

# *'Working from Home': Lying-in Hospitals of Rockhampton, 1916–30*

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TOWARDS THE END OF THE NINETEENTH CENTURY IN AUSTRALIA, THERE was an increasing level of concern about the country's high maternal and infant mortality rates. This concern was not unique to Australia, however, as most Western societies began to focus political and social attention on this problem.<sup>1</sup> In Australia, the rising concern is apparent in the number of inquiries and legislative changes at this time, as well as in the mobilisation of charity groups establishing services for the education of mothers about caring for their own health and that of their families. From the early twentieth century, considerable advice was offered to mothers through maternal and child welfare agencies and various media, such as newspaper articles and pamphlets, regarding home hygiene and sanitation, nutrition, ventilation and domestic health in general.<sup>2</sup> As such, a range of hitherto private aspects of women's lives, such as childbirth, began to attract the attention of the public.

This paper focuses on the changes such attention brought to one avenue of midwifery services, that of lying-in hospitals. In particular, by exploring these effects in detail within a limited geographical area (in this case Rockhampton, Queensland), various issues are highlighted that may not be evident in broader contexts. These include paradoxes regarding the safety and prevalence of lying-in hospitals, and the role of government intervention in closing them down. It should be noted that although a distinction was made between nursing and midwifery during the early part of the twentieth century, those women who ran lying-in hospitals in Rockhampton considered themselves to be both midwives and nurses, and indeed identified themselves by the title of 'nurse'. Therefore, the terms 'midwife' and 'nurse' have been used interchangeably throughout this paper.

During the early twentieth century, pregnant women had a range of possible choices regarding their confinement. These included the employment of a live-in, private duty nurse, with or without an over-seeing personal physician, the employment of a private duty nurse on a visiting basis and attending a private or public hospital. In addition, many women relied on the services of family and neighbours to assist

them with their labour and postpartum period. Public hospitals were generally associated with the poor and destitute. Indeed, in her thesis on motherhood in Queensland, Wendy Selby postulates that prior to the introduction of government-funded maternity hospitals, most women would have used the private services of community-based midwives, either in a lying-in hospital or in their own homes.<sup>3</sup>

Private duty nurses worked for themselves and were employed directly by the patient, as opposed to those nurses who were employed by an institution or hospital. As such, they provide an alternative view of nursing to that found in popular images of hospital nursing, which rely on the matron's rounds and a rigid hierarchy. Historians Richard Trembath and Donna Hellier estimate that in Victoria between 1900 and 1914 there were fewer hospital nurses than private duty nurses. However, institutions tend to retain records that are more resilient to the effects of time than personal records. Hence, there are few historical accounts of private duty nurses.<sup>4</sup> This paper examines those individuals who ran lying-in hospitals in their own homes in Rockhampton between 1916 and 1930. Although the data relating to these women are limited, the Rockhampton City Council (RCC) records provide glimpses into the services provided by nurses who operated lying-in hospitals, and some insight as to their identity. These records also suggest factors that might have contributed to the decline of such private facilities.

In 1911, legislation was passed in Queensland requiring all privately run hospitals, including lying-in hospitals, to register annually with the local authorities, although registration was not enforced until 1916.<sup>5</sup> The process required reminder letters and letters of acceptance to be sent to hospital proprietors, and memoranda to be sent from the town clerk to the medical officer requesting that premises be inspected yearly. Correspondence regarding these hospitals was also required by the Department of Home Affairs. As a result, a paper trail was created, albeit a fragile and fragmented one, allowing historians to trace some of the activities of these facilities. Unfortunately, the correspondence for the RCC appears to have been lost after 1930, limiting this study to that date. However, from the surviving records it is possible to identify twenty-six nurses who ran lying-in hospitals in Rockhampton at varying times between 1916 and 1930 [see Table 1]. This research, therefore, confirms that private duty nursing constituted a significant component of nursing services during the early decades of the twentieth century.

Table 1: *Lying-in Hospitals in Rockhampton, 1916–30*

Nurse	'16	'17	'18	'19	'20	'21	'22	'23	'24	'25	'26	'27	'28	'29	'30
Aitken															
Berrills															
Gaffney															
Forsdick															
Muller															
Pollard															
Preece															
Smith, E.															
Wye															
Jones															
Lawson															
Miller															
Willis															
Curran															
Clarke															
Holland															
Smith, B.															
Eckel															
Hoare															
Bruce															
O'Malley															
Costello															
Gairdner															
McGiurk															
Brady															
TOTAL	9	13	12	15	16	17	16	17	17	13	13	11	11	10	10

## Registration of lying-in hospitals with the Rockhampton City Council

Nurses wishing to operate a lying-in hospital in Rockhampton after 1916 needed to submit a ground plan of their premises to the RCC, and indicate the number of cases they intended taking. Although ongoing inpatient numbers are not available it is likely the maximum number of cases undertaken at any time by each lying-in hospital was three or four. For example, Nurse Berrill informed the RCC in 1923 of three patients who were currently residing in her lying-in hospital.<sup>6</sup> Nurse McGuirk wrote to the town clerk in 1924 stating, ‘[t]he maximum cases intended to be accommodated in my premises is four’.<sup>7</sup> Nurse Costello’s lying-in hospital also had accommodation for four.<sup>8</sup> As all the lying-in hospitals were residential houses located in the central district of Rockhampton, it is unlikely this figure was exceeded.

Similarly, the data do not systematically indicate how many births took place in each lying-in hospital. However, Nurse Forsdick kept a record of all births she attended in Rockhampton from 25 April 1884 to 26 January 1928: a total of 879, including six sets of twins.<sup>9</sup> This figure suggests Nurse Forsdick was at almost twenty births a year on average. In 1939 Nurse Costello attended forty-nine births,<sup>10</sup> although as she was the only nurse running a lying-in hospital in Rockhampton by that time, this figure may not be indicative of earlier rates. Given that the nurse was usually the only attendant for the patient and her

baby, and had to be available twenty-four hours a day, seven days a week, this avenue of work had the potential to be quite demanding.

While most nurses operated independently, records show a couple of lying-in hospitals had two nurses. For example, the Berrill's lying-in hospital was operated by Mary Jane and Elizabeth Berrill, although at various times other nurses also resided there.<sup>11</sup> What relationship these other nurses had with the Berrills, and whether these nurses assisted with the lying-in cases, remains unclear. At least two other pairs of nurses operated lying-in hospitals together during the period under review. Nurse Jane Aitkin joined with Alison Bruce from 1921–24, while Nurses Margaret Ellen Jones and Mary Anne Jones worked from the same premises from 1917–30.

It would appear there was considerable demand for lying-in hospitals in Rockhampton until 1930. While some nurses only offered their services for a short period of time—such as Nurse Gairdner who operated her lying-in hospital, 'Lisberg', from January to September 1923—many maintained their hospitals for extensive periods. As Figure 1 illustrates, eight lying-in hospitals were registered with the RCC in 1916 when the legislation was first enforced. There was a steady rise in the number of lying-in hospitals until 1920, and then a decline after 1924. By then Rockhampton had a population of about 30,000.<sup>12</sup> Of those nurses who registered with the RCC in 1916, four were still operating in 1930. During the fifteen years under review, eight of the nurses operated lying-in hospitals for more than ten years, with a further eight operating for more than five years; the average was 7.92 years. These figures indicate that most of the nurses were able to make this type of nursing a viable employment option. This supports research by Anne Summers which found that some large South Australian country towns had ten or more practising community midwives in the 1920s.<sup>13</sup>

It is unclear why there was a gradual increase in registered lying-in hospitals in Rockhampton after World War I. Janet McCalman suggests a possible contributing factor may have been the introduction of the Commonwealth Government 'baby bonus' in 1912.<sup>14</sup> However, the introduction of the baby bonus coincided with the passing of the *Health Act Amendment Act 1911* in Queensland, and this leads to the first of three paradoxes to be explored in this paper. The Health Act Amendment required nurses in Queensland to be registered with the newly formed Queensland Nurses' Registration Board (QNRB) before they could apply for proprietorship of a lying-in hospital.<sup>15</sup> This legislation was meant to restrict who could operate a lying-in hospital, and should have prevented inexperienced nurses from doing so and thereby taking advantage of the baby bonus. Of the twenty-six nurses who eventually registered lying-in hospitals in Rockhampton, eighteen registered with the QNRB in 1912, mostly under the category 154C2(3), which

indicates that they were untrained but had been working as midwives for at least the previous three years. Furthermore, only those nurses working in hospitals, including lying-in hospitals, were obliged to register with the QNRB. Thus the baby bonus only benefited those who were already working as midwives, and possibly from their own homes, so it does not adequately explain the increase in lying-in hospital numbers in Rockhampton. Exploration of these nurses’ profiles confirms that they did not open lying-in hospitals to take advantage of the baby bonus, although the bonus would have assisted in maintaining the financial viability of such hospitals.

## Profile of the nurse proprietor

The prevalence of untrained nurses associated with lying-in hospitals raises the question of who these nurses were, and suggests they came from various backgrounds. Selby and Summers indicate the majority of nurses who undertook this type of work did so without formal training.<sup>16</sup> Indeed, Selby notes that in Queensland in 1913–14 approximately 70 per cent of practising midwives were untrained, and in 1923 untrained practitioners still accounted for 38 per cent of the State’s midwives.<sup>17</sup>

Of the group of nurses who ran lying-in hospitals in Rockhampton between 1916 and 1930, only six (23 per cent) had undertaken midwifery training. Five had completed certificates from the Women’s Hospital in Rockhampton—Nurse Jones in 1905, Nurse Berrill in 1906, Nurse Costello in 1918, Nurse Bruce in 1920, and Nurse Aitken in 1921—and one had trained at the Lady Chelmsford Hospital in Bundaberg (Nurse McGuirk in 1923). None of the nurses’ names appear in the Register of General Nurses suggesting the maximum training that any of these nurses had undertaken was twelve months at a maternity hospital. As such, it would appear that a significant proportion of the midwives operating lying-in hospitals in Rockhampton were untrained.

Of those who were trained, most had attended the Women’s Hospital. This hospital charged a premium of 10 guineas for twelve months training and paid no wages.<sup>18</sup> This is consistent with midwifery training hospitals in other States. For example, in 1902 the Queens Hospital in Adelaide required general nurses to pay a premium of 8 guineas for six months training and a higher amount for twelve months,<sup>19</sup> while some hospitals in New South Wales charged as much as £50 for one year of obstetric training.<sup>20</sup> As the Women’s Hospital does not appear to have experienced recruitment shortages, the nurses must have been able to meet these conditions either through independent income or from previous savings.

The nurses' ability to fund their own training raises questions about their socio-economic status. Letters written by the nurses also suggest that they came from a wide variety of educational backgrounds. Nurse Clarke, one of those originally registered, would appear to have had limited education if the sentence structure of her correspondence is any guide. For example, her letter dated 11 January 1922 reads:

I pay my registration of my nursing home and it is almost impossible for Doctor or patient to get in or out if there were a couple of loads of screenings it would be a slight improvement to it hoping you will do a little to it.<sup>21</sup>

Whereas Nurse Costello's letter suggests a more extensive education:

I beg to draw your attention to the boggy state of the road near the footpath opposite my nursing home. It is dangerous for cars to approach near the footpath and thereby is very inconvenient for patients coming and going. I would deem it a favour if you would give it your early attention.<sup>22</sup>

Such disparity of educational background would have been common, with Glenda Strachan noting that in 1911 most girls left at the end of primary school (aged twelve), with only 20 per cent continuing until the age of fifteen years.<sup>23</sup> Primary school education was considered the minimum requirement for a woman applying to be a nurse at a training hospital in 1906.<sup>24</sup> However, there is a high possibility that nurses admitted to the QNRB without formal qualifications had even less education. For example, Nurse Forsdick worked in an English brickyard at the age of ten and was unable to read or write until, presumably, later in life.<sup>25</sup>

Similarly, there was likely to have been considerable variation in the nurses' economic status. Correspondence with the RCC and valuation records reveals that a number of the nurses owned the homes from which they operated. Indeed, Nurse Forsdick owned several properties that she appears to have rented out. Of the twenty-six nurses studied, at least twelve owned their own homes, although Nurse Wye operated from at least three other premises before purchasing her own in 1925. Home ownership cannot, in itself, conclusively illustrate economic status, as there will be variation depending on how the property came to be acquired, and the level of outstanding mortgage. However, it does suggest that some nurses may have come from wealthier families, or that lying-in hospitals may have provided a reasonable income for these women. As discussed later in this paper, ownership may also have had direct bearing on the decision to discontinue operation after 1925 in some cases.

Another factor that may have impacted on the nurses' economic viability was their marital status. It was not possible for married women to gain hospital employment, leaving many experienced and trained nurses with few options other than private duty nursing. Summers found that most South Australian midwives prior to 1920 were middle-aged to elderly married women or widows, with families who relied on the income derived from nursing because the midwives' spouses were disabled or had died.<sup>26</sup> Indeed this profile of the community midwife is found in other locations such as Sheffield, England.<sup>27</sup> Of those working in Rockhampton until 1930, at least thirteen were married, although little evidence was found as to their family status. Nurse Holland had a son old enough to call upon the town clerk on her behalf in 1923;<sup>28</sup> and a Mr F. Holland of the same address wrote to the town clerk in 1927 looking for work, although it is unclear what relationship he had with Nurse Holland. For those who owned their homes, all correspondence regarding rates was addressed to the nurses, perhaps suggesting they were widowed. However, this may not be a reliable indication as Nurse Forsdick was the main correspondent with the RCC although she was married in 1917 and is likely to have lived with her husband.

Interestingly, of the six nurses who are known to have undergone formal training, at least four were single. It is likely that Mrs Jane Aitken was widowed as she held this name when she undertook her midwifery training in 1920, and this also suggests she did not have any dependants.<sup>29</sup> Hence, this study confirms a profile of older, untrained midwives as married women supporting their families, while younger midwives were more likely to be single and trained.<sup>30</sup>

## Operating a lying-in hospital

The profile of the nurses also provides some insight as to why these women operated lying-in hospitals. For some it would have been a necessity, as there were few employment options available. However, for a significant number of these women running a hospital was their choice. It needs to be acknowledged that there were relatively few positions in public hospitals available for registered nurses in Rockhampton, as most of these institutions were also training hospitals and hence mainly staffed by trainee nurses overseen by a small number of trained staff. However, it is likely that private duty nursing, and particularly lying-in hospitals, were sufficiently attractive, either financially or professionally, to have been a chosen career option. This argument is strengthened when one considers the applications made to the Women's Hospital Committee to fill vacancies for trained staff. There

were several vacancies between 1921 and 1925. While this committee seems to have had a preference for employing its own trainees, none of the nurses operating lying-in hospitals applied for these positions. It may have been necessary for some of them to have operated lying-in hospitals as a result of family obligations and the need for an income. However, this study suggests this may not have been the sole reason for all nurses opting for this type of employment.

Arguably, the range of reasons for operating a lying-in hospital during this period reflects the transition in prestige and importance of private duty nursing within the nursing profession. As noted earlier, at the turn of the twentieth century private duty nursing was considered to be the epitome of a nurse's career. However, throughout the 1920s its appeal was beginning to wane. Letters to the editor of the *Australasian Trained Nurses' Journal* and to the Queensland Branch of the Australasian Trained Nurses' Association (ATNA) outline situations in which clients did not pay their accounts<sup>31</sup> or cancelled out at the last minute.<sup>32</sup> They also record complaints about 'unfair' competition from untrained midwives taking on maternity cases in the client's home.<sup>33</sup> Furthermore, these nurses do not seem to be as tolerant as nurses from previous generations of the lack of sleep associated with midwifery cases, which required unbroken work for twenty-four to forty-eight hours during labour plus the immediate time afterwards.<sup>34</sup>

While these nurses may not have been interested in applying for permanent work, they may have accepted temporary positions. The *Health Act Amendment Act 1911* stipulated that a registered nurse needed to be present on the premises of a lying-in hospital at all times.<sup>35</sup> In most cases when the nurses needed to be away, it would have been simply a matter of not accepting any further patients. However, for the Matron of the Salvation Army Maternity Hospital, who had the hospital registered as a lying-in hospital in her name, having time off appears to have been problematic, as presumably she was the only registered nurse on the premises.<sup>36</sup> On at least one occasion, Nurse Aitken temporarily took over from the Matron for a period of a month.<sup>37</sup> For such an extended length of time, permission needed to be sought from the local authority and a council's medical officer, although it may have been possible for similar arrangements to have been made unofficially for the occasional day of respite.

A significant aspect of running a lying-in hospital was attracting patients. As such, the nurses needed to have good relationships with the doctors within the community. Indeed, it would appear that the nurses of Rockhampton liaised closely with the patients' doctors, as Summers suggests was the case in South Australia.<sup>38</sup> While no direct evidence was found to support this, the correspondence files of the RCC contain numerous letters from the nurses providing circumstan-

tial evidence. There are, for instance, letters complaining that the state of the footpaths and streets, particularly after rain, prevented doctors, ambulances and patients from accessing their residences. These letters demonstrate considerable concern for the doctors' welfare, suggesting the nurses were likely to have been quite reliant on the doctors' goodwill for their livelihood. For example, Nurse Berrill complained to the RCC regarding the smell emanating from an open drain near her 'nursing home', which was a disturbance 'to medical men who visit daily as well as the patients'.<sup>39</sup> Nurse Clarke noted in 1920, 'the doctor had to call out in the street to know how his patient was [as he was] unable to get in [after] that late rain'.<sup>40</sup> Nurse Clarke had further problems in 1922 regarding the 'state of getting in and out of my house. I pay my registration of my nursing home and it is almost impossible for Doctor or patient to get in or out.'<sup>41</sup> The problem would appear to have continued for Clarke in 1927:

As the nature of my home necessitates the frequent visitation of both Ambulances and Doctors I am desirous that the front entrance be attended to as during wet weather vehicles cannot come anywhere within reasonable distance of the kerbing.<sup>42</sup>

Nurses Bruce and Aitken also had difficulties with a neighbour fencing off part of his property and blocking the 'usual' route to their hospital: 'our home [is] almost inaccessible with doctors and Ambulance calling day and night it is most dangerous and all are complaining'.<sup>43</sup>

The concern shown by the nurses about the ease of access to their lying-in hospitals, especially for doctors, raises questions regarding the relationship between the two groups. Historian Phillipa Martyr suggests the relationship between doctors and midwives during the latter part of the nineteenth century was strained,<sup>44</sup> mainly because each group blamed the other for adverse outcomes to protect their own reputation. Midwives were reluctant to call upon a doctor, fearing reprisals for any complications, regardless of whether these were caused by their incompetence or not. This often resulted in the doctor arriving too late to save either mother or child.<sup>45</sup> On the other hand, the medical profession often denounced lying-in hospitals as 'abortion shops' although whether midwives were solely responsible for abortions is debatable, with many doctors also being implicated in such illegal practices.<sup>46</sup> Beth Robertson notes that 'competition' for the delivery of babies continued into the twentieth century between doctors and untrained though experienced midwives, and also, increasingly, midwives who had undergone formal periods of training.<sup>47</sup>

The main cause of contention between doctors and midwives related to puerperal fever. While puerperal fever was not the most prevalent

cause of maternal mortality, it was seen as preventable and its occurrence a reflection on the skill of the midwife or doctor. Christine Hallett's research regarding puerperal fever dates the dispute between the two professions to well before the eighteenth century in England.<sup>48</sup> It is, therefore, not surprising to see puerperal fever being used as grounds for condemnation in the twentieth century. By the early 1900s the medical profession was expressing concern about trained midwives undertaking independent cases, suggesting they were a danger to the community.<sup>49</sup> However, questions were also being raised as to the safety of the medical profession's involvement in midwifery.<sup>50</sup> In 1920, Dr J. S. Purdy addressed the Australian National Council of Women, stating that puerperal fever accounted for a third of maternity-related deaths in New South Wales.<sup>51</sup> Purdy identified this rate as almost double that of England, where there was a high rate of home births. He recommended stricter aseptic practices both for midwives and doctors, the extension of institutional accommodation for midwifery, and clearer guidelines for when midwives should call upon doctors during home births. In 1930, Dr J. J. Boyd advocated a higher rate of home births by appropriately trained midwives because of the clear evidence that trauma associated with the unnecessary use of forceps by doctors hurrying deliveries was the most important cause of death from sepsis.<sup>52</sup>

Given this level of concern regarding puerperal fever, a second paradox becomes apparent. No evidence has been found for any occurrence of puerperal fever in Rockhampton lying-in hospitals, yet the majority of these nurses were untrained. It is unlikely this good record is the result of low medical intervention in the lying-in hospital deliveries. Philippa Mein Smith points out that 48 per cent of births in Queensland were attended by a doctor in 1913, a figure that rose to 85 per cent by 1935.<sup>53</sup> McCalman's explanation that unnecessary intervention was mostly confined to uninformed private doctors working in the community rather than those working in larger hospitals is also not supported.<sup>54</sup> Indeed, in his 1928 report on maternal mortality in Victoria, Robert Marshall Allan found the geographical distribution of puerperal mortality from 1918 to 1927 was greater in Melbourne than in country towns or the rest of the State.<sup>55</sup> He also noted that 90 per cent of deliveries were attended by a doctor, with the proportion being higher in country areas. Hence, Rockhampton's non-metropolitan status confirms Marshall Allan's impression of puerperal fever being less problematic in country areas.

Concern about the prevalence of puerperal fever was one of the underlying reasons for the introduction and enforcement of the 1911 Queensland legislation that tightened up the operation of lying-in hospitals. The Health Act Amendment has been associated with the Labor Government's desire to raise the standards of lying-in hospitals and

reduce maternal mortality rates. The legislation determined that in cases of puerperal fever or sepsis the home was to be closed. It was not to be reopened until all inner walls, partitions and ceilings were repainted, repapered or lime washed; every room was disinfected; and a certificate of proof was forwarded within twenty-four hours to the local authority and, subsequently, to the Commissioner of Public Health.<sup>56</sup> Thus, evidence should be available of any cases of puerperal fever in Rockhampton lying-in hospitals.

The lack of any such evidence, such as correspondence between the RCC and the medical officer or between the RCC and the Department of Public Health, suggests that these lying-in hospitals were not significant sources of the disease. It is unlikely nurses could have hidden any cases because of the seriousness of the condition and the requirement of doctors to notify the appropriate authorities of infectious diseases. Thus, while puerperal fever continued to claim a small number of women's lives in Queensland, the generalisations regarding the incompetence of midwives running lying-in hospitals must be questioned, as Selby suggests.<sup>57</sup> Finally, the situation in Rockhampton confirms that midwifery within lying-in hospitals was not undertaken in isolation from doctors, rather that the two professions worked cooperatively, regardless of who actually delivered the baby.

## Closing a lying-in hospital

The final paradox identified in this paper relates to the effect of the rise of government maternity hospitals on lying-in hospitals. Although there was a decline in the number of lying-in hospitals after the State government took control of the Rockhampton Women's Hospital in 1925, and indeed a significant number of lying-in hospitals closed after the government-operated Lady Goodwin Hospital also opened in Rockhampton in 1930, the relevance of these events is not clear. An examination of the reasons for the closure of lying-in hospitals in Rockhampton suggests several contributing factors, including the age of the nurses, ill health, and financial constraints, as well as the popularity of the larger hospitals.

Strachan suggests private duty nursing was extremely taxing work, with many nurses 'burning out' after ten years.<sup>58</sup> This is likely to be related to a variety of causes, including the unrelenting nature of the nursing while employed with a case, and the inconsistency of the work, which led to nurses taking on whatever was available because it was impossible to plan or regulate. As a result, many private duty nurses suffered from ill health and were forced to retire. It is likely that similar conditions were also experienced by nurses who operated lying-

in hospitals, although this study shows that a number of them undertook this type of work for considerably longer than ten years. Indeed, some of the nurses studied here may have been quite elderly by the mid 1920s, especially those who were untrained. For example, Nurse Forsdick worked in Rockhampton for forty-four years, suggesting she was well into her sixties prior to retiring.

Historian Barbara Mortimer notes that lying-in cases in nineteenth-century Britain involved the nurse residing with the mother just before the birth and for a month afterwards, attending both mother and child as well as undertaking some domestic tasks.<sup>59</sup> By the 1930s in Queensland, it is likely the usual time associated with attending a lying-in case included the delivery and ten to twelve days postpartum.<sup>60</sup> For this, a nurse could charge up to the Queensland ATNA recommended fee of £4, the amount of the baby bonus.<sup>61</sup> However, for most of the period under review, until 1929, nurses in Queensland were only supposed to charge 3 guineas for obstetric cases,<sup>62</sup> which was significantly less than nurses in other States.<sup>63</sup>

While the majority of nurses who closed their hospitals during the period under review did so without indicating a reason, two nurses notified the town clerk that their intended closure was a result of deteriorating health. Nurse Holland, who stopped working in 1926, wrote: 'Just a line to let you know I am giving up my nursing home on account of bad health'.<sup>64</sup> That same year, Nurse Beasley Smith wrote: 'I am sending you notice I am closing my nursing home as my health is completely broken up and my doctors have strictly forbidden nursing'.<sup>65</sup> During 1925–26, as a further four nursing homes closed down. This drop-off in the number of lying-in hospitals may have been influenced by several factors, not least a sudden increase in the water rates applied to Rockhampton lying-in hospitals. Nurse Costello noted her water rates notice of £12 in 1925 as being significantly higher than previous years.<sup>66</sup> The reply indicated a change had occurred in the criteria for charging water rates, with lying-in hospitals being charged a higher rate than normal residences.<sup>67</sup> Given that the yearly income of these nurses may not have exceeded £70 (twenty cases at 3 guineas each), such an increase would have been problematic. Of the six nurses who closed their lying-in hospitals between 1925 and 1926, at least four owned their home, suggesting the water rates increase may have been a factor in the decision to close.

Selby suggests it was the financial burdens upon lying-in hospitals associated with the *Health Act Amendment Act 1911* that led to many local authorities deferring the legislation's implementation.<sup>68</sup> The Act required that an annual fee of £2 be charged to the lying-in hospitals, with private hospitals charged £5. These fees are likely to have covered administration and inspection costs: the medical officer of the RCC was

paid £1/10s for inspecting a private hospital, and 10s/6d for a lying-in hospital.<sup>69</sup> The correspondence to the nurses throughout the years under review suggests there was no increase in the annual fee. However, the registration appears to have been linked to the premises rather than the nurse, as those nurses who changed residences and wished to register their new home needed to pay the £2 fee regardless of when they had paid the fee on the previous house. For example, Nurse Brady registered two houses within twelve months and was required to pay two fees.<sup>70</sup> Nurse Wye also paid two registration fees within three months when she moved premises after purchasing her home.<sup>71</sup>

It is unlikely that the introduction of the fee in 1916 caused any Rockhampton lying-in hospitals to close, nor that this fee adversely affected their financial viability. It should be acknowledged, however, that a number of the midwifery nurses in Rockhampton did not register their homes as lying-in hospitals in 1916 but did so over the next couple of years, even though they had been practising as midwives since before 1912. Whether they continued to take cases unofficially while unregistered is impossible to determine, but certainly the introduction of the RCC's fee may have been a factor in delaying the registration of their lying-in hospitals.

It is suggested here that these fees did not inhibit, to any large extent, the operations of the lying-in hospitals in Rockhampton. However, the financial costs associated with maternity work, and the limited ability of the nurses to charge higher fees in Queensland, may have prevented these nurses becoming as wealthy as some of their counterparts in other States. For example, Noeline Williamson outlines a lying-in hospital in Kempsey run by Nurse Kirk, who was able to make a considerable profit from maternity work.

While these factors contributed to the closure of a number of Rockhampton lying-in hospitals prior to 1930, the opening of a public maternity hospital, Lady Goodwin Hospital, in that year may also have had some impact. By 1938, only one lying-in hospital existed in Rockhampton, but there was not a concomitant rise in the number of publicly funded births. In 1920 lying-in hospitals constituted 65 per cent of available maternity beds, and in the late 1930s more than 60 per cent of births were still undertaken privately, albeit in larger hospitals rather than lying-in hospitals. This appears to contrast significantly with overall figure for Queensland, where 65.2 per cent of all babies were born in a public hospital in 1945–46,<sup>72</sup> but does not take into account the high percentage of private patients within public hospitals. In the late 1930s, private patients accounted for around 35 per cent of all births at the Lady Goodwin Hospital.<sup>73</sup>

It is widely acknowledged that throughout the first part of the twentieth century the general public in Western societies increasingly sought

out hospitals rather than community-based services. This was particularly so with maternity cases. In the United Kingdom up to 75 per cent of births were conducted by midwives in a home setting at the turn of the century,<sup>74</sup> a figure reduced to 50 per cent by 1948.<sup>75</sup> Why women were attracted to hospitals for birthing is subject to speculation. However, Robertson's oral history research in South Australia suggests three contributing factors: acceptance of the medical profession's argument that hospital birthing was safer; pain control; and cost.<sup>76</sup> L. Martell confirms these factors for the United States, also adding the dislocation of the extended family, and an increase in urbanisation.<sup>77</sup> While the argument that doctors (in hospitals) provided a safer service is debatable, Martyr has found that the medical profession was most adept at using the media, particularly by the 1930s, to promote its image as the sole authoritative voice of healing and birthing.<sup>78</sup> This may account for some of the popularity of hospitals. Kerreen Reiger also notes that childbirth had become increasingly 'medicalised' after World War I, but found that the issue does not seem to have been publicly debated.<sup>79</sup> Rather, there was a general sense of acceptance by the public of hospitalisation. Integral to this was the lure of a pain-free birth, although anaesthetics were not without their dangers.<sup>80</sup> Finally, Mein Smith points out that mothers were attracted to hospitals as they were clean, pleasant places where a woman was waited on and looked after for a fortnight.<sup>81</sup>

Interestingly, cost does not appear to have been a significant factor in Rockhampton birthing choices. Prior to 1925 the Women's Hospital, at 1 guinea per week, was the cheapest confinement option,<sup>82</sup> but women still preferred the lying-in hospitals. This was largely because there were no private wards at the Women's Hospital and those who could pay were encouraged to go elsewhere,<sup>83</sup> a situation that may have maintained the association of public hospitals with poorer sections of the community. Added to this, the Women's Hospital was not without its problems, including a relatively high infant mortality rate, and its students had difficulties passing exams.<sup>84</sup> As such, it may not have had a robust reputation in the community of Rockhampton and, as a result, women looked more favourably at lying-in hospitals.

## Conclusion

Lying-in hospitals provided a significant avenue of employment for a number of private duty nurses in Rockhampton from 1916 to 1930. This research has supported much of the work undertaken by Selby and Summers, although many questions remain about this type of nursing and the nurses themselves. The correspondence that has survived

provides data on who ran lying-in hospitals and gives some idea as to how long each nurse operated her home as a hospital. Information regarding the marital status of many of the nurses can be gleaned from these records. However, they reveal little of what the lying-in hospital was like in terms of size, how it was run, and how this type of nursing may have fitted in with other family activities. While further research is required to verify some of these issues, this paper has contributed to the small number of publications about private duty nursing in Queensland and Australia. In doing so, it has highlighted the reliance of maternity services on untrained but experienced nurses during the early twentieth century, and has identified some of the political and economic factors influencing the demise of lying-in hospitals as a maternity option.

### Central Queensland University

1. Philippa Mein Smith, *Mothers and King Baby: Infant Survival and Welfare in an Imperial World, Australia 1880–1950*, Macmillan Press, London, 1997.

2. Examples in the literature of this increasing focus on domestic health and sanitation include: Kerreen Reiger, 'Women's Labour Redefined: Child-bearing and rearing advice in Australia, 1880–1930s', in Margaret Bevege, Margaret James & Carmel Shute (eds), *Worth Her Salt: Women at Work in Australia*, Hale & Iremonger, Sydney, 1982, pp. 72–83; Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine*, Macmillan, London, 2000; Sheryl Brennan, 'Nursing and Motherhood Constructions: Implications for practice', *Nursing Inquiry*, vol. 15, 1998, pp. 11–17; Annette Davis, 'Infant Mortality and Child Saving: The campaign of women's organisations in Western Australia 1900–1922', in Penelope Hetherington (ed.), *Childhood and Society in Western Australia*, University of Western Australia Press, Perth, 1988, pp. 161–73.

3. Wendy Selby, *Motherhood in Labor's Queensland 1915–1957*, PhD thesis, Griffith University, 1991, p. 204.

4. Richard Trembath & Donna Hellier, *All Care and Responsibility: A History of Nursing in Victoria 1850–1934*, The Florence Nightingale Committee, Australia, Victorian Branch, Melbourne, 1987, p. 74.

5. Selby, *Motherhood in Labor's Queensland*, p. 101.

6. Nurse M. J. Berrill to Council Chambers, 8 January 1923, Rockhampton City Council (hereafter RCC) correspondence, Folder Aa–Ca, Rockhampton Municipal Library Special Collection (hereafter RMLSC), Rockhampton.

7. Nurse McGuirk to town clerk, 9 September 1929, RCC correspondence, Folder Li–Pa, RMLSC, Rockhampton.

8. 'Private Hospitals in Queensland' report, Department of Health and Home Affairs, Folder A/38347, Queensland State Archives (hereafter QSA), Brisbane.

9. 'Fifty years practice as a nurse, Mrs Forsdick', interviewer unknown, circa 1950s, Folder Y–13–1224, RMLSC, Rockhampton.

10. Department of Health and Home Affairs, internal report outlining private maternity cases 1 January–21 December 1939, Folder A/38347, QSA, Brisbane.

11. Queensland Nurses' Registration Board (hereafter QNRB) records, Folder A/73218, QSA, Brisbane.

12. Lorna McDonald, *Rockhampton: A History of City and District*, University of Queensland Press, Brisbane, p. 348.

13. Anne Summers, 'A Different Start: Midwifery in South Australia 1836–1920', *International History of Nursing Journal*, vol. 5, no. 3, Summer 2000, p. 54.

14. Janet McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, Melbourne University Press, Melbourne, 1998, p. 165.

15. *Health Act Amendment Act 1911*, Government Gazette, XCVII, no. 176, p. 1794.

16. Selby, *Motherhood in Labor's Queensland*; Summers, 'A Different Start'.

17. Selby, *Motherhood in Labor's Queensland*, p. 96.
18. Minutes of Women's Hospital Committee, 9 August 1923, noting reply to Home Secretary sent 30 July 1923, Folder Women's Hospital, Australian Country Hospital Heritage Association Museum (hereafter ACHHAM), Rockhampton.
19. Joan Durdin, *They Became Nurses: A History of Nursing in South Australia 1936–1980*, Allen & Unwin, Sydney, 1991, p. 75.
20. 'Letter to the Editor', *The Australasian Nurses' Journal*, vol. 26, no. 1, 1928, p. 22.
21. Nurse Clarke to town clerk, 11 January 1922, RCC correspondence, Folder Aa–Cl, RMLSC, Rockhampton.
22. Nurse Costello to works committee, 24 July 1924, RCC correspondence, Folder City Engineer–Dz, RMLSC, Rockhampton.
23. Glenda Strachan, *Labour of Love: The History of the Nurses' Association in Queensland 1860–1950*, Allen & Unwin, Sydney, 1996, p. 45.
24. *ibid.*
25. 'Fifty years practice as a nurse'. In this interview Mrs Forsdick notes she was illiterate as a child. However, correspondence with the RCC appears to have been written in her own hand.
26. Summers, 'A Different Start', p. 52.
27. Tania McIntosh, 'An Abortionist City: Maternal mortality, abortion, and birth control in Sheffield, 1920–1940', *Medical History*, vol. 44, 2000, pp. 77–96.
28. Town clerk to Nurse M. Holland, 14 February 1923, RCC correspondence, Folder Government Printer–La, RMLSC, Rockhampton.
29. QNRB, Folder A/73218, QSA, Brisbane.
30. Beth Robertson, 'Old Traditions and New Technologies: An oral history of child-birth in South Australia from 1900–1940', *Oral History of Australia Journal*, no. 14, 1992, p. 63.
31. Queensland Branch of the Australasian Trained Nurses' Association minutes, *The Australasian Trained Nurses' Journal*, vol. 22, no. 5, 1924, p. 211–12.
32. *ibid.*, vol. 23, no. 3, 1925, p. 106.
33. *ibid.* vol. 26, no. 6, 1928, p. 154.
34. 'Letter to the Editor', *The Australasian Trained Nurses' Journal*, vol. 27, no. 12, 1929, p. 340.
35. Selby, *Motherhood in Labor's Queensland*, p. 102.
36. Catherine Gibson registered the Salvation Army Maternity Home with the RCC in 1917. This hospital has not been included in the analysis of lying-in hospitals for this paper, as it operated as a charity. Town clerk to Dr A. A. Parry, 15 February 1917, RCC correspondence, Folder Fo–Kn, RMLSC, Rockhampton.
37. Matron Gibson to town clerk, 10 April 1922, RCC correspondence, Folder Q–S, RMLSC, Rockhampton.
38. Summers, 'A Different Start', p. 54.
39. Nurse M. J. Berrill to town clerk, 13 March 1916, RCC correspondence, Folder Aa–Cz, RMLSC, Rockhampton.
40. Nurse Clarke to town clerk, 9 February 1920, RCC correspondence, Folder Aa–City Engineer, RMLSC, Rockhampton.
41. Nurse Clarke to town clerk, 11 January 1922, RCC correspondence, Folder Aa–Cl, RMLSC, Rockhampton.
42. Nurse Clarke to town clerk, 15 August 1927, RCC correspondence, Folder Bo–City Engineer, RMLSC, Rockhampton.
43. Nurse Bruce to town clerk, 16 May 1922, RCC correspondence, Folder Aa–Cl, RMLSC, Rockhampton.
44. Phillipa Martyr, *Paradise of Quacks: An Alternative History of Medicine in Australia*, Macleay Press, Sydney, 2002, p. 96.
45. *ibid.*
46. *ibid.*, pp. 136, 191.
47. Robertson, 'Old Traditions and New Technologies', p. 63.
48. Christine Hallett, 'Puerperal Fever as a Source of Conflict between Midwives and Medical Men in Eighteenth- and Early-Nineteenth-Century Britain', paper presented to Breaking New Ground: Women Researchers in a Regional Community Conference, Bundaberg, 2003.

49. Martyr, *Paradise of Quacks*, p. 165.
50. The puerperal fever rates in Queensland rose from twenty per one million population in 1901 to 42.2 per one million in 1930. Roland Wilson, *Official Yearbook of the Commonwealth of Australia 1944 and 1945*, Commonwealth Bureau of Census and Statistics, Canberra, 1947, pp. 75, 453.
51. Dr J. S. Purdy, 'Maternal Mortality', *The Australasian Trained Nurses' Journal*, vol. 18, no. 12, 1920, p. 404.
52. Dr J. J. Boyd, 'Maternal Mortality and Morbidity: Causes and prevention', *The Australasian Trained Nurses' Journal*, vol. 28, no. 3, 1930, pp. 65–97; vol. 28, no. 4, 1930, pp. 95–97.
53. Mein Smith, *Mothers and King Baby*, p. 200.
54. McCalman, *Sex and Suffering*, p. 146.
55. Robert Marshall Allan, *Report on Maternal Mortality and Morbidity in the State of Victoria, Australia*, University of Melbourne, Melbourne, 1928, p. 13.
56. Selby, *Motherhood in Labor's Queensland*, p. 102.
57. *ibid.*
58. Strachan, *Labour of Love*, p. 137.
59. Barbara Mortimer, 'Independent Women: Domiciliary nurses in mid-nineteenth-century Edinburgh', in Anne Marie Rafferty, Jane Robertson & Ruth Elkan (eds), *Nursing History and the Politics of Welfare*, Routledge, London, 1997, p. 138.
60. Queensland Branch of the Australasian Trained Nurses' Association minutes, *The Australasian Trained Nurses' Journal*, vol. 27, no. 5, 1929, p. 121; *ibid.*, vol. 29, no. 12, 1931, p. 245.
61. Strachan, *Labour of Love*, p. 149.
62. Queensland Branch of the Australasian Trained Nurses' Association minutes, *The Australasian Trained Nurses' Journal*, vol. 24, no. 7, 1926, p. 316.
63. Strachan, *Labour of Love*, p. 147.
64. Nurse Holland to town clerk, 14 October 1926, RCC correspondence, Folder Medical Officer of Health–Ji, RMLSC, Rockhampton.
65. Nurse Beasley Smith to town clerk, 5 November 1926, RCC correspondence, Folder Rc–Specifications, RMLSC, Rockhampton.
66. Nurse Costello to town clerk, 3 February 1925, RCC correspondence, Folder City Engineer–Dz, RMLSC, Rockhampton.
67. Town clerk to Nurse Costello, 10 February 1925, RCC correspondence, Folder City Engineer–Dz, RMLSC, Rockhampton.
68. Selby, *Motherhood in Labor's Queensland*, p. 101.
69. Dr A. A. Parry to Mayor of Rockhampton, 23 December 1918, RCC correspondence, Folder Fi–Ky 1918, RMLSC, Rockhampton.
70. Town clerk to Nurse Brady, 4 October 1927, RCC correspondence, Folder Bo–City Engineer, RMLSC, Rockhampton; town clerk to Nurse Brady, 30 March 1928, RCC correspondence, Folder Botanic Garden Trust–City Engineering, RMLSC, Rockhampton.
71. Town clerk to Nurse Wye, 6 February 1925, RCC correspondence, Folder Treasury–XYZ, RMLSC, Rockhampton; Town clerk to Nurse Wye, 9 May 1925, RCC correspondence, Folder Treasury–XYZ, RMLSC, Rockhampton.
72. Department of Health and Home Affairs Memorandum, 19 June, 1940, Folder A/29559, QSA, Brisbane.
73. Department of Health and Home Affairs memorandum, 19 June 1940, Folder A/29559, QSA, Brisbane.
74. Kate Dawley, 'Ideology and Self-Interest: Nursing, medicine and the elimination of the midwife', *Nursing History Review*, vol. 9, 2001, p. 101.
75. C. Webster, 'The Early NHS and the Crisis of Public Health Nursing', *International History of Nursing Journal*, vol. 5, no. 2, 2000, p. 4.
76. Robertson, 'Old Traditions and New Technologies', pp. 66–7.
77. L. Martell, 'The Hospital and the Postpartum Experience: A historical analysis', *Journal of Obstetrics, Gynaecology and Neonatal Nursing*, vol. 19, no. 1, 2000, pp. 65–72.
78. Martyr, *Paradise of Quacks*, p. 260.
79. Kerreen Reiger, *The Disenchantment of the Home: Modernizing the Australian Family 1880–1940*, Oxford University Press, Melbourne, 1985, p. 95.
80. Mein Smith, *Mothers and King Baby*, p. 201.

81. *ibid.*, p. 202.
82. Mary Trotman, Re Women's Hospital, paper presented to the Women's Electoral League, May 1922, Folder Women's Hospital, ACHHAM, Rockhampton.
83. *ibid.*
84. *ibid.*; QNRB memorandum, 31 May 1923, Folder A/5075, QSA, Brisbane.