

INTRODUCTION

The history of nursing in Northampton dates back to the first infirmary established in 1743 and continues at the present hospital, which opened in 1793. This local account shows how nurses evolved from house-keeper and servants to the qualified professionals today.

As a retired nurse I have taken the liberty with some of the history to reflect, or give my own interpretation of events. From the 1960s I am able to give a first hand impression of changes and how it affected our nursing practices.

There are gaps in certain parts of this history and this is because no records were available. In the late 1800s this is noticeable and the reason is because 10 years of committee minutes are missing, the reason unknown.

The written language goes from old to modern to keep true to the records found. Italics are used for precise quotes or extracts taken from original records. If names are now known they have been added into the text enclosed in square brackets.

At the end of this history there is a reference list for additional reading and articles of interest.

Sue Longworth

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THE BEGINNING

A town house was rented in George Row, Northampton and opened in March 1744 as the first infirmary, with 30 beds. The first matron was Mrs Esther White and she was essentially a house-keeper. Esther earned £10 per annum and that included board, lodging and a tea allowance. The applicant for a matron position had to be over 30 years of age and either single or widowed, so it is assumed that Esther was a widow.

In the minutes it is recorded:

“Matron – a discreet woman who has charge of the house and furniture, keeps account of everything brought to and expended in the house, subjects the same to the examination of the daily visitors and weekly committee, has the inspection and direction of nurses and servants, and sees the diet and medicine administered according to order.”

The role of matron was extremely hard, with long hours for small reward. Mrs White died in post in 1751. In 2018 a new ward at Northampton General Hospital (NGH) was named after her. The only qualification the nurses needed was to be hard working, have a caring disposition and be over 30 years of age. They would earn £5 per annum, with a gratuity of £1 per annum if they behaved properly.

1772 – Rules for conduct of nurses.

- 1) Nurses clean their ward before 8am, 1st March to 1st October and before 9am 1st October to 1st March.*
- 2) Nurses and other servants obey Matron and Apothecary and behave themselves with tenderness to the patients.*
- 3) Nurses charged to inform House Visitors, Matron, Apothecary, if any rules respecting In-patients are broken.*
- 4) Any nurse or servant removed for misbehaviour or neglect will lose annual gratuity and never again be taken into service at the hospital.*

The new infirmary was established in 1793 with 106 beds. The nursing staff included matron, four nurses and three maid-servants. Each nurse would care for 25 patients each on both the day and night shifts.

In 1850 there were only around 8,000 patients in all the hospitals in England, but by 1880 this had risen to 20,000 and the majority of 'sick poor' were still being treated in work-houses. The more wealthy classes employed nurses to care for them in their own homes. In the second half of the 19th century there was a rapid growth in nursing in conjunction with the greater number of municipal and cottage hospitals that opened to contend with the growing population.

In 1860 the Nightingale School for Nurses was established by Florence Nightingale in London. The 'lady pupils' would go on to become matrons in hospitals around the country. Nursing had become a respectable profession and a vocation.

1811- *"Matron [Wood] is authorised to hire proper women for night nurses and in addition to their usual allowance of one shilling per night, they will be awarded a gratuity paid quarterly, according to their diligence."*

1830 – The Rules Committee added the following regulations:

1) *That the House Officer and Matron be on no account absent from the House at the same time."*

2) *The nurses from different wards to be selected by Matron and must be able to read. The final decision will be made by the Medical Officers."*

1863 – The hospital had difficulty appointing a head nurse for the accident wards on the present salary of £16 per annum and had no applications for the post. Eventually a trained nurse from St. Thomas's Hospital was appointed for the men's accident ward. Her salary was £20 per annum with board, lodging, laundry with a tea and sugar allowance.

On the 3rd of May 1866 it was recorded that the accommodation for the resident nurses was not satisfactory. Each head nurse and her assistant shared a bed not fit for two persons. These conditions probably contributed to the high level of sickness in the nursing staff. The infirmary in that year was staffed by 15 resident nurses.

The following suggestions were made to improve facilities:

- 1) Possible extra space could be found in the roof.
- 2) Converting an unused bathroom and store-room in the basement.
- 3) Conversion of a lumber room underneath the chapel.
- 4) Take over the chapel and hold services in the Board Room.

By August that year it had been decided to use the old chapel which would then provide space for six beds. This was still far from ideal as the beds would be occupied alternately by the day and night nurses. The nurses were then provided with wardrobes and drawers, previous to that they only had a bedside locker.

1895 – Dr Buzzard reported that Miss Neepe (Superintendent of Nurses) had mentioned the strong feelings of the nurses about annual leave, which was two weeks annually. The Hospital Board considered this adequate and to allow more would involve employing more staff.

1889 – Miss Winterton was appointed Superintendent of Nurses, to work with Matron Pell, who still held the senior position. Miss Winterton was from St. Thomas's Hospital and had trained as Nightingale Nurse. In that year she sent reports to Miss Nightingale on the present situation on the wards at NGH and there follows the content of one of those letters.

27th May 1889

“ The wards are nice, but we are terribly undernursed – each head nurse has charge of thirty patients, divided into four wards with only one assistant day nurse and a night nurse, and they have not only all the patients to tend, meals to serve etc., but all the floors to sweep and polish with beeswax every week, windows to clean and, in fact charwomen’s work to do. The nurses take alternately one week day duty and one week night duty, so that is perpetual change, and every other Sunday when they change from day to night they are on duty from 6.30am to 7pm., when they are supposed to go to bed until 9.30pm and then go on duty all night and not to bed til after the ordinary midday dinner at 1pm on Monday.

The present Matron has been here 23 years and until my appointment had sole charge of every department, but she still has charge of all bed linen, housekeeping, cleaning and repairs of the house etc., so I am handicapped all round. I proposed that the nurses should take alternately three months day and three months night duty, and that they should have an early dinner (10am) instead of waiting up as they now do for the midday meal – but I find the proposal is not kindly received, for it seems the nurses do all their washing and ironing.

Our spring cleaning has just begun, and the poor nurses have it all to do. There is not a single scrubber about the place, they have pictures to clean and hang, paint to scrub, beds to repair, pillows to refill; in fact, everything but the white-washing, and still more of Miss Pell’s nurses have been with her 22 years --- There are no meals prepared for the nurses, they have to get and clear away their own, and altogether it seems such an heathenish place that I do not feel I can settle or do any good here.”

It had become clear that Miss [Margaret] Winterton was not sure what impact she would have on the role. On the one hand she was defining this new nursing role without undermining Matron Pell’s authority and on the other getting nurses to accept new practices.

1893 – The Governors decided to train and send out private nurses, four in total. They were hired out for a guinea a week for ordinary cases and two guineas a week for infectious or surgical cases. The infirmary made a profit with this scheme and the numbers increased to eight nurses. It ceased in 1897 because all the accommodation was needed for nurses working at the hospital.

1897 – Miss Neepe, who was then the Superintendent of Nurses' was facing unrest amongst the nursing staff which was not directly a result of her management. She listed the main reasons as:

- 1) Insufficient holidays.
- 2) Day shifts of over 10 hours.
- 3) Inadequate wages.
- 4) The work was too hard.
- 5) Living accommodation were cubicles, in other hospitals the nurses had a room each.

In February 1904 both Matron Pell and Miss Neepe resign. In April Miss Densham was appointed matron and asked to recommend her own housekeeper. This was an important change because the matron could now focus on the management of nursing staff and hand over the housekeeping duties. It would appear at this point the post of Superintendent of Nurses was not continued. Maybe the added senior nursing role was no longer deemed necessary.

A new training syllabus was drawn up in December, 1904 and stipulated the following:

- 1) Three years training with 2 courses of lectures. The first year would focus on nursing, hygiene and anatomy and physiology. The second year would cover advanced nursing, medical and surgical diseases.
- 2) Examinations and certificates awarded in conjunction with the lectures.
- 3) At the end of training before the final certificate was awarded matron would give a report on general conduct and efficiency to the doctors for their final approval.
- 4) Hospital Byelaws for the doctors would be altered to include their lecture commitments to the nurse training.
- 5) Examinations would be taken under the direction of the medical staff.

That same year a Bill was presented to the Houses of Parliament introducing registration of nurses.

The Medical Board Committee finally agreed to the syllabus in February 1905 and also approved the form of certificate that would be awarded to the nurses on completion of their training.

New rules came in on nurse training and contracts in 1909. It stipulated that candidates would start training between the ages of 22 and 32 years. A contract would be signed to serve four years, the final year on the private nursing staff. When leaving the hospital the contract specified that they would not practice within a 12 mile radius of the hospital.

In 1912 St. John's Ambulance requested that their nursing sisters be employed at the hospital. They acknowledged that they were not trained nurses but would be willing to relieve the nurses of certain duties. They were keen to get more training as the War Office was relying on them for their first aid teams and needed to extend their skills.

At the outbreak of WW1 it was recorded that ten nurses had been called up for active service in the army and navy. The records of nursing activities are sparse. There were two reasons for this, activity levels were so high that there was no time to reflect and write reports. The other factor was that the annual reports were cut down dramatically due to paper rationing. It soon became apparent that the number of beds needed to be increased and two wooden pavilions were erected in the grounds, acquired from Creaton Sanatorium, located in the county. The next challenge was how to provide sufficient nursing staff and that was when Voluntary Aid Detachment (VAD) nurses proved invaluable filling the staffing gaps. VAD nurses were largely females from the middle and upper classes who wanted to contribute to the war effort. They had to provide their own uniforms and worked long hours for no pay. There was resentment at first from the trained nurses as they were addressed as 'nurse' by the patients, but of course had no formal training. But as the years went by they were accepted as an invaluable part of the workforce and by the end of the war there were over 70,000 VAD nurses working at home and abroad.

The wounded would arrive at Castle Station, Northampton and their injuries assessed. It was then determined whether they went to the General Hospital or one of the other 21 VAD hospitals in the county. After being transferred and treatment started often the first request from a soldier or sailor would be to inform his family he was back in England. This is where the Red Cross nurses stepped in to assist. Provided with pre-paid postcards they assisted every casualty to write home. Not only were the wounded from the United Kingdom, but also from Canada, America, New Zealand and Australia, who had been fighting as our allies.

During WW1 the hospital had two matrons, Miss Bryan resigned in 1916 and the reason was not recorded. Miss Elizabeth 'Lily' Atkinson then took over the formidable task of running the hospital during the remaining war years. Not only was she in charge of NGH but shared her expertise at the Duston War Hospital. This was the local asylum, Berrywood Hospital, which had been requisitioned for the wounded with 1,000 beds, the inmates of the asylum were transferred around the country during the war years. Her general nursing training would have been a great support for the nurses there, who were only qualified in Mental Nursing. By 1918 it had obviously taken its toll on her health. She died of cancer in October that year. For exceptional services in military nursing she was awarded the Royal Red Cross medal posthumously in 1920.

There were several complaints in 1915 to the House Committee about cleanliness and organisation of the ward maids. Discipline and supervision was also lacking and it was suggested that Matron Bryan tender her resignation, this she did the following year. It has to be remembered that this was into the second year of WW1 and the extra pressures on the hospital would have been considerable. In the November the hospital allowed nurses from Berrywood Hospital to attend a two week allocation to learn surgical nursing. As Berrywood was a designated 'war hospital' this training would have proved invaluable. The salaries of all the senior nursing staff at NGH was increased for the remaining years of the war.

In the archive a book entitled “How to become a Nurse” and published in 1916 lists details of Northampton General Hospital and gives an impression of staffing levels and training available. There follows edited facts from that book.

NORTHAMPTON GENERAL HOSPITAL

Beds: 182 and 53 extra beds for war patients

Staff: Matron, Assistant Matron, Home Sister, OPD Sister; 9 Sisters; Night Superintendent; Theatre Staff Nurse; 13 Head Nurses; 26 Probationers; 8 Private Nurses.

Training: Following interview on a 3 month trial and then if accepted, 3 year training and remain for a 4th year on the private staff.

Age: Between 21 and 30

Certificates required from 2 persons (one a lady) from a medical practitioner and a dental surgeon.

Training: Lectures given, sick cookery taught.

Six Probationers are prepared yearly for the examination of the Incorporated Society of Trained Masseuses.

Examinations taken after each course of lectures.

Medical books given as prizes.

Laundry and indoor uniform provided.

Separate bedrooms, but 12 probationers share bedrooms.

Following the war years nursing staff were still faced with extra demands with a mixture of civilian and military patients. This was because for several years the ‘war pensioners’ would require long term nursing and rehabilitation.

The Nurses Registration Act was passed in 1919 and established in 1920 by the General Nursing Council. This registration distinguished specialities such as mental, paediatric and general nursing qualifications.

On the 3rd of December 1921 a meeting of the Medical Staff Committee took place to plan nurse training in line with national guidelines. Those present were Dr Milligan, Dr Hichens, Mr Ogden, Mr Holman and Mr Percival. The following was recorded in the minutes.

- 1) *In answer to a letter received from the Registrar of the General Nursing Council for England and Wales, the Board resolved to ask to be placed on the list of approved institutions for the training of nurses and therefore were prepared to adopt the curriculum of training laid down in the syllabus issued by the General Nursing Council. At the same time it was resolved that the Board express to the council their emphatic opinion that the syllabus is of so technical and advanced in character as to make the application difficult, if not impracticable, in the case of the majority of Provincial Hospitals. It was further resolved to send the resolutions to the Hospital papers.*
- 2) *With regard to Lectures for Nurses it is recommended that a Sister Tutor be appointed for the giving of the whole of the first year's lectures and also for coaching the nurses for other examinations. The Medical Staff will be willing to give lectures to second and third year nurses on medicine, surgery and gynaecology at a charge of one guinea a lecture. Mr Holman, gynaecology, Dr Shaw, Medicine and Mr Percival, surgery.*

As you will read later in this history the views of the medical staff would not alter until well into the 1930s, stating that nurses would not be able to cope with the theoretical sections of the syllabus.

In the 1920s further progress was made in the nursing profession. In 1924 recognised nurse training is established in England and in 1925 the first State Registered Nurse (SRN) examinations took place. On 27th August, 1926 a state pension scheme was introduced for nurses.

Despite all the progress at national level on developing the nursing profession the medical staff at NGH still had reservations.

Notes from the minutes of the Medical Staff Committee.

“The Medical Board of Northampton General Hospital regards with apprehension the increasing standard of education demanded by the General Nursing Council. The smaller provincial hospitals already find it difficult to obtain probationers and with the return of business prosperity, many women suitable for the nursing profession, are likely to be deterred by the arduous nature of the examinations.

It is well to remember that the work of a nurse is essentially practical and many nurses who are excellent at the bedside are not endowed with the type of brain which excels at examinations.”

Dr Robson, 11th March 1936

The Barratt Maternity Home, in the grounds of NGH was approved as a midwifery training school in 1938. Miss Eleanor Hague was appointed the tutor by the Central Midwives Board. The six month course for Pupil Midwives was later extended to a two part training scheme. Part 1 took place at the Barratt and Part 2 at the Queen’s Institute of District Nursing on Barrack Road, Northampton.

On 10th September 1938 a ceremony was carried out to lay the foundation stones of the nurses’ home and was attended by dignitaries and over one thousand local residents. As far back as 1901 it was recognised that a separate nurses’ home was needed at the hospital. As bed numbers increased so did the number of nurses employed. Accommodation provided was often cubicles adjacent to the wards, which was not conducive for relaxation and study.

There had been a campaign in 1923 to reduce nurse's hours, which would consequently lead to employing more nurses and additional rooms required. The nurses wrote to the *Northampton Independent* on 20th October 1925, detailing their plight and lack of space. Meanwhile a campaign was started to raise £40,000 and involved 11 wards in the town, under the chairmanship of Mr Ernest Bordoli. A new scheme in 1935 offered "Bricks for Sale" priced at a penny each to build the home. The Nurses Home was opened on 20th October 1939 by HRH Duchess of Gloucester, 40 years after it was first recommended by Sir Henry Burdett. As well as the nurses' bedrooms and sitting room, the ground floor became the new premises for the School of Nursing.

Items taken from the Matron's Report found in the 1939 hospital annual report.

The number of nurses – 167

Three refugees accepted for training and one Hungarian nurse for a post-graduate course. Male nurse on staff last year recalled for military duty and 4 male nurses on duty on the male wards. Nine nurses took the course of Institutional House-keeping. Training continues under war conditions and state examinations are held on hospital premises.

The Pre-nursing course was inaugurated in September 1939. Candidates for nursing at the age of 16 years can either continue in their own schools or at the College of Technology in Northampton. There they would study subjects to enable them to take the first part of their Preliminary State Examination prior to entering the hospital. When they start training they will already have passed examinations on A&P and hygiene. If the scheme is successful it will improve the off-duty time, as the students will have fewer lectures to attend in the first year of training.

This scheme proved to be very successful as it attracted those who had left school at the age of 16 years and were not able to start nurse training until the age of 18 years old.

THE SECOND WORLD WAR 1939-1945

The reports during those years are brief, partly due to paper rationing. Pressures would also be on the nursing staff because numbers were down due to those who had been called up for military service. Manfield Orthopaedic Hospital admitted the wounded although the more serious injuries were sent to a hospital in Mansfield, Nottinghamshire.

In the hospital chapel there is a memorial stone listing the five names of NGH nurses who lost their lives in that conflict. Sister Annie Jobling was killed by enemy actions at sea on 27th July 1943 and was buried in her home town in Lancashire. Sister Dorothy Groom died on 20th April 1945 and was buried at the Naples War Cemetery.

Following the Second World War the National Hospital Service Reserve (NHSR) was established under the Civil Defence Act of 1948. Recruiting in Northamptonshire started in November, 1949. Nurses and auxiliaries were trained for future conflicts and national emergencies. Trained nurses and midwives would be recruited from the county hospitals and the auxiliaries would come from the British Red Cross and St. John's Ambulance. The reserve members would work in casualty transit centres, first aid posts and blood transfusion. Numbers recruiting were slow to start with and this may have been because training sessions were extra to contracted working hours. Study days and first aid drills would be carried out and the NGH recruits would often win the competitions for the drills carried out. The NHSR was disbanded in 1968 but the Civil Defence Corps still exists today with a nursing section.

INTRODUCTION OF THE NATIONAL HEALTH SERVICE

The major change in healthcare is well documented in the archive and various publications and websites. Services were overwhelmed with the extra demands for healthcare as it was now available at no cost to the patient. It was recorded at the time that nationally the new service was short of 48,000 nurses to be able to staff the hospitals adequately.

NURSING IN THE 1950s

The majority of the nursing section in the archive dates from the 1950s. It includes photographs, text books, NGH Nurses League magazines, examination papers and prize-giving certificates. This poses the question as to why that decade plays such a large part of that section. All those who have contributed their stories from that period have done so in a positive light. Despite long hours, predominance of domestic tasks and long term bedside nursing the overall impression is positive and has happy memories.

Was it because the first half of the 20th century was greatly affected by the two World Wars, where the main focus was survival and professional development was secondary. Another view point is that in the early 1950s the NHS was in its infancy and there was great optimism with both hospital staff and the general public as to this healthcare system open to all.

From the 1960s onwards the pressures were of a different nature. As demands on the NHS became greater with the need for extra beds, funding and staffing that could not be met. The nursing profession was in constant state of re-organisation which led to low morale and not being able to carry out the level of care taught in training.

The recommendations of the Salmon Report in 1966 made sweeping changes in the hierarchy of the nursing profession. The title of matron went and was replaced by Chief Nursing Officer. The other tiers created were Senior Nursing Officers, Nursing Officers and then the ward sisters and charge nurses, whose titles were retained. The aim was to raise the profile of the rest of the nursing profession in hospital management and ensure they received the relevant training. It appeared at that point to staff at the clinical level that these roles became purely administrative and lost touch with issues at ward and departmental level. In a bid to recruit sufficient numbers into nursing certain disciplinary structures disappeared. One of the first to go was the 'split shifts' to straight shifts. On the split shift the nurse would work from 7.30am to 10am, be off duty from 10am to 1pm and then go back on duty from 1pm to 8pm. Part-time staff started to be appointed and when ward sisters married they were allowed to keep their job title and salary.

European Economic Community (EEC) regulations on nursing qualifications were passed by Parliament in 1979. These were to ensure that general training would have a comparable syllabus to all nurses in the EEC countries. The EEC nurses had to have a command of the English language if coming to work in the United Kingdom. They were given a six month probationary period to have their language skills assessed. There was no mention of UK nurses having to prove their language skills in their chosen EEC country of employment. Maybe it was assumed that English was the universal language and would be understood where-ever they chose to work.

Clinical Grading was introduced by the Whitley Council and provided a structure for nurses' pay on the NHS. The grades were lettered A to I and were assessed on individual's skills, qualifications and area of responsibility. The management at NGH responsible for grading each nurse appeared not to have the insight of the clinical areas when they were making their judgements on each nurse. The writer's own experience was that in a suite of six theatres (each with their own sister or charge nurse) she was the only one with expertise in both trauma orthopaedics and general surgery. Despite her more extensive skill base the panel graded all six sisters the same. This happened throughout the hospital where large groups of nurses were given the same grades without taking into consideration individual skills and qualifications.

Eventually in 2004 the Department of Health in their "Agenda for Change" reviewed the grading structure, providing bands that did recognise each nurse on their merits.

State Enrolled Nurses (SEN) were phased out in the early 1990s. They had started out as Assistant Nurses in 1943 and took a 2 year training course, largely based on practical nursing skills. They proved an invaluable part of the nursing team carrying out nursing care and leaving the managerial side to the State Registered Nurses (SRN).

The SEN was now expected to take a conversion course to give them the SRN qualification. This involved another year of training focusing mainly on the theoretical side of nursing.

This was a traumatic change for many SEN's at NGH which to their credit the majority coped with and achieved their new status. Some did take early retirement, while many others went on to reach senior roles in the nursing structure.

Mrs Cindy O'Dell recalls her own experience of converting from SEN to SRN.

“In 1990 there was news on the grapevine that Enrolled Nurse training would cease and a conversion would happen. I had no formal study experiences since qualifying and no real understanding of what was required to convert. I attended a meeting hosted by very angry militant Enrolled Nurses who wanted ‘all-out war.’ A conversion course was mentioned hosted by the Sir Gordon Roberts School of Nursing, but evidence of recent study was required. I undertook a study book provided by the school which was simplistic and logical. This was now to be accepted as evidence of study. The conversion course at Sir Gordon Roberts was undertaken in partnership with Greenwich University and Macmillan Distance Learning.”

“Overnight my life became juggling study and undertaking a new role, with my sons at school and my husband embarking on an OU degree which meant we were a very busy family. The EN conversion course required evidence to be obtained against the 18 points of the Code of Practice, a seen exam paper and an in-depth of study of a two-year period. Additionally, we needed to obtain Obstetrics Health Visiting and community practice hours. Essentially the course required you to evidence your practice in theory. This was very stressful as I had a high level of clinical ability but no understanding of how. Group tutorials and one to one tutorials with a personal tutor were interesting and stressful. I had to learn a new language one of education, outcomes, cohorts and analysis. I learnt a considerable amount about the theory of nursing and about how we undertake things and why. As I amassed information my confidence grew, and my academic vulnerability reduced.”

“This was a stepping stone to a career in education. I was seconded to the University College Northampton where upon I achieved a BSc Hons Professional Practice. I obtained a Post Graduate Certificate for Teachers in Higher Education, Fellowship of the Higher Education Academy, and a Masters in Health Studies. I have presented nationally and internationally. I am currently the Adult Nursing Admissions Tutor.”

As this change took place it soon became apparent that this essential practical section of the nursing team had gone. It was at this point that nursing auxiliaries needed more training to fill that gap. This was when they became Health Care Assistants (HCA) and would take various levels of National Vocational Qualifications (NVQ)

It was in 1989 that the University College Northampton (UCN) had the first intake of Project 2000 (P2000) nurses. This radical change in nurse training entailed a 3 year course spent mainly in college, qualifying with a diploma or a degree and with the title of Registered General Nurse (RGN).

In the early years stories circulated about P2000 students and bewilderment at some aspects of their syllabus. One was visits to the General Post Office and J. Sainsbury to observe manufacturing and business methods. There were rumours of some students reaching year 3 of their training and had not had to deal with the death of a patient. There was unease about these graduates joining the workforce, would they regard themselves as mini doctors? That they would they consider themselves superior because they had a degree? That they would be too qualified to rub bottoms?

Over the years these fears were mostly unfounded but there is still a feeling that the more qualified a ‘university nurse’ becomes the more removed they are from the art of nursing care.

CONCLUSION

This brief history stops at the year 2000 but of course does not mean that the nursing profession did not develop further. Our own nursing history in Northampton has now entered into its 4th century since the first infirmary opened in George Row, with each century bringing different challenges. Those nurses in the first infirmary who were untrained only needed a job and a roof over their heads and often worked well past pensionable age.

The nurses in the 1800s started to get a more structured training but endured long hours and arduous domestic chores. The first half to the 20th century was heavily influenced by the two World Wars with the added work but did also gain more recognition as professionals. By the end of that century the profession had gone through a multitude of changes, culminating in Project 2000 with nurses attending university and obtaining diplomas and degrees.

There follows references for further reading and contact details of the Historical Archive at Northampton General Hospital where the nursing section holds the material covered in this history.

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