

# WHO THE DICKENS BROUGHT SARAI GAMP TO CANADA?

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In 1843, in his novel *Martin Chuzzlewit*, Charles Dickens created a character named Sarai Gamp, a nurse - elderly, uncaring, alcoholic. Most nursing students in Canada learn about Sarai Gamp and the dark period of nursing in England; the tendency is to assume that our nursing history mirrors that of England. Early Canadian nurses have been described as Sarai Gamps. But is it fair to tar early Canadian nurses with this brush? The purpose of this paper is to compare conditions in mid-nineteenth century Britain and Canada and to determine how and why Canadian nursing history differs from that of Britain.

## Review of the Literature

Indeed, the historical accounts of two early Canadian Hospitals, the Kingston General Hospital (Angus, 1973) and the Montreal General Hospital (MacDermot, 1940), contain references to their early nurses as Sarai Gamps.

In the history of the Montreal General Hospital School of Nursing, Sir William Osler is quoted as saying:

When I entered the Montreal General Hospital, where I began the study of medicine in 1868, we had the old time nurses.... Many of them were of the old type so well described by Dickens, and there are some of the senior medical men present who remember the misery that was necessary in connection with that old-fashioned type of nurse. (MacDermot, 1940, p. 7-8)

MacDermot (1940) quotes another physician with the caution that "due allowance must be made for the natural vigour of his style" (p. 8). This physician claimed, "In my day [the late 'sixties and after] age and frowsiness seemed the chief attributes of the nurse, who was ill-educated and was often made more unattractive by the vinous odour of her breath" (p. 8). However, given hospital conditions (understaffing, poor plumbing, rats), it is perhaps unfair to criticize the appearance of the nurse.

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In his study of the nineteenth-century Canadian hospital, S. Shortt (1983) concludes that, "Canadian hospital historiography can legitimately borrow insights from British and American scholars" (p. 10). He reaches this conclusion after careful consideration of the evidence presented by these scholars. In his work, *The Canadian Hospital in the Nineteenth Century: An Historiographic Lament*, Shortt laments both the quantity and the quality of secondary material on Canadian hospitals. He claims that "it generally fails to transcend hackneyed judgments...exemplified by the curt dismissal of nineteenth-century nurses as 'for the most part coarse and ignorant women'" (p. 4).

### **Purpose of the Paper**

Physicians' descriptions of early nurses are easy to find, but we must not rely solely on these physicians' retrospective recollections. Was Sarai Gamp really a fair image of nurses in mid-nineteenth century Canada, or was the label a reflection of difference in social class between the nurse and the individual describing her? The purpose of this paper is to examine characteristics of those nurses (prior to the beginning of hospital training programmes) and to compare these characteristics to those of British nurses of the same period.

### **Definitions**

Before we begin our examination of nineteenth century nurses, it is important to identify what is meant by "nurse" in that period. Clearly, any definition based on training or registration is precluded. Dingwall, Rafferty and Webster (1988) refer to this definitional problem as one of "nurses before nursing" (p. 4). In order to arrive at a meaningful definition, they examine "what...the care of the sick consist[ed] of in the early nineteenth century and who gave it" (p. 6). The four categories of worker that these British authors identify are: members of the sick person's household; handywomen working either in the home or in hospitals; private nurses working either in the home or in the hospitals; and male medical attendants. Handywomen and private nurses "were independent, self-employed workers...distinguished mainly by whether they were providing a cheap service for the poor or a premium service for the better-off" (p. 7). They caution that "it would probably be a mistake to draw too strong a distinction between handywomen and private nurses" (p. 16).

In her study of American nursing, Susan Reverby (1987) identifies five groups that were classified as nurses in the period before nurses' training: the child nurse or nursemaid, the wet nurse, the midwife, the general healer or herbalist and "most commonly, ...a woman summoned to aid in the care of the sick and infirm" (p. 13). Reverby found that "age and marital status...separated the nurse from domestic servants or other working

women.... Most white women who sought wage labor were in their twenties, whereas nurses tended to be in their thirties or forties" (1987, p. 15).

It is interesting and surprising that neither Reverby nor Dingwall and his associates have a category of nun as nurse. Only by stretching the meaning of their categories is it possible to fit nuns into their schema. In the British context it is understandable that Dingwall, Rafferty and Webster (1988) do not include the category of nun in their definition of nurse for the mid-nineteenth century though they do examine the influence of sisterhoods on the development of nursing. That Reverby (1987) does not include nuns in her definition of nursing is problematic and suggests that she was relying on British scholarship rather than American evidence.

In this paper the term "nurse" will be used for anyone who is listed as that in a census tract or on an institutional list of employees or on a list of nuns whose work was with the ill. If possible, child nurse (nursemaid), domestic servant and midwife will be categorized separately.

### **Method**

In order to understand the context of nursing in the mid-nineteenth century, a brief general comparison of the demographics, the social characteristics and the organization of medical and hospital care in Britain and Canada was carried out. For demographic data, the census year 1851 was chosen because it was the census closest to the mid-point of the century and because it is the year of the British census that Nightingale presents.

Demographic data on nurses were collected to answer the following questions: How many nurses were there? What was their age and marital status? Did they work in homes or in institutions?

Demographic data are not as readily available for Canadian nurses as it is for British. Canada did not exist as a political unity in 1851, though census information is available for sections of Canada. Because of this difficulty, only a section of Canada was studied: Upper Canada (now the province of Ontario) was chosen.

In the Canadian census, the population is described in terms of age, marital status, religion, country of birth, education and occupation. Occupation is given in five classes-agricultural, commercial, domestic, industrial, professional. Nursing was not separated out (though midwifery was), suggesting that it did not constitute a significantly large group. The census also contains the numbers employed in various factories and institutions (for example: mills, distilleries, pot and pearl asheries, churches), but not hospitals. Therefore, some other method of discovering information about nurses had to be

employed, even though this information would not have the accuracy of a census. Information was obtained from census enumerations for hospitals (these figures represent the patients in the hospital and might include staff living in the hospital), sisterhood records and manuscript census tracts.

Census manuscripts are handwritten documents that list the names of individuals by household, and that state age and occupation. The Upper Canada census manuscripts for 1851 have been lost, therefore the 1861 manuscript census tract was used. For purposes of a comparison with British nurses, and on the advice of the provincial archivist, a sample population was chosen. The ward of St. Andrew's in Toronto, an urban area (population 5,581), was selected because it was the most likely to contain nurses. The county of Essex (population 14,937) was selected as a rural area.

## Findings

Canada and Britain differed demographically and socially. As well, there were differences in the organization of medical and hospital care.

In the mid-nineteenth century Britain was densely populated, with many urban centres. The population of Britain was over 21 million, with roughly 600,000 more women than men. In London the population exceeded three million, with 200,000 more women than men. This difference increased with age.

In contrast, the population of Canada was sparse and largely rural. For example, the population of Upper Canada was 952,004, approximately one-third the population of London. There were more men than women in the country as a whole, though some areas had slightly more women than men. The populations of cities such as Montreal (57,715), Toronto (30,775) and Kingston (11,697) were small in comparison with the populations of cities in England.

Demographic contrast between Britain and Canada during this period is reflected in the social characteristics of the two countries. Unlike Canada, Britain was industrialized and was, in fact, experiencing the effects of an industrial revolution that had fostered a wealthy middle class and a suffering lower class. Middle-class women did not work for wages outside the home though they engaged in philanthropic enterprises. Maggs (1983) explains the philanthropic enterprises on the basis of surplus women in the middle classes. Poor women, of course, had to do whatever they could to survive. They worked in mines and factories and in the homes of the wealthy. When a woman could no longer work in the mines and factories because of age, she still had to support herself. Nursing and prostitution were two "natural" areas of work for women. Consumption of alcohol was generally widespread

and there were many campaigns against alcoholism (Harrison, 1971). Dickens brought age, alcoholism, nursing and, possibly, prostitution together in the character of Sarai Gamp.

Canada did not have as distinct a class system as Britain, but there certainly were "ladies" who formed benevolent societies and poor women who worked for a living. Because men outnumbered women in the population, fewer women were required to support themselves. Statistics on alcoholism for the mid-nineteenth century are not available but, on the basis of 1871 data (Popham & Schmidt, 1958) and from the 1895 *Report of the Royal Commission on the Liquor Traffic in Canada*, we may assume that there was concern about alcoholism.

Britain had many large hospitals, mainly for the poor, and these had a clear organizational structure. For example, the 1819 history of St. Thomas's Hospital in Southwark describes the duties of each level of worker (Golding, 1819). In the case of nursing, there are the matron, the sister or head nurse and the nurse. However, regardless of the position, they were all classified as female domestics. Nurses' duties in 1819 did not sound unlike current nursing responsibilities. For example, the instructions for the head nurse state the following.

You shall carefully place all the medicines for outward applications distinctly from those for internal use, and administer to the patients under your care the medicines prescribed by the physicians and surgeons of this hospital, or which shall be delivered to you by the apothecary for that purpose; and, when called upon, you shall be ready to acquaint the physicians, surgeons, or apothecary, with the effects of such medicines during their absence, so far as falls within your observation. (Golding, 1819, p.203)

The drinking of beer was common practice, possibly because of the lack of good water, and nurses were given regular rations of beer in addition to their salaries (Williams, 1980).

The earliest hospitals in Canada, such as the Hôtel Dieu in Montreal (1644), were those founded by Roman Catholic sisters. Public hospitals were developed, usually by groups of women. For example, the Montreal General Hospital began as a four bed hospital set up by the Female Benevolent Society in 1818 (MacDermot, 1940). In Kingston a Compassionate Society operated a hospital during the winter months (it closed from May to November). This eventually became the Kingston General Hospital (Angus, 1973). These early hospitals had few attendants. The Montreal General Hospital, with 72 beds, was staffed with a matron, two nurses, a house surgeon/apothecary, an orderly and a cook (MacDermot, 1940). Nursing was



very hard work, in very unpleasant circumstances, and many nurses contracted diseases from their patients and died. The Montreal General had seven matrons in 15 years; four of these died in office (three of typhus and one of "fever"). MacDermot (1940) says that most of the nurses were married women (p. 5). In Canada, as in Britain, nurses were given rations of beer. For example, female employees (of which there were approximately three) at the Montreal General Hospital received *seven* gallons of beer a week (MacDermot, 1940). There are also records of nurses being discharged for inebriety and immorality.

In 1851 there were few hospitals in Canada, and those that existed were small in comparison with British hospitals. For example, in Upper Canada the three largest hospitals were the Toronto General Hospital, the Kingston General Hospital and the Kingston Hôtel Dieu. Altogether these three hospitals had fewer than 150 beds (*Census of the Canadas, 1851-52*).

Despite these demographic, social and health care differences between Britain and Canada, nurses in both countries have been similarly described as Sarai Gamps. What is required is a more factual description of the nurses in both countries.

**Table 1**

***Great Britain Nurses - Census 1851***

Age Group	Not Domestic	Domestic Servant
5- 9 years		508
10-14		7,259
15-19		10,355
20-29	1,441	10,711
30-39	2,468	4,176
40-49	4,971	2,674
50-59	7,438	2,029
60-69	6,367	1,081
70-79	2,314	305
80+	458	41
All ages	25,466	39,139

Florence Nightingale (1860), in an Appendix to her Notes on Nursing, presents the census for nurses in Great Britain in 1851 (Table 1). In the census, nurses are placed in two categories, domestic servant and not domestic. In all there were over 60,000 nurses. Nurses in the domestic servant category were very young, some as young as five-to-nine age category. Non-domestic nurses were older, in fact much older. Many were over 65 years of age, and some even over 80 years of age. These data support the Sarai Gamp image in terms of age. Maggs (1983) estimates that there were fewer than 1,000 hospital nurses in Britain in this period "taking a crude nurse/patient ratio of 1:6 and the estimates made by others of bed-provisions" (p. 6).

However, the appropriateness of the Sarai Gamp image as a description of even the British mid-nineteenth century nurse is being questioned. Williams (1980) presents descriptions of nurses from several British physicians of the time that do not accord with the Gamp image. She takes, as further evidence, the fact that Elizabeth Fry sent her home nurses into the hospital for training and accepted the hospital system as it was.

The characterisation of the hospital nurse as 'Sarah Gamp' was created at the time to support philanthropic claims for changes that were based on different ideals and different social arrangements from those that obtained, and that it is a reputation rather than a set of facts that has become incorporated into popular nursing history. (Williams, 1980, p.58)

Williams' hypothesis may be true for Canada, too. Even though William Osler described some nurses as Dickensian, he also gave examples of other kinds of nurses: "One, a Miss Lancashire, was in looks the old-fashioned Dickensian nurse, but in behaviour, in devotion and in capability equal to the best I have ever met." (MacDermot, 1940, p.8)

How does the number of Canadian nurses and their ages and marital statuses compare with what is presented in the British information? Because of the difficulty with Canadian census data described earlier, the number of nurses in Upper Canada can only be estimated. In order to arrive at this estimate, four categories were considered: midwives, nurses employed in hospitals, nuns and nurses employed in private homes.

*Midwives.* The census for 1851 gives the number of midwives in Upper Canada as 17.

*Nurses employed in hospitals.* The following enumerations are listed for each hospital in Upper Canada (these figures may include staff living in the hospital): for Toronto, the General Hospital (71), the General Dispensary and Lying in Hospital (12), the Maternity Hospital (4), the Lying in Hospital

(15); for Kingston, the General Hospital (32), the Hôtel Dieu (45). On the basis of published hospital histories (Angus, 1973; Clarke, 1913; MacDermot, 1940), we know that there were between three and five nurses in a 70 bed hospital. This means that probably no more than 15 nurses worked in general hospitals in Upper Canada. On the basis of Maggs's estimate of a 1:6 nurse/patient ratio, as many as 30 nurses might have been working in general hospitals. Although lunatic asylums were large (approximately 350 patients in Toronto), they had fewer nurses than general hospitals. The occupational census for Upper Canada for 1851 lists four lunatic asylum keepers in Toronto. The 1861 manuscript census for the Malden Lunatic Asylum lists six nurses as well as several asylum keepers. Therefore, a distinction was made between asylum keeper and nurse. There was a spread in age for the hospital nurses. For example, the six nurses listed for the Malden Lunatic Asylum in Essex County were 19, 21, 21, 27, 29 and 46 years of age.

*Nuns.* These were young women who were sent from their mother houses to Upper Canada. In 1845, Mother Bourbonniere and four nursing sisters arrived in Kingston from Montreal to establish the Hôtel Dieu (Gibbon & Mathewson, 1947); in 1851 the first four Sisters of St. Joseph arrived in Toronto from the United States (Sisters of St. Joseph Motherhouse). By 1861, there were approximately 60 Sisters of St. Joseph, but that number also included those who were teaching. The 1861 manuscript census for Essex County lists only four Sisters of Charity. The number of nuns nursing in Upper Canada in 1851, therefore, undoubtedly was small and was divided between hospital and community work.

*Nurses employed in private homes.* The only way of finding this information was to go through the census manuscripts laboriously, name by name; then, for those listed as nurses, to distinguish, on the basis of surname and family structure, those who were family members and those who were employed in the household as nurses. In St. Andrew's 11 women were listed as nurses and one as a nurse maid. Probably seven of these were employed as nurses in the households in which they were enumerated. That is, these women appeared to be household employees rather than family members. All of these households had young children, and most of them also had servants and cooks listed. It seems likely, then, that the major responsibility of the person listed as nurse was the care of children but not general household work. In Essex County, eight nurses were in the census; six of these were with the asylum, and probably only one was employed in a private home. Clearly, in rural Essex County (including the town of Windsor), it was not common to hire nurses for private households; in wealthy, urban St. Andrew's however, it was.

If one extrapolates from the number of nurses in this population sample of 20,518 to Upper Canada as a whole (population 952,004), it is possible that



between 300 and 400 nurses worked in private households in Upper Canada. However, given regional differences within Upper Canada, this is a tenuous estimate.

The age of nurses in Canada differed from those in Britain. A reading of hospital histories relating to the mid-nineteenth century (Toronto General, Kingston General, Montreal General) suggests that hospital nurses were relatively young compared with British nurses and were mostly married or widowed. According to the manuscript census of 1861 for the ward of St. Andrew's and Essex County, of the eight who were employed in households, the five youngest were single (ages 15, 19, 20, 26, 33), and the three oldest were married (ages 38, 38, 52). Of those listed as nurse or matron, but not likely employed in a private household, four were single and nine were either married or widowed. Their ages ranged from 19 to 69, but only two were over 50 years of age.

### Discussion

The demographic and social differences between Canada and Britain lead one to suspect differences between the nurses as well. The description of Canadian nurses as Sarai Gamps (elderly, uncaring and alcoholic) relates probably only to a very small number of individuals. The description, for example, is inaccurate in terms of age. In Canada, nurses employed in private households were older than the young children listed as domestic nurses in the British census, but they were not elderly. Hospital nurses were not as old as their British counterparts, and the nursing sisters (nuns) who had recently arrived in Upper Canada were young.

Some nurses in Canada probably were uncaring and these fit the description of Sarai Gamps. However, the literature also contains descriptions of nurses who were caring and expert at their work. The quality of care given by nuns was never in question. Dolan, Fitzpatrick and Herrmann (1983) claim that in the early nineteenth century "almost the only good hospital nursing was done by religious orders" (p. 137).

And, finally, even though some Canadian nurses were discharged from their duties because of alcoholism, it is important to note that they were *discharged*, suggesting that the alcoholic nurse was not tolerated in the Canadian system.

### Conclusion

The conclusion may be drawn that the description of Canadian nurses as Sarai Gamps related to very few individuals and was used merely as a convenient retrospective label to bolster the importance of hospital training for

nurses. The findings in this paper emphasize the difference in number, age and marital status between Canadian and British nurses in the mid-nineteenth century. They also demonstrate the importance of examining Canadian historical evidence before borrowing insights from British scholars.

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## RÉSUMÉ

### Qui a introduit Sarai Gamp au Canada?

En 1843, Charles Dickens crée le personnage de Sarai Gamp, une infirmière âgée, négligente et alcoolique. Au Canada, les chroniques d'hôpitaux évoquent souvent des infirmières à la Sarai Gamp. Cette image est particulièrement tenace bien que de récentes études aient remis en question sa pertinence, même en Grande-Bretagne. Sarai Gamp est-elle un portrait juste de l'infirmière canadienne du XIXe siècle? L'objet de cet article est d'examiner certaines caractéristiques propres aux infirmières du milieu du XIXe siècle au Canada. Faute de données censitaires pour cette période, cet article ne porte que sur les infirmières du Haut-Canada. Les données sont analysées en fonction du contexte social prévalant en Grande-Bretagne et au Canada avant d'être comparées aux données qui correspondent aux infirmières britanniques, pour la même période. Les résultats font ressortir des différences notoires au chapitre de l'effectif, de l'âge et de la situation matrimoniale entre les infirmières canadiennes et britanniques du milieu du XIXe siècle.

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