthony Ashley-Cooper, the 7<sup>th</sup> Earl of Shaftesbury, with the aim of helping “those who may be privileged to carry on my unfinished work” (30, p. 1).

We think that this book, always well-reasoned and written in soft-spoken style, is the best source

for reconstructing West’s thinking on these issues at the end of such a troubled and, we can easily imagine, painful period.

We will conclude this section by listing some of the key points of West’s vision of nursing training and organization:

- a. while recognizing the many merits for the nursing system of religious sisterhoods and institutions - Catholic or Protestant - West gives his preference to lay personnel. Apart from the problems connected to the excessive independence or, rather, dual dependence of the religious personnel (on their religious institution and on the hospital direction), “the experience of all medical practitioners will confirm, that there is no necessary connection between religious feeling and the gentleness or fitness in other respects for the duties of a sick nurse”(30, pp. 29-30);
- b. West then strongly affirms the need of absolute exclusion of *caste* from the nursing organization of a hospital: “the class distinction which one hears in some institutions between the *ladies* and the *nurses* should find no place in a well ordered hospital”(30, p. 58). Highly-educated women are very welcome, provided they “pass through the same training of every other nurse, in as much detail and for as long a time”(30, p. 37). One can easily imagine how unpopular such statements must have been in many social environments of the Victorian era;
- c. along the same lines, West believed it prudent that the various stages of a nurse’s career be conducted in different hospitals. He maintained that it would be “very inexpedient to take away from the nurse the possibility of promotion, if not in her own hospital, at any rate in another, and to destroy that stimulus to improvement which the power of rising by merit yields to every one in all the occupations of life. The existence of a governing caste from which others are hopelessly excluded is fraught with danger to the good working of any institution, and constitutes one, and certainly not the smallest, of the drawbacks inseparable from a sisterhood”(30, p. 58);



d. as for the practical education of new nurses, West calls for a partnership between some “of the medical staff” and the “superintendent of nurses” and provides the following indications: “Some small amount of elementary knowledge of the structure of the body, and of the signs and tendencies of disease, should be given orally by the doctors, and the mode of teaching should be as far as possible friendly, conversational, catechetical, and as little as possible purely didactic. The nurse should be taught what to observe, and why in one disease a set of symptoms is to be specially noted, and why in another a different set. She should be instructed in the simplest tests of the urine, and in the use of the thermometer, as well as shown how to make a poultice, and how to apply leeches; but the wisdom of her instructor will appear most in the endeavour to teach but little, and to teach that little well. She should learn to bandage and to dress wounds under the house surgeon; and should not be left to learn everything by practice, but should be shown why one way of doing a thing is right and the other wrong”(30, p. 58).

We can conclude this section by saying - relying on the archival records of that period, which are sometimes incomplete and fragmentary (see especially, [33]) - that West did not feel sufficiently backed and trusted by the Committee of Management in some of his strongest beliefs about nursing. Not even his book on “Hospital Organization” managed to put things in place and at the beginning of 1878, all formal links with GOSH were definitively severed (34).

Nevertheless, and quite paradoxically, the melancholic reflection which concludes his book would in time prove to have been an accurate forecast of the future, giving an importance to West’s work surely well beyond his most optimistic hopes: “There is nothing left for me but to commend this little book to the serious consideration of those who have undertaken to carry on my work. Counsel sometimes has more weight when the personality of the counsellor is no longer obtruded on those whom he ventures to advise”(30, p. 97).

### **Catherine Wood and the foundation stone of pediatric nursing (1878-1888)**

West wrote that the Superintendent of the Nurses had to be “the best nurse in the hospital”(30, p. 53) and outlined her human and professional profile with the following words: “her position is the most important one in the hospital; for that exists only for the cure of the sick, and their recovery depends on the efficiency of the nursing as much as on the skill of the doctor; often, indeed, good nursing is able to make up for deficient care or deficient skill on the part of the doctor. The tone, too, which she gives to the nurses pervades the whole hospital (...). She also represents the hospital on many occasions to the public at large, and especially does she in the case of a hospital for children. Much correspondence of necessity passes through her hands; many of the supporters of the institution, for one reason or another, seek for an interview with her, and are either won or estranged by her manner of receiving them. She has it in her power to quiet many complaints, often causeless enough, on the part of subscribers, and to soothe the anguish of relatives bereaved of those whom they held most dear, or of parents deprived of their children. She can be the good angel of the poor, the comforter of the afflicted, the adviser, the friend of those who work under her” (30, pp. 10-11).

We do not know if West was thinking of Catherine Wood when he wrote these words, but he was surely very happy to know that the new Committee of Management, in December 1878, had chosen Wood as the new Lady Superintendent of GOSH (35, pp. 7-8).

In the previous months the relationship between West and Wood had been quite intense. She was about to publish her milestone *Handbook of Nursing for the Home and the Hospital* (36) and asked for West’s final review. She wrote to him from Cromwell House on September 14, 1878 (taking the opportunity also to give him some news about GOSH’s financial restraints and “continued disorganization”): “taking you at your word I have sent you the proofs of the book on Nursing. I have done the rough corrections on the first proofs; but I shall feel very grateful to you, if you will look it [... unintelligible word] and honestly criticize its contents, mentioning if anything ought to be omitted or altered”(37).

In the *Handbook*, which was published before the end of the year, the harmony of ideas between Wood and West about the main nursing issues to which we have referred is clearly evident, as we can see from the following passage: “it would be absurd for a woman to set herself up as the instructor or overseer of nurses in their duties when she was in ignorance of the experimental nature of those duties: therefore, let her be among and work with the nurses, and so will she be the better fitted for the more responsible and ambitious post” (36, p. 40).

The *Handbook* further gives evidence of the fundamental merit with which Wood always credited West at a time when the new leadership of GOSH was embarrassed even to name him in its Annual Report (see, for example, [35]): “at last the little children had a hospital all to themselves. All honour to him who did it. The little children are weaving a crown for him (...) That man has built his own monument in his lifetime, and to him is given to see thousands pressing on and following in his footsteps even whilst he yet lives. (...) Dr. West, the founder of the Hospital for Sick Children in London”(36, pp. 136-137).

Wood insists from the first pages of her book that in order to become a good nurse “a course of training is required”(36, p. 2) and we know that her first year as Lady Superintendent was devoted to this subject as well as to the difficult task of putting in order the Hospital’s accounts. The Committee of Management will give her credit for both tasks in its Annual Report for the following year: “special economy and great reduction in the household expenditure was necessary, and (...) this has been done with considerable success. (...) The Committee feel that they cannot too highly express their gratitude to the Lady Superintendent, to whose constant and attentive supervision in a great measure must be attributed this satisfactory result”(38, pp. 5-6).

And, a few pages later: “One of the objects of the Institution is ‘to assist in the education and training of women in the special duties of Children’s Nurses’. A scheme is in preparation, by which this intention may be carried out, and the Hospital will be, it is hoped, in a position to supply skilled Nurse for Children for service outside its walls, thereby satisfying a demand that is undoubtedly greatly needed”(38, p. 10).

This is the first explicit reference to the future

*Charles West School of Nursing* (18, p. 87), which would begin to take root in the following decade under Wood’s careful supervision. A detailed study of the first evolution of the school (programs and organization, teachers and students, etc.) is beyond the scope of the present work. But it is relevant here to point out that the new school - aiming to add to the practical training the “disciplining of the mind and memory” of the future nurses (24, p. 509) - would raise, once again, many objections and much criticism. Wood would address them only once her working relationship with GOSH had come to an end - for personal reasons (see below) - in 1888. We quote from a paper on *The Training of Nurses for Sick Children*, she delivered to the topic, in November 1888, at a meeting of the *British Nurses Association* of which she was a co-founder (39, vol. III, p. 38):

“Against this plan it can be objected that it is slow in working out its results, that it requires a large supply of Trained Nurses [as teachers and supervisors], and that it may encourage too much individuality on the part of the Nurse. To the first I would answer, ‘slow and sure’; a children’s nurse must be a thorough Nurse, or she is missing her aim, and it will be a sorry day for patients and Hospitals, when they simply become factories for Nurses, turning out a certain quantity per annum, irrespective of quality. To the second I say, that in the nature of things sick children require more attention than adults, and unskilled attendance is wasteful and harmful to the patients. To the third the best reply is, that the individuality of the Nurse is the very quality that will make her work, and only by a slow process with uniform training can the good or evil of the individual be known” (24, p. 510).

It is the same paper, published in *The Nursing Record* issue of December 6, 1888, where she gave full credit for that training system to her teacher and friend Charles West (24, p. 510).

## Conclusion

In December 1887, Wood’s brother had died of typhoid, contracted while performing his medical duties, leaving a widow with eleven children. Catherine Wood, feeling it was her duty to help her sister-in-

law, sent a letter of resignation to Lord Aberdare, then President of GOSH (40).

The thirty-sixth anniversary of the Hospital for Sick Children was celebrated at *Willis's Rooms* on April 25, 1888. Among the many speeches and toasts of the evening, a special one to "*The Ladies*" was entrusted to none other than Oscar Wilde. The writer, brilliant as ever (he remarked that "although nature allowed him only one mother, and custom only one wife, he adored the entire sex"), did not omit important references to the role of well-trained nurses and to that in particular of Miss Wood:

"At the beginning of the Queen's reign [1837] there was no regular organised profession of nurses. The nursing was left more or less to the ignorant and to the incompetent – to that type of nurse which Dickens has so brilliantly caricatured in one of his novels. But there are now present in England no less than 15,000 women following the profession of trained nurses. That I think is an enormous fact, showing us how much we are indebted to women for everything connected with the alleviation of suffering, and with sympathy with sorrow of every kind. And I would ask you to remember that their sympathy is not merely the blind good nature of ordinary sentimentality that usually does as much harm as it does good, but that it comes from people who are trained under experienced doctors, have learned something of the principles of science, are acquainted with the proper treatment of cases, and possess a considerable amount of medical knowledge. (...) You all know with what tact, with what cheerfulness, nurses must work in the presence of suffering, and what very high degrees of mind and feeling are required in order to be able really to fulfil a nurse's duties. Those duties the women of the present day are admirably fitted to fulfil, and I think that the way in which they have taken up this new profession shows us what we may hope for in the future. This Hospital has lately lost its superintendent Miss Wood, who presided over the nurses for many years with great success"(Oscar Wilde, in [41], p. 8).

It was a great sign of appreciation for Wood, that was followed in the autumn of the same year by a special present from the Committee of Management: "a purse containing one hundred guineas, a beautiful travelling clock, and an illuminated roll of the names

of subscribers to the well-deserved testimonial" to the nurse who had worked for nearly 25 years at the service of GOSH without any remuneration (42, p. 397).

In the following years, Wood was to become even more active and influential in the UK nursing world (23) but she never forgot her old teacher and friend. And when West died in 1898 she wanted to add her personal testimonial to the official and – we must say – very eulogistic obituary published by the *British Medical Journal*: "Having had the privilege of working with Dr. West, and of being trained under his eye, I can speak from my own experience of the earnest devotion that he threw into the art of nursing, and the enthusiasm with which he inspired all engaged in the work" (1).

It was the final seal on a lasting and fruitful professional and personal collaboration for the benefit of pediatric nursing.

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