

Care Work and Nursing in Royal Greenwich Hospital, 1705-1714

A Thesis Submitted to the College of Graduate and Postdoctoral Studies
In Partial Fulfillment of the Requirements
for the Degree of Master of Arts in History

University of Saskatchewan
Saskatoon

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Abstract

This thesis is an analysis of the changes in the nursing profession in naval health provision in Britain in the early eighteenth century. In particular, it examines the experiences of nurses who cared for disabled ex-servicemen in Greenwich, a hospital for former sailors, in the early eighteenth century. Early modern naval nursing developed out of complex intersections of gendered ideas about care work, contemporary anxiety about order and health, and out of the need for naval administrators to regulate and better supervise nurses' labour. These in turn created a role for the nurses inside the hospital that was often contradictory. Nurses were valuable staff who were relied upon to keep order and keep pensioners healthy. They were also seen to be a potential source of disorder. Orders and regulations that were created for the nurses were intended to ensure that not only their work but also their conduct adhered to a vision of good order. These nurses worked in a kind of regulated household where they could be overseen to ensure that their work was done in an organized and orderly manner. Early modern conception of order shaped concerns about naval care work and nursing. Thus, the influence of the household, the central social and economic unit in early modern England and the foundation of social and political order, was essential in the way that nursing was administered inside the hospital.

The Greenwich hospital records give us rare glimpses into these experiences of women in an early modern institution and give us insight into the lives of women who are otherwise absent from the pages of nursing history. Although the nurses of Greenwich are only a small part of the history of nursing in the early modern period, they remind us that hospital records can be rich with information and evidence that uncovers the role of nurses from pages of history. They also remind us that nurses worked and were valued for the care that they provided centuries before Nightingale's reforms.

Acknowledgements

The process of researching and writing this thesis has been a rewarding experience for me that has made me even more excited about the possibilities of what we can learn about the past. First, I would like to thank my supervisor, Dr. Matthew Neufeld, for the time, patience and the encouragement he has given me throughout this process. Dr. Neufeld was so generous with his time and was always available to talk over aspects of the research that I was working through and was patient and kind in his critique of the numerous drafts that I sent his way. I have learned much from Dr. Neufeld in the years that I have known him and I am thankful to him for having me as his student. I am also grateful to my committee, Dr. Erika Dyck and Dr. Sharon Wright, for their advice, expertise and support. Thank you also to my external examiner, Dr. Kelly Foley, for her thought-provoking questions and comments on my work. As well as, many thanks go to my fellow History Graduates at the University of Saskatchewan, in particular, Megan Hubert, Erin Spinney, Erin Gallagher-Cohoon, and Michelle Brandsma for your comments and advice on the earliest and the roughest parts of my thesis.

Finally, I would like to thank my husband, Joshua, for his constant support, encouragement and patience. Thank you for reading through so many drafts, listening to my ramblings about nurses from so long ago and pushing me when life threw challenges our way. Thank you for believing in me through all of this – it means more to me than I could possibly convey here. Also, thank you to my parents, Serge and Larysa, for your support, for instilling in me a love of learning, reading, and hard work, as well as the value of knowing about the past. Thank you for the many hours of babysitting and the sacrifices that you have made. Mama, I could not have finished this without your help and support. I am so grateful. Also, thank you to my siblings, Tanya and Maksym for believing in me and encouraging me along the way.

Dedication

To my mom and dad.

It is impossible to thank you enough for everything that you have done. I am forever grateful.

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Introduction: “Let It Cease to Be a Disgrace to Be Called a Nurse”

The history of nurses in early modern England and the care work that they provided is understudied. In contrast, medical professionals such as physicians and surgeons, and their work, have been extensively written about. This oversight is exacerbated by the commonly held misconception among medical historians that nursing in England “existed only in parody” between the end of monastic establishments in the sixteenth century and prior to the reforms led by Florence Nightingale in the mid nineteenth century.¹ Most histories of nursing have largely ignored or denigrated early modern nurses, often depicting them as callous, dirty, drunken and immoral women. Even in literary works, these nurses became mere caricatures. For example, in the 1850s, Charles Dickens’ character Sarah Gamp in *Martin Chuzzlewit*, a slovenly and drunken woman, became the stereotypical image of a nurse. Mrs. Gamp embodied commonly held beliefs about nurses and their profession.² Contemporaries who were calling for nursing reform, seized upon Dickens’ portrayal in their pleas. For example, one London physician summarized the stereotype in *The Englishwoman’s Magazine* in 1853, “let it cease to be a disgrace to be called a nurse; let the terms of nurse and gin-drinker no longer be convertible; let us banish the Mrs. Gamp to the utmost of our power and substitute for them clean, intelligent, well-spoken, Christian attendants upon the sick.”³ Many modern histories of nursing have uncritically accepted this characterization of nurses prior to the mid-nineteenth century, painting them with

¹ Eric Gruber von Arni, “Who Cared? Military Nursing during the English Civil Wars and Interregnum, 1642-60,” *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey L. Hudson (New York: Rodopi, 2007), 121.

² Carol Helmstadter and Judith Godden, *History of Medicine in Context: Nursing before Nightingale, 1815-1899* (Farham, Surrey: 2011), xi.

³ Edward Henry Sievking, “Training Institutions for Nurses,” *The Englishwoman’s Magazine* 7 (1852): 294 quoted in Anne Summers, “The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and Her Detractors, c. 1830-1860.” *Victorian Studies* 32, No. 3 (Spring, 1989): 365. This is the climate into which Florence Nightingale entered into, offering reform and professionalization that many had called for.

the same broad and damning brushstrokes.⁴

In most mainstream nursing historiography, the modern nursing profession arose with the nineteenth century reforms of Florence Nightingale. Many modern nursing historians argued that it was Nightingale who ushered in the systematic training of nurses and instilled in them strict discipline to bring about clean, intelligent, caring and obedient nurses.⁵ She heroically transformed nursing from a role of casual by-employment into a skilled profession for women, one that bestowed status and importance.⁶ However, as we will see below, nurses worked and were valued centuries before Nightingale. In my thesis, I will argue that naval nurses worked in a kind of regulated household – a hospital. In this setting, they were expected to be clean, dependable and obedient care givers. Nursing was caring and effective before the nineteenth century.

In this thesis, I aim to complicate the oversimplified narrative of the professionalization of nursing in Britain. The evolutionary tale of ignorant, uncaring women transforming into highly professional, modern nurses after 1850 ignores evidence of well ordered and effective care by nurses in the early modern period.⁷ The story of professionalization obscures the way nursing came to be an early modern female profession. Important changes in nursing happened much earlier than the mid to late nineteenth century. One field where change was marked was in

⁴ Anne Summers, “The Mysterious Demise of Sarah Gamp,” 365.

⁵ Nightingale was born on May 12, 1820 to a wealthy British family. She came to prominence during the Crimean War when she trained and led a group of nurses to care for British injured soldiers overseas. The Crimean conflict had a poor outcome for the British military and Nightingale was depicted as one of the heroes that emerged from the war. She is the persona of Henry Longfellow’s “Lady with a Lamp,” the vigilant, caring nurse. Upon returning to England in 1860, Nightingale opened the first school of nurses in St. Thomas’ Hospital in London. This is considered the foundations of nursing as a modern profession. She was also a prolific writer and educator on nursing practices.

⁶ Helmstadter and Godden, *Nursing Before Nightingale*, xi.

⁷ Arlene Young, “‘Entirely a woman’s question’?: Class, Gender, and the Victorian Nurse” *Journal of Victorian Culture* 13, No.1 (Spring 2008): 18-19.

naval health provision in Britain. Early modern naval nursing developed out of complex intersections of gendered ideas about care work, contemporary anxiety about order and health, and in the naval case, out of the need for naval administrators to regulate and better supervise nurses' labour.

This thesis is a social history of the women who cared for disabled ex-servicemen in Greenwich, a hospital for former sailors, in the early eighteenth century. At the time, Greenwich was one of the largest hospitals in the world. This thesis consists of two parts. In the first part, I explore the reasons behind the key changes in the organization of care work for sailors in the early eighteenth century. Women's role in naval health care shifted from being independent nurse-keepers to closely regulated staff at naval hospitals. I explore the way that contemporary anxieties about disorderly care work and care givers spurred the centralization of nursing in naval hospitals so that it could be carried out in a systematic and organized manner. I argue that gendered notions of women as caregivers, many with a proclivity to corruption, were at the heart of the institutionalization of care work in the Royal Navy. In the second part of my thesis, I use Greenwich as a case study to show how these anxieties about ordered care and perceptions of nurses as needing regulation and supervision shaped the experience of nurses in the first naval hospital.

Questions about ordered caregiving and what naval administrators thought care for sick, injured and disabled seamen should look like are central in my work. For example, I examine how the centralization of care for sick and injured seamen into hospitals reflect widespread ideas about gender and care work. How did these ideas about women as care givers with a proclivity to corruption translate into a permanent naval hospital such as Greenwich? How did women adjust and react to the organization of care work and discipline in a male-governed institution? What

was the role of nurses in Greenwich hospital? How did contemporary medical beliefs within naval medicine, such as preventative methods, depend on the labour of nursing staff? Who were the women who undertook this work? I also seek to gain insight into the everyday lives of the women who lived and worked at Greenwich since the sources I use give a rare opportunity to do so.

The medical history of a society can reveal much about the heart of the culture and the beliefs of its people.⁸ In the early modern context, sickness, death and medicine form important aspects of the backdrop of people's everyday beliefs, experiences, relationships, and struggles. Sickness affected people's existence at the most basic level and coloured everything from the way that they approached their daily activities, to their beliefs on mortality and the afterlife.⁹ Therefore, medicine and illness, as historian Roy Porter argued, are languages that are social as much as they are biological, through which we can better understand the past.¹⁰ In this view, medicine needs to be seen in not only a social, political, economic and cultural framework but also in a scientific and professional one.

The history of medicine in the last five decades has undergone major changes. Leaving behind earlier teleological notions that focused on 'Great Men' of medicine – their careers and medical breakthroughs as well as the progress of medicine – numerous historians have undertaken “more nuanced explorations of the side alleys and dead ends of medical history; of the continuities as well as the changes.”¹¹ The rise and dominance of social history within this field attests to a general shift in the focus of the history of medicine. The history of the early modern period has especially benefitted from the work of social historians of medicine. These

⁸ Alun Withey, *Phyick and the Family, Health, Medicine, and Care in Wales, 1600-1750* (Manchester: Manchester University Press, 2011), 1.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Withey, *Phyick and the Family*, 2.

historians began to turn from practitioner-centered and male-dominated histories to histories of patients, women in healthcare, labour and the processes that led to the creation of medical knowledge and medical practices.

A good example of this tendency in the historiography is the article “The Social Construction of Medical Knowledge,” by Ludmilla Jordanova. She examines the ways in which the social-constructionist perspective is useful, indeed crucial, for social historians of medicine. She argued that if social historians of medicine are to “attempt more than anecdotal or descriptive history, they frequently adopt social constructionism in one form or another.”¹²

Scholars have borrowed theories from the fields of linguistics, literary analysis, and cultural anthropology, and applied them to historical analysis. Social constructionism views knowledge, significance and meaning as being constructed in particular contexts and as being produced by relationships that are cross-cut by different power dynamics. It is particularly relevant for those who are interested in medical knowledge and also for those interested in the relationship between medical knowledge, practices and their social settings.¹³ By stressing that medical ideas, practices and even categories are produced in and through social processes, social constructionism encourages historians to explain and interpret the process through which this happens.¹⁴

The history of Greenwich hospital has also benefitted from and has been enriched through historians adopting social constructionist approaches. In the past, historians studying Greenwich have viewed its creation as stemming primarily from medical concerns and being

¹² Ludmilla Jordanova, “The Social Construction of Medical Knowledge,” *Society for Social History of Medicine* 8, No.3 (1995): 361.

¹³ Ibid.

¹⁴ Jordanova, “The Social Construction of Medical Knowledge,” 363.

modeled after the Savoy and Ely House, a military hospital in London.¹⁵ In his study of the Greenwich hospital, historian Geoffrey Hudson argued that the hospital's origin and the reasons behind its creation are a complex intersection of a number of social processes.¹⁶ These processes included increased confinement, control of space and the state's desire for greater regulation of injured bodies of servicemen. In the late seventeenth and eighteenth centuries, naval servicemen, ex-servicemen in particular, were regarded in contradictory ways. On the one hand, they were considered to be valuable resources for the state, worthy of the expenses incurred for their care during and after their service. On the other hand, they were viewed as a "source of contagion and ill discipline in need of paternal discipline," which was thought to be the responsibility of the state.¹⁷ Congregated groups of ex-servicemen who roamed the streets of London and other towns threatened social disorder and moral corruption, since as a group they were thought to be easily given to "bastardy, drunkenness and vagrancy."¹⁸ There were also concerns that seamen were carriers of epidemic diseases that were rampant on ships and then once on shore were a threat to the health of the community. For these reasons, an institution like Greenwich hospital served not only to protect society from potential disorder that ex-servicemen were thought to bring with them, but also became the embodiment of the "state's interest to exclude 'alleged deviants from society within specialized institutions.'"¹⁹ Thus, Hudson argued, the charter of Greenwich hospital in 1694 and the beginning of its construction in 1696 can be viewed in part as a policing

¹⁵ Von Arni, "Who Cared?" 119-121.

¹⁶ Geoffrey L. Hudson, "Internal Influences in the Making of the English Military Hospital," in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey L. Hudson (New York: Rodopi, 2007), 253 - 257.

¹⁷ Geoffrey L. Hudson, "Introduction: British Military and Naval Medicine, 1600-1830," in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey L. Hudson (New York: Rodopi, 2007), 16-17.

¹⁸ Geoffrey L. Hudson, "Disabled Veterans and the State in Early Modern England," in *Disabled Veterans in History* ed. David A. Gerber (Ann Arbor, The University of Michigan Press, 2012), 125. Also see Geoffrey L. Hudson "The Relief of English Disabled Ex-Sailors c.1590-1680" in *The Social History of English Seamen 1485-1649* ed. Cheryl A. Fury (Woodbridge, The Boydell Press, 2012).

¹⁹ Hudson, "Internal Influences," 256.

operation or the desire of the state to better regulate and exercise discipline over the potentially problematic ex-servicemen of the Navy.²⁰

Furthermore, the government's desire to control ex-servicemen is evident when the inspiration for Greenwich is considered. When William Blathwayt, Secretary-at-War from August 1683, was considering the construction of the hospital in England, he looked to the French convalescent hospital, L'Hôtel des Invalides, as a model.²¹ Indeed, the military convalescent Chelsea hospital, which also served as a model for Greenwich, is what architecture historian Christine Stevenson called "the eldest of [Invalides'] many children."²²

The translated description of the Invalides, *Pattern of a Well-Constituted and Well-Governed Hospital...* was an important document for Blathwayt and others who were charged with creating the scheme and governance of the Greenwich hospital. In particular, the anonymous author of the preface of the translated *Pattern* praised the Invalides as a new kind of hospital that was sponsored by the state to provide care for ex-servicemen. He admonished King William to create such a monumental structure in England for those who fought for the state as it would not only encourage men to enlist in the navy but also show the wisdom and the benevolence of the king.²³ In addition to this function, the hospital's importance lay in its ability to make ex-servicemen "used to all the Licentiousness and Dissoluteness of a Military Life...Reformed in their Behavior and Morals."²⁴ The author described at length this new model's ability to reform seamen and to keep them under good order and discipline.

Interestingly, the *Pattern* does not outline the rules and regulations of the Invalides but

²⁰ Ibid.

²¹ Ibid.

²² Christine Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815* (New Haven, Yale University Press, 2000), 32.

²³ *A Pattern of a Well-constituted and Well-governed Hospital*, (London:1695), A3-A5.

²⁴ *A Pattern*, v.

rather provides a thorough description of the building, the duties of the hospital's governing body as well as the hospital's daily functions. Regarding the discipline, the author of the preface wrote that Monsieur de Louvois, the French Secretary of State for War under Louis XIV, established the regulation and discipline in the hospital. De Louvois had success in establishing good order and discipline in other institutions while in king's service. Furthermore, the author noted that "the Government of [de Louvois's] own Family was an Eminent Instance, and that he enjoined others nothing but what he practiced himself, and made all his Servants do, and observe."²⁵ This household discipline produced servants who were loyal to their master and also expelled corruption and abuses of the household rules. The author of the preface wanted the governors and the directors of the Greenwich hospital to do the same. In his closing remarks of the preface, the author pleads with them to "strenuously and Impartially exert their Power, and execute the trust reposed in them, by reforming abuses, extirpating corruption, punishing Licentiousness and Debaucheries, establishing good Rules, and seeing them punctually observed..."²⁶ Thus, while the detailed daily operations of the Invalides that were outlined in the *Pattern* were an important influence on the creation of Chelsea hospital and later Greenwich, there is no evidence of a direct transmission of ideas from the preface to the regulations at Greenwich.

The *Pattern* also described the nurses that worked and lived at the Invalides. The nurses who looked after the disabled servicemen and those in the infirmary inside the Invalides were religious nuns known as Les Sœurs de la Charitee, which is another way of referring to the religious order, Daughters of Charity.²⁷ Vincent de Paul established this nursing community in

²⁵ Ibid, xi.

²⁶ Ibid, xiii.

²⁷ The author of *A Pattern* described the nurses as being from the religious order of Sisters of Charity. Jones wrote that after the Daughters of Charity were established and their prominence grew in France,

1633 as a way to organize charitable work by numerous confraternities at a time when nursing in Ancien Regime France and sources of charity were in numerical decline.²⁸ After undertaking charitable work around Paris and other places further afield, sisters of charity quickly gained their reputation as “patient, saintly, laborious, discreet, committed – and tough.”²⁹ When a woman, usually of a menial background, decided to join the Daughters of Charity she was first sent to the mother-house, where the sisters were extensively trained both in medical practice and spiritual edification. After a year spent in the mother-house, the sisters were sent to various parishes of Paris and other places where they served the poor in places varying from the homes of the poor to the hospital.³⁰ The author of the *Pattern* described the sisters that worked in the Invalides in a way that echoes their popular reputation. He wrote that one

needs to acknowledge, that God Almighty gives particular Talents to these Charitable Sisters, to enable them to acquit themselves so well of this Employment; for they do all sorts of Offices to the Sick and Wounded without grumbling or repining at the cross or peevish Temper of the Persons, or the Disagreeableness of the Disease they labour under...³¹

Indeed, between the sisters’ training and commitment to charity and piety, they created a nursing body that provided nursing care for many of the sick and poor in France.

The nurses inside the Invalides were a cohesive body of sisters whose primary obligations were as members of a religious community thus separating them from the life of the

contemporaries conflated, often correctly and other times erroneously, the terms Sisters of Charity with Daughters of Charity. Based on the description of the sisters in *A Pattern* that spoke of their famous attributes such as their good care of the sick and the poor, their long-suffering and their hard working nature it is possible to conclude that the nurses that worked in the Invalides were from the order of Daughters of Charity. Most notably, the nurses in the Invalides ran the dispensary in the hospital which was a distinctive role of the Daughters of Charity in the charitable places they worked as they were trained in these skills during their time in the mother-house. For more on the Daughters of Charity see Colin Jones, *The Charitable Imperative: The Hospital and Nursing in Ancien Regime and Revolutionary France*, (London: Routledge, 1989) and Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 271.

²⁸ Jones, *The Charitable Imperative*, 89 and 162.

²⁹ *Ibid*, 89.

³⁰ *Ibid*, 89-116.

³¹ *A Pattern*, 112.

hospital in which they served and the direct regulation of the hospital's administration.³² Shortly after the Daughters of Charity began working in hospitals, the founder Vincent de Paul and Louise de Marillac, chief administrator for the Daughters of Charity, began issuing contracts for the sisters who served in hospitals to delineate the hospital's administrator's limited authority and control over the sisters. These contracts outlined the nurses' obligations and nature of work undertaken in hospitals, the responsibilities and obligations of hospital administrators towards the sisters as well as the rules and laws that they were to follow. Furthermore, Vincent de Paul also created Articles that were part of the contract for sisters attached to hospitals that set out their daily timetable, description of jobs for each post as well as rules for spiritual services that they were required to undertake. The rare cases where there were issues of discipline with the sisters were referred back to the mother-house and hospital administrators had limited recourse for the sister's discipline.³³ Thus, the discipline under which the sisters worked in the hospital was regulated by their religious order, not the hospital administrators. This was not the case at Greenwich where the hospital's Governors and Council created and administered discipline for the nurses living and working inside the hospital.

One of the functions of the Invalides that Blathwayt and other naval officials were interested in and were keen to replicate the results was the confinement of ex-servicemen that the hospital afforded the French forces. In particular, they were interested in solving the problem of relief of naval veterans as the county pension scheme, in which ex-servicemen received pensions from their counties, lapsed in 1679, leaving many naval veterans poor, angry and roaming the country. French experiences with "depredations [that] ex-servicemen were capable of" as well as depictions of disabled pensioners described in the *Pattern* as "ravenous Wolves or Wild Boars"

³² Jones, *The Charitable Imperative*, 164.

³³ *Ibid*, 164-170.

resonated in the minds of the British officials reading the *Pattern*.³⁴ In the eyes of the English officials, hospitals, such as Greenwich, were a multifaceted solution to the problem of disorder posed by disabled servicemen. The pensioners relied on the hospital for survival, and as a closed institution, a hospital offered an orderly and regulated solution to numerous problems with ex-servicemen and nurses. Within a hospital, it was hoped officials would exercise greater bureaucratic control and discipline over sailors and their care workers. Thus, careful considerations of the origins of Greenwich hospital help illuminate the goals of the institution, including the goals for its labour force.

The confinement of the veterans in Greenwich hospital, meant to increase the state's control and discipline of the veterans, reminds Hudson of Michel Foucault's theory of bio-power.³⁵ Foucault theorized that a new regime of power, which emerged in the eighteenth century, was used by European states to increase control over bodies through the use of disciplinary technologies. The aim was social order and the good of the state. For Foucault, governmental discipline was a "policy of coercions that acts upon the body, a calculated manipulation of its elements, its gestures, its behaviors...it defined how one may have a hold over other's bodies, not only so that they may do as one wishes, but with the techniques, the speed, and the efficiency that one determines."³⁶ The technologies of discipline that the state employed, he said, such as confinement, control of space, surveillance, and punishment were always dependent on minute and careful detail, which created a "new micro-physics of power."³⁷

Some early modern historians are reluctant to use Foucault's theory of bio-power for interpreting developments in British medicine in the early eighteenth century. They argue that

³⁴ Stevenson, *Medicine and Magnificence*, 32.

³⁵ Hudson, "Disabled Veterans," 126.

³⁶ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans Alan Sheridan (New York, 1979), 138.

³⁷ Foucault, *Discipline and Punish*, 139.

the development of institutions in England followed a different path than the ones in France, which makes Foucault's theories about institutions difficult to apply to the English context.³⁸ Others, such as Matthew Neufeld and Hudson, argue that Foucault's theory has some benefit for understanding changes in naval healthcare in Britain during the eighteenth century. Even so, historian Colin Jones, who is influenced by Foucault's theories, cautions against overemphasizing the repressive nature of the institutions that used disciplinary technologies described by Foucault.³⁹ In the case of nursing at Greenwich, where discipline and punishment were the central tenets of upholding order, Foucault's theories can in part help explain how nursing was regulated at England's first Royal Navy hospital. In a similar way to Hudson's conceptualization of Greenwich as a kind of surveillance operation for pensioners, I apply this idea to the way that naval and hospital administrators perceived nurses as requiring supervision to ensure that their work was carried out in an orderly manner. Equally as important to the hospital administrators was the women's conduct and behavior while living in the hospital. Morally upright nurses, it was thought, would provide the best care.

However, a Foucauldian perspective is only partly helpful for explaining Royal Navy administrators' concern for order and discipline in the way that care work was carried out at the naval hospital. While Greenwich hospital could be conceptualized as a kind of surveillance institution, the hospital's primary purpose to offer relief for permanently disabled seamen needs to be considered foremost. The naval administration's main concern was to look after veterans, who were often struggling to survive on their own, and to ensure that this could be done while maintaining order. Therefore, my thesis is more concerned about how early modern conception

³⁸ See Roy Porter and Colin Jones, "Introduction" in *Reassessing Foucault: Power, Medicine, and the Body* ed. Roy Porter and Colin Jones (London: Routledge, 1994).

³⁹ Jones, *The Charitable Imperative*, 8.

of order shaped concerns about care work and nursing in Greenwich hospital. The influence of the household, the central social and economic unit in early modern England and the foundation of social and political order, must also be considered in an analysis of Greenwich as an institution. Thus, contextualizing the purpose and operation of Greenwich hospital within contemporary early modern social institutions is essential in understanding how nursing was administered inside the hospital.

Social historians of early modern England have long described it as an ordered society imbued with hierarchy and structure. Seventeenth century England was ordered through a hierarchical structure so that order, understood to be a prerequisite for social life, could flourish. In her work *An Ordered Society: Gender and Class in Early Modern England*, historian Susan Amussen argues that the family was the fundamental economic unit of society and the central institution in early modern England – a “[place] where society was ordered and disciplined.”⁴⁰ The early modern family consisted of those who resided under one roof, which usually consisted of the husband, wife, children, servants, and any resident kin. A historian of the eighteenth century English home, Amanda Vickery, described the household as a “microcosm of the state, revealing the hierarchical ordering of society in miniature. It remained the foundational social and spiritual unit of society.”⁴¹ The household was a hierarchical institution with authority embodied in the master as the head of the family. He was supported by his wife, or the mistress, who was subordinate to the head of the household but was also crucially his helper and “an equal soul in marriage.” The children and the servants were also part of the household. Many secular and godly tract writers encouraged masters to treat their servants like their children and placed

⁴⁰ Susan Dwyer Amussen, *An Ordered Society: Gender and Class in Early Modern England* (Oxford: Basil Blackwell, 1988), 180. For more on the household and the family see Naomi Tadmor, “The Concept of the Household-Family in Eighteenth Century England,” *Past and Present*, 151 (1996): 111-140.

⁴¹ Amanda Vickery, *Behind Closed Doors: At Home in Georgian England* (New Haven, Yale University Press, 2009), 7.

them in a single category.⁴²

The relationship between the master and mistress of the household and servants was defined by obedience. The masters and mistresses were to “keep their servants from idleness, teach them good measure, make sure they attended church and correct their faults.”⁴³ The relationship between parents and children was similar, with an emphasis on honour, reverence and obedience.⁴⁴ Ideally, Amussen notes, relationships were reciprocal: obedience was given in return for protection and care.⁴⁵ While households differed across levels of society, the basic structure of a family and the way it operated was a familiar and basic model of social organization. For the administrators of Greenwich hospital, thinking about the rules and regulations as tending toward an orderly household was second nature and would have been a natural way to produce order.

The ideal of an ordered household was reiterated to women and men of the sixteenth and seventeenth centuries through various household manuals, political treatise, tracts and sermons, both written and ones read at church on Sundays.⁴⁶ Amussen puts order at the centre of social life in which common assumptions about the household affected not just the gentry but the entire English population.⁴⁷ Prescriptive literature often spoke of the need of masters to maintain godly, well-ordered households for they were the basis for social order. For example, early in the seventeenth century, Lewis Bayly, a bishop of Bangor, wrote that “If only godly discipline were practiced in all households, churches would be filled to capacity, the number of lawsuits would

⁴² R. C. Richardson, *Household Servants in Early Modern England* (Manchester, Manchester University Press, 2010), 147.

⁴³ Amussen, *An Ordered Society*, 40.

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*, 3.

⁴⁶ Anthony Fletcher, *Gender, Sex and Subordination in England 1500-1800* (New Haven, Yale University Press, 1995), 205.

⁴⁷ Amussen, *An Ordered Society*, 35.

plummet, prisons would be empty and the streets would be cleared of drunkards, swearers, whoremongers, and other undesireables.”⁴⁸ Order defined the primary unit of society, the household, in the minds of the men and women of early modern England.

Furthermore, Amussen argues that the household provided a model for ordering society, such as the framework of the village to the county and more importantly, of the state. “A family,” wrote William Gouge, a minister and a preacher in the early seventeenth century, “is...a little Commonwealth... a school wherein the first principles and grounds of the government and subjection are learned.”⁴⁹ The analogy between the family and the state shaped how people thought about stability in English society during the sixteenth and early seventeenth century. Between inflation, population growth, harvest failures as well as political upheaval and the destabilizing effects of war, the family household provided a constant source of order. Amussen notes that for men who were in positions of authority, especially those with the responsibility of governing, changes in society and their subsequent challenges could create the sense that the world was out of control.⁵⁰ In a society where the concept that everything was connected was commonplace, people feared that disorder could permeate and fatally destabilize all aspects of society if allowed to continue.⁵¹ Thus, regulation and discipline, first of the family and then of other aspects of society and government, were essential to maintain order and permit peaceful coexistence in society. Although by the beginning of the eighteenth century, the family was not seized upon by moralists to provide the model for social stability in England, Amussen and other historians argue that the ways in which order, family and the state were perceived in the sixteenth and seventeenth century were woven into the fabric of English society and were

⁴⁸ Lewis Bayly, *The Practice of Pietie* (London, 1613, 1627), 340-341.

⁴⁹ William Gouge, *Of domesticall Duties: Eight Treaties*, 3rd ed. (London, 1634), 17.

⁵⁰ Amussen, *An Ordered Society*, 181.

⁵¹ Mervyn James, *Society, Politics and Culture: Studies in Early Modern England* (Cambridge: Cambridge University Press, 1986), 270-271.

powerful concepts well into the eighteenth century.⁵²

It is evident that the concept of order had far-reaching implications even in the eighteenth century. In the context of the Royal Navy, its success was determined by its ability to produce order among its administration and men. Historian Erica Charters argues that in the eighteenth century armed forces, symptoms of disorder, such as disease, had costly consequences for a fiscal-military state bent on establishing an empire in places far from home. An outbreak of disease among troops led to shortages of able bodied men, at best dampening the effectiveness of campaigns and at worst, leading to defeat. This was especially evident in colonial theatres, where an unsuccessful campaign could mean extensive loss of British colonial interests. At a broader level, order was a bulwark against physical, political and moral disorder within British armed forces. Disorder was the indication of “ill-discipline among the ranks, ill-administration and corruption among officials and the declining strength of the British state.”⁵³ Thus the importance of order to naval administrators in the early and mid eighteenth century cannot be overemphasized.

Furthermore, order was paramount in the way that the state cared for its soldiers and sailors. Charters demonstrated the way that the British state needed to show consistent and well-publicized concern for the welfare of its troops. For the British state, empire building was dependent not only on successful campaigns but often, and more importantly, on public support for the numerous wars that Britain was involved in. Public support meant that more men would enlist in the armed forces and more people would support the wars financially. The welfare of troops was instrumental in creating public support. When their welfare was ignored, it incurred

⁵² Amussen, *An Ordered Society*, chapter 6 and Keith Wrightson, *English Society 1580-1680* (London: Routledge, 2003), chapter 6 as well as Mervyn James, *Society, Politics and Culture: Studies in Early Modern England* (Cambridge: Cambridge University Press, 1986), 270-271.

⁵³ Erica Charters, *Disease, War and the Imperial State: A Welfare of the British Armed Forces during the Seven Years' War* (London: The University of Chicago Press, 2014), 1-17.

strong criticism and disapproval of state administration. Contemporaries perceived unhealthy, diseased and uncared for corps as a sign of disorder “from [an] unhealthy environment lacking proper sanitation and adequate provisions.”⁵⁴ In the minds of the Georgian public, rampant sickness was evidence of failure of state infrastructure. Troops remained healthy when the responsible administration paid close attention to their physical and moral well-being, providing them with necessary provisions, wholesome and agreeable accommodations as well as adequate medical care.⁵⁵ While it was expected that many sailors and soldiers would lose their lives in battle, death because of disease or improper care was viewed as “both inglorious and objectionable.”⁵⁶ Thus, there was a strong connection in the minds of the contemporaries between a well-ordered logistical system of care for troops that ensured their physical and moral well-being with success in Britain’s imperial wars. These views meshed with popular belief that it was the state’s responsibility to care for the sick, injured and disabled servicemen. In my research, Charters’ work provides contextual understanding of the broader rhetoric of order that was prevalent in the navy in the eighteenth century. It also informs the reasons behind why order was so important to maintain, which led to the naval administrators’ reforms of naval health provision, both of the sick and hurt and also of the disabled.

Prior to the rise of social history in the 1970s, most histories of military and naval medicine focused on prominent medical men, their accomplishments and the development of various administrative structures and institutions.⁵⁷ The most prominent work among these is J.J. Keevil’s *Medicine and the Navy 1200-1900*. In Volume 2, *1649-1714*, first published in 1958, Keevil discussed the expansion of the Navy in the 1650s, its administration and its processes.

⁵⁴ Charters, *Disease, War and the Imperial State*, 4.

⁵⁵ *Ibid*, 12.

⁵⁶ *Ibid*, 4.

⁵⁷ Von Arni, “Who Cared?” 144.

Through the extensive use of a rich array of sources, especially Admiralty papers, Keevil provided an impressive level of detail about naval medicine such as the Royal Navy's surgeons and their responsibilities, the various challenges faced by administrators and their solutions to problems, as well as details on the various naval operations and the medical consequences of an expanded Navy operating in far off theatres. A former Royal Navy nurse, Keevil's work is an internal history that does not fully consider the socio-political or medical contexts of medicine in the British navy. Although Keevil and other empirical works are invaluable and foundational to the field, the perspectives and experiences of ordinary people, such as the servicemen and nurses, are often absent.⁵⁸

In an essay about the hospital, "The 'Poor Decayed Seamen' of Greenwich Hospital, 1705-1763," Martin Wilcox takes a social historical approach. He studies the ordinary people that served in the Royal Navy, the veterans of Greenwich hospital. His analysis of demographic information gives us a better understanding of the men who lived inside the hospital. Wilcox detailed the men's entry process and their lives and career before they entered the hospital. He also described the injuries that the veterans sustained when in service, and also what disabilities were considered as qualifying for admission. Like Hudson, Wilcox looked at hospital life and the discipline that the men were subject to. Wilcox concluded that discipline within the institution would have been a natural extension of life in the navy, which had been highly regimented. The men were used to being under close supervision and to being punished when they broke the rules. Through his analysis, Wilcox reminds us that for many disabled seamen, being admitted into the hospital, despite it being a seemingly harsh and difficult environment to modern people,

⁵⁸ J.J. Keevil, *Medicine and the Navy 1200-1900* Vol. 2, 1649-1714 (Edinburgh: Livingstone, 1958).

was a fortunate provision and certainly better than many alternatives, including homelessness and poverty.⁵⁹

Christine Stevenson also used approaches from social history of medicine in her essay on naval hospitals “From Palace to Hut: The Architecture of Military and Naval Medicine.”⁶⁰ She looks at hospital architecture and considers how various matters of state, as well as continuities and changes in medical theory of the eighteenth century, affected architecture. From the planning stages and throughout their construction, the structures of hospitals like Chelsea and Greenwich were shaped by prevalent ideas of ventilation and theories of contagion. Architects and planners of these hospitals were prolific writers and their work was influential for the rest of the century in the construction of other civilian hospitals.⁶¹ Stevenson’s work reminds us that key aspects of naval hospitals reflected the social and political concerns of the eighteenth century. For example, the meaning and significance of the palatial naval hospitals reflected the government’s desire to appear caring and magnanimous for those who gave their lives and bodies in service to the state.⁶² This, in turn, would foster support for men to serve in the navy in the future.

In her article, “British Naval Health, 1700–1800: Improvement over Time?” Patricia Kathleen Crimmin asked whether British naval health changed for the better over the eighteenth century. She looked at the various ways that the Navy attempted to improve the welfare of seamen through building hospitals, providing better provision on ships, gathering better information about the sick and hurt seamen and conducting trials to better understand diseases that afflicted them. She concluded that the improvements in naval health provision in the

⁵⁹ Martin Wilcox, “The “Poor Decayed Seamen” of Greenwich Hospital, 1705-1763,” *International Journal of Maritime History*, XXV, No.1 (June 2013), 65-90.

⁶⁰ Christine Stevenson, “From Palace to Hut: The Architecture of Military and Naval Medicine,” in *British Military and Naval Medicine, 1600-1830*, Geoffrey L. Hudson ed. (New York: Rodopi, 2007), 227.

⁶¹ *Ibid*, 251.

⁶² *Ibid*, 227-251.

eighteenth century did not depend on medical breakthroughs or advances but on the central tenets of preventative medicine. She argued that through careful observation by navy's surgeons and physicians, preventative measures such as cleanliness, hygiene, improved diet, better provision of clean and warm clothing were the real advances in naval health provision. These measures reduced the number of men that were sick or died because of diseases and other ailments common to seamen.⁶³ Crimmin's work also informs my thesis about the methods of preventative medicine that were central to the welfare of seamen. Her work shows that there were measurable improvements in care in this period, even if these were not strictly medical.

The history of nursing has also undergone similar changes to that of the history of naval and military medicine. Rather than focusing on 'Great Men,' earlier histories of nursing have often focused on 'Great Women', specifically on one woman, Florence Nightingale. Professionals within the nursing field who were involved in the Nightingale reforms wrote the earliest nursing histories. Among the most prominent of these is Mary Adelaide Nutting and Lavinia L. Dock's four volume work from 1907: *A history of nursing; the evolution of nursing systems from the earliest times to the foundation of the first English and American training schools for nurses*. Both authors were among the founders of the National League of Nursing, and Nutting the first professor of nursing at Johns Hopkins University. Their work was the foundational and authoritative teaching tool for the history of nursing for decades. From the title of their work it is evident that Nutting and Dock view the results of Nightingale's reforms as the foundation of modern nursing. As for nursing in the early modern times, it is "firmly [placed] in the dark ages."⁶⁴ Other histories, such as one written in 1919 by Alice Clark, who was an early

⁶³ Patricia K. Crimmin, 'British Naval Health, 1700–1800: Improvement over Time?' in *British Military and Naval Medicine, 1600–1830*, Geoffrey L. Hudson, ed. (New York: Rodopi, 2007), 183-200.

⁶⁴ Von Arni, "Who Cared?" 122.

economic historian, simply characterized nursing as a job that was carried out by women of lower classes that was a means for survival.⁶⁵

Beginning in the 1970s, nursing historians began a revision and critique of these histories. They questioned the supposed change in nursing practice and the established view that argued that the good nurse became common only after the establishment of Nightingale nursing schools. Their research has shown that nursing was not an isolated profession on its own historical trajectory but was deeply connected to wider social and cultural processes. However, most revisionist social history of nursing does not study care work or nurses prior to the 1850s.⁶⁶ Both medical and military historians admit that more work and research needs to be carried out on nursing in England prior to the nineteenth century.

As an example of such work, in 1999 Margaret Pelling began to raise questions about the status of scholarship on nursing and women's work in nursing in early modern Britain. She wrote that based on the scholarship that had been done at the time, "it is quite difficult to decide whether the early modern sick nurse existed in England at all."⁶⁷ She argued that the obstacles to studying nursing in the early modern period lie primarily in the difficulty of defining what nursing was in the eyes of contemporaries. However, this lack of definition of nursing has advantages, she claimed, as anachronistic conceptions of what nursing entailed and where it was carried out could be avoided.⁶⁸ Thus, using a broader definition of nursing that includes the role of 'care-giver' or 'keeper' allows for those who cared for the sick, the wounded and the elderly to emerge from the records that remain. In this way, the importance of gender in care work

⁶⁵ Ibid.

⁶⁶ Helmstadter and Godden's work *History of Medicine in Context* still places the beginning of modern nursing in the mid to late nineteenth century while debunking the Nightingale origin story.

⁶⁷ Margaret Pelling, "Nurses and Nurse Keepers: Problems of Identification in the Early Modern Period" in *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (New York, 1998), 180.

⁶⁸ Ibid.

comes into view and social perceptions of domestic labour and its relationship to caregiving emerge. Through the use of the sociological understanding of ‘care’, Pelling was able to devise an approach to studying labour associated with the body, or bodywork. Bodywork can be defined as “direct and intimate labour focused on the body, the body’s orifices or products, and the body’s immediate environment.”⁶⁹ Examining this kind of labour can often reveal a social understanding that relates to the body, care and women’s labour. For example, care of patients with infectious diseases was corrosive to the status of women undertaking this work, so it was done by women with the lowest status in society.⁷⁰ Pelling’s conceptions of care work and nursing in the early modern period have informed important theoretical frameworks for my own work. An expanded definition of “nursing,” to include women who cared for seamen in the community, care work in the hospital can be employed most fruitfully.

In his recent research, Matthew Neufeld used this broadened definition of “care giver” to gain a deeper understanding of the British Royal Navy’s partnership with care providers in Portsmouth during the Second Anglo-Dutch war. The Royal Navy’s Commission of the Sick and Wounded employed a quartering system in which the sick and injured sailors were lodged in public houses and private homes where they received care. Neufeld’s particular focus is on these women, their prominent role “as functionally equal players with men and agents of the state” in a public-private approach to naval health care.⁷¹ After the appointment of the fifth Commission of the Sick and Wounded Seamen in June 1702, female care-givers and their methods of care-taking were increasingly blamed for the shortcomings of the quartering system. Nurses in

⁶⁹ Matthew Neufeld and Blaine Wickham, “The State, the People and the Care of the Sick and Injured Sailors in Late Stuart England,” *Social History of Medicine* 28, No. 1 (February, 2015): 47.

⁷⁰ Pelling, “Nurses and Nurse Keepers,” 201-202.

⁷¹ Neufeld and Wickham, “The State, the People,” 47.

particular were seen as barriers to better and more cost-effective healthcare.⁷² The Commission eventually won their argument with the Admiralty to use privately contracted hospitals, leaving behind the women involved in the quartering system as entrepreneurs. Neufeld sets the transformation of naval health care in the late seventeenth and early eighteenth century in the context of the unwillingness of the agents of the Navy, in particular the physicians on the fifth Sick and Hurt Board, to partner with the female care providers.

In his essay, “Who Cared? Military Nursing during the English Civil Wars and Interregnum, 1642-60,” Eric Gruber von Arni closely examined the nursing work undertaken in military hospitals during the civil war and interregnum. Through the use of Commonwealth Exchequer papers from the Long Parliament’s Committee for Sick and Wounded Soldiers, he extracted evidence to shed light on the way sick soldiers were treated for various diseases. He also generated data on the number of men cared for, their daily diet, costs of treatments and the nurses’ wages. He chose ‘The Activities of Daily Living,’ a tool used in modern medicine, to assess a patient’s ability to participate in everyday functions. He compared these modern standards with the data he gathered from the Exchequer papers to assess the work nurses carried out.⁷³ Von Arni concluded that although nursing prior to the nineteenth century has had very little attention from historians, there is evidence that their work was relied on more heavily for healing patients than had been previously credited to them.⁷⁴ He ended his essay with a call for more research and amassing of more data and evidence that would shed further light on the quality and the state of nursing prior to the nineteenth century. Von Arni’s research provided important information, the first of its kind, about the work that nurses undertook in military hospitals in the seventeenth century. It is also an excellent example for empirically minded

⁷² Neufeld and Wickham, “The State, the People,” 59.

⁷³ Von Arni, “Who Cared?” 121.

⁷⁴ *Ibid*, 143.

historians working with similar primary sources. However, using modern standards to create qualitative assessments of the work that was carried out in the past can lead to anachronistic points of view and overshadow other insights that these sources can provide.

My research utilizes similar primary sources as those used by von Arni, although I will interact with them in a different manner. My thesis focuses on the nurses and the significance of care work in Greenwich hospital from its opening in 1704 to 1713, the date when its regulations and procedures were established. Greenwich hospital was created by a royal charter in the late 1690s, however, financial difficulties halted the construction of the building a number of times. The first one hundred pensioners and the staff necessary to serve them were admitted to the hospital in March 1705. A body called the Directors of the Hospital governed the day-to-day matters of the hospital. The minutes from the Director's meetings recorded key decisions that the Council made at the beginning of the hospital's operation, including the appointment of the Matron and nurses. The Directors decided on everything from the fabric for the pensioner's uniforms and the food that they were to eat on a weekly basis. Another administrative body, the hospital Council, was responsible for the internal discipline of the hospital and decided on the regulations that were to be observed by the pensioners and the nurses, as well as the punishments they were to receive for breaking them. The Council, headed by the Governor or the Lieutenant Governor in case of the Governor's absence, met on a regular basis and the minutes of the proceedings during the meetings give excellent insight into the inner workings of the hospital and a sense of the daily regime.⁷⁵ For example, the daily proceedings recorded accusations brought against the pensioners, nurses and the subsequent punishments that were given for these

⁷⁵ Hudson, "Internal Influences," 253 and Philip Newell, *Greenwich Hospital: A Royal Foundation 1692-1983* (Greenwich: The Trustees of Greenwich Hospital, 1984), 23.

transgressions. They also reveal the ad hoc basis on which the hospital regulations were made as some orders were created and others were amended based on daily occurrences.

My findings and analyses are grounded on a close and systematic reading and examination of the hospitals' administrative records from 1703-1713, found in the UK National Archives. In particular, I paid close attention to the instances of nurses coming before the Council after being accused of breaking the hospital's rules. At these times, a nurse was given the opportunity to give a statement either in her own defense or to admit her wrongdoing. These statements give us the rare opportunity to hear the voices of women in care giving roles, voices that historians have not previously studied. This thesis, therefore, provides a key insight into early modern nursing practice.

The first chapter of my thesis looks at how the expanded and refurbished navy struggled to deal with the proportionately higher numbers of sick and hurt seamen coming ashore during its wars with France after 1689. The town quartering system that was developed during the Dutch wars was overwhelmed and faced numerous challenges such as overcrowding, lack of medical care and provisions for the sick and hurt, as well as desertion. I examine the practical challenges and seemingly insurmountable difficulties that faced the Commissioners of the Sick and Hurt Board, an administrative body overseeing naval health provision from the 1650s. I also look at the way that Commissioners of the fifth Sick and Hurt Board, in their quest to reform naval health provision, cast female care givers in town quarters as one of the main reasons that the community-based system of care was inherently deficient. Their characterization of the female caregivers as the source of disorder that plagued the town quarters reveals their desire to convince naval administrators to centralize care so that care givers and their work could be supervised closely by male overseers. The following chapter examines how the hospital

administrators concern for ordered care giving, the same concern that Commissioners of the fifth Sick and Hurt Board expressed, shaped nursing practice inside Greenwich hospital. The gendered perceptions of female care workers in town quarters were also echoed in the hospital's creation and are evident in the way that nurses were regulated and disciplined.

Greenwich hospital as an institution was a solution to a problem of disorder, disabled and elderly seamen, yet the care work inside still depended on the same kind of care giver – the poor widows of seamen. By studying this concern for ordered care and attempts to implement it, this thesis sheds new light on the nature of care giving, women's role in nursing and the changing nature of naval medicine during a crucial epoch of Britain's rise to maritime pre-eminence. Through contextualizing the women and the care work that they undertook in one early naval hospital within contemporary politics, society and culture, my research offers new insight into the relationship between nursing and institutionalization in the early modern period. My work also contributes to the larger scholarship of reassessment of nursing as a profession prior to the nineteenth century, contesting numerous dominant narratives that place early modern nursing within the 'dark ages.'

Chapter 1: “The Mischiefs of Town Quarters”

At the beginning of the eighteenth century, naval health provision underwent changes that some historians have characterized as profound.⁷⁶ Health provision at this time was plunged into the middle of wars with France as the number of servicemen required to man the expanding naval fleet rose exponentially. This also meant that the number of men coming ashore that required medical care also increased.

The way that the navy and its agents administrated care for the sick, hurt, and disabled seamen sheds light on the goals of the naval administrators in connection with health. Some of these main concerns were the conservation of manpower, the careful use of naval resources, and the preservation of order. In particular, naval agents’ concern with administrative and moral order shaped the way that care provision was structured. These concerns resulted in the centralization of care work in private contract and public naval hospitals.

This chapter is an overview of naval health provision in England during the seventeenth and early eighteenth century. It examines the challenges faced by the administrative body created to deal with health care provision to servicemen, the Sick and Hurt Commission. I also look at the way that the Commissioners’ willingness to partner with landladies during most of the seventeenth century provides insight into official perspective on care work and nurses. In contrast, the members’ of the fifth Commission’s unwillingness to work with women in coastal communities from 1702 speaks to a growing concern for order in how the sick and injured were cared for.

English naval fleets prior to the mid-seventeenth century were assembled on a temporary basis and mostly consisted of armed merchant ships. English ship owners, who had previously

⁷⁶ Matthew Neufeld and Blaine Wickham, “The State, the People and the Care of the Sick and Injured Sailors in Late Stuart England,” *Social History of Medicine* 28, No. 1 (February, 2015): 45.

prospered as neutral shippers with well-armed ships, were brought to ruin in the wake of the civil wars.⁷⁷ England's economic underdevelopment had allowed the Dutch Republic to remain unchallenged as the dominant European maritime power. Beginning with waters close to home, the English Channel and the North Sea, the Dutch dominated the commercial trading and shipping opportunities in the Baltic and Atlantic.

The English Republic's response to Dutch naval and commercial dominance was to introduce tough shipping policies on its own merchants. The Navigation Ordinance of 1651 was an act passed by the Commonwealth parliament that restricted the shipping of goods to and from English colonies only by English ships or ships from the producing country.⁷⁸ This restriction was aimed towards English merchants using cheap Dutch carriers. The end goal was to cut the Dutch out of English colonial trade, allowing English shipping to flourish. However, the Ordinance was "more of [an] aspiration than policy" because the English merchant fleet that was supposed to carry out the shipping was non-existent.⁷⁹ Historians argue that the Ordinance was more of an irritant to Anglo-Dutch relations and on its own would not have led to the First Anglo-Dutch war. However, the repeated searches and seizures of Dutch ships by English warships and privateers who tortured Dutch sailors were the main factors for the Dutch to enter into a war with England 1652. When the Dutch increased their fleet to 150 ships, all hopes of diplomatic solutions were dashed. The Dutch were intent on defending their sea-lanes from their expansionist neighbour and protecting their interest at sea as their economy depended on trade. To the English, this expansion only signaled that the Dutch were bent on war.⁸⁰

⁷⁷ N.A.M. Rodger, *The Command of the Ocean, A Naval History of Britain, 1649-1815* (London, Penguin Books, 2004), 6.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*, 7.

⁸⁰ Rodger, *The Command of the Ocean*, 1-32 and Kathleen Harland, "The Establishment and Administration of the First Hospitals in the Royal Navy" (PhD Thesis, Exeter, 2003), 32-35.

The most significant English response to the Dutch threat was willingness to pour time, money, and labour into an unprecedented and very costly expansion of the navy. An important aspect of this growth was the English Admiralty's new conceptualization of the structure of the navy, which is outlined in The Articles of War, and the set of *Fighting Instructions*. The Republic's Admiralty thought that it was necessary to move away from the use of merchant ships and instead proposed the building of state warships, which would result in a permanent, standing navy.⁸¹ In order for the English Navy to be a formidable opponent in the impending war, it had to have its own disciplinary methods, laws, as well as new regulations. These conceptualizations and ideas came to fruition when the House of Commons passed new regulations that created the English fleet in 1652. England's desire for maritime pre-eminence over the Dutch depended on the success of the navy, making its structure and administration a major plank of government policy. This policy meant that the English Navy nearly doubled in size in five years, going from 72 ships in 1650 to over 130 ships in 1655.⁸²

As the size and the role of the navy expanded, so did the number of men required to operate the fleet. Indeed, over the next century, the navy had no greater difficulty in waging war at sea than its continual struggle to man its warships.⁸³ A major factor complicating the manning issue was the high proportion of casualties to the number of men who enlisted into the navy. In addition to the sicknesses and diseases that plagued sailors, such as typhus and enteritis, the new, more heavily armed ships that engaged in the three hard-fought wars with the Dutch in 1652, 1665 and again in 1672 also produced grievously injured seamen.⁸⁴ Sustained and prolonged use of cannon and musket fire led to unprecedented instances of trauma and damage to the limbs,

⁸¹Rodger, *The Command of the Ocean*, 1-32 and Bernard Capp, *Cromwell's Navy: the Fleet and the English Revolution 1648-1660* (Oxford, Clarendon Press, 1989), 58-59, 79-80.

⁸²Harland, "The Establishment and Administration," 33.

⁸³Rodger, *The Command of the Ocean*, 48-49.

⁸⁴J.J. Keevil, *Medicine and the Navy*, 16.

which often required amputation. Extensive burns from the heavy use of gunpowder were also common for seamen. Men also suffered from internal injuries due to gun shot wounds, lacerations from splinters and broken bones.⁸⁵ Since the men sustained these injuries on state ships, the responsibility for the care for these sick and wounded mariners also fell to the state.

The nature of the warfare against the Dutch shaped the navy's response to the medical problems that the first war produced. The close geographic location of Holland in relation to England's southern and south-eastern coasts meant that the great part of the conflict was fought in the English Channel and the North Sea. The close proximity of the battle areas to the English coast allowed for the wounded to be swiftly landed ashore from their ships. This was a considerable difference from the way that injured sailors were previously cared for. In earlier eras, naval warfare took place in theatres further afield, such as the West Indies, and many of the casualties would have been treated on the voyage home.⁸⁶ By the time the ships reached England, the sailors would either be on their way to recovery or would have succumbed to their injuries; sick and wounded men often needed only limited care once they came ashore.⁸⁷ The speed at which seamen were brought ashore during the Anglo-Dutch wars led to a high number of casualties requiring medical attention, since all, even men close to death, were brought ashore in the "full rawness of their affliction."⁸⁸ Thanks to the unprecedented growth of the navy, the surge in the number of men enlisted and the close proximity of the naval operations during the Anglo-Dutch wars, more casualties were coming ashore with more severe injuries than in previous conflicts.

⁸⁵ Harland, "The Establishment and Administration," 33.

⁸⁶ Ibid.

⁸⁷ Ibid, 32.

⁸⁸ Ibid, 30.

The system of care provision that was in place in the second half of the seventeenth century was one of the most significant challenges for the Royal Navy. The so-called “framework of casualty care” was plagued with administrative and systemic shortcomings that resulted in massive logistical problems, such as procuring places of care and providing timely medical attention, for the care of sick and hurt seamen.⁸⁹ The scope of these medical problems that the navy was facing in the mid-seventeenth century became clear in the aftermath of the first battles of the first Anglo-Dutch war. The system was quickly overwhelmed, as the casualties that were brought ashore were cared for in sick-quarters. This meant that people of coastal towns took seamen into private establishments, such as taverns, inns or alehouses, or their private homes. In these town quarters, the sick and injured were provided with lodging, food, clothing, bedding and nursing care on credit to the navy, which would eventually be repaid.⁹⁰ The navy relied upon local officials of coastal towns, the magistrates and bailiffs, to organize the dispersal of the seamen coming ashore for treatment.⁹¹ Servicemen were to remain in quarters until they recovered enough to go back to duty, discharged as unfit, deserted or sent to London for further treatment at the hospital.⁹²

Although the instructions given by the Admiralty were for all the sick and hurt to be cared for in hospitals, this was an impossible policy to implement in practice. There were only a few hospitals in England during the 1680s: St. Bartholomew’s and St. Thomas’ hospitals in London. They had only a small number of beds allocated for the sick and injured sailors. In addition, these hospitals were mostly located inland, making it difficult to relocate the men from

⁸⁹ Matthew Neufeld, “The Framework of Casualty Care during the Anglo-Dutch Wars,” *War in History* 19, No. 4 (2012), 427-444.

⁹⁰ Pat Crimmin, “The Sick and the Hurt Board: Fit for Purpose?” in *Health and Medicine at Sea, 1700-1900* ed. Boyd Haycock and Sally Archer (Woodbridge: The Boydell Press, 2009), 99.

⁹¹ Harland, “The Establishment and Administration,” 64.

⁹² Neufeld and Wickham, “The State, the People,” 46.

the ports on the coast.⁹³ Thus, the large majority were lodged in sick quarters. Coastal towns such as Plymouth, Portsmouth, Dover, Alderburgh, Hull, Newcastle and Harwich were some of the main towns and ports that bore the weight of the navy's casualties.⁹⁴ During the first Dutch War, the unprecedented number of men quickly overwhelmed the capacity of the sick-quarters in coastal towns and many men had to be housed in villages and towns further inland. The arrival of men from only a few ships would have overwhelmed coastal communities such as Alderburgh and Southwold.⁹⁵

Communication between the fleet and shore officials was sparse and often ineffective, leaving the arrangements to be made in a hurry. The unplanned nature of placing men in sick-quarters is evident, for example, when on February 22, 1653, in a letter to the Council of State from the flagship *Triumph*, off of the Isle of Wight, the captain of the fleet wrote, "we are miserably torn and have very many men slain and wounded, and therefore humbly desire provisions, Chirurgions, and all things needful may be had for the wounded men on the Coast between Weymouth and the Downs, where we have been necessitated to land them."⁹⁶ The ports that were chosen were not based on pre-arranged plans so as to not overwhelm the sick-quarters and resources of any one coastal town but were rather the closest ones to the location of the battle. Therefore, the provisions for care were only made once the men were landed ashore.⁹⁷ The issues of finding more room for the incoming casualties became worse over time as recovering, chronically ill, or disabled servicemen stayed in sick quarters and were not evacuated to make room for the incoming casualties.

⁹³ Keevil, *Medicine and the Navy*, 12-19 and Matthew Neufeld, "Neither private contractors nor productive partners: The English fiscal-naval state and London hospitals, 1660–1715" *The International Journal of Maritime History* Vol. 28, 2 (2016), 268–290.

⁹⁴ Keevil, *Medicine and the Navy*, 97.

⁹⁵ Harland, "The Establishment and Administration," 35.

⁹⁶ Keevil, *Medicine and the Navy*, 11.

⁹⁷ *Ibid.*

Furthermore, the naval medical crisis in the 1650s was further exacerbated by the “primitive system of communication” that was used to send orders in regards to the care of the sick and injured.⁹⁸ In particular, arranging for surgeons and physicians to tend to the wounded was cumbersome as they were sometimes ordered to go to a new town to meet a crisis there while they were still tending and caring for the wounded in another location.⁹⁹ The decentralized and often scattered location of the sick-quarters presented significant challenges for the physicians and surgeons who had to travel extensively to provide their services for the casualties. A typical place of quartering would usually be able to accommodate two or three men, meaning that there could be up to 160 homes in a town or a small area that would hold sick and injured servicemen that needed to be attended to by a surgeon or a physician.¹⁰⁰ The surgeons and physicians that were either locally procured or sent from London were often overwhelmed. The Commonwealth’s navy was attempting to deal with an unprecedented number of sick and injured sailors with the same administration and provisions as previously used in much smaller conflicts.

A situation that was rife with systematic and organizational failure is described in Dr. Daniel Whistler’s letter to Sir Henry Vane, treasurer of the Royal Navy, on March 30, 1653. Whistler was a young physician appointed to see to the “general care of the sick and wounded men” in Portsmouth in March 1653. He soon found himself administering emergency medical services to naval servicemen throughout the vicinity, wherever the need arose, riding on horseback from one place to another. In his letter, Whistler wrote about how difficult it was to provide sick and injured seamen with suitable care that would speed their recovery. The scattered quarters, he wrote, resulted in

⁹⁸ Keevil, *Medicine and the Navy*, 4.

⁹⁹ *Ibid*, 14-17.

¹⁰⁰ *Ibid*, 12.

exposing sick and wounded men long in the open air upon the ground in expectation of quarters before they are received into any house. And then they long being in that house before notice given to the physician, and chirurgions and apothecary. The want of linen and medicines timely which should be in readiness aforehand in store; the supplies of both from London after present occasion being too slow a remedy.¹⁰¹

The unplanned nature of placing men in quarters resulted in some sick and injured seamen being left on the ground in the ports while places of care for them were found. Delayed arrangements for a physician left men waiting in their afflictions while all the necessary communication took place in order to notify a doctor of the need for him to tend to the new casualties. For Whistler and his superiors in the navy's administration, these "inconveniences" not only resulted in "so great a difficulty of right [accommodation of the men] with means suitable for their safe and speedy recovery" but also spoke of the disorder within the system of care.¹⁰² Whistler thought it his duty to help further prevent such circumstances and bring about an ordered way for men to be cared for. In Whistler's opinion this could be achieved through "some one place capacious, and not [ill] suited in respect of air, water and convenience of landing" where men could be cared for and where the "inconveniences" that plagued town quarters could be removed.¹⁰³

Furthermore, Whistler brought to the Admiralty's attention the need for the creation of a coordinating naval medical authority that would help deal with the crisis by overseeing the care of seamen along the coast. Recommendations for such an authority were agreed upon by the Council of State at Whitehall and on September 29, 1653, the navy created a separate body of administration, called the Sick and Hurt Board, to deal with the crisis.¹⁰⁴ This First Commission of the Sick and Hurt Board was created almost a year after the first Anglo-Dutch War began.

¹⁰¹ Keevil, *Medicine and the Navy*, 14.

¹⁰² Ibid.

¹⁰³ Ibid.

¹⁰⁴ Crimmin, "The Sick and Hurt Board," 90 and Keevil, *Medicine and the Navy*, 20. The Sick and Hurt Board was officially titled The Commissioners for taking Care of Sick and Wounded Seamen and for the Care and Treatment of Prisoners of War.

Such a seemingly slow response to look after the casualties coming ashore was due to the unprecedented nature of the situation. The official recommendations stated that the Commission was to be made up of three persons, one of whom was to be a surgeon.¹⁰⁵ However, for reasons unknown today, none of the four men that were appointed to the First Commission were medical practitioners, despite the official recommendations.

The Sick and Hurt Board was the republican navy's answer to the chaotic situation facing the relief of sick and hurt seamen. The newly created structure put in place officials who were responsible for managing care, seeing to improvements and making it more efficient and effective. At first, it was set up on an *ad hoc* basis to handle the crisis of the first Dutch War. After the war the Board was dissolved. A new Commission was created under Charles II for the second Dutch War. Those appointed to the Commission were to decide on strategies to care for the sick and hurt seamen coming ashore, seeing to their recovery and returning men to duty. They were tasked with the supervision of contracts made for sick quarters that were negotiated through their local agents such as Justices of the Peace.¹⁰⁶ The Commissioners were required to perform regular visitations and inspections of the quarters in their designated areas of responsibility. These officials also examined and were responsible for paying the accounts that were outstanding with the surgeons, physicians and quarterers in coastal towns. In addition to overseeing emergency medical services, the Commissioners also had to undertake the duties of pensions for disabled sailors and the widows and dependents of those killed in action. In addition, they were in charge of the maintenance of prisoners of war.¹⁰⁷ Thus, there was much to do for the Commissioners during and after the war.

¹⁰⁵ Keevil, *Medicine and the Navy*, 19.

¹⁰⁶ Crimmin, "The Sick and Hurt Board," 91.

¹⁰⁷ Keevil, *Medicine and the Navy*, 20.

Considering the responsibilities that the Commissioners were expected to perform, the vast geographic area that they were attending to and the gravity of the medical crises, Keevil points out that “they could not in fairness be expected to [be] expert[s]” in all of their duties.¹⁰⁸ For the First Commission, this had turned out to be the case, as their efforts seldom translated into improvements in the way that sick and injured servicemen were provided care.¹⁰⁹ There is also little evidence of direct involvement or the physical presence of the first Commissioners in the places that were struggling with a constant influx of injured and sick servicemen after the creation of the Board.¹¹⁰ Since the conditions and the overall effectiveness of on-shore facilities was directly dependent on the supervision of the Commissioners, many of the local officials were left to deal with the crises of overwhelmed town quarters.¹¹¹

In stark contrast to the first Anglo-Dutch War, the navy learned from its past failures that a response should be in anticipation of events rather than reactive. A Sick and Hurt Board was appointed three months before the beginning of the second Anglo-Dutch war (1664-67).¹¹² Although the political face of England changed with the Restoration of Charles II to the throne, England’s maritime policy and the desire of economic expansion via trade did not waiver. This meant that England maintained a strong navy. For the second conflict with the Dutch, the Privy Council appointed new Commissioners, including John Evelyn, who became a prominent advocate for the bettering of the care of sick and injured servicemen.

Although the Commissioners of the Second Sick and Hurt Board had a head start to seeing to their responsibilities, they confronted the same daunting tasks and the same challenges as their predecessors. The numerous systemic and administrative problems that resulted in the

¹⁰⁸ Keevil, *Medicine and the Navy* 21.

¹⁰⁹ Ibid.

¹¹⁰ Harland, “The Establishment and Administration,” 64.

¹¹¹ Keevil, *Medicine and the Navy*, 19-22.

¹¹² Ibid, 37.

medical crises of the first Anglo-Dutch war still persisted. During the Second Dutch War, the number of servicemen coming ashore who required medical care grew, while their access to provisions of care remained relatively the same. With the majority of hostilities taking place in the North Sea as opposed to the Channel, the communities of Norfolk, Suffolk, Essex and Kent “became the ‘front-line’ in the treatment of the wounded.”¹¹³ The overwhelmed and overcrowded sick quarters in coastal towns produced numerous problems that often hampered the recovery of patients, which fell heavily upon the Commissioners of the Sick and Hurt Board to attempt to alleviate. The problem of disorder in providing care for servicemen persisted even with a dedicated administrative body created to ensure that the medical crisis of the 1650s was not repeated.

John Evelyn often faced these realities as he travelled throughout the various port towns that received the sick and injured seamen. Historians have described Evelyn as a committed Commissioner who took his duties seriously, showing compassion to the wounded and taking initiatives to help bring reform to the system. For example, on September 30, 1665, he wrote a letter describing a situation where five thousand prisoners and sick and hurt seamen were dying due to the lack of food and lodging. He wrote that “His Majesty’s subjects die in our sight and at our thresholds without our being able to relieve them...to his Majesty’s great dishonor, and to the consequence of losing the hearts of our own people.”¹¹⁴ Evelyn saw the frequently devastating consequences of the administrative disorder that affected the care of the sick and hurt. He often travelled to areas that were overwhelmed with the sick and hurt and tried to alleviate the crisis and meet their immediate needs such as by setting up an improvised hospital

¹¹³ Harland, “The Establishment and Administration,” 65.

¹¹⁴ Keevil, *Medicine and the Navy*, 104.

in a barn.¹¹⁵ Evelyn frequently petitioned his superiors in the navy for more resources to help the relief of the sick and wounded, bringing numerous proposals for reform. For example, after the crisis on September 30, Samuel Pepys, Clerk of the Acts to the Navy Board, wrote that he met with Evelyn “to discourse of our confound business of prisoners, and sick and wounded seamen, wherein he and we are so much put out of order.”¹¹⁶

In March 1666, shortly before the war ended, Evelyn drew up a proposal for the building of a naval hospital in which he listed the benefits that such a place would offer. In this proposal he brought to light the problems that plagued the town quarters and prolonged the chronic issue of disorder in the system of care for servicemen. Evelyn approached his proposal for building hospitals by stressing the administrative and organizational reasons for reforming naval health provision. The first issue that Evelyn raised was the quality of provisions that the men received while in the care of town-quarters. In a hospital, the men would receive “much more proper and wholesome diet, then now they have in the ale-houses, where they are fed with trash.”¹¹⁷ Evelyn saw that the men’s poor diet was hindering their recovery and argued that better food, although more costly, would result in a faster recovery time for the men. Removing the men from ale-houses and towns where they had easy access to alcohol would keep them “from drinke and intemperance.” Alcohol was seen as a source for a number of disorders that prevented men from recovering and encouraged desertion. A hospital would provide a bulwark against the flow of alcohol and the disorders that it caused. He also argued that a hospital would solve the instances of men receiving poor care provision by appointing a “sober matron” to govern the nurses who

¹¹⁵ Keevil, *Medicine and the Navy*, 104.

¹¹⁶ Ibid.

¹¹⁷ John Evelyn to Samuel Pepys, 26 March 1666. In *Diary of John Evelyn, esq., F.R.S. : to which are added a selection from his familiar letters and the private correspondence between King Charles I. and Sir Edward Nicholas and between Sir Edward Hyde (afterwards earl of Clarendon) and Sir Richard Browne* ed. William Bray (London : Bickers and son, 1906), 338.

would tend to the sick. Here Evelyn connected the presence of alcohol in sick quarters to the women providing care. However, he saw this as a problem that would be solved with hiring a dependable overseer of the nurses. Hiring a cook and a launderer would improve the conditions as well. Also, having all the men in one place would help alleviate the practical difficulties of having a physician trying to see sick and injured seamen scattered across towns and their vicinities. In contrast to the many quarters where men were left for days before receiving medical attention, men could be tended to shortly after arriving at the hospital, decreasing the likelihood of their dying while waiting for a physician to arrive. By using the hospital as the place of care, argued Evelyn, the patients would be “sooner and more certainly cured” and also kept from unavoidable relapsing while in the care of sick quarters.¹¹⁸ Another important issue with town-quarters that the hospital would fix was the issue of desertion as men would be “hindred from wandring, slipping away and dispersion.”¹¹⁹ Keeping the men in one place rather than dispersed throughout towns and villages would make it easier for physicians to ensure that the men who recovered returned back to service at sea. This was especially an important issue at a time when the navy’s largest problem was manning the expanding fleet.

Although Evelyn made some progress in his calls for building a hospital, even going so far as picking a site with five hundred beds at Chatham, eventually his proposal for building a naval hospital was dismissed. In 1666 the navy was facing an immense financial crisis and Evelyn’s “claims of humanity nor arguments regarding efficiency and long-term economies could weight with an empty exchequer.”¹²⁰ However, his proposal for building hospitals is valuable for historians as it reveals an early attempt to solve the key problem that the Commissioners faced: by constructing a large, permanent institution.

¹¹⁸ John Evelyn to Samuel Pepys, 26 March 1666. In *Diary of John Evelyn*, 338.

¹¹⁹ Ibid.

¹²⁰ Keevil, *Medicine and the Navy*, 106.

In an article looking at the care of sick and injured sailors in late Stuart England, historians Matthew Neufeld and Blaine Wickham took a closer look at whom the burdens of attending to the men in quarters fell. They argue that much of the basic care work such as “washing, feeding, shaving, cutting hair, doing laundry and changing bedclothes” that was performed on the sick and injured sailors was undertaken by women.¹²¹ Although there were men who also undertook this kind of care work, the Commissioners of the Sick and Hurt Board consistently characterized care givers who petitioned, protested and made demands for money, as women, widows, nurses and landladies.¹²² Neufeld and Wickham gave an example of Commissioner Bullen Reymes describing an encounter with care givers in Portsmouth in which he was barricaded in the place he was staying by twenty or thirty of the local women who were providing care work in their homes to sick and hurt seamen. They were demanding the payment they were owed for their work and were also telling him of other necessities that they required. This example gives some insight into the relationship between a Commissioner and the landladies who were hired by the navy to care for seamen coming ashore. Neufeld and Wickham argued that these women were in a kind of public-private partnership, although often a difficult one, with state officials as they were hired to provide care for mariners and were paid with public funds. These women were paid the same amount to care for sailors as men carrying out the same labour. This compelled “the agents of a fiscal-naval state to treat individual female care takers – landladies and widows – on the same terms as men.”¹²³ The navy’s demand for care workers allowed some women to be semi-independent caregivers as they earned a living on their own terms. They had a degree of control and agency over the care work that they provided.¹²⁴ While

¹²¹ Neufeld and Wickham, “The State, the People,” 47.

¹²² *Ibid*, 51.

¹²³ *Ibid*, 62.

¹²⁴ *Ibid*, 61.

Commissioners continued to see numerous elements of the town quarters as troublesome and often spoke of necessary changes, such as Evelyn's calls for a large hospital rather than dispersed quarters, they did not take these women or their work for granted and were willing to partner with them in the provision of care.¹²⁵ The Commissioners of the Sick and Hurt Board in the seventeenth century considered landladies as vital in providing care as they recognized the navy's dependence on their provision of care work.

After the Glorious Revolution of 1688-89, England's strategic goals shifted, although its commercial policy remained the same. Beginning in 1689, King Louis XIV's regime became England's chief adversary. This, in turn, changed the nature of the wars that the British navy engaged in. France was a maritime power that maintained two fleets, one in the Atlantic and the other in the Mediterranean, meaning that England would have to maintain two fleets as well to challenge French naval capabilities. France was also a larger maritime power than the Dutch, meaning that the British navy had to increase in size yet again. The number of Royal Navy ships grew from 131 in 1660 to 177 by 1700. As the navy enlarged the number of ships, the number of men who served also increased, as did the demand for care.¹²⁶

The system of care for the men who were sick and injured in battles of the 1690s remained the same. The Fourth Commission was appointed two months after the first conflict, the battle of Bantry Bay in May of 1689, was fought and casualties were landed on shore. The *Instructions for the Commission* issued on July 11, 1689 again spoke of the necessity to use civilian London hospitals to house the sick and injured sailors. While a small number of sailors were treated in the London hospitals, there was still little space available and the majority of men

¹²⁵ Neufeld and Wickham, "The State, the People," 51.

¹²⁶ Rodger, *The Command Of the Ocean*, 167-175.

were cared for in town quarters.¹²⁷ This system's shortcomings were well-known but changes were difficult to accomplish. The navy's main approach for the relief of its sick and hurt, lodging men in sick quarters, did not change despite calls for reform by previous Commissioners. Keevil noted that the medical crises of the Dutch Wars and later King William's War (1689-1697) were "in fact, far beyond the control of any individual, however able," and so the Commissioners dealt with the problems in a similar manner to the first three Commissions.¹²⁸

The organization and administration of the care provided to the sick and injured seamen ashore in England changed with the appointment of the Fifth Commission for the Sick and Wounded seamen in June 1702. This Board's professional composition was different from the four previous ones; it included more than one medical professional amongst the appointees.¹²⁹ Like Evelyn in 1666, the Commissioners saw the use of hospitals as the answer to the long-standing problems of care in town quarters. In the winter of 1703, the Board outlined to the Admiralty the new ways in which they wanted to take care of seamen. Their proposals outline the same problems with town quarters that John Evelyn wrote about in his plan for a hospital. For example, they argued that hospitals would reduce the exorbitant cost of naval health provision as well as provide a place where men would recover more quickly in a more suitable environment. Men would return to service quickly since they would be prevented from deserting. However, in contrast to Evelyn, these proposals suggested to relocate care for men at four private hospitals. Evelyn, by contrast, had proposed to build hospitals that would operate alongside town quarters and would be used in instances of crisis. This suggestion is even more of a stark departure from the old system that Evelyn envisioned. To persuade their administrative superiors, the Commissioners' proposal focused on the improvements and the benefits of the

¹²⁷ Neufeld, "Neither private contractors nor productive partners," 276.

¹²⁸ Keevil, *Medicine and the Navy*, 17.

¹²⁹ Neufeld and Wickham, "The State, the People," 46.

hospitals to curing the seamen. They also argued that the town quarters as a system of care was beyond repair and was fundamentally flawed, not only because of administrative and organizational problems such as overcrowding, the unplanned nature of landing the sick and wounded in ports, lack of supplies and food, but more importantly, because it was too reliant upon an untrustworthy labour force – the landladies of town quarters.¹³⁰

The Admiralty passed the proposals on to the administrators at the Navy Board, asking them to weigh the proposals and come up with an answer to these recommendations. The Navy Board did not agree with the Commissioners' characterizations of the town quarters and rejected their proposals for reforms. It contended that the problems were not inherently with the private individuals providing care for the servicemen. They argued that it was the Commissioners' inability to organize the sick quarters that produced occasional overcrowding, rather than the landladies inability to care for large number of patients. They drove their point home by giving an example from Deal where a mother and a daughter were left to care for 45 men which was, they said, an obvious case of disorganization on the part of the Commissioners.¹³¹ The Navy Board argued that the hospitals would not be able to prevent certain problems like the men faking sickness and nurses stealing the men's wages. The Navy Board members agreed that if the men did not receive proper food and medicine, "they are certainly very ill Look'd after."¹³² However, they maintained that such disorders "might bee remedyed...by the daily visits...[so] the Men themselves will informe the Officers how they are used."¹³³ Thus, the Navy Board put the blame of the failures of town quarters not with the landladies but with the lack of good management on the part of the Commissioners. In addition to these arguments, the Navy Board

¹³⁰ Neufeld and Wickham, "The State, the People," 58.

¹³¹ TNA, ADM 1/3595, 3 March 1703.

¹³² Ibid.

¹³³ TNA, ADM 1/3595, 3 March 1703.

argued that the unknown and long standing charges of the hospitals to the navy during war time and during peace was a reason to continue employing the existing structures and organization, however imperfect, in the care of sick and wounded seamen.

The Commissioners of the Fifth Sick and Hurt Board did not back down from their vision for reforms. Only a few months after their initial proposal, on September 20, 1703 the Commissioners produced a statement document titled “The Mischiefs of Town Quarters.” In this document, the Commissioners solely focused on the shortcomings and the dangers of town quarters rather than trying to argue for the benefits of moving care into hospitals. In this statement, the Commissioners tried to convince their superiors that the disorders found in town quarters were inherent in the existing system and also fostered moral disorders that could not be tolerated. They listed eleven “mischiefs” that they considered the root problems of using town quarters, which, they claimed, fostered disorder and dishonesty, and lost state funds and manpower.¹³⁴ For example, men were able to come onshore for “pretend sickness” which was both a waste of naval resources and allowed men to abandon ships. Seamen were unnecessarily exposed to infectious diseases in town quarters when two or three men were placed in one room, often in one bed, which sometimes led to injured or disabled men being placed with men with highly infectious diseases. Servicemen in town quarters were not under any surveillance or regulation, thus allowing men to easily desert. The fifth point of the document addressed the seamen’s unrestricted access to public houses and alcohol, as well as the “the disorders that attend publique Houses.”¹³⁵ In short, the town quarters were not only an unacceptably disorganized system, but they encouraged and bred disorders that had far-reaching consequences for the navy and its operation.

¹³⁴ TNA, ADM 99/2, 20 September 1703.

¹³⁵ TNA, SP 42/119/269, August 1704.

Most troublesome for the Commissioners were the semi-autonomous landladies who cared for the seamen. For the Commissioners, these women were directly or indirectly responsible for many of the mischiefs, or dangerous disorders, that were occurring in town quarters. Not only were the landladies portrayed as the source of the “disorderly way of living” that town quarters bred, but they also encouraged the men in disorderly actions. Men were not becoming better in town quarters because the physicians’ and surgeons’ orders “to give Gruell, Broth etc to such as are sick” were not followed.¹³⁶ More serious, the landladies were accused of exchanging “the medicines (which are provided at her Majesty’s charge)... [for] flip, punch, brandy and such like pernicious liquors administered in lieu thereof” which contributed to the deaths of servicemen and thus a loss of manpower for the navy.¹³⁷ The alcohol that the women were alleged to provide for the men accounted for the relapses that “were more fatal and chargeable to [the seamen] than their original distempers.”¹³⁸ Thus, the town quarters and the female caregivers created more disorder than there already was within the system of care for seamen. According to the Commissioners, “by [their] connivance and contrivance” the landladies were also responsible for the men unnecessarily continuing their stay in town quarters.¹³⁹ This allowed for the women to continue their employ and delayed the men’s return to duty. This was an especially poignant argument at a time when the navy was struggling with manning the fleet. The women were also accused of conniving the men out of their pensions and forging their wills “to the prejudice of the next relation.”¹⁴⁰ This meant that the money that would have gone to care for the sailor’s dependents and family was being taken from them.

The Commissioners’ proposed solution was to use naval hospitals where, they argued, the

¹³⁶ TNA, ADM 1/3595.

¹³⁷ TNA, SP 42/119/269, August 1704.

¹³⁸ Ibid.

¹³⁹ Ibid.

¹⁴⁰ TNA, SP 42/119/269, August 1704.

numerous issues with the town quarters could be solved. Despite previous opposition from the Navy Board and the unknown, large-standing charges that such hospitals would present to the navy, the Admiralty eventually conceded to these petitions for reform.¹⁴¹ This change of approach evidently did not damage their case with the Admiralty.

The Commissioners of the fifth Sick and Hurt Board took a different approach in their drive for naval health reforms than others who petitioned for naval hospitals such as John Evelyn. When the Commissioners' first proposals, which focused on the medical, economic and humanitarian reasons for building hospitals, were rejected, the Commissioners subsequently stressed the reasons that produced moral disorder and loss of finances and manpower for the navy, which necessitated immediate change to hospitals.

Although it is unclear why the Admiralty eventually conceded to these calls for reforms, the Commissioners' concern for ordered care and their solutions to how this was to be achieved gives insight into their attitudes towards female care takers. The landladies and widows of town quarters were at the crux of the problems of disorder and were a threat to the "health, discipline and order of naval casualties on shore."¹⁴² The level of agency and independence afforded to landladies in this system was unacceptable to the fifth Sick and Hurt Board.¹⁴³ Although the Commissioners were successful in creating changes in the location and the methods in which sick and hurt seamen were cared for, the state's reliance on women, more particularly widows, as care givers along the coast did not change. The women that were employed in town quarters were offered work as nurses at the private contract hospitals and were still the primary care providers who carried out the care giving tasks.¹⁴⁴

¹⁴¹ Neufeld and Wickham, "The State, the People," 60.

¹⁴² Ibid.

¹⁴³ Ibid, 62.

¹⁴⁴ Ibid, 61.

At first, the private contract hospitals did not deliver all the benefits that were promised by the Commissioners in their proposals. In September 1704, Rear Admiral Dilkes and four ships' captains inspected one of the private contract hospitals, located in Portsmouth. They found the hospital lacked adequate accommodations and that its location was unsatisfactory as it was too far from the port for men to be easily landed; it was also situated next to a foul-smelling swamp which, it was believed, posed danger of infection. The officers observed that not enough women were employed at the hospital to adequately care for the number of men which resulted in care that was "much inferior to what they have when disposed of into sick quarters."¹⁴⁵ The Admiralty ordered for the hospital to be relocated to a different site and while a suitable one was found, the men were to be placed in town quarters.

Unfortunately, we are unable to gain a better understanding of the operations of the private contract hospitals except for the glimpses that are offered through the inspection report of the Portsmouth hospital. The inspection report is one of the few instances that the private contract hospitals appear in records. With few sources to help us know what went on inside, it is difficult to know how the hospitals operated during the War of the Spanish Succession (1701-1714) or how care for sick and injured sailors was ordered. However, another hospital that was established in the early eighteenth century, the Royal Greenwich Hospital, can show us what early naval nursing looked like. The administrators' concern that nursing in the hospital be carried out in an organized and an orderly manner echoes the concerns for orderly care for sick and injured seamen of the Commissioners of the fifth Sick and Hurt Board. The records of Greenwich offer a window into how nursing was supposed to be carried out for disabled veterans

¹⁴⁵ NMM, ADM/E/2, fol. 100, 1 October 1704 quoted in Neufeld and Wickham, "The State, the People," 61.

and what it looked like in practice.

The Royal Hospital for Seamen at Greenwich was the first and the largest of the palatial naval hospitals that were built in the eighteenth century. There were numerous practical reasons for the massive scale and cost of the hospital, including the expansion of the Royal Navy and its involvement in prolonged wars.¹⁴⁶ Britain was at war with France from 1689 to 1697 and again in 1702 to 1714. The Royal Navy had an extensive and important role in this conflict. Its main objectives were to curb French territorial ambitions in Europe and to defend the country from invasion. The navy also had a role in controlling the high seas and protecting Britain's commerce. Even more important in the eyes of some politicians and polemicists was gaining territory in the West Indies and capturing Spanish bullion.¹⁴⁷ A large number of men was necessary to man the expanding naval fleet that waged war on such a large scale. During the Spanish Succession War, the numbers of maimed and disabled seamen was unprecedented.¹⁴⁸ Thus, Greenwich naval hospital was a consequence of the state's foreign policy and England's wars with France, which in turn created a large number of disabled seamen for whom the state had the responsibility to care.

Prior to the building of Greenwich, disabled seamen relied on the county pension scheme for their relief. The English Privy Council sponsored a bill in 1593 that put in place the county pension scheme for the relief of maimed ex-servicemen. Disabled veterans were made the responsibility of the local communities who had to raise funds through taxation for their relief. Even in the sixteenth century, contemporaries in governing positions had strong beliefs of the state's obligation to relieve disabled servicemen. Later, with the creation of its own standing

¹⁴⁶ Martin Wilcox, "The "Poor Decayed Seamen" of Greenwich Hospital, 1705-1763," *International Journal of Maritime History* 25, No.1 (June 2013): 90.

¹⁴⁷ Shinsuke Satsuma, *Britain and Colonial Maritime War in the Early Eighteenth Century: Silver, Seapower, and the Atlantic* (Woodbridge: Boydell Press, 2013), 47-63.

¹⁴⁸ Rodger, *The Command of the Ocean*, 136-163.

army and navy during the civil wars, the English state had to “take responsibility for those mutilated while fighting in its service.”¹⁴⁹ Similarly, historian Keith Wrightson argued that the government acted to relieve disabled ex-servicemen as part of a desire to sustain social order. In other words, England’s governors saw it as their duty to protect these men from economic and social insecurity. Ex-servicemen also had expectations for this relief to be provided them as evident when they demonstrated this on numerous occasions by demanding it in riots.¹⁵⁰

However, soon after the county pension scheme was enacted, differences between law and practice began to be evident. The tax, paid by property holders, was a heavy burden on the local counties. The justices of the peace who administered the pensions often tried to lessen the load they were obliged to carry by refusing men their pensions, sending them to other counties, or refusing to increase local rates in order to raise the amount of pensions. The sheer number of disabled servicemen seeking relief sometimes overwhelmed the local quarter sessions. There were also discrepancies in the way that the authorities that were tasked with raising and distributing relief interpreted the Act, each of them exercising their own discretion when issuing pensions. In the mid-seventeenth century there were also changes in the way that disability was defined and what kind of physical disability was considered as relief-worthy.¹⁵¹ Those who were unable to work and were not eligible for charity relief often slipped into poverty.¹⁵² Furthermore, the pension scheme lapsed in 1679, making the disabled veterans a major problem by the 1690s. The sights of maimed and disabled servicemen roaming London and port towns made the

¹⁴⁹ Geoffrey L. Hudson, “Disabled Veterans and the State in Early Modern England,” in *Disabled Veterans in History* ed. David A. Gerber (Ann Arbor, The University of Michigan Press, 2012), 120.

¹⁵⁰ J. Walter and K. Wrightson, “Dearth and the Social Order in Early Modern England,” *Past and Present* 71 (1976): 38-42. Also see Keith Wrightson, “Social Order of Early Modern England: Three Approaches,” in *World We Have Gained: Histories of Population and Social Structure*, ed. L. Bonfield et al. (Oxford, 1986), 177-202.

¹⁵¹ Hudson, “Disabled Veterans.” 122.

¹⁵² Wilcox, “The ‘Poor Decayed Seamen,’” 78.

necessity of a convalescent home increasingly evident.¹⁵³ The lack of an official scheme for relieving disabled sailors at the end of the seventeenth century closely resembled the same problems a century earlier, when the Privy Council maintained that the inadequate treatment of the ex-servicemen bring “dishonore to the Realme, in comparison to other Countries.”¹⁵⁴ The onus on the state to relieve disabled veterans was even more pronounced in the 1690s. Leaving the maimed and disabled ex-servicemen to their own devices could not only discourage entry into the service but it could also make the government appear uncaring for men who gave their bodies in service to the state. Thus, Greenwich naval hospital was a project of great political, symbolic and philanthropic importance that was meant to be an answer to an urgent problem of a disordered system of relieving disabled veterans and address the state’s need for manpower.

Greenwich was also created as a means to encourage the often-floundering support for Britain’s prolonged conflicts. Nicholas Hawksmoore, one of the architects of Greenwich, when proposing the building of the hospital to Parliament, acknowledged that one of its purposes was to “Increase the Encouragement of the Seamen . . . , that they may be invited rather than compell’d by Force and Violence, to enter into the Service of their Country.”¹⁵⁵ Indeed, Greenwich hospital’s role as a recruitment exercise is evident when the Register Act of 1696 was passed. The Act was designed to recruit men by promising registered seamen a place at Greenwich hospital when they were aged or disabled.¹⁵⁶ If men were promised better and long-term care, it was hoped there would be less of a need to impress sailors into the navy.

It is said that after witnessing the suffering of the disabled servicemen first-hand, Queen Mary II became convinced of the need for a hospital that took care of veterans. In 1691 she

¹⁵³ Harland, “The Establishment and Administration,” 125.

¹⁵⁴ PRO, State Papers Domestic, 12/244/68 quoted in Hudson, “Disabled Veterans,” 121.

¹⁵⁵ Nicholas Hawksmoor, *Remarks on the founding and carrying on the buildings of the Royal Hospital at Greenwich* (London: Blandford, 1708), 9.

¹⁵⁶ Keevil, *Medicine and the Navy*, 205.

granted the palace of Greenwich, a royal palace that was partially ruinous, for the creation of such a hospital. However, progress floundered after naval operations moved further to the Mediterranean and West Indies and the sense of urgency for such a hospital diminished.¹⁵⁷ The construction was invigorated only after Queen Mary's death in 1694 when King William wished the hospital to be a commemoration of the late Queen.¹⁵⁸ The royal charter that was issued on October 25, 1694 declared, in the name of Queen Mary and William, it was their intention

To erect and found an Hospital within Our Mannor of East Greenwich in Our County of Kent for the reliefe and support of Seamen serving on board the Shippes or Vessells belonging to the Navy Royall...who by reason of Age, Wounds or other disabilities shall be incapable of further Service at Sea and be unable to maintain themselves. And for the Sustentation of the Widoes and the Maintenance and Education of the Children of Seamen happening to be slain or disabled.¹⁵⁹

The construction of the hospital began in 1696; the first one hundred pensioners and the necessary staff entered the hospital in March 1705.¹⁶⁰ The main building was not finished until 1752, while a separate infirmary was built even later in 1763. Greenwich was a royal charity with an annual grant from the king of £2000 but it was mainly financed by deductions of 6d a month from the pay of each registered servicemen from Lady Day 1696, other supplemental parliamentary grants, as well as some estate income.¹⁶¹

For contemporaries, the hospital was a monument to the unimpeachable progress of the English state, its achievements and the care that it showed for ex-servicemen. Not only did it seem to offer a solution for a longstanding problem of welfare for veterans but it also provided a place these veterans to be cared for in an orderly manner, alleviating another concern for the

¹⁵⁷ Christine Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815* (New Haven, Yale University Press, 2000), 71.

¹⁵⁸ Keevil, *Medicine and the Navy*, 200.

¹⁵⁹ Quoted in *Hansard's Parliamentary Debates, Third Series, Commencing with the Accession of William IV* Vol. 3 (London, 1865), 1013.

¹⁶⁰ Keevil, *Medicine and the Navy*, 201-202.

¹⁶¹ *Ibid*, 201 and Hudson, "Internal Influences," 259.

naval administration. While much is known about its origins, architectural plans, and the important men who were at the helm of its creation, it is only recently that historians have begun studying the residents of the palace hospital. Greenwich hospital and its records offer a rare understanding of care work and nursing practices inside a naval hospital at a time when English naval health provision was undergoing changes and reform. The hospital's importance also lies in its influence over the conception of naval hospitals that were built in the later eighteenth century. Thus, the nursing practices that were developed in the hospital are a significant part of the history of the nursing profession in early modern England.

Chapter 2: “The Women Under the Matron” -- Nurses of Greenwich Hospital

For anyone travelling on the river Thames in 1700, the construction of the massive and imposing structure on the riverbank would have been an impressive sight. While the building had the appearance of a palace, it was not being built for the King but for the poor and disabled veterans of the Royal Navy. Greenwich hospital is often referred to as a palatial hospital, and for many contemporaries it was “more fitted by [its] grandeur and extent, for the residences of kings.”¹⁶² Its prominent location spoke of its status as a monument meant to “impress the foreigner and the subject with the strength, commitment and foresight of the Crown” in caring for the disabled veterans who sacrificed their bodies in their service to the state.¹⁶³

While Greenwich was a hospital, its creation flowed from a different stream of naval reforms than the private contract hospitals that were a response to the problem of town quarters in the early eighteenth century. Although both are referred to as “hospitals,” private contract hospitals and Greenwich had different purposes. Greenwich was a convalescent hospital, or what we might call a care home. Its goal was to provide long term care for disabled or aged seamen, in theory, for the rest of their lives. Private contract hospitals in coastal communities provided care for sick and hurt seamen so they could return to duty. Although the focus of this chapter moves from treatment-based establishments to a convalescent hospital, the organization and oversight of nursing and care work for the navy is still central to its analysis. The records of Greenwich provide an important insight into what early naval nursing looked like, unlike private contract hospitals, for which we have little to no surviving sources.

¹⁶² Christine Stevenson, “From Palace to Hut: The Architecture of Military and Naval Medicine,” in *British Military and Naval Medicine, 1600-1830*, Geoffrey L. Hudson ed. (New York: Rodopi 2007), 233.

¹⁶³ Geoffrey L. Hudson, “Disabled Veterans and the State in Early Modern England” in *Disabled Veterans in History*, ed. David A. Gerber (Ann Arbor: The University of Michigan Press, 2012), 137-138.

Previous historians studying Greenwich Hospital have limited their analysis to the consequence of its construction, importance of its operation as an institution or the magnificence of the building. This chapter looks at another aspect of the hospital, as I consider the experiences of a key component of the hospital's labour force, the nurses of Greenwich. My analysis sheds light on the work of nurses in the beginning of the hospitals' operation, in 1704, when the hospital's rules and governance were established, until the end of the War of the Spanish Succession in 1714, when the management of the hospital and creation of new regulations, stabilized.

An investigation of nursing in institutions like Greenwich is challenging because of the nature of the records that survive. The women who appear in the sources are there often because they broke rules and regulations rather than performed exemplary work. This bias in sources can be avoided by not only examining the reasons why the nurses appear in them – the charges and accusations against them – but also the underlying expectations of how a nurse ought to work and how she was supposed to act. These expectations help us understand what the ideal was for the nurses' work performance and conduct. The discrepancies between the ideal or the norm and what we find in practice at the Greenwich hospital bring to light the underlying concerns of the hospital's administrators.¹⁶⁴ Thus, a study of nursing at Greenwich allows us to better understand what naval administrators thought well ordered, long term welfare for disabled seamen should look like, and how the nurses met or did not meet these expectations and why.

The hospital's Council minutes reveal part of what nursing in Greenwich looked like in practice. The Council, an administrative body responsible for discipline, determined the hospital rules and orders as well as some of the day-to-day work practices. The hospital's Council was

¹⁶⁴ Susan Dwyer Amussen, *An Ordered Society: Gender and Class in Early Modern England* (Oxford: Basil Blackwell, 1988), 6-7.

comprised of the Governor, Lieutenant Governor, various captains, lieutenants, chaplains, a surgeon and physician, who were both Royal Navy officials, and medical civilians. They met every two weeks and more often if the need arose. It was necessary for three members and the lieutenant governor to be present in order to proceed with a meeting.¹⁶⁵ At these meetings, Councilors heard complaints against pensioners who were causing disturbances, nurses who were not carrying out their duties, and various managerial tasks. The Council decided on punishments and had the power to terminate a staff member's employment or expel a pensioner. Importantly, the minutes also reveal the ad hoc basis on which the Council oversaw care work. Regulations and laws of the hospital were often added or amended as various situations arose within the everyday affairs of the institution. This is a sign that the initial regulations were deemed not sufficient to the complexity of running an institution of this kind. Instances of disorder generated new rules in an attempt to restore good order.

The care provided to disabled sailors during the early years at Greenwich was shaped by naval administrators' concern that care for seamen happen in an orderly fashion. Hospital records reveal that the issues that led Commissioners of the Sick and Hurt Board to perceive women caregivers in town quarters as potentially corruptible were often the same concerns that the managers of Greenwich expressed about nurses, their conduct and the performance of their duties. For example, intoxicated nurses and bringing alcohol into the sick and wounded seamen's lodgings were the main complaints about female care workers that Commissioners made in their reports about the failures of town quarters.¹⁶⁶ As we will see, drunkenness among nurses and

¹⁶⁵ Geoffrey L. Hudson, 'Internal Influences in the Making of the English Military Hospital,' in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey L. Hudson (New York: Rodopi 2007), 259 and Philip Newell, *Greenwich Hospital: A Royal Foundation 1692-1983* (Greenwich: The Trustees of Greenwich Hospital, 1984), 23.

¹⁶⁶ Matthew Neufeld and Blaine Wickham, "The State, the People and the Care of the Sick and Injured Sailors in Late Stuart England," *Social History of Medicine* 28, No.1 (February, 2015), 45-63.

bringing alcohol onto the hospital premises were some of the most frequent charges brought against nurses at Greenwich. The Commissioners were also worried about fraternization between nurses and the servicemen. Similarly, the hospital had strict rules against sexual relations and relationships between pensioners and nurses. Additionally, in 1702, the Commissioners raised the issue of the quality of care that female caregivers were providing in town quarters. For example, Commissioners complained that the landladies kept men in dirty and unkempt quarters. The importance of cleanliness is likewise evident at Greenwich, where nurses were expected to keep their wards clean and were held to the highest standard of cleanliness through close monitoring of their work.

Naval administrators on the Sick and Hurt Board and at the hospital perceived the women who were tasked with caring for the seamen in contradictory ways. On one hand, they did not wholly trust unsupervised, semi-autonomous women to care for seamen. In part this was because they perceived women as tending toward corruption and ineffectiveness. On the other hand, administrators seem to have felt a level of obligation towards seamen's widows, which prompted officials to reserve the Greenwich nursing positions to the wives of deceased seamen. Offering seamen's widows nursing jobs in the hospital was one concrete way to help them. Thus, nursing positions at Greenwich were a kind of social assistance which provided employment, food, and living quarters for women who might otherwise have to go on relief. A nursing position at the hospital ensured that the widow and her family were able to live independently and the nurse was secure for her term of service. Furthermore, superannuated nurses who could no longer work because of their age or a significant injury were also cared for and received allowances for provisions and clothing and lived in a small ward created for them.¹⁶⁷ Women were regarded as both deserving care, based on their marital status, and a potential danger to seamen based on

¹⁶⁷ TNA, ADM 67/4, 4 May 1710, 65.

their gender.

Women who worked as nurses were integral to the functioning of the hospital and in delivering care to seamen. They were also relied upon to uphold order in the hospital. Nurses were expected to adhere to the regulations of the hospital and their position as nurses afforded them some authority over the pensioners. At the same time, nurses were perceived to require close supervision from male medical and naval officials to do their work in an organized and effective manner. The governors of the hospital believed that not only the work of nurses, but also their personal relationships, recreation, interaction with other nurses, their speech, their attire, as well as when and how nurses spent time outside the hospital – significant aspects of the nurses’ lives that were not directly related to how they provided care - needed to be supervised. These concerns blurred the line between poor work performance and undesirable behavior, thus obscuring the distinction between the oversight of nurses’ jobs and personal lives. Therefore, nurses at Greenwich hospital had a peculiar role at the institution, one which was highly supervised because their work was so important, yet also bestowing upon them authority over pensioners so that order could be maintained.

The instructions written by the directors of the hospital for the Matron, the chief nurse, stated that she “shall have full power over & direct the Women who shall make the Beds & do other services therein & in the Infermery...She shall daily be conversant in some part of the Ward to observe their Works and behavior.”¹⁶⁸ The Matron was charged to oversee that the nurses came into the wards at seven o’clock in the morning and that the pensioners exited the ward at which time they were mustered by the boatswain and then were expected to perform

¹⁶⁸ TNA, ADM 67/3, 11 August 1704, 43.

various tasks around the hospital.¹⁶⁹ She was responsible for ensuring that the women carried out their tasks correctly and in a timely manner. Not only was the Matron supposed to observe the nurses' work, she was also responsible for observing their conduct and behavior. Every night she was to go into the nurses' rooms after the shutting of the gate to check that they had not stayed out without permission and were not hiding "any inmates." For fire safety reasons, the Matron was also to ensure that their candles or lanterns were extinguished. In addition to these duties, the Matron was responsible for the "care and keeping" of bed linens, towels, and clothes, giving the soiled items to the launderer and then the clean ones to the steward. She was held accountable if any of these items were damaged or went missing.¹⁷⁰ She also had the authority to appoint which nurses were to work in the infirmary.¹⁷¹

To a certain extent, the Matron's position and job was similar to the mistress of an early modern household. A mistress, or a housekeeper, was responsible for the internal affairs of the home, especially managing consumption and care, work that was paramount to a well run and ordered household.¹⁷² Historian Amanda Vickery notes that the mistress of a household was supposed to be "a pillar of wisdom and worth, with a prominent position in the hierarchical institution that society recognized as both normal and fundamental to social order."¹⁷³ Like the Matron of Greenwich, one of her main roles was to oversee the servants and ensure that their work was carried out in an orderly and diligent manner. Her duties also included the "great empire of linen," which meant the overseeing of the purchasing, washing and distribution of

¹⁶⁹ Martin Wilcox, "The "Poor Decayed Seamen" of Greenwich Hospital, 1705-1763," *International Journal of Maritime History*, XXV, No.1 (June 2013), 86. Some of the pensioners had more permanent positions such as boatswain, sculleryman, cook's mate, messenger and porter. See Wilcox for more on the hospital life of pensioners.

¹⁷⁰ TNA, ADM 67/3, 11 August 1704, 43.

¹⁷¹ Ibid.

¹⁷² Amussen, *An Ordered Society*, 43.

¹⁷³ Amanda Vickery, *Behind Closed Doors: At Home in Georgian England*, (New Haven, Yale University Press, 2009), 9.

linens and that the textiles were not lost in the process.¹⁷⁴ She was to ensure that the servants of the house adhered to the rules of the household; she shared with her husband the responsibility of the servants' moral and spiritual formation.¹⁷⁵ For the master of the house, whether he was a genteel or a middling man, a professional or a labourer, having a trustworthy and a proficient housekeeper or manager was indispensable.

Both master and mistress worked together for the success of running a household and for maintaining order. Vickery wrote that for a married man eighteenth century England, a capable mistress of the household gave him "a peace of mind...an axis around which his freedom revolved."¹⁷⁶ Unsurprisingly then, Greenwich hospital administrators saw the Matron as essential for providing stability to the good governance of the hospital. The Matron's instructions, wage, and benefits speak to the authority that was accorded to her. However, the reach of the Matron's authority should not be overstated as she was under the same discipline and could be punished alongside nurses for breaking regulations.

The Matron's position was one of the first positions in the hospital filled even before any pensioners could be admitted. Several women put forward their qualifications for this position as being widows of seamen. Although there is no record of her petition, Ann Holden was appointed as the first Matron of the hospital on December 7, 1704. The ultimate decision about employment was left to the hospital's Council. The Council questioned and interviewed the women who applied for the positions of nurse and presented the best candidates to the General Court for the final decision on the hiring. According to the constitution of the hospital, the only women who were permitted into the institution were the nurses. It stated that the women's presence was necessary for service in the hospital and that the women who were hired to take on

¹⁷⁴ Vickery, *Behind Closed Doors*, 9.

¹⁷⁵ Amussen, *An Ordered Society*, 40-41.

¹⁷⁶ Vickery, *Behind Closed Doors*, 12.

the care work “[were] all seamen’s widows,” including the Matron.¹⁷⁷ For example, women such as Susan Sherwin were considered for the position of Matron, who “[set] forth the long service of her Husband in the Wars of 66. Wher[e] he commanded severall small ships. He was blown up in the *Breda* in Ireland the beginning of the Revolution...”¹⁷⁸ Likewise, Elizabeth Selverton’s “husband died as Master in the *Russell*, having served the Crown from his Youth.” Two of Selverton’s sons also lost their lives in service of the Navy and she was left with five young children to raise on her own.¹⁷⁹

The Matron’s yearly wage was £30 per annum while the ordinary nurses’ wages were £4.¹⁸⁰ The Matron was allowed a shilling a day as table money, allowing her to buy more foodstuffs compared to the nurses who were given the same provisions as the pensioners.¹⁸¹ She also had separate living quarters and was given more coals, which was a perk during cold and damp English winters. An allowance of a separate copper pot apart from the one that the nurses shared meant that she had more privacy for her toilet.¹⁸² In all, the position of Matron came with considerable benefits compared to the allowances given to the nurses in Greenwich, which was commensurate with her responsibilities, making the position highly desirable.

On that same day, December 7, 1704, that Ann Holden was appointed as the first Matron at the Greenwich hospital, Katherine Dunwell, Christian Hocker, Rebecca Dawson and Alatheia Dutton were appointed as the first nurses.¹⁸³ Initially, only four nurses were hired to care for one hundred pensioners. However, once the hospital was operational and admitted its pensioners, it became evident that one nurse for every twenty-five pensioners was not enough. Six months

¹⁷⁷ TNA, ADM 67/4, 23 November 1710, 89.

¹⁷⁸ TNA, ADM 67/3, 11 August 1704, 40.

¹⁷⁹ Ibid.

¹⁸⁰ TNA, ADM 67/3, 11 August 1704, 41.

¹⁸¹ TNA, ADM 67/3, 18 January 1705, 79.

¹⁸² TNA, ADM 67/3, 6 September 1705, 122.

¹⁸³ TNA, ADM, 67/3, 7 December 1704, 60.

later, two additional nurses were hired and the nurses' wages were increased from £4 to £6 per annum.¹⁸⁴ In addition to the wages, the nurses were provided with a place to live and their provisions such as food, furniture and clothing were provided, which were important aspects of compensation.¹⁸⁵

The nature of the nurses' work was crucial to what the administrators and physicians considered ordered care and optimal functioning of the hospital, especially in the context of the contemporary practice of preventative medicine. During the seventeenth and eighteenth centuries, the Royal Navy lost more men to illnesses and disease than battle-related deaths. Dysentery, typhus, smallpox, venereal disease and yellow fever were common afflictions among seamen on ships and also on shore.¹⁸⁶ At the beginning of the eighteenth century, medical care of seamen changed from simply removing the sick men onshore to attempting to prevent and alleviate disease. The contemporary "emphasis on cleanliness rightly identified dirt with disease, without always discovering specific carriers or reasons for it...[and] belief in foul air as a cause of disease made cleanliness and ventilation of first importance."¹⁸⁷ Personal hygiene, clean and warm clothing and bed linen were also identified as contributing to the prevention of outbreak of disease. Not following these measures could mean disaster on a ship and severe depletion in the number of healthy men.¹⁸⁸ Preventative measures were carefully and closely observed by naval administrators and were carried over as the cornerstone principles of care in Greenwich Hospital. This was also reflected in the way that the hospital was built and structured as features like air circulation in wards and spacing of beds were some of the most important aspects when the

¹⁸⁴ TNA, ADM 67/3, 14 August 1705, 118.

¹⁸⁵ TNA, ADM 67/3, 16 January 1705, 79.

¹⁸⁶ Patricia Kathleen Crimmin, "British Naval Health, 1700-1800: Improvement Over Time?" *British Military and Naval Medicine, 1600-1830*, Geoffrey L. Hudson ed. (New York: Rodopi, 2007), 180-182.

¹⁸⁷ *Ibid*, 188.

¹⁸⁸ *Ibid*, 186-187.

hospital was planned.¹⁸⁹

The centrality of preventative measures for convalescent care is evident in the orders for the nurses when they were hired as staff at the hospital. In each of the nurses' letters of appointments they were instructed:

You shall make the Bedds of such as are unable to doe it themselves, clean the Rooms, Tend the sick, & doe all other services to be perform'd by women, in which you shall follow the Directions & Obey the commands of the Matron at all Times.¹⁹⁰

This meant that above all the nurses were responsible for the cleanliness of their respective wards. Clean spaces meant healthy pensioners. At seven o'clock in the morning the nurses entered the wards to begin their work, at which time the men were required to leave and the nurses were to lock the doors to the wards. They were the ones who held the keys, which afforded them a certain level of authority over the pensioners. They were able to lock the men out of their wards, and in a sense, dictated when the pensioners were allowed to access their possessions and sleeping chambers. The nurses made the beds, swept the floors, aired out the bedding, emptied, cleaned and scoured chamber pots.¹⁹¹ They were to take the soiled linens to the Matron and receive the clean ones in return. If any of the linens were lost because of the nurses' neglect, their value would be deducted out of their wage.¹⁹² The nurses had to sweep and clean the staircases leading to their wards as well as wash them once a week. Although the records do not specify what this entailed, the nurses were required to give the rooms a more thorough cleaning at specific times throughout the year.¹⁹³

Cleanliness was at the center of all of the nurses' duties. Those who did not adhere to this fundamental rule were punished. For example, on December 11, 1711, there were "frequent

¹⁸⁹ Stevenson, *From Palace to Hut*, 74-75.

¹⁹⁰ TNA, ADM 67/3 9 December 1704, 73

¹⁹¹ TNA, ADM 67//3, 11 August 1704, 43.

¹⁹² TNA, ADM 67/3, 6 December 1705, 132.

¹⁹³ TNA, ADM 67//3, 11 August 1704, 43.

complaints of uncleanness in the wash places of the Royal William and Association Wards.” Nurse Ripps was found to be emptying chamber pots in the sinks, which, she maintained, only had urine in them. The other nurses on that floor were called to appear before the Council and “by some particular circumstance evidenced that she must know what was in the pot.” Nurse Ripps was found guilty and punished severely in comparison to other nurses who kept their work areas unclean.¹⁹⁴ The Council ordered she was to lose the day’s meals and “be exposed during the dining time...on the Elevated place in the Hall with a Chamber pot about her neck for 13 days & be confined to the House the same time.” If nurse Ripps did not present herself to the Officer of the Guard at mealtimes or leave the hospital during the term of her confinement, she would be relieved of her duties at the hospital. In another instance, nurse Sessions was found to be throwing sand in the Royal Charles ward, which was a way of keeping floors from getting dirty, after “strict orders of the last Council” forbade nurses to do so; she was also punished for the uncleanness.¹⁹⁵ That same day, Nurse Canning was punished by losing the day’s meals when she was seen “to trundle (shake) her mops out of the windows of the Ward” and for “other uncleanness.”¹⁹⁶

The nurses also tended to the fires in the wards, lighting them on their entrance in the morning, taking out the ashes, and cleaning the hearth. The nurses were allotted a certain amount of coal for the wards and were answerable for the amounts used.¹⁹⁷ There were strict orders in the hospital regulations that the nurses were the only ones that were allowed to handle the coals and to tend to the fire. This restricted the pensioners from meddling with the fire as the men were more likely to use more coal than was allotted for each ward. In 1708, the nurses petitioned to

¹⁹⁴ TNA, ADM 67/120, 12 December 1711, 74.

¹⁹⁵ TNA, ADM 67/120, 21 March 1712, 85.

¹⁹⁶ Ibid.

¹⁹⁷ TNA, ADM 67/119, 3 October 1795, 2.

have new clothing, such as gowns and petticoats, every eighteen months rather than every two years, like the pensioners, because the nurses' clothes were wearing out faster because of the strenuous nature of their work. In exchange for new clothing, the nurses were ordered by the Council to take on the pensioners' mending, with the Council members adding that "it appearing to have not for the best husbandry to have it done by the laundry man."¹⁹⁸ Nurses were also assigned to work in the infirmary to care for the sick and injured pensioners. Although the records do not indicate why, a position in the infirmary that seemed to be desirable as nurses petitioned to work there, such as the two nurses who were "very desirous to have the Duty of the Infermery upon them."¹⁹⁹ Removal from infirmary duties was also used as punishment and a number of nurses were moved to general wards for repeatedly breaking hospital rules. For example, nurse Edwards was removed from her duties in the infirmary for repeatedly "giving the Matron abusive language." Nurse Rainger was assigned to the infirmary in her place and nurse Edwards was to take over nurse Rainger's duties in a general ward.²⁰⁰

The records of the early years of the hospital's operation do not reveal the details of the women's work pertaining to the health of the veterans or the work they performed in the infirmary wards. A particular instance shows that it was unclear to at least some nurses what their position required of them and what their job inside the hospital entailed. On May 6, 1707, there was a new order created for the nurses, which stated that a nurse who had a pensioner fall ill under her care needed to immediately call for the surgeon or the physician. Likewise, when a pensioner died in the care of a nurse, she was to notify the physician or the surgeon on discovery of the death. If a nurse failed to do this, the punishment was immediate dismissal. This order was created after nurse Chapman "bound the jaws" of a pensioner who fell on the grounds of the

¹⁹⁸ TNA, ADM 67/4, 4 November 1708, 18.

¹⁹⁹ TNA, ADM, 19 February 1706, 11.

²⁰⁰ TNA, ADM 67/119, 6 May 1707, 53.

hospital. Chapman evidently did not call for the physician or the surgeon and instead tried to care for his injuries on her own. The pensioner, whose name was Lee, eventually died of his injuries. Chapman's failure to call the physician or surgeon to treat Lee was considered an oversight rather than a dereliction of duty, since "she having used all the means that she could thinke of to preserve him." She was thus not punished or held responsible for the death of the pensioner.²⁰¹

The handling of Chapman's case gives insight into the way that nurses at this time perceived their work and role in the hospital. In a different circumstance, such as in her home or in town quarters, the woman could have made decisions about the immediate care of those in her care, as she was only indirectly under the authority of a physician or a surgeon. However, inside the hospital, the institution's administrators sought to delineate clearly between the nurses' role as care givers and the physicians as having authority over medical decisions, especially in critical life and death situations. The regulation that nurses notify medical officials about sick pensioners not only established who had the power to make medical decisions but also delineated who would be held responsible for the well-being of the veterans health based on professional status and competency. Thus, the hospital was also a site where a gendered division of responsibility and authority within the medical sphere was further reinforced.

The first set of regulations that were given to the nurses simply stated that the nurses were to answer to and obey the Matron.²⁰² As the hospital began to operate, more details about the expectations of nurses were introduced. For example, the hospital Directors decided on the nurses' uniforms before the hospital was operational in 1705. The women were supplied with clothing made of grey serge. Their clothing was "to be with a sleeve like a widow's gown, and the body plain without pleats and the skirt cut round to one length: the petticoat in the same

²⁰¹ TNA, ADM 67/119, 6 May 1707, 54.

²⁰² TNA, ADM 67/3, 11 August 1704, 43.

manner.”²⁰³ Although the nurses were civilians who were hired as staff at the hospital, they were required to wear the specified clothing at all times. The pensioners were also required to wear uniforms. The importance of the uniform in Greenwich went beyond simply providing clothing for those residing inside the walls of the hospital. Uniforms built a sense of identity within the institution for both the pensioners and the nurses. The uniform was also a symbol of the navy’s authority over their work and subsequently how they were to conduct themselves. Their clothes also made pensioners and the nurses visible and recognizable as being from Greenwich when they went out of the hospital, which made it easier to monitor their conduct and behavior outside of the hospital. Their clothing became an identifying feature of their position at the hospital.

The nurses’ daily chores and activities were strictly scheduled and closely watched to ensure their work was carried out in “good order.”²⁰⁴ The nurses were to eat their meals at the appointed times in the appointed places, just like the pensioners. They were also ordered to take turns to say grace before and after each meal.²⁰⁵ In a Council meeting shortly after the opening of the hospital, on July 31, 1705, one of the initial orders was reiterated specifically to the nurses, suggesting that they were not obeying the order. The regulation stated the nurses shall “attend the Prayers in their proper habits and follow the men into the Chapell two & two in good order both morning & afternoon.”²⁰⁶ The nurses were also not allowed to leave the hospital without permission from the Matron and were to return before the closing of the gates. Nurses required the permission of the Governor of the hospital if they wanted to take longer leave to visit or take care of sick family members. Furthermore, their coming and going was closely monitored. The “Madam Matron [was to] visit the Nurses’ apartment after the shutting of the gates every night to

²⁰³ TNA, ADM 67/3, 15 February 1705, 88.

²⁰⁴ TNA, ADM 67/119, 31 July 1705, 2.

²⁰⁵ TNA, ADM 67/119, 3 October 1705, 6 and ADM 67/120, 8 November 1710, 31.

²⁰⁶ TNA, ADM 67/119, 31 July 1705, 2.

see that they have no inmates & see that they have no fire or Candles burning after the usual hour.”²⁰⁷ The nurses were therefore essentially confined to the hospital grounds at night. These regulations were taken seriously as the nurses who did not abide by them were punished. For example, on July 23, 1706, Nurse Hocker was called in to answer for

having laid out of the Hospitall all night without leave & having procured keys to come in at all houres and satt up all night with men knowing her Crimes [and being] answerable & having been guilty of many faults before and not Obedient to any Command Incourageable was dismiss’d the Hospitall.²⁰⁸

When women were hired as nurses in the Greenwich hospital, they came under institutional governance where many parts of their lives, including their work, conduct, personal relationships, as well as their coming and going from the hospital, was regulated. The institution became a kind of a surrogate housemaster and mistress to women-nurses.

The rules that governed the nurses’ lives were not unlike the ordinances that governed servants of great households in early modern England. Like the nurses, servants were not permitted to leave the household without permission. Their daily routines, such as the times of their morning rising and their nightly curfew, were set and closely regulated.²⁰⁹ They were also instructed about where and when to take their meals, and were punished for not adhering to the set times and for being late. Depending on the piety of the mistress and master, the servants were required to attend morning and evening prayers and were expected to behave themselves with decency. Swearing and quarrelling with other servants was forbidden and meant expulsion from the household for repeat offenders. Servants who were discovered drunk were also punished. Like the nurses, servants at great houses were fined for instances when they did not perform their

²⁰⁷ TNA, ADM 67/119, 31 July 1705, 2.

²⁰⁸ TNA, ADM 67/119, 23 July 1706, 21.

²⁰⁹ R. C. Richardson, *Household Servants in Early Modern England* (Manchester, Manchester University Press, 2010), 150-151 and Vickery, *Behind Closed Doors*, 307.

tasks with diligence or neglected their work.²¹⁰ They were not allowed to burn candles in their rooms or to keep fires after a certain time.²¹¹ The regulations and rules to which servants were subject were an important aspect of belonging to a certain family and household.

Before any pensioners or nurses were allowed into the Hospital, the Council and the governor created fourteen orders that were supposed to regulate behavior and conduct of the residents of the hospital. The fact that the same orders were aimed at pensioners and nurses together shows that despite their very different positions within the institution, the hospital administrators considered them to constitute the same potentially problematic population. The first order stated that nurses and pensioners “shall daily be present at the hours of Prayer, behaving themselves thereat with Decency & Reverence; & be obliged to come into the Chapell exactly to the hours appointed...”²¹² Prayer occurred twice a day and attendance was mandatory under the penalty of losing one day’s meals. Second and third offences saw the penalties increase in severity, with the fourth offence resulting in expulsion from the hospital. Given that the first regulation was about attending daily prayers in the chapel, it is clear that the governors of the hospital thought the hospital was a spiritual place as well as a place of bodily care. Thus, body and soul were to be provided for at Greenwich. The hospital’s spiritual underpinning was intended from the beginning, as Queen Mary wanted to put veterans and disabled seamen “in a probable way of ending their days in the fear of God.”²¹³ Later in the 1750s, Bibles were supplied to the galleries of the hospital where, one visitor to the hospital described old sailors

²¹⁰ Richardson, *Household Servants in Early Modern England*, 150-151.

²¹¹ Vickery, *Behind Closed Doors*, 307.

²¹² TNA, ADM 67/3, 11 August 1704, 44.

²¹³ “Greenwich,” (1865): ‘Greenwich Hospital’ *Cornhill Magazine* 12, 632 citing Abel Boyer (probably *The History of King William the Third, 1702-1703*) quoted in Christine Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815* (New Haven, Yale University Press, 2000), 50.

taking turns to read the folio Bibles.²¹⁴ It was a commonly held belief in that period that good order had roots in a spiritually informed character.

A number of the early orders reaffirmed the aim of encouraging “decent behavior” among nurses and pensioners. One order forbade swearing, making it a serious offence. A person who was found blaspheming the name of God, swearing or cursing was to lose one day’s meals and stand on some elevated place in the hall to be appointed for that service, during the times of eating be exposed to publick view.”²¹⁵ Nurses and other female and male servants of the house were to be placed in stocks. Another order, titled as “Whoring and Ill Company Keeping” aimed to prevent the pensioners from sexual immorality and to keep them from subverting propriety of the hospital. It stated that “Whoever shall frequent or be found in any house of ill repute or bring scandalous women into the hospital or any way be convicted of keeping whores shall be publickly exposed one day, & live on Bread and Water for a Week.” For second time offenders, the punishment doubled and if a person was convicted for the third time, they were “confined for a Fortnight & not suffer’d to go out of the hospital for half a Year.”²¹⁶

As members of the hospital household, the pensioners, nurses and servants were representatives of the navy’s hospital and thus they were expected to act decently and lead upright lives. If a member of the hospital was found to be lying, his punishment was to stand in the hall with a broom and a shovel tied to him for three meals. He was also ordered to do scavenger’s work, carrying away filth and dirt from the kitchen and scullery, for a week. The regulations stated that the same “punishment [is] to be inflicted for any abusive Language or being the occasion of a Quarrel; or being rude or of ill behavior to strangers as shall come into

²¹⁴ Stevenson, *Medicine and Magnificence*, 50. Bibles were put in Chelsea galleries in 1739 and Stevenson speculates that they would have been an addition at Greenwich hospital in the mid eighteenth century.

²¹⁵ ADM 67/3, 11 August 1704, 44.

²¹⁶ TNA, ADM 67/3, 11 August 1704, 45.

the hospital.”²¹⁷ It was important to keep conflict to a minimum in order to run a well-ordered and peaceful institution. Stealing or pilfering were forbidden and punished by confinement to the hospital for two weeks. The next time an offender was found to be stealing, they were to be expelled from the hospital. Theft could not be tolerated because it broke bonds of trust within the community of the hospital.

Households could also demand that servants lead pious and morally upright lives. House rules could forbid swearing, blasphemy, sexual immorality, drunkenness, and quarrelling.²¹⁸ One household order stated that “no hangers-on of any kind were to be harboured” in a household “whereby unnecessary charges may be increased besides much disorder which may ensue thereby.”²¹⁹ A similar order at Greenwich hospital aimed to keep those who belonged to the hospital inside while those who did not, outside. The residents of the hospital were not allowed to stay out of the hospital overnight without leave, or to have anyone stay in their cabins. In particular, this order concerned not allowing those who were expelled from the hospital to come back in. Pensioners, nurses and servants were not allowed to “converse or be seen with such as have been expell’d.”²²⁰ There is a sense that persons who were expelled from the hospital sometimes became “hangers-on” that loitered around the vicinity of the hospital seeking to gain entrance back in. The governors were not only concerned about them being allowed into the hospital but also about being a bad influence on the servants and pensioners. These regulations show that there were similarities between the household masters’ and hospital administrators’ concerns for good order as expressed in virtuous living. Since the household was central to upholding good order in society, it is unsurprising that governors of the hospital sought to

²¹⁷ TNA, ADM 67/3, 11 August 1704, 45.

²¹⁸ Richardson, *Household Servants in Early Modern England*, 150-151.

²¹⁹ *Ibid*, 151.

²²⁰ TNA, ADM 67/3, 11 August 1704, 44-45.

produce a sort of an ordered household inside the hospital.

Governors of Greenwich hospital created two rules that addressed the use and the presence of alcohol in the hospital. The first forbade anyone in the hospital to get drunk. Those who disobeyed would lose the day's meals and get only bread and water as provisions for a week. During mealtime offenders would sit at a specific table with other pensioners or nurses who broke this same rule. The second offence saw the punishment double, the third added confinement to the hospital and with the fourth offence, the offender was expelled. The other regulation about alcohol was an attempt at keeping it out of the hospital. It stipulated that no person belonging to the hospital was allowed to sell wine, brandy or tobacco in the house or anywhere else under the penalty of being dismissed from the hospital.²²¹ Not only was drunkenness considered an "indecent behavior" but hospital administrators also considered it to cause other infractions of hospital rules. Drink was a major threat to the good order of the hospital that the Council, the Matron and the nurses were trying to maintain. For example, when nurse Sessions and pensioner Watts were caught copulating, Watts said to the Council that he was "wholly Ignorant to any further of the whole matter than his Friends having brought Down Sack and Brandy and Treating him." Afterwards, he called nurse Sessions and nurse Williams to drink with him, which they did, and that afterwards "he went to his own Bed but knows nothing further, owning that he was in Drink."²²² In other words, he had got so drunk he could not remember what he had done. Drunken pensioners were often causing trouble in the hospital, especially when they quarreled and fought with both their fellow pensioners and nurses, caused damage to the hospital grounds and were unruly in general. This also applied to nurses. When intoxicated, nurses might neglect their duties or carry them out in a way that harmed pensioners.

²²¹ TNA, ADM 67/3, 11 August 1704, 44-45.

²²² TNA, ADM 67/119, 1 August 1707, 72.

The initial Orders also aimed to protect the hospital and its property. The residents of the hospital were forbidden from selling or pawning any of their own or anyone else's clothes, as well as any other items from the hospital. Another rule, titled "Uncleanliness Punished," stated that "Whoever shall defile any part of the Wards, Cabins, or other parts of the house by any uncleanliness," or cause damage to the hospital property such as breaking glass, breaking or damaging the furniture, throwing filth out the window or urinating anywhere in the hospital, would be punished by the "shovel and broom" punishment. For this punishment the offender was exposed in an elevated place in the dining hall with a shovel and a broom tied around their neck for the duration of the meal. In another order, both pensioners and nurses were forbidden from smoking inside and were not allowed to have a fire or candle lit outside of the allotted time.²²³ This order meant to keep the air inside the hospital clean as well as to prevent fires from unattended candles and other flames. In addition to the regulations, the Councilors added a note that stated that whoever was convicted of any crimes outlined in the regulations would not be permitted to leave the hospital under any circumstances for one week. He or she would also wear a visible badge signifying their conviction.²²⁴

The second last rule forbid any of the pensioners, nurses or servants to beg. Anyone found begging "in the hospital or elsewhere abroad in Town or at private houses, or under the notion of showing the hospitall to strangers" was to be punished by being exposed in the dining hall during mealtime for the duration of three meals. A second offence meant the punishment increased confinement at the hospital for a week; with the third offence, the person was expelled. Begging undermined the purpose of Greenwich hospital as a charitable institution. For the pensioners and the nurses, their admittance and work was perceived as the sum total of their

²²³ TNA, ADM 67/3, 11 August 1704, 45.

²²⁴ TNA, ADM 67/3, 11 August 1704, 45.

relief. Thus, if anyone received additional money while begging, they were taking money that should go to other, less fortunate people. This order also points to the pensioners' and nurses' positions among the deserving poor. In seventeenth and eighteenth century England, the poor were placed into two categories: the worthy and undeserving. The deserving poor were those who were unable to work to provide for themselves and could not help their situation, such as orphans, the disabled and the elderly. Such people and were deemed worthy of formal assistance.²²⁵ The undeserving were the able bodied who, it was thought, could alleviate their own suffering but were unwilling. Such people were considered idle and were often excluded from poor relief. The poor who were granted assistance under the Poor Law were subject to requirements for appropriate behavior, such as church attendance and staying away from places of "ill repute" in order to receive relief. The orders of Greenwich reflect a similar outlook as pensioners and nurses were expected to behave in an upright manner and were subject to increasing regulation.²²⁶

The number of pensioners and staff spread over the large hospital posed some practical difficulties in enforcing regulations. The hospital administrators devised a scheme that would help with the enforcement of the regulations on those residing in the hospital. The fourteenth and last regulation stated:

Whoever shall be privy to any other persons committing any of the aforesaid Crime; & shall not in one day's time discover the same to his proper Captain or next Superior Officer then resident in the Hospitall shall be liable to the same punishment as the offender & undergo the same or such part thereof as shall seem good to the Governor, & the Councill upon examination into the case.²²⁷

Breaches of the rules of the hospital were to be informed to the Council by anyone witnessing

²²⁵Marjorie McIntosh, "Poverty, Charity, and Coercion in Elizabethan England," *Journal of Interdisciplinary History* Vol. 35, 3, (Winter 2005), 265 -266.

²²⁶ Ibid, 266.

²²⁷ TNA, ADM, ADM 67/3, 11 August 1704, 45.

them. The informant system was supported through the Council regularly punishing people for not providing information about infractions. Lying to the Council and not appearing when summoned also led to punitive measures.²²⁸ For example, when nurse Grainger and pensioner John Martin were found “guilty of Consequing...crimes contrary to an Order of the Hospital...[they were] to suffer the same punishment as the offenders.”²²⁹ In another example, Thomas Whitehead, a pensioner, was punished for lying to the Council. He was summoned before the Council because he “abused Martha Wood, a Nurse of this house.” In his defense, Whitehead said that the nurse was at fault because she called him “monkey with some other opprobrious words.” After the Council investigated the matter and heard witnesses, it was determined that “[Whitehead] had first abus’d her with the name of humback Bitch.” The pensioner was punished for the first offence and also because he “behav’d himself audaciously giving the lye before the Governors and Council with other indecent expressions.”²³⁰ Nurses and pensioners could also be summoned by others to witness a crime in progress and were punished for refusing to do so.²³¹ For example, when Mrs. Hall, the Matron, refused to come when called by a nurse to witness a nurse and a pensioner locked in another pensioner’s room, she was punished by being put in stocks for one hour. Monetary rewards were added in 1715 as an incentive to informing.²³² As more men were admitted and more nurses hired to care for them, those who lived and worked in the hospital were further encouraged by cash rewards to bring offences before the Council.²³³

Therefore, discipline at the hospital was supposed to be, and often was, self-regulated by

²²⁸ Hudson, “Internal Influences,” 259.

²²⁹ TNA, ADM 67/119, 26 June 1707, 64.

²³⁰ TNA, ADM 67/120, 6 May 1710, 8.

²³¹ TNA, ADM 67/119, 1 August 1707, 72.

²³² Hudson, “Internal Influences,” 259.

²³³ Ibid.

the residents. In this way, regulation of both the nurses and the pensioners became easier as the administrators did not have to be the ones to monitor actions and ensure compliance with the regulations. The threat of punishment, and later rewards, encouraged the pensioners and nurses to come forward with breeches of rules that they witnessed. The use of informants within the hospital created a certain dynamic among those who resided there, sometimes creating a hostile environment and mistrust. The records are full of complaints of infractions being brought before the Council by nurses against nurses, pensioners against pensioners, nurses against pensioners and pensioners against nurses. For example, on December 2, 1706, nurse Chapman brought a complaint against nurse Lester for “giving her abusive language” and calling her names.²³⁴ Robert Lightfoot brought a complaint against Nurse Edwards who was working in the infirmary, saying that on two occasions she was very drunk and “Tumbled out of bed...and Bruised her face and eyes.”²³⁵ It was the residents themselves who brought the majority of accusations against each other before the Council, which suggests that the informant system was successful in encouraging the nurses and pensioners to police themselves. Since they were watching one another, they knew that someone was watching them as well, which likely caused them to change their behavior.

New regulations were created after certain problems with discipline not covered by the first set were frequently brought before the Council. For example, on December 14, 1706 the Council created a new regulation after a number of instances of pensioners and nurses coming late into the hospital while drunk and bringing alcohol on the hospital grounds. The order stated that the Boatswain of the Guard was to “take very Strikt care” that no nurse or pensioner bring any alcohol into the hospital. The administrators stressed the importance that this regulation be

²³⁴ TNA, ADM 67/ 119, 2 December 1706, 31.

²³⁵ TNA, ADM 67/119, 7 April 1707, 48.

observed by the Boatswain and that those who neglected this duty “shall be punished to the utmost Severity.” The punishment was the loss of their position as an officer, which would have been a financially significant penalty to a pensioner in Greenwich. The Council further ordered that “each centinall shall stope any Nurse or Pensioner that’s found with any Bundle after [it is dark] on penalty of being Banished by the discretion of the Governor & Council.” The person caught carrying the bundle where alcohol could be concealed would then be taken into custody until a Commissioner of the hospital was given account about what was in the bundle.²³⁶ The key point of this new regulation was to enact a mechanism by which the flow of alcohol into Greenwich could be monitored. Not only could offenders be punished, but the inspections provided the Council with the ability to punish those who might be willing to turn a blind eye to a fellow pensioner or nurse bringing alcohol onto hospital grounds. This example of an attempt to control the flow of liquor shows the extent of the concern about drunkenness. However, the frequent nature of the offence of alcohol being brought into the hospital speaks to the resistance of the rules by the pensioners and the nurses. There were probably many instances when people not caught with the alcohol encouraged others to attempt to try to “get away with it.”

A few months after the order that forbade pensioners and nurses to bring bundles into the hospital after dark was passed, the problem with smuggling alcohol returned. Evidently, there had been a great quarrel in the nurse lodgings at nine o’clock on the 3rd day of January, 1707. Nurse Lester had come in late after the gates of the hospital were closed and was “Drunke and could not speak plaine language.” She had then “abused Nurse Dawson very grossly and cursed & swore.” Another nurse was woken by nurse Chapman who was also drunk and “singing and Dancing.”²³⁷ After this occasion the Council ordered that “any Nurse that shall be known to be

²³⁶ TNA, ADM 67/119, 14 December 1706, 31.

²³⁷ TNA, ADM 67/119, 27 January 1707, 41.

drinking with any Pensioner of the hospital or in any Public house or in any Cabin Ward Room or other Apartments of this house shall for these offences be dismissed.”²³⁸ The actions of the nurses were regulated inside and outside of the hospital. This shows that the Governors’ concerns about good order went beyond the function of the hospital and the nurses’ abilities to carry out their duties while drunk. They were also concerned with the conduct of the women outside the institution and how they were going to be perceived in public as representatives of the Greenwich hospital. Public perception of servants was also a concern for a master of a household, as a servant was considered a member of the family and their actions outside the household reflected on the family. In the context of Greenwich hospital, a woman did not stop being a nurse of the naval hospital when she was outside the institution. She carried her identity as hospital servant outside its walls.

Nurses and pensioners were prohibited from having any ‘private associations’ with one another, which included kissing and any other physical relations. Intimate relations among residents was an issue for the Council on June 3, 1707. A laborer of the hospital, Joseph Tomlinson, brought a case before the Governor and the Council that alleged that “Nurse Tenton & Abraham Spencer in the wash place of the Prince Ward were kissing each other and their arms clasped round each others waistes.”²³⁹ The Council stated that such association between the pensioners and the nurses “[appeared] to be very undecent and of bad Consequence to the good Government of the Hospital.”²⁴⁰ Tenton and Spencer both received punishment for the “undecent behavior.” After this incident, another regulation was made against similar actions in the future:

It is further Ordered by the Governor & Council that if any Nurse & Pensioner shall be found in the like posture of kissing one another or that any nurse or Pensioner shall

²³⁸ TNA, ADM 67/119, 27 January 1706, 41.

²³⁹ TNA, ADM 67/119, June 23, 1707, 59C.

²⁴⁰ TNA, ADM 67/119, June 23, 1707, 59C.

privately associate with each other in any parts of the Hospital or in any other place whatsoever they shall both forthwith be dismissed the Hospital...²⁴¹

Furthermore, the Council introduced a rule about pensioners and nurses not being allowed to marry one another, which was strictly enforced. When a superannuated nurse married a pensioner, she was discharged from her pension.²⁴²

It was only eight days later that nurse Sessions and Andrew Watts tested the resolve of the Council to enforce the rule which prohibited nurses and pensioners from having any ‘private associations.’ Nurse Williams discovered nurse Sessions and Watts in another pensioner’s bed, who was away in London at the time. Sessions was “seen hugging the said Watts, saying he was the most charming Man in the House, and he calling her his Deare.”²⁴³ Upon further inspection it was revealed that Watts had enticed nurse Sessions to drink brandy with him and both claimed that they were “affected in the head by the liquor” but denied being together in the pensioner’s room. After hearing more witnesses and considering the matter, the nurse was found guilty of being drunk and of being in the room of the pensioner at an unreasonable time of the night. Sessions was not, however, found guilty of “undecent behavior” and was not dismissed from the hospital. She was ordered to sit in the stocks for two hours for two consecutive days from eleven in the morning until one in the afternoon. The pensioner was also spared expulsion from the hospital and was only punished for having alcohol and enticing the nurses to drink with him.²⁴⁴ However, the penalty was still harsh; Watts was degraded from being an officer, which was a major loss for a pensioner as it meant the loss of status. He was ordered to stand one day exposed at an elevated place in the dining hall as well to lose that day’s meals. The case of Watts and Sessions shows that the Council dealt with infractions on a case-by-case basis and was

²⁴¹ TNA, ADM 67/119, June 23, 1707, 59C.

²⁴² TNA, ADM 67/120, 8 November 1710, 31.

²⁴³ TNA, ADM 67/119, June 23, 1707, 59C.

²⁴⁴ TNA, ADM 67/119, June 23, 1707, 59C.

sometimes lenient in their punishments. Expulsion from the hospital was reserved for repeat offenders of exceptionally egregious infractions. The aim was to be firm and fair to the nurses and pensioners.

Another common complaint that was brought against nurses was of quarrelling, swearing, cursing or “giving abusive language.” This was a common charge brought by the Matron in instances when the other nurses did not follow her orders and in cases when nurses argued. Insubordination could not be tolerated as it would break down authority and order, to the detriment of the pensioner’s well being. For example, on June 13, 1707 the Matron, Mrs. Hall, made a complaint against nurse Sessions in the Infirmary “for abusing her & Cursing & Damning” and swearing that “God’s zounds and Pox take her and that she was a better women than the Matron.”²⁴⁵ In other instances, nurses brought complaints against one another. On June 2, 1711 Nurse Chapman complained to the Council that nurse Garfoot “notoriously abus’d her calling her a harridan bitch & such.”²⁴⁶ After closer examination the Council found both of the nurses guilty of abusive language and both nurses were ordered to sit in stocks for two hours. Fighting was also disruptive to the daily functioning of the hospital and stirred up the residents. In another interesting case, a complaint was made against Nurse Ripps “for abusing and exploiting Mr Blackbourn Deputy Chaplain in a very saucy manner, in presence of the Pensioners; for refusing to give her money as charity; to relieve an undeserving person.”²⁴⁷ The Council found this allegation “just and true” and the nurse was put in stocks for two hours. Nurse Ripps had broken one of the original orders of the hospital that stated that “punishment [is] to be inflicted for...being rude or of ill behavior to strangers as shall come into the hospital” when she

²⁴⁵ TNA, ADM 67/119, June 23, 1707, 59C.

²⁴⁶ Mariam Webster dictionary defines “harridan” as shrew.

²⁴⁷ TNA, ADM 67/120, 15 August 1712, 107.

spoke to the chaplain in a “saucy manner.”²⁴⁸ The language in which this case was presented suggests that what the nurse did embarrassed the chaplain, thereby undermining his authority in front of the pensioners.

The punishments that the nurses received in the first years of the hospital’s operation were consistent in their severity. However, the nurses’ punishments differed in nature from the pensioners and were usually less severe. It was common for the pensioners to receive a harsher punishment than a nurse for the same offence such as drunkenness and staying out late. For example, a nurse convicted of an infraction was usually placed in the stocks for a period of time and could lose a day’s meals. By contrast, a pensioner could lose a day’s meals, allowance money, and be forbidden to leave the hospital for weeks at a time. In the case of nurse Tenton and pensioner Abraham Spencer, seen kissing in the closet, their punishments for “undecent behavior” differed in severity. The nurse’s punishment was to sit with both feet in the stocks for two hours, from noon to two o’clock in the afternoon. The pensioner’s punishment was considerably harsher. He was ordered to lose two days’ meals, two weeks’ allowance money, to live on bread and water for seven days, to stand on elevated place in the dining hall as well as to not leave the hospital for one month.²⁴⁹ This disparity can be explained by the fact that the nurses were women and civilians who were brought under the hospital discipline while the pensioners were under both naval and hospital discipline.

The most common punishment that the nurses received was being “exposed” in the stocks. The stocks were two large hinged boards that closed together and had holes cut out for the legs. They were often placed outside, often in a courtyard or a town square, because the intended goal of this type punishment was humiliation. The person placed in the stocks was

²⁴⁸ TNA, ADM 67/3, 11 August 1704, 45.

²⁴⁹ TNA, ADM 67/119, June 23, 1707, 59C.

unable to move so they were subject to the ridicule and any other whims of the passerby as well as any elements such as heat, rain or freezing temperatures.²⁵⁰ The length of time that they had to spend being bound depended on the severity of their infraction and the frequency of the nurse's offences. Punishments could last between one to three hours for one to three consecutive days. Other punishments also relied on public humiliation as a deterrent for future infractions. When nurse Ripps was found to be disposing of the contents of a chamber pot in the ward, she was "ordered to loose this days meals & be exposed during the dining time of the Pentioners & Nurses on the Elevated place in the Hall with a chamber pot around her neck for 14 days & be confined to the House the same time..."²⁵¹ Nurses could also be punished through losing their meals, receiving only bread and water as food for the day. For example, if any nurse "persue[d] to be absent without leave" from her ward and did not adhere to the times when she was supposed to lock and unlock the ward, she was subject to the "penalty of looseing one days dyet, for the first offence, double for the second, and to be expelled for the third."²⁵² The nurses were also punished by losing their wages, which was often reserved for instances when they were accused of neglecting their duty. For example, if lice were discovered on the pensioners' clothes or linens, the "Nurses of that Ward to whom such person belongs, shall lose one week wages for her carelessness on not examining the foule linen."²⁵³ The next time lice were found, the nurse would lose two week's wages. This punishment suggests that the governors took seriously the idea of cleanliness, especially since clean clothes were believed to be crucial to clean bodies and good health overall.

²⁵⁰ Drew D. Grey, *Crime, Policing and Punishment in England, 1660-1914* (London: Bloomsbury Publishing Plc, 2016), 277.

²⁵¹ TNA, ADM 67/120, 12 December 1711, 74.

²⁵² TNA, ADM 67/119, 31 July 1705, 2.

²⁵³ TNA, ADM 67/119, 18 July 1707, 68.

Certain infractions meant that nurses lost up to a month's worth of wages. Not surprisingly, alcohol and drunkenness were a persistent problem that the Council dealt with for years. On January 31, 1710, the four nurses from the infirmary were brought before the Council on reports that despite "very many repeated Orders, & they having been Warn'd" the nurses continued to bring "great Quantities of strong Drink" into the infirmary. It was then ordered "that the four Nurses of the Infermery sitt from the hours of twelve to one with their feet in the stocks & be mulet'd each a Month pay & if they shall be ever found offending in this nature again to be suspended from their employment."²⁵⁴ Evidently, the governors threatened the loss of pay in the most serious circumstances, where the nurses' negligence of their duties could result in damage as well as harm to their patients. Since many of the nurses were widows with children and were the sole providers for their families, they could ill afford such punishment.

For many nurses, the reality was that their job at the hospital was keeping them and their families from utter poverty. The life of a seaman's wife was difficult with her husband's long absences, perpetual financial difficulties and the risk involved with a seafarer's career such as injury, sickness, captivity and death.²⁵⁵ The death of a husband often spelled financial disaster for the woman and her family. Seamen's families were often on the move because they followed where the opportunities were at the time, which meant that sailor's wives often did not have support networks around them.²⁵⁶ While some had the opportunity to turn to family and friends for help, the majority of sailors' widows were left to rely on parish relief or were reduced to begging.²⁵⁷ Thus, the widows working at Greenwich hospital probably felt fortunate to have a job that provided for them and their families, as it was crucial to support their children. Also,

²⁵⁴ TNA, ADM 67/120, 31 January 1710, 35.

²⁵⁵ Cheryl A. Fury, "Seamen's Wives and Widows" in *The Social History of English Seamen 1485-1649*, ed. Cheryl A. Fury (Woodbridge, The Boydell Press, 2012), 254-257.

²⁵⁶ *Ibid*, 257-259.

²⁵⁷ *Ibid*, 260-269.

they perhaps felt that given their husbands' death in service to the King, the Royal Navy owed them financial support.

The difficult realities of some of the nurses' lives are depicted by nurse Woods' situation. Theodore Dean, a pensioner, discovered the son of nurse Woods emptying a chamber pot in the sink outside the ward, which he had complained was often found to be full of dirt, urine and feces. Furthermore, it was discovered that the boy was twelve years of age and the nurse had been hiding him in the hospital without anyone's knowledge. The Council ordered the boy be "immediately provided term & other lodgings...& not suffer him anymore to be in the house."²⁵⁸ After this incident, other nurses' children were ordered not to live or stay in the hospital any longer. In this regulation were listed nurse Garfoot's daughter, nurse Tucker's "biggest boys and daughter," nurse Lemmon's daughter as well as nurse Hatcher's daughter.²⁵⁹ This instance provides an insight into the way that some of the women viewed the hospital in its early history. Having their children inside the hospital and having them help with their responsibilities shows that some women wanted to make the hospital their own household, a place where they could still watch over their children and have them live with them despite previous orders that stated that no family members were permitted to stay. This desire obviously created a problem for the administrators as their goal of good order conflicted with the nurses' wish as mothers to care for their children and their desire to save money by not having their own accommodations. However, the Councilors felt some compassion for their employees as in this case as they provided other lodging for the nurses' children, rather than simply expelling them from the hospital.²⁶⁰

²⁵⁸ TNA, ADM 67/120, 4 July 1710, 15.

²⁵⁹ TNA, ADM 67/120, 4 July 1710, 15.

²⁶⁰ TNA, ADM 67/120, 4 July 1710, 15.

It is also important to consider the women's lived experience in this transition from being widows alone to living as nurses under hospital discipline. While it is difficult to gauge their perceptions and understanding of the hospital and its regulations, it is probable that becoming hospital employees drastically changed their lives. The difficulty in transitioning from a regular civilian life, possibly managing their own household, to a quasi-naval environment, one where many aspects of their lives were dictated and monitored, might have been profound. From the clothing that they were to wear, the time and place of their meals, their coming in and out of the hospital, to their personal behavior and relationships, the women were subject to a new kind of household discipline, hospital discipline. It probably took time for the women to get accustomed to and to learn of the expectations that were set out for them in the hospital.

However, this is not to say that once the women were accustomed to the rules of the hospital household that they necessarily always obeyed them. Indeed, a closer look at the inner life of the hospital reveals that the nurses often resisted the regulations and punishments. The nurses' resistance can be inferred by the necessity for various orders to be repeated, especially those about drinking, staying out late, personal relationships with pensioners, and having their children in the hospital. Some nurses were also able to negotiate the conditions of their work through begging for forgiveness or making promises to not repeat offences. For example, Elizabeth Edwards, who was hired on December 22, 1705 as the ninth nurse of Greenwich hospital, appeared before the Council seven times between when she was hired and October 21, 1707. She had a number of charges that were brought against her such as cursing, drinking and disobeying the Matron. On a number of these occasions, the Council ordered that the next time Edwards was found guilty of breaking the hospital rules she would be dismissed.²⁶¹ However, with each offence, nurse Edwards was able to negotiate with the Council for a more lenient

²⁶¹ TNA, ADM 67/119, 2 December 1706, 30.

punishment. There are also instances in the record when her punishment was crossed out and a less severe one written down instead.²⁶² For example, on October 21, 1707 Edwards again was accused of being drunk and when called in to answer the complaint, she admitted her guilt and “upon her humble submission and promising never to be Guilty of the Like Misdemeanors...the Councill have thought fit to continue her in her Employ.”²⁶³

A probable explanation for Edwards not being dismissed despite her many infractions was that she was excellent at her work as a nurse. Along with her plea the Council took into consideration that she was “known to be very careful in her business” and thus thought that her value as a good nurse outweighed her being an “old offender.”²⁶⁴ Nurse Tucker was also able to avoid punishment when the Matron brought a written charge against her before the Council for “not doing her Worke, refusing to obey her Commands & using very indecent expressions towards her.” While the charges against nurse Tucker for neglecting her work and disobeying the Matron could not be proven, the Council found the charges of using “very ill & disrespectful language” to be true. The Council debated suspending the nurse but “having pity on her great charge of children,” and after begging the Matron for forgiveness in front of the Council, Tucker was pardoned. Before the Council pardoned the nurse, the Matron, who obviously also regarded the nurse highly, also requested that the nurse was not punished. While instances of nurses being pardoned are rare, it shows that nurses could escape punishments by appearing apologetic for their infractions and appeal to the Council’s sympathy by putting forward their difficult situations. Edwards’ case also shows that the Council wanted to keep good care workers, and that good work was occasionally valued more highly than strict compliance with the rules.

²⁶² TNA, ADM 67/119, 2 May 1707, 52.

²⁶³ TNA, ADM 67/119, 21 October 1707, 84.

²⁶⁴ TNA, ADM 67/119, 21 October 1707, 84.

In other instances when the nurses had complaints brought against them, they were able to explain their misconduct and successfully avoid punishment by pleading ignorance. For example, on August 1, 1707 Mrs. Hall, the Matron, and nurse Halcey refused to be witnesses to the complaint against nurse Sessions and pensioner Watts who were caught having sex in pensioner Lightfoot's cabin. Both the nurse and the Matron were to sit in the stocks for two hours as their punishment. However, at the end of the Council meeting, after other matters were dealt with, the Council saw it fit to remit the women's punishments as it appeared that their faults were "attended with more of Ignorance and Modesty than otherwise."²⁶⁵ In another case, nurse Woods was brought before the Council for preparing food in the ward, such as boiling or roasting fish, onions and such. Not only was this action prohibited by the original orders of the house, but it also "incouraged the men to the same practice" which was dangerous. Nurse Woods admitted to having prepared food in the ward but the Council ruled that this "being her first fault & purely due to reason of ignorance" she was not to be punished.²⁶⁶

The Council minutes also have examples of nurses seeking to improve their lives while working inside the hospital. We even get rare glimpses into these women's feelings about their life at the hospital. Nurses applied to the Council for various needs that they had, such as coal and candles for their apartments, new mops and other necessities for their work. They also petitioned to have new clothing more often on the account of it wearing out because of their work. The Council sometimes heeded these petitions, although at times it came at a price. For example, the nurses were assigned the mending of the pensioners' clothing, which was a big job, in exchange for new clothing every eighteen months rather than every two years.²⁶⁷ Another example is an instance when there was a complaint against nurse Edwards and nurse Sessions for

²⁶⁵ TNA, ADM 67/119, 1 August 1707, 72.

²⁶⁶ TNA, ADM 67/119, 20 December 1708, 131A.

²⁶⁷ TNA, ADM 67/4, 4 November 1708, 18.

“complaining in a mutinous manner” about the provisions of the hospital. The women were overheard speaking in the hall that they were half starved and could not do their work on the provisions that they received. When the women were sent for, they admitted to the Council that they had this conversation and added that their allowance of food was very small. It is not clear whether the Council made changes to the amount of food that the women received but evidently it did provoke the Council to order that whoever finds their allowance “wanting in goodness or quantity,” that they need to speak to the Governor or officer of the house.²⁶⁸ The reason for this new order could be that the governors were concerned that the nurses were not getting proper provisions. It is more likely, however, that they were concerned that if the nurses complained about their provisions to one another, it could provoke a mutiny. In another case, nurse Lester was brought before the Council for abusing the Matron and calling her names. When the nurse was given a chance to speak, she admitted to her offence and said that she was “abused by every person [in the House] and that neither the Governor nor the Council ever did her Justice.”²⁶⁹

While we have to keep in mind that these are words of a person who is standing before the Council awaiting punishment, and thus could be exaggerated, we can also infer from them that living in a place under hospital discipline could be lonely and isolating. It created an atmosphere of hostility and the informant system gave an opportunity for the residents to use the hospital’s discipline for their own purposes such as to harm people they did not like.

Such instances can be uncovered from the sources with a little inference. On June 23, 1707 there was a complaint against nurse Dawson for locking herself in the closet with William Jackson, a pensioner. When the nurse came before the Council and was examined, she admitted to being locked in a closet with the pensioner on a number of occasions but only to write a letter

²⁶⁸ TNA, ADM 67/119, April 24, 1708, 108.

²⁶⁹ TNA, ADM 67/119, 6 March 1707, 45.

to her daughter. The pensioner was likewise questioned and also stated that they were in the closet, once or twice, to write letters. Nurse Dawson also faced a second charge for bringing meat into the ward, to which she also admitted. For these two breeches, she was punished by losing the day's meals and her daughter was not permitted to come into the hospital. As the punishment for nurse Dawson was being read before the Council, on the account of "Her Daughter not being permitted to come within the Bounds of the Hospital, She gave the Governor very Provoking Language and Told him she would goe to the Admiralty for an Order for her Daughter and Told Mr Smith that his Complaint was for Spight and Mallice and the like."²⁷⁰ While it might seem like nurse Dawson's daughter was forbidden to come into the hospital as part of the nurse's punishment, it was actually a reiteration of the order that forbade women other than the nurses to come and stay in the hospital.²⁷¹ A young woman, such as nurse Dawson's daughter, who stayed at the hospital for extended periods of time, posed a problem in a hospital of confined men. Thus, it is reasonable to surmise that in the midst of being questioned about being in the closet with William Jackson, and admitting to writing letters to her daughter, it came out that the nurse's daughter was on occasion staying in the hospital. In addition, the nurse's comments about Mr. Smith bringing the complaint to the Council out of "Spight and Mallice" possibly speaks to a previous relationship or encounter between the said Mr. Smith and nurse Dawson. Perhaps nurse Dawson brought a similar complaint against Mr. Smith in the past and she saw this as retribution. It is also possible that this was a case of a "lover scorned" as the wording of nurse Dawson suggests that Mr. Smith wanted to be in the closet with her. Upon finding a different pensioner in with the nurse, Smith became jealous and tried to have them punished.

²⁷⁰ TNA, ADM 67/119, June 23, 1707, 59C.

²⁷¹ TNA, ADM 67/119, 22 October 1705, 8.

Thus, the Council minutes allow at least partial insights into the intersections of the residents' complex relationships and allow us to better understand their lived experience. The infractions and complaints that were brought against the nurses not only show us the difference between the ideal that was expected of them and their actions but also give us a rare glimpse into a life of a woman working in a naval hospital in the early eighteenth century.

The number of infractions that were brought against nurses diminished dramatically after the first three years of the hospital's operation. Between 1705-1708 there were 46 complaints made against nurses that included bringing alcohol into the hospital, cursing and quarrelling with other nurses and pensioners, neglecting their duties and having private association with the pensioners. In contrast, there were only twenty-one complaints against nurses in the period between 1709-1713 with a drop in the numbers beginning in 1709. These later complaints are similar in nature as to the ones in the first years of the hospital operation. The only marked difference is that there were more complaints later about the quality of nurses' work. The instances of alcohol being brought into the hospital and of nurses being drunk were similar in numbers in both periods. The sources do not indicate the causes for this change so we can only surmise about the reasons behind it. It is possible that the officials of Greenwich hospital changed their approach to discipline and simply slackened the enforcement of rules. This is a less likely explanation, however, with the rhetoric and importance of order in naval health provision increasing in the eighteenth century.²⁷² From a close reading of the minutes of the Council's proceedings, it is also possible to infer that the explanation for this change was a combination of a number of factors. It is possible that after living in the hospital for a period of time, the nurses became better accustomed to working in a place where their lives were under such close

²⁷² Erica Charters, *Disease, War and the Imperial State: A Welfare of the British Armed Forces during the Seven Years' War* (London: The University of Chicago Press, 2014), Introduction.

supervision. Eventually the rules became normal. Also, the punishments that nurses received were probably a real deterrent from infractions, as losing any of their wage or provisions would have been a serious problem for many of the nurses. In addition, it is also likely that at least some of the nurses and the pensioners learned ways of living within the hospital system and continuing with activities that broke the hospital rules without being caught. The Council's offer of monetary rewards for bringing accusations against those breaking the rules supports this inference as this meant that more incentive was necessary for informants to come forward.

An examination of the minutes from Greenwich hospital Council meetings gives opportunity of close insights into the lives of women who are otherwise absent from the pages of nursing history. By uncovering the complex and often contradictory role of the nurses in Greenwich, we can better understand how a new kind of custodial institution had multiple implications for their work. The nurses' experience as subordinate but crucially important employees, subject to oversight of officials and medical professionals, complicates contemporaries' representations of the hospital as primarily a site for showing the state's benevolent concern for ex-servicemen. It also adds a female-centered perspective to arguments that the creation of the Greenwich hospital was a significant landmark of the progress and revolutionary change in care work in England. What we see from the Council minutes is an institution that was a product of anxieties about how best to provide good care for disabled servicemen, and in what manner. The hospital's purpose of helping ex-servicemen who had fallen into poverty by virtue of their disabilities could only be realized by the labour of women who both challenged and carried out the Council's vision of orderly care work.

Conclusion: “The Kind Gentlewomen”

“Not the least of all my respects kind Gentlewomen to you who freely bestow your pains, brains and cost, to your poor wounded and diseased neighbours. [You] must not be forgotten,” wrote Thomas Culpeper, a famed seventeenth century apothecary and herbalist.²⁷³ This is a surprising commendation as Culpeper wrote at a time when nurses and their work were not highly esteemed by their contemporaries and would not have been deemed worthy of remembrance. But Culpeper had worked closely with nurses and thought that they should be remembered, thus showing his regard for them and that he valued their work. However, most subsequent medical officials and historians did not share his view. Historians have mostly ignored early modern English nurses and their work, or else caricatured them with broad, damning brush-strokes as drunken, callous and incompetent. My thesis aims in part to take up Culpeper’s call to remember early modern nurses. Many women earned their livelihood by working for the English state by providing care for sick, injured and disabled seamen. Their work and positions in Greenwich naval hospital are part of the history of the nursing profession and the way that it changed during the early modern period.

The experience of nurses working at the Royal Greenwich Hospital represent the culmination of the set of processes that care work and female caregivers underwent in the early eighteenth century. These in turn created a role for the nurses inside the hospital that was often contradictory. Nurses were valuable staff who were relied upon to keep order and keep pensioners healthy by closely adhering to central tenets of preventative medicine such as

²⁷³ N. Culpeper, *A Physical Directory* (London, 1649) iv-v. Quoted in Eric Gruber von Arni, “Who Cared? Military Nursing during the English Civil Wars and Interregnum, 1642-60,” in *British Military and Naval Medicine, 1600-1830*, Geoffrey L. Hudson ed. (New York: Rodopi 2007), 122. Culpeper also dedicates his work to the nurses, writing “I humbly solute you with many thanks and present these, the beginnings of my labour at your feet.”

cleanliness. They were also seen to be a potential source of disorder. Orders and regulations that were created for the nurses were intended to ensure that not only their work but also their conduct adhered to a vision of good order.

Nurses and the care work that they provided became caught up in the English state's desire to reform the way that sick, hurt and disabled servicemen were cared for. Historians have interpreted these reforms in two ways. Some have seen these changes as reflecting the central government's desire to care for servicemen in a more effective and efficient manner than when care was provided for seamen in the community. These changes included more oversight, centralization of care into hospitals and more involvement of medical professionals. In this stream of thought, the institutionalization of care and the creation of hospitals such as Greenwich is a sign of progress and betterment.²⁷⁴ Others, such as Geoffrey Hudson, argued that the reforms that resulted in large purpose-built hospitals were part of a wider trend to increase the state exercised surveillance over the bodies of servicemen and discipline their conduct.²⁷⁵ My thesis argues that Greenwich hospital and its governance were the culmination of contemporary anxieties about the role of disabled seamen of the Royal Navy in the community and that the state care for them in an orderly manner. The hospital administrators employed the early modern model of the household to produce good governance of the hospital. To them, this would have been a natural way to order, as the household was the bedrock of social and political order.

This thesis joins the work of historians who are reassessing early modern care work and nursing. It helps to complicate current history of nursing that places the beginning of the

²⁷⁴ Hudson, 249. For these interpretations of the Greenwich hospital see J.L.S. Coulter and C. Lloyd, *Medicine and the Navy 1200-1900, Vol.3, 1714-1815* (Edinburgh: Livingstone, 1961), 206, and P. Newell, *Greenwich Hospital: A Royal Foundation, 1692-1983* (London: The Trustees of Greenwich Hospital, 1984) as well as J. Ehrman, *The Navy in the War of William III* (Cambridge: Cambridge University Press, 1952), 444.

²⁷⁵ Geoffrey L. Hudson, 'Internal Influences in the Making of the English Military Hospital,' in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey L. Hudson (New York: Rodopi 2007).

profession in the late nineteenth century. In many of these histories, care work in the period prior to Nightingale and her reforms in the nineteenth century either did not exist or else was poorly done. Although it is difficult to gauge from the hospital records the effectiveness of the hospital regulations in creating orderly, clean, and caring nurses or to have an accurate “quality assessment”²⁷⁶ of their work, it is certainly possible to see that nurses worked and were valued for the care that they provided. This is evident in the substantial increase in the nurses’ salary, exceptions made for nurses who broke the rules, and the importance of their work to the cleanliness of the hospital and subsequently to the health of the pensioners. Furthermore, it is possible to conclude that officials tried to bring nurses and their work under order and regulation not simply to control them but to ensure a high standard of care.

This thesis also contributes to the history of social welfare. In the eighteenth century the British government was deeply involved in the provision of care for the many servicemen that were sick, injured or disabled in its service. Contemporary notions that it was the state’s responsibility to care well for the servicemen created an impetus for reforms in the way care was carried out in other sectors.²⁷⁷ In turn, these reforms changed the relationship between the state and the people that it employed. Centralization of care into hospitals limited the partnership of the state with the women who provided care for servicemen in communities, limiting their involvement to employees of hospitals run by male officials. The hospital, which in the mid

²⁷⁶ Eric Gruber von Arni, “Who Cared? Military Nursing during the English Civil Wars and Interregnum, 1642-60,” *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey L. Hudson (New York: Rodopi, 2007).

²⁷⁷ Erica Charters, *Disease, War and the Imperial State: A Welfare of the British Armed Forces during the Seven Years’ War* (London: The University of Chicago Press, 2014), Introduction, and Geoffrey L. Hudson, “Disabled Veterans and the State in Early Modern England,” in *Disabled Veterans in History* ed. David A. Gerber (Ann Arbor, The University of Michigan Press, 2012).

seventeenth century increasingly became the site where care work was performed, redefined the way that the state procured care.²⁷⁸

The nurses of Greenwich are only a small part of the history of nursing in the early modern period. They remind us that hospital records can be rich with information and evidence that uncovers the role of nurses from pages of history. By continuing to study the way that nursing in Greenwich evolved throughout its years of operations as a convalescent home after 1714, historians will gain further insight into the way that the roles of nurses were shaped by contemporary concerns and anxieties. It would also be interesting to see how the regulations and orders of Greenwich affected nursing in other naval hospitals such as Haslar and Plymouth, since Greenwich served as a model for them in numerous ways. Nursing work would look different in these institutions because they were clinical hospitals and therefore approached care work and conduct of nurses and patients differently. These hospitals were also created in a time of intense concern for order within the sphere of care giving and medical care of seamen.²⁷⁹ A comparative study between the two kinds of institutions would also reveal differences in caring for disabled ex-servicemen and those that are sick and hurt. Furthermore, another comparative study that could prove fruitful is between nursing in civilian and naval hospitals.

This study also makes it evident that there is scope for research that compares and contrasts the monastic and religious forms of nursing at hospitals in pre-Reformation and Catholic Europe with nursing at great hospitals in England during the eighteenth century. This study would shed light on the extent to which hospital governors looked to institutions of monastic origin, such as the L'Hôtel des Invalides, for inspiration for the governing of nurses.

This comparative study would allow us to better understand the extent to which monastic

²⁷⁸ Matthew Neufeld and Blaine Wickham, "The State, the People and the Care of the Sick and Injured Sailors in Late Stuart England," *Social History of Medicine* 28, No. 1 (February, 2015): 45-63.

²⁷⁹ Charters, *Disease, War and the Imperial State*, Introduction.

institutional form persisted into post-Reformation institutions that cared for the sick, hurt and disabled. This line of inquiry would enrich our understanding of the changes and continuities of history of nursing over a long temporal period in early modern England, which has been an area of medical history that has been long ignored by historians.

The history of early modern nursing is a story of complex intersections of gender, class, and identity with larger social, cultural, and medical dimensions. Although eighteenth century nursing could seem like a distant and irrelevant past, similar misperceptions of nurses still reverberate in hospitals and our society today. In a conversation with a disgruntled patient, doctor, or fellow nurse it is not uncommon to hear Gamp-like characterizations of nurses. Lazy, dishonest, calloused, under-skilled, immoral, ignorant and gossips are stereotypes that have been placed on nurses for centuries and still continue today. Only with a more complex historical understanding of nursing and gender roles within hospitals will nurses contend with unfair stereotypical framing of their profession. Nurses' struggle to be fairly compensated for their work and their time continues, while they also strive to have greater control over the administration of their role within the health care system. A more in-depth and complex historical conceptualization of the origins of hospital nursing will enrich the current historiography and provide a deeper understanding of nursing's history that could be used to influence the profession's future.

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