The great nursing dispute of Guy's Hospital 1879–1880

This article won the Lord Brock Memorial Trust Historical Essay prize for 1996, which is awarded for an historical essay on a medical subject, preferably with a connection to Guy’s Hospital, St Thomas’ Hospital or the United Medical and Dental Schools of Guy’s and St Thomas’

Some months ago, I became intrigued by the section on the ‘Great Nursing Dispute’ of Guy’s Hospital, 1879-1880 in Professor Tattersall’s article in the Journal about Frederick Pavy. Having an interest in history, I looked this episode up in various histories of Guy’s and found that it barely achieved a mention in most of them. It is, however, discussed in the excellent book Mr Guy’s Hospital published in 1954, and in the author’s closing remarks on the matter lies a possible clue to the reticence of most historians of Guy’s:

‘... when as a young man I addressed questions to my seniors about the great ‘Nursing Dispute’... I was met by a certain unwillingness to discuss it, sometimes even by an embarrassed silence.’

The ‘great nursing dispute’ was essentially a power struggle between the medical men at Guy’s and its management, which the medical men largely lost. No wonder that the ‘embarrassed silence’ appears to continue to this day at Guy’s.

The protagonists in the dispute were on the one side the treasurer, governors and matron, and on the other, the physicians and surgeons of the hospital with some contribution from the students and the nurses; it endured from the appointment of the new matron on 1 November 1879 to the acceptance by the governors of the resignations of two senior members of the medical staff on 25 November 1880.

A new broom

In 1876 a new treasurer was appointed to Guy’s Hospital, Mr Edmund Lushington. He had been a governor for six years prior to this, following in the footsteps of his father, Dr Stephen Lushington, a governor from 1819 until his death in 1873. Lushington therefore had a longstanding connection with the hospital and was certainly not the ‘outsider’ that some of his opponents later called him.

At that time the treasurer was omnipotent at Guy’s, and Lushington used his powers with zest, at first with the general support of the physicians. Lushington had had an excellent training for his autocratic and responsible position: he had been 27 years in the Bengal Civil Service, rising to become financial secretary to the Indian government and earning the nickname of ‘Infant Commissioner’ during the 1857 mutiny, when he held a military command. For his first four years as treasurer he concentrated his energies on eliminating waste and inefficiency, effecting substantial savings. During this period he observed with some horror the state of the nursing at Guy’s, but did little except to relieve the nurses of some of their more menial duties such as cleaning floors and grates by the introduction in 1876 of ‘scrubbers’ to take over this work. He also introduced ‘lady pupils’ who paid a guinea a week for a year’s nursing training, but this was not very successful because most of the medical staff and the sisters declined to teach them.

In 1879 his opportunity to reform the whole nursing system came with the resignation on grounds of ill health of the matron, Miss Mary Loag, after 34 years’ service. Lushington claimed, in a 28-page written statement to the governors on 12 July 1880, that:

‘... familiar intercourse with, and admission of Students into the Sister’s private room, were matters of common occurrence... In one ward a Sister took to secret drinking, and had to be conveyed from her room in a fit of delirium tremens. In another, a Sister was twice or thrice found to have been raising money by begging letters, and she finally so far forgot herself, as to allow one of her nurses to be dressed up at Christmas in the clothes of a male patient and to be carried about the wards by the students in a cot.’

As recorded in the weekly report of Dr Steele, the Medical Superintendent, the sister was dismissed as a result of that incident. Further, he claimed that the nurses were:

‘... generally, of a rough and stout type, some were unable to read and write... Few had the good manners of ordinary domestic servants, and still fewer possessed that delicacy of touch and refinement in handling a wounded or diseased limb which are so highly valued by a suffering patient even of the lowest class of the social scale. It would be unjust to say that many of these nurses were dishonest, but there is no doubt that the taking and demanding of presents was general.’

Lushington acknowledged that the conditions endured by the nurses at the hospital were not conducive to attracting a better class of woman:

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‘It seems almost impossible adequately to describe how utterly opposed all these arrangements were to the comfort of any respectable woman . . . Dinner . . . had to be eaten however without the presence of any person in authority, and was, oftener than not, conducted in a manner that would be discreditable to any household however poor. Except on special occasions these nurses were allowed no other time for fresh air and exercise save 6 to 10 at night, winter and summer, in the very worst neighbourhood in London. There was no competent female in authority to notice at what time and in what condition they came back, or to keep order in the dormitory, and respectable women not infrequently found themselves next to a woman worse for drink, or were kept awake half the night with low, ribald conversation.’

Clearly reform was needed, and so was a strong hand to implement it. Miss Loag had attempted to enforce a set of rules for the sisters and nurses drawn up by the governors in 1874, which included regulations about uniform, but had failed, possibly in part because of her increasing ill health. Lushington was determined that her successor should be capable of ensuring obedience to her orders. He decided to interview the Matron of Leicester Infirmary, Miss Burt.

Miss Margaret Burt

Margaret Elizabeth Burt was born in 1840 in Norwood Green, Middlesex, the eldest child of the Reverend John Thomas Burt and his wife Sophia. Seven sisters and three brothers were born over the ensuing 16 years. The Reverend Burt was, for the greater part of his career, chaplain to various lunatic asylums and prisons, working at Hanwell Lunatic Asylum, Pentonville Prison, Birmingham Gaol and finally as the first chaplain of Broadmoor Criminal Lunatic Asylum from 1863-1880. Miss Burt was therefore brought up to the notion of service and duty. In 1870 she joined the nursing Sisterhood of St John the Evangelist as a lady-pupil, becoming an associate sister in November 187111 and obtaining her certificate on 23 August 187212. Following her qualification she worked at King’s College and Charing Cross Hospitals, and in 1874 she became Lady Superintendent of the Leicester Training Nurses’ Institution. On 28 August the Board of the Leicester Infirmary invited the Nurses’ Institution to take over the nursing of three of its wards; this was so successful that at the beginning of 1875 Miss Burt and the institution were invited to undertake the nursing of the entire infirmary. Although this move resulted in the departure of the matron, Miss Gimson (who felt slighted by the board’s new appointment), taking with her nine nurses, the cook, laundress and maids, the annual report for the infirmary that year was enthusiastic about the alteration in the nursing arrangements, referring to the ‘greatly increased comfort of the Patients’ as well as improvements in the ‘furniture and fittings of the Wards, and also a more frequent and thorough cleaning . . . the desirableness of which has long been felt.’13

This, then, was the lady of whom the treasurer had heard, but had never met. In his own words9:

‘I eventually determined to open communications with her, and visited Leicester for the purpose of seeing her work in all its departments. Miss Burt being the Matron of the Infirmary with 200 beds and Lady Superintendent of a separate training Establishment for Nurses. I was greatly pleased with all I saw, and I received from all sides the strongest Expressions in her favor [sic]. She herself was not the least anxious to give up a situation where she was so valued and respected, and to undertake another which was surrounded by so many difficulties, and it was not until I pressed her on the ground that she seemed so completely fitted for the work here, that she consented to be nominated to the office. I subsequently told her what I considered to be the faults in our System at Guy’s; pointed out what I believed to be the remedies, and urged her if she did come that she should lose no time in bringing them forward.’

At a meeting of the Court of Committees on 30 July 187914, the governors of Guy’s Hospital recorded a resolution that the retiring matron, Miss Loag, should receive the very generous pension of £150 a year, and that her successor should receive the same annual sum as a salary, together with board and lodging. On the same day the treasurer wrote to Miss Burt offering her the appointment on those terms15. On receiving Miss Burt’s letter of resignation the board of Leicester Infirmary recorded16

‘. . . their deep sense of the invaluable services she has rendered during the five years of her residence as Lady Superintendent. They cannot speak too highly of the able manner in which she has conducted the nursing department, and of her uniform kindness and courtesy to the Patients and to all others with whom she has been associated.’

They presented her with a clock (mentioned in her will) and, as later stated by Dr Marriott, the surgeon to the infirmary, in a letter to the British Medical Journal 17, the staff raised over £100 ‘as a testimonial to her energy, skill and administrative power’.

Rumours and portents

Unfortunately for Miss Burt, the attitude of the staff of Guy’s Hospital to the proposed alterations to the nursing system was very different from that at Leicester. The month before she arrived, the October edition of Guy’s Hospital Gazette contained a series of allegations about the proposed changes18:

‘We hear . . . that there are to be great changes at Guy’s, especially in our nursing, and that such alterations take place on the first of next month; but there is rather a startling rumour to the effect that new Sisters, Training
Sisters, and the whole staff of nurses are to be engaged, or retained, as the case may be, consequent on their willingness to wear a distinctive dress (that, we are told, of the St John’s Sisterhood) at all times, whether in or out of the Hospital, rather than on their qualifications as good nurses. It seems to us hardly just to enforce such rules, and take so much freedom from the servants of [Guy’s Hospital]... There is no one connected with Guy’s who does not recognise the advisability of some improvement, especially in the nursing, but we fail to see how reform will be effected which we start with cultivating a love of distinction and hypocrisy, as assuredly does the dress in question, which characterises a certain sect of a community...

As well as rumours that a religious sisterhood was to be introduced, this edition of the Gazette revealed students’ fears that some of their duties would be taken over by newly introduced trained nurses:

‘... I trust and believe that such opposition will arise as may cause the scheme to be speedily abandoned... it rests with the men now holding the appointments to be vigilantly on their guard, that amid the confusion of the 1st of November none of their valued privileges, as dressers or clerks, slip from their grasp...’

An editorial poured scorn on women aspiring to such training:

‘...nursing... needs not even a preliminary student’s training, every doctor should be a nurse, but a nurse need not and ought not to be a doctor; nursing is essentially womanly, and tends to refine and educate women if they realise its highest aim, but if they indulge an appetite for the horrible and gloat over operations, whose object and skilful performance they cannot appreciate... they descend to a level with the creatures of the field... in nursing pure and simple the necessary qualifications are quickness, equable temper, conscientious obedience, and self-forgetfulness... A nurse needs not to learn the heart sounds, the pleuritic rub, or any such diagnostic sign... a nurse should of all things study to present a neat and pleasant appearance, having no glaring inconsistencies of dress or colour which would offend the taste of a refined patient, nor being of so sombre a hue as to depress the spirits of those who are already at too low an ebb...’

It seemed that nothing had changed since Florence Nightingale’s caustic comment of 20 years before:

‘No man, not even a doctor, ever gives any other definition of what a nurse should be than this – ‘devoted and obedient’. This definition would do just as well for a porter. It might even do for a horse.’

Mere rumour of the proposed changes was sufficient to induce some of the nurses to leave, according to ‘DQ’ in the same edition of the Gazette:

‘For some days, I may say weeks, past ghastly rumours have assailed my ears during my daily peregrinations in the wards; nurses are leaving, and, what is of far more importance, for they are unhappily only too scarce at Guy’s, good nurses are leaving... One of the most important changes about to be effected is an alteration of the uniform of the sisters and nurses.’

Lushington’s response to the articles and letters in the Gazette, much to the editors’ indigation, was to decree that future pieces criticising hospital or medical school management should be submitted to one of the secretaries before printing; he also told them that the Gazette was not to be used as an ‘organ of complaint’.

The Gazette continued to print critical letters and articles, regularly calling for the matron’s resignation, and accusing her of ‘feminine despotism’; one letter urged students not to allow nurses to so much as take a temperature, since this would be the ‘thin end of the wedge’ of which the ‘highly trained nurses’ would take advantage. Eventually, after October 1880, the exasperated governors suppressed it for the next six years, presumably even calling in the offending editions, since no copies of the 1879 or 1880 Gazette now exist at Guy’s.

Objections of the medical staff to the new régime

If the students’ protests were hard to quash, those of the medical staff were to prove even more so. A collective letter objecting to the nursing changes signed by 21 of the medical staff was sent to the treasurer on 1 December 1879, a month after the matron’s arrival. Lushington was unimpressed. He was encouraged by a letter from Sir William Gull, consulting physician to Guy’s, who lived next door to Dr Habershon, the first signatory of the letter:

‘Dr Habershon has just read to me a “protest” written to you about the Lady Superintendent and the nursing. From my point of view the position of my colleagues is untenable. It is natural that if the cases under their care are not properly nursed the faults so arising should be at once brought to your attention for rectification but it would be subversive of your office if your efforts could be made abortive by any protest of a general kind and by usurping powers which are properly in the legislature and executive officers of the Hospital. I earnestly say that with all respect to the staff... they have not fully comprehended their duties to Guy’s and I equally earnestly advise patience and care in the pursuit of the objects now before you not their abandonment.’

The treasurer pointed out to the physicians that no changes had been made contrary to the 1874 rules – they were merely being enforced – and that all orders were in fact his, merely being relayed by Miss Burt. He added:

‘... my difficulties have been considerably increased by the support and encouragement which have been openly afforded to some of the Sisters to deride and resist the authority of the new Matron.’
Gull encouraged him in his stand:

‘I earnestly hope you may be able to carry out plans which must be useful . . . PS If the nurses strike and leave it will be possible to obtain others by appealing to the nursing institutions. The improvements must certainly be carried out.’

Driven from their standpoint that the new arrangements arose from some fiendish scheme of the matron, the doctors tried a new tack: they accused her of intending to bring in a religious sisterhood, and in a final despairing fling:

‘ . . . as regards the dress...a prudent matron, a woman who knew women, ought certainly to have warned you of the storm its introduction (with such great precipitation) was almost certain to introduce, and, knowing this, she ought to have advised and entreated you to postpone its introduction . . . ’

This was surely an odd accusation to make concerning the eldest of eight sisters, who had been in charge of large numbers of women for the past five years.

The governors, despite receiving petitions from the senior students and the sisters, as well as ‘memorials’ from the staff protesting at dismissals of intransigents and proposals to rotate nursing staff between wards at three month intervals, at first refused to get involved, resolving on 10 December ‘ . . . to decline to express an opinion thereon or to interfere with any arrangement which the Treasurer may have already made . . . ’.

The Governors’ Committee of Enquiry into the dispute

Dissension continued, however, culminating on 5 February 1880 in a 23-paragraph statement to the president, treasurer and governors of the hospital signed by the medical staff. This was answered, point by point, by the treasurer (describing one complaint as being ‘really too puerile’), but this time the governors decided that the matter must be thrashed out. They accordingly appointed a subcommittee of seven governors to hear evidence from all parties concerned. The hearings extended over three days, 3, 10 and 11 March, and the printed shorthand transcript consists of more than 200 closely printed pages. A great deal of it is prolix in the extreme, but there are some interesting nuggets. Dr Walter Moxon, who appeared to have a morbid fear of religious sisterhoods, later inveighing against them in an article in the Contemporary Review and a letter to the Times, alleged that Miss Burt had admitted intending to introduce the King’s College system and that:

‘. . . King’s College Hospital, from being a great medical school, has, under the King’s College system, so-called, descended greatly, and fallen to be a very moderate and ordinary medical school.’

(a point repeated by Dr Samuel Wilks). There had been a dispute between the St John’s Sisterhood, who had trained Miss Burt, and King’s College Hospital in 1874 – in which, however, many of the medical staff supported the sisters – and enrolments at the medical school had indeed declined, but according to Dr Frederick Cartwright, a medical historian and member of King’s medical staff (writing in 1963), this was in fact due to the loss of powers and reputation of the hospital’s most eminent surgeon, Sir William Fergusson:

‘His lectures had become nothing but boastful accounts of his own out-dated methods, and the students ceased to pay any attention to him. When he died [in 1877] . . . the number of students in the medical school had fallen to the lowest since the hospital was founded.’

Moxon asserted that:

‘. . . Guy’s Hospital is more a medical school than a place for sick people; the best place for sick people is the parish infirmary . . . the changing of nurses tends to reduce the efficiency of the ward as a means of medical tuition . . . ’

that is, the hospital should be run for the benefit of students, not patients! Gull’s comment in a letter to the treasurer on 23 July makes a valid point:

‘. . . Society is now alive to the necessity of advancing the claims of the sick to be attended by a more educated and more highly trained class of women. Therefore to say the least of it the action of my colleagues at Guy’s is an unfortunate obstacle against this most desirable object . . . It is idle to say as some have that Guy’s was never intended for the instruction of nurses, neither, I may reply, was it intended for the instruction of medical students . . . ’

The main complaints of the medical staff seem to be that they had not been consulted (though the treasurer’s decisions had never hitherto been subject to consultation), and that trained nurses were undesirable in a teaching hospital where the students should be undertaking procedures such as dressings. They preferred the ‘ward system’ where nursing staff remained on the ward indefinitely and thus became accustomed to the doctor’s idiosyncrasies of treatment. For them, the ‘Sarah Camp’ type was preferable to the ‘Nightingale’ style nurse. They alleged that the new system resulted in nurses challenging doctors’ decisions, endangering patients.

Dr Steele, the Medical Superintendent, however had ‘. . . not the slightest doubt as to the superiority of the new system over the old’.

Miss Burt was called before the committee to give a statement as to what she considered had been the defects in the old nursing system, and of what her new system consisted. She added:

‘. . . as yet my own system has not at all events had a fair and proper trial. In fact I may say that for the past four months it has been a more difficult task than anyone
knows to carry on the nursing of the hospital at all . . . When I came here it was with the understanding, on my part at least, that I was to try and improve the condition of the nursing arrangements, and if I cannot do this, I cannot stay . . . Unless more good feeling is shown and assistance given me by the staff to suppress the spirit of insubordination which exists among some of the old Sisters, I feel convinced that any exertions on my part would be useless.'

On 17 March the governors expressed their opinion, as a result of the enquiry, that ‘. . . no fundamental changes contrary to the rules of 1874 have been made, and that the Matron has not exercised any authority in this respect without consultation with the Treasurer and the Superintendent.’ The doctors’ demands that the matron should be dismissed and the changes reversed were therefore refused, but the governors did recommend that the medical staff should meet with them, the treasurer and the matron to discuss administrative details.

The Governors’ attitude hardens

The subcommittee reported in June: it confirmed the governors’ findings, but admitted that there had been some infelicities in the introduction of changes. It recommended that the medical staff should be invited to nominate two members to join the taking-in committee, to be held monthly to discuss the nursing arrangements.

This conciliatory gesture, however, failed to reduce tensions. Dr Steele’s weekly report for 23 June 1880 reads:

‘Last Wednesday morning a large body of students, about 200 in number, met by premeditated arrangement in the colonnade and at 10.45 am, when the Treasurer and Superintendent were on their way to the taking-in room, they assailed them with hisses, groans and shouts, followed up afterwards with cheers for the medical staff. An account of this demonstration and justifying the proceeding appeared in the Times and other papers of the following day in a letter signed by Messrs Maylard and Russell, who hold the offices respectively of House Surgeon and House Physician to the Hospital, and at a meeting of Governors hastily summoned on the same day it was resolved that pending the meeting of the Court fixed for the 23rd of June Messrs Maylard and Russell be suspended from their offices . . .’

However, on 23 June the governors received an apology from the offenders, and reversed their suspension. Nonetheless, they were now resolved to crack down hard on disension. Already in May the governors had deplored the prolonging of the controversy in the public press by members of the medical staff (letters and articles had appeared in the monthly Nineteenth Century as well as in the Times and Contemporary Review), and had recorded their determination to uphold the treasurer’s authority. This determination was put into practice at the meetings of the Court of Committees on 29 September and 7 October. At the first meeting the governors discussed a memorial printed in the Times and addressed to them from the St Saviour’s Board of Guardians, a local body distributing poor relief, which made various allegations concerning the management crisis and the governors’ handling of it which could only have emanated from sources at Guy’s (St Saviour’s had no connection with the hospital). The governors drafted a reply which was later printed in the Times refuting the allegations, justifying their actions and pointing out that it was in any case no business of the guardians. On 7 October the governors ‘considered a circular’ (dated 13 August) addressed to the President of the Governors and signed by Dr Habershon, the senior physician, and Mr Cooper Forster, senior surgeon, on behalf of the medical staff, in which they declined to join the taking-in committee. The governors interpreted part of the letter as accusing them of deliberate mismanagement, and they passed resolutions to the effect that:

‘. . . it is the attitude of the Medical Staff which alone impedes the harmonious working of the Hospital.’

‘. . . Dr Habershon and Mr Cooper Forster having made themselves responsible for a circular in which they refuse the means offered them by the Court for bringing all complaints before it, and impugn to the Governors that they knowingly persist in a mischievous system, are hereby required to resign the posts which they hold in the Hospital.’

The bluff of the medical staff had been called. The following week the staff wrote to the governors asking to withdraw the offending circular, agreeing to send representatives to the taking-in committee and (in a gesture of solidarity) accepting collective responsibility for the contents of the offending document. Habershon and Cooper Forster, in a separate letter, also withdrew the circular. In these circumstances, the court deemed their resignation unnecessary. On 6 November the British Medical Journal announced that the first taking-in committee with representatives of the medical staff was to meet. It also published a ballad sent to it anonymously:

‘Shade of kindly Thomas Guy
Shall the poor be left to die?
Things are daily growing worse,
Doctor’s power usurped by nurse,
Governors writing letters long,
Right today, tomorrow wrong:
Tell, O tell us, who’s to blame
For this tale of death and shame?’

The final resistance on the part of the medical staff came before the Court of Committees on 25 November. A letter was read from Dr Hicks expressing disapproval that the taking-in committee was not to
decide on the appointment of nursing staff. The court
resolved that this matter should be in the hands of
central authority, and therefore the existing rules
would continue (ie the treasurer would appoint and
dismiss staff, and report to the committee).
At the same meeting the resignations of Habershon
and Cooper Forster were tendered and accepted. The
governors had no sympathy with their principal
opponents, and when at the meeting on 16 February
1881 Sir Trevor Lawrence proposed that grateful
acknowledgement should be made of their ‘long
period of active, faithful and valuable service’ the
resolution was withdrawn following discussion.

Reconciliation and consolidation
With the loss of the ringleaders, dissent was almost
over. In February 1881 a new set of rules for the
nursing staff, superseding those of 1874 and drawn up
in consultation with the taking-in committee, was
adopted. On 8 March 1882 the Treasurer was able to
report to the Court that he had received important
testimonies of the improved condition of nursing in
the hospital, including a statement from a patient who
had been a nurse at the hospital seven years before\(^2\).

Miss Burt’s resignation
Although Miss Burt had succeeded in introducing her
system of nursing, the strain of constant opposition
may have proved too much for her. On 8 November
1882 she tendered her resignation because of her
approaching marriage. This took place on 2
December at Hampstead, and the chaplain of Guy’s
assisted at the ceremony\(^9\). The following week the
governors recorded a resolution that their ‘best
thanks’ should be given to her ‘for the valuable
services rendered by her to this institution’. There is
no record of a presentation being made to her by the
governors, but she mentions in her will a gold bracelet
given to her by the sisters. Announcing her marriage, the
*British Medical Journal*, hitherto uniformly hostile to
her, commented\(^11\):

‘...In many respects Miss Burt has rendered a service to
the nursing of Guy’s Hospital, which she has latterly
improved...Guy’s Hospital is all the better for her short
but stormy passage through it....’

Her husband was Alfred Field, a 67-year-old widower
from Leamington with two children in their thirties.
Field was something of an entrepreneur and had
made a fortune from steel products. He died 17
months later, leaving his wife £20,000.

The good is oft interred with their bones...

Margaret Field survived her husband by eight years,
dying of pneumonia at the age of 51 on 29 December
1892. She had been crippled by rheumatoid arthritis
for five years\(^2\). In her will she left £100 to Leicester
Infirmary; unsurprisingly, there was no bequest to
Guy’s. The difference in attitude towards her at the
two hospitals is illustrated by their memorials to her. In
the chapel at Guy’s is a wall-plaque erected by ‘A few
friends and colleagues’ with the epitaph ‘She hath
done what she could’. By contrast, at Leicester Infir-
mary there are two memorials: in the chapel a stained
glass window depicting St Margaret and St Elizabeth
in a play on her name, and in one of the wards a tiled
plaque: ‘1893 St John’s Ward. This ward was refur-
bished and redecorated in grateful memory of
Margaret Elizabeth Burt, Lady Superintendent of this
infirmary from 1875-1879. It was here that she began
her valuable work of organising the system of nursing
afterwards adopted throughout the infirmary.’

Lushington remained treasurer until 1896. In 1891
he gave evidence to the House of Lords Select Com-
nittee on Metropolitan Hospitals\(^45\), in which it is
apparent that the system of nursing he and Miss Burt
had set up 10 years earlier was still in place; despite the
protests of the medical staff on its introduction, it had
clearly proved workable.

The ‘great nursing dispute’ ended in the victory of
the management of Guy’s, who succeeded in intro-
ducing a more modern system against the opposition
of the conservative medical staff, but at the price of
oblivion. A *Times* editorial claimed on 6 December
1886 that\(^\#6\):

‘Only a few years ago, the then Treasurer, rashly set him-
self to revolutionize the system of nursing in the hospital,
with the result that for some days there was danger of the
retirement of the whole of the medical and surgical staff,
and that the preposterous alterations intended were not
finally set aside until the services of some of the senior
physicians and surgeons had been lost to the institution.’

No-one would guess from those words that both the
treasurer and the system of nursing were still in place.
If that impression could be conveyed only six years
later, it is not surprising that a century afterwards the
whole episode has been forgotten at Guy’s.

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45 Third report of the House of Lords Select Committee on Metropolitan Hospitals, 1892.
46 Times, 20 December 1886, p9.

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The National Confidential Enquiry into Perioperative Deaths

The most recent National CEPOD Report (1993/94) was published in November 1996. The next two reports will both be published in September this year. The 1994/95 study focused on deaths on the day of the operation or within three days of it, and for 1995/96 the report and recommendations will be based on a review of more than 53,000 surgical procedures performed in over 370 NHS and independent hospitals. The Steering Group has recently agreed to review the postoperative deaths of children up to the age of 15 years and of adults aged more than 89 years in 1997/98. The first group will give us an opportunity to revisit the recommendations made in our 1989 report.

The Royal College of Physicians of London is now corporately committed to National CEPOD and is represented on the Steering Group by Dr HH Gray, a cardiologist. Preliminary discussions are now under way on the inclusion of interventional cardiological and radiological procedures in our data collection and review from 1 April 1998. Dr J Dyet, representing the Royal College of Radiologists, has recently joined the working group for this new project. Every year, anaesthetists, gynaecologists, pathologists and surgeons assist National CEPOD as advisors. Many more consultants, trainees and others contribute to the success of the Enquiry by completing questionnaires. We would welcome comments, however from anyone who has a view on the past performance or future direction of National CEPOD.

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National CEPOD reports, summaries and general information are available from Anne Campling at the above address.