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'On the respectability of this person every thing depends': hospital matrons and power relations in the Royal Infirmary of Edinburgh, c. 1817–1820*

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ABSTRACT

This article takes a case study approach to shed light on the work of female managerial staff in the Royal Infirmary of Edinburgh and the care and medical sector more broadly. It takes as its point of departure an example of conflict between the Infirmary's matron and a member of the committee of subscribers in order to examine the complex workplace relations in an institution increasingly responsible for healthcare provision for the poor in the city of Edinburgh. It explores contemporary assumptions about gendered patterns of work, care and housekeeping tasks and the implications of this normative framework for female staff and their personal, professional, and familial lives. It argues that the expanding sector of institutionalised care proved a space in which women found avenues to develop life-long careers in line with assumptions about gendered work, gaining occupational identities and financial independence. Finally, it provides evidence of complex welfare strategies and patterns of familial relations that pose challenges to standing assumptions about life-cycle work patterns and the relationship between women's employment, marital and familial status, and residency arrangements.

KEYWORDS

Women's work; hospital; charity; matron; care; medicine; institutionalisation; staff management; diet; epidemic

On 26 January 1818, a complaint was laid before the managers of the Edinburgh Royal Infirmary by the matron, Mrs Montgomery, respecting the conduct of Mr Wigham, member of the committee of contributors, a body of subscribers to the hospital ensuring public accountability of the institution and its expenditure. The hospital's managers proceeded to investigate the affair that took place two days prior and drew out its detailed account. On the Saturday 24 January, Alison Dickson, a nurse of the men's surgical ward, carried a carefully measured pitcher of broth that was to be distributed to the patients. Nurse Crawford, also a nurse of the ward, was to distribute the broth, when Mr Wigham came into the ward and suggested that the quantity of broth was insufficient, desiring her to give out larger portions to the patients. He ensured her 'that if the number

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*'Royal Infirmary of Edinburgh', *Caledonian Mercury*, April 2, 1818, 1.

of portions were deficient he would apply to the Matron for more Broth, and Crawford says she did so by his orders, though with reluctance'.[1] As a result, the nurse run out of broth by three portions and, accompanied by Mr Wigham, went to acquire for more from the matron. They found the matron overseeing the kitchens, and 'without mentioning what he had caused Nurse Crawford to do, [Mr Wigham] complained to the Matron, that the quantity of Broth sent to the Ward in question was deficient by three portions, and wished to have some more'.[2]

The matron maintained that there was no more broth 'but that it was impossible that there should have been any deficiency in the quantity as the exact number of portions had been carefully measured in her presence into the Kitchens'.[3] Mr Wigham questioned the size of the measuring ladle, 'still concealing what had taken place in the ward, he alleged that the Laddle belonging to the Ward might be too large'.[4] His suggestion was proven false and the matron proceded to reprimand the nurses for having given the wrong measures of the broth. Only then did Mr Wigham inform the matron that he had desired the nurse to alter the portions served, 'and the Matron expressed in strong terms her displeasure at this interference of Mr Wigham'.[5] In order to resolve the issue, Mr Wigham went up to the ward 'and gave a sixpence to the Patient George Bruce who had been deprived of his Broth for the purpose that he might provide a dinner for himself, and he offered a shilling to the Nurses who had suffered the same deprivation-They declined receiving it but he threw it [the coin] out to the Coal Bunker and went away'.[6]

The incident was followed by Mr Wigham's calling on the matron accompanied by his advocate, but she 'still expressed her great dissatisfaction'.[7] He also sent her a letter of apology for having caused trouble, though he emphasised that his actions were in consequence of the patients' complaints against insufficient portions in the Infirmary, also brought up by hospital clerks (young medical graduates working and residing in the hospital as trainee physicians and surgeons), and trainee physicians attending on patients. He maintained strongly his right to be present in the hospital, while confirming that he had no further intention to interfere with its internal management.[8]

This was considered a sufficient resolution of the conflict, which was regarded by the managers as settled and no further mentions of the affair appear in the minutes. This was not the only recorded confrontation Mrs Montgomery found herself entangled in with a number of complaints against her management reported by the subordinate staff of the hospital. These received less public attention but were nonetheless investigated by the managers. Importantly, the quarrel with Mr Wigham took place during a turbulent period for the Infirmary, which was responsible for dealing with the contagious disease epidemic the city faced between 1817 and 1823. During the following few months, the original dispute between Mrs Montgomery and Mr Wigham was included in *The Scotsman* and the *Caledonian Mercury*, publications that regularly reported on the state of affairs during the epidemic, with both magazines presenting rather contrasting versions of the story.[9]Against the otherwise fairly brief accounts of the everyday running of the hospital in the minute books, the time and attention dedicated to accounting for, and resolving this incident are unusual. Indeed, this was heighted because of its occurring in the midst of a fever outbreak. The public dimension of the quarrel deserves closer scrutiny, given the managers' painstaking endeavours to preserve control of the hospital's administration. Similarly, the public reviewing of the role and personal credentials of Mrs

Montgomery proves an interesting example of administrative and popular depictions of a female manager transcending the internal records into public documentation.[10]

This article, therefore, utilises the above incident between Mrs Jane Montgomery, the matron to the Infirmary between 1813 and 1818 and Mr Wigham, an Edinburgh shawl manufacturer and merchant and contributor to many emerging public establishments, its recording in the institutional archive and its depictions in the popular press as a window into the public scrutiny of the hospital's staff relations. I draw loosely on the methodologies devised for the study of court and criminal records that utilise the accounts of conflict and the incidental details they contain to reveal evidence of the everyday.[11] Institutional records and popular press share some of the characteristics of court records, such as their highly fabricated, formulaic nature, whilst at the same time offering glimpses of extraordinary events, or incidents with a bearing on administrative structures. They can simultaneously reveal evidence of the routine experiences of the institutional space. Events of conflict, tension or complaints were some of the few instances scrupulously recorded in institutional minute books, often including verbatim reproductions of correspondence pertaining to the events discussed from involved parties. They illuminate details of workplace relations, hierarchies and their gendering.

I argue that the incident offers a glimpse of the large and largely overlooked sphere of women's 'careers' as housekeepers, matrons and domestic managers that spanned the space of private households as well as institutions. This has been often demarcated by historians within the tidy categories of the 'domestic' deemed private, and the 'institutional' deemed public. I suggest that a gendered analysis of contemporary representation of care in the institutional setting and the press offers new evidence for the study of women's work in the care sector. It poses questions about the administrative, fiscal and managerial pressures on institutions funded through public means and the conflicting interests of internal and external management and investors. Furthermore, it invites the historian to pay attention to the individual, as well as the structural, when studying the ever-growing institutional sector of the early nineteenth century, highlighting the complex realm of public provision and state expansion in the urban space. Subsequently, a closer reading of the tension between Mrs Montgomery and Mr Wigham, requires the historian to interrogate the competing hierarchies of gender and status alongside the insider/outsider boundary within the close context of complex questions around patient care and welfare, management of public funds, and the underlining theme of control.

This episode provides a means of accessing the rarely visible realm of internal workplace relations within the emerging institutional sector specifically in the Scottish urban space, characterised by population growth, industrial developments, expansion of public institutions, and new trends city planning that reflected the growing socio-economic segregation of urban dwellers. The following discussion examines, first, the context of the Royal Infirmary, shedding light on its changing administration, weighed down by a health crisis, which triggered a reshaping of the relationships between the hospital's staff, managers and funders. Secondly, contemporary assumptions about gender and work embedded in the context of institutional expansion are examined in order to show that the expanding care sector was a space that offered a wide range of jobs for women, across and in between the private and public sectors in the management of care as well as nursing; it did not limit women to hands-on care within the home.[12] Alongside positioning itself in the field of women's work, this article thus contributes to the growing field of

nursing history and the centrality of gendered analysis of the subject as highlighted by Margaret Versluysen.[13] Thirdly, Mrs Montgomery's role in the Infirmary is reconstructed here to highlight the ways in which an individual woman was able to navigate institutional space, and what her personal story can contribute to challenging the standing assumptions about the relations between women's professional, domestic and familial roles. Mrs Montgomery's example shows that matrons exercised some latitude in their interpretation of the formal rules and regulations designed to govern their behaviour and their role as heads of the institutional household was rarely questioned by the management or contributors. Finally, returning to the figures of Mrs Montgomery and Mr Wigham, I reflect on the complex relations of care, its gendered language and popular imaginary, and the relations of power and its limitations in the institutional space.

Running the Royal Infirmary of Edinburgh

The Royal Infirmary of Edinburgh was founded in 1729 as the first expression of the British voluntary hospital movement outside London. The eighteenth century voluntary movement saw the establishment of Infirmaries as well as prisons, orphanages and charitable schools in an attempt of the propertied and the middling sorts to provide for ever-growing numbers of poor inhabitants, whilst also functioning as an instrument of social control. As such it formed an institutionalised version of traditional vertical chains of patronage that linked the rich and poor through mutual bonds of responsibility and obligation, here encompassed by contributions to the poor's medical care.[14] The Royal Infirmary of Edinburgh combined the philanthropy of the voluntary movement with the growing emphasis on medical and scientific research and civic progress of the Scottish metropolis that was home to the renowned Royal Colleges of Surgeons and Physicians.[15] Additionally, it aimed to establish a teaching institution affiliated with the medical school growing in renown. It sprung from the earlier initiatives of the Edinburgh Royal College of Physicians, which provided free medical advice and pharmacopoeia to the urban poor, though this became gradually insufficient in the context of urban growth and increasing poverty.[16] The hospital was built upon revenue provided by the recently dissolved fisheries stock company, church collections and contributions from the Honourable Ladies of the Assembly at Edinburgh, alongside the subscriptions of prominent Edinburgh citizens. A growing proportion of the Infirmary's revenue was raised from student fees as its educational role expanded, enabling a degree of financial independence from the city and the public. Unlike many similar institutions, the Infirmary in its early days relied on diversified resources, and functioned more as a chartered company than a charitable institution. This was most prominently exemplified in its holding of a colonial plantation and offering loans to public and private borrowers, much of its fiscal management was conducted outside of public scrutiny and often outsourced to the city's finance market. Despite continued pleas for contributions from the public printed in the newspapers and the rhetorical positioning of the Infirmary within the city's moral economy of charity and obligation, the Infirmary was by no means reliant on public collections and church contributions for its day-to-day running. The 'external economy', or revenue management, was conducted with a surprising level of entrepreneurship and business-minded frugality. This however, was to change with the numerous outbreaks of infectious diseases that plagued the city in the early 1800s, resulting in the gradual extension

of health and healthcare from the private sphere of individuals and their bodies to the body politic. Consequently, the hospital's reliance on public funds increased, followed by public calls for greater scrutiny and accountability of the revenue and expenditure.[17]

The admission of patients initially relied on institutionalised forms of localised patronage. In this context, the city's poor were admitted upon recommendations from the hospital's contributors. As early as the 1750s, however, the Infirmary became the principal healthcare provider for the city's poorer inhabitants including the numerous class of domestic servants, especially those suffering from infectious disease, who were admitted to the hospital to receive care as well as to prevent the spread of contagion amongst their employers and neighbours.[18] Until 1817, this role of the Infirmary remained largely limited, and managers maintained control over its fiscal as well as administrative management. With the first wave of severe epidemics in the city commencing in 1817, the hospital's involvement in the prevention of contagion and provision for patients without direct recommendations increased, resulting in a shift in the institution's public role as well as administration and oversight. Additionally, with the opening of an additional 'fever hospital' in 1818, the Infirmary became more involved with the municipality, the Society for the Relief of the Destitute Sick and public bodies such as the newly established Fever Board, which provided a foundation for the later municipal General Board of Health established by the Public Health Act in 1848.[19] The hospital's internal as well as external running became subject to greater scrutiny and public attention, and debates about the institution's revenue management, hygiene, patient welfare and diet as well as staff competencies became prominent in the popular press.[20] *The Scotsman*, a radical newspaper first published in 1817, was the leading periodical to question the managers' competencies and intentions, raising questions about corruption, nepotism and lack of accountability. In April 1818, a report on the Infirmary suggested that at last, 'the Managers are now doing what should have been done before,- *making an appeal to the public for support*; it is an earnest hope that the public money will be properly applied, and we trust also, that the public will soon be admitted to a share in the management'.[21] The voice of Mr Wigham and his fellow contributors was heard in these debates, as well as on the wards, amplified by the heightened attention paid to health and healthcare in its increasingly *public* dimensions.[22]

From the moment of its inception, the management and running of the Infirmary was divided into a 'tripartite system' consisting of the 'external economy', 'internal economy' and 'medical economy', as described in the 1778 reprint of the *History of the Infirmary*.[23] The language of economy in matters administrative, financial, and medical invoked the eighteenth century concept of 'oeconomy', understood as 'the practice of managing the economic and moral resources of the household for the maintenance of good order'.[24] Much of the Infirmary's day-to-day running was based on the management of a large household, evoked by the familial language used in the records in reference to the staff as well as patients.[25] The majority of staff were resident in the hospital and their mobility outside of the premises was limited. The circularity of relations between the management of revenue, provisions and cleanliness, as well as the orderly behaviour of all residents, regardless of position or status, also likened the hospital's running to the management of a private household. The inclusion of the 'medical economy' in this triad outlines the connectedness of medical, philanthropic and fiscal aspects of the institution's

running. The very 'private' character of the internal management was challenged by the growing 'public' scrutiny that required the hospital's walls to be increasingly permeable, posing new challenges to its organisational structures and the requirements placed on staff and patients to abstain from leaving the premises unless explicitly permitted.[26]

The 'external economy' of the Infirmary primarily consisted of General and Ordinary Managers who met regularly to discuss financial and executive matters of the institution. Additionally, the managers organised smaller committees to attend to the more pressing issues in the hospital's running and these were more directly involved with the hospital's internal affairs. The managers, once elected, held executive power over the institution, which, amidst the pressures of epidemic management, became increasingly contentious in the eyes of the contributing public. The rest of the subscribers came together annually in the Court of Contributors, though, as regretted by some, their powers were limited.[27] With the pressures of the late 1810s, the contributors were gradually gaining more influence, and in December 1817, the familiar Mr Wigham requested a public enquiry into the hospital's internal management on the grounds of complaints raised by a resident clerk, which was granted and subsequently discussed by *The Scotsman*.[28] A committee including the most prominent patrons such as the Earl of Hopetoun and John Hope, Esq was established to inspect the internal affairs of the institution with a focus on the management and hygiene. These were both primarily the matron's domain.[29]

One of the members of the weekly committee of visitors was also Mr John Wigham, with whose interference this article begun. Mr Wigham was born in England in 1786 and later settled in Edinburgh, where he made his fortune as a shawl manufacturer. Apart from his entrepreneurial ventures, he was 'known for his attention to many of the charities in Edinburgh', and spoke publicly of his views on urban poor relief and management in the lead up to the New Poor Law in 1840s.[30] In 1818, he was one of the contributors to the Infirmary, active in the Court of Contributors, and aiming to challenge the institution's current framework of leadership in order to increase its public accountability. His quarrel with the matron was symptomatic of his personal quest to increase the checks and balances on the hospital's dietary and fiscal regulations, regularly discussed in *The Scotsman*.[31] A familiar figure of the civic reformer in the context of regency Edinburgh, Mr Wigham was thus one of many individuals who aimed to establish a better regulated and publicly surveyed health management, inspired by the empiricism and socially-scientific discourse of the early nineteenth century.

Female hospital managers and their duties

Within the 'internal economy', the matron held the highest administrative role in the Infirmary aside from the treasurer, whose role was to oversee the hospital's employment of resources and liaise with administrative and medical staff as well as the matron. A matron was required to be 'unmarried, without a family, and capable of keeping accompts'.[32] She was to hire all the female staff of nurses, servants and the cook, and all domestic staff and patients or 'family' were to 'obey her orders'. She was in charge of all inventories of furniture, coal, bedding, linen and utensils, as well as weekly purchases of provisions, and she was directly responsible to the treasurer who regularly checked her accounts. Her charge of all aspects of internal management, cleanliness

and hygiene, as well as food preparation and provision, demonstrate the gendering of work tasks and spheres of influence entrenched in the hospital's rules and regulations.

The choice of a female figure as presiding over the internal running of the institution appears unusual outside of the context of domestic management, especially against the backdrop of historians' depictions of women's work as 'largely unskilled, of low status, poorly paid, casual, seasonal and irregular'.[33] Whilst recent research on gender and work provides ample evidence for moving away from this framework, women's work and its value still continues largely unrecognised, both historically and in the present day.[34] Despite compelling evidence of women's 'careers' across sectors, historians of women's work still struggle to shake off the confines of the separate spheres paradigm and the pessimistic depictions of women's economic agency, limited by the combination of patriarchal and capitalist structures.[35] As recently shown by Alex Shepard, this is especially the case when the work in question is related to care, habitually perceived as domestic, unpaid, performed predominantly in familial settings by women, acting upon their 'naturalised' propensity for caring.[36] Feminised care work is thus depicted as void of skill, training or expertise and appears natural, ahistorical, and the complex challenges, hierarchies and varied forms of caring relations in the home, the workplace, and the liminal spaces where much of caring takes place are overlooked. Additionally, women's paid care work is depicted as an extension of domestic caring and equally undervalued, with women's professional caring roles being discounted.[37] Whilst a rich historiography on women working in hospitals as nurses and matrons exists for the later part of the nineteenth century, much less has been written on the subject prior to the nursing reforms. This historiographical tendency of focusing on the second half of the nineteenth century thus perpetuates the continued perception of nurses and female hospital staff in line with the Dickensian stereotype of drunken old women without skill or professional training.[38] The virtual absence of women from the higher echelons of the 'medical economy', populated by physicians, surgeons, the apothecary and junior medical men in posts of clerks and dressers, perpetuates the binary between male cure and female care. Taking a more holistic view of healing and healthcare associated work as suggested by Mary Fissell is thus necessary in order to access the more gender fluid realities of hospital care.[39] Viewing the numerous hospital employees as collectively engaged in the practices of healthcare elucidates the vast array of collaborative rather than conflicting practices as also shown by Barbara Mortimer.[40]

By pointing out the histories of women working as managers and mistresses in the care and medical sector alongside further evidence of their *domestic* and familial lives, I thus aim to speak to historiographies of women's work, care work and early nursing. My focus on care as a form of employment beyond the periphery allows for stepping outside of the 'undervalued and underpaid' depiction of care and opens up a whole scope of occupational opportunities in which care appears as a lucrative pursuit, allowing both financial benefits and social status to *some* women employed in care. By simultaneously expanding our notion of healthcare and medicine beyond the care/cure binary, I want to highlight the greater continuity between the varied aspects of care and medical provision, as highlighted by historians of nursing, as inclusive of a greater array of managerial, medical, body work, dietary and affective tasks.[41] Whilst recognising the *relative* limitations faced by women in comparison with men such as reduced access to training and education, I aim to offer evidence of women's managerial work in the care

and medical sector in order to highlight that some women had access to 'careers' and financial independence, especially in roles coded as feminised or associated with the 'domestic'. Whilst access to roles in the 'medical economy' was extremely limited for women, and female practitioners were mostly excluded from the institutional sphere of the increasingly rigid notions of medicine, this did not mean they were wholly absent form the broader healthcare sector. As Barbara Mortimer has shown, domiciliary nurses continued to provide a broad range of healthcare outside of hospitals throughout the nineteenth century, challenging the assumption about masculinisation of healthcare with professionalization.[42] In the hospital context, nurses and matrons were instrumental to the care provided prior to the nursing reforms despite their negative depiction following the Dickensian stereotype of the gin-sodden Sarah Gamp.[43] A more flexible image of institutional care and medical provision can thus serve as a further example contributing to the existing scholarship of women's employment and entrepreneurship in traditionally feminised sectors such as millinery or dressmaking explored by Amy Erickson.[44] It is thus not the intention here to minimise the struggles faced by working women in the workplace, but rather to provide a layer of complexity to the story of women's lifelong employment and career prospects in the care sector. Finally, I aim to further the constitution of a more varied picture of care as a diverse phenomenon and practice beyond the unpaid and domestic, often shaded by its overly binary portrayal.

'The much respected matron, Mrs Montgomery'[45]

Mrs Jane Montgomery was elected matron of the Infirmary aged around 40, in October 1813, and stayed in the position until her death in February 1818. She was previously employed as the housekeeper to the Duke of Athol and thus recommended for the post at the Infirmary.[46] Despite her relatively short tenure, she was well established in the hospital's inner structure and was highly favoured by the managers, who continued to support her despite the number of internal incidents reported by her subordinates and the hospital clerks which were reported around the time of her quarrel with Mr Wigham. Her funeral was attended by the managers who were asked to show her due respect. Contrary to the rules and regulations of the institution which prescribed the role to be filled with an unmarried and childless woman in her middle age, Mrs Montgomery was married to a Mr Montgomery, employed as a brewer, and had an infant daughter, Elizabeth Forbes Montgomery, who was placed at nurse in Bruntsfield, on the outskirts of Edinburgh.[47] Both her husband and daughter died, and whilst her husband's death received no mention in the records, the death of her child in the summer of 1817 was discussed by the managers in the light of complaints raised against the matron. Contrary to the formal requirements, many matrons employed in the Infirmary had children prior to their appointment. Interestingly, matrons with older daughters often drew on their help in the hospital, whilst sharing their rooms and allowances on the premises, and in some instances requiring extra allowances to provide for their kin helpers.[48] Others simply shared their rooms in the hospital with family members, although these practices were rarely mentioned in detail.

In the context of the Edinburgh hospital, Mrs Montgomery was exceptional in being both married at the time of her appointment and most likely giving birth to a child during her tenure, though we know painfully little about both. Whilst it is unclear

where her husband, a brewer by trade, resided, and what the arrangements were between the pair, the possibility of his living on the premises cannot be excluded, with other matrons bringing their dependants and family members to cohabit in their apartments in the Infirmary. It is clear that he died prior to 1817 when Elizabeth died, though the circumstances of his death are unknown.[49] Using birth, baptism and marriage church registers available for Scotland prior to the 1841 census records, I have inferred that the pair was married in July 1809 in Edinburgh, and that Mrs Montgomery's maiden name was Bryce and her husband's first name William. Whilst this data is not fully conclusive given the inconsistencies of pre-census registers, it nonetheless provides a useful indication of Mrs Montgomery's familial life. She was likely born in April 1770 in Dumferline, to Mary Anderson and her spouse, Alexander Bryce, tanner and later mariner. This would make her 39 years of age at the time of her marriage, and 43 at the time of her appointment to the role of matron, which is consistent with the preference for women over 40 stated in the hospital's rules and regulations. William Montgomery likely died in December 1816, three years after her appointment to the function of matron.[50] Whilst we can be certain of her prior employment as housekeeper to the Duke of Athol, it remains unclear when and in what capacity she commenced her employment and whether there was a gap between her two posts. Her likely upbringing in the house of a tanner in rural Fife would suggest a considerable level of social mobility over her life course, proposing a variety of avenues that would enable women to gain employment in housekeeping and management similar to the findings of Sue Hawkins in London of the second half of the nineteenth century.[51] Additionally, whilst her proposed age at appointment confirms the hospital's preference for women in their middle age as matrons, her marriage age at 39 as well as her giving birth around the age of 40 does not fall within customary patterns of life-cycle of women employed in service, posing challenges to assumptions about women leaving their service jobs upon marriage. Additionally, her husband's employment in brewing, confirmed by their daughter's death certificate, proposes a more flexible pattern of employment as well as habitation of married couples both employed in different sectors and possibly residing in separate abodes. Adding to Amy Erickson's observation of married women's continued engagement in varied areas of the service sector alongside or separately from their spouses, the example of Mrs Montgomery and other matrons suggests that the same were the case in care and housekeeping.[52]

Additionally, reading the individual experiences of Mrs Montgomery against the formal rules and regulations of the hospital poses important questions. Whilst the formal statutes imposed strict rules on the women employed as matrons, these were habitually bent by managers searching for the most qualified candidate for the role. At a time of structural, fiscal and health pressures faced by the institution during the epidemics, the managers relied on a handful of competent administrative staff to manage these extenuating circumstances, and were willing to show their support and gratitude for their employees' devotion to their role. Equally, in quieter times, the hiring process for administrative staff reflected the managers' prioritising of competence, qualifications and recommendations over formal suitability and adherence to the rules, demonstrated in the case of Mrs Montgomery by her being favoured by the Duke of Athol, her previous employer. This applied equally to female and male staff, both formally required to be unmarried and without dependents, in order to be able to dedicate their full time and

attention to their professional roles, though both rules were side-lined, in spite of the numerous candidates usually applying for the post, when a candidate's fitness outweighed their external responsibilities. This practice points to a greater continuity between the hiring of male and female staff and their positioning in the internal hierarchy. Similarly, it challenges the assumptions around life cycle and marital status barriers for women in higher professional posts, pointing towards a greater compatibility between women's marital and professional lives. Equally, by centring on the life and career of an ever-married woman with a child employed and residing within the institution of her work, it contributes to more flexible reimagining of household/family relations, moving away from the prominent idea of the nuclear family towards much more varied patterns of cohabitation across the lines of domestic, institutional and professional spaces. Examples such as that of Mrs Montgomery thus continue to pose challenges to the assumptions of primacy of care, domestic and subsistence work in determining women's time use, suggesting a greater importance of paid employment as also shown by recently introduced quantitative evidence.[53]

Mrs Montgomery's placing her child at nurse in the rural hinterlands of Edinburgh highlights the importance of practices of foster childcare arrangements for working women of varied socio-economic backgrounds, as opposed to being limited to poorer and/or unmarried women. It challenges assumptions that familial care responsibilities determined women's professional lives, showing the multifaceted nature of care arrangements. It thus highlights the heterogeneity of caring practices and their contingency on paid work, which in the case of Mrs Montgomery's lucrative career appears incompatible with parental childcare provision, which was outsourced from the market. At the same time, it may point towards a welfare strategy altered by the death of her husband resulting in the necessity of her delegating all of the childcare to a nurse. The element of necessity to provide for her child materially, if not physically, thus plays an equally crucial role in spite of Mrs Montgomery's more favourable social standing. The matron's visiting the child at nurse, especially when the child fell ill, and the managers' appointing two nurses to substitute her during this time, also demonstrates the flexibility of such arrangements and their compatibility with affective caring, recognised both by the mother, her employer, and the broader public debate.[54] The lack of mention of Mrs Montgomery's family situation except when used in her defence demonstrates that we cannot assume the absence of familial and private lives of managerial and service staff simply on the basis of them being rarely discussed. Examples such as these instead hint at the great paucity of evidence for understanding women's familial and professional roles in their interlinking, and the pressing need to challenge the assumption about their incompatibility.[55] Equally, they contradict the continued imagining of the nuclear family as the primary locus of care, suggesting the need to expand the model to encompass broader household and institutional notions of family.[56]

Women's work and social mobility

In the context of the Royal Infirmary, prior to 1830s, reservations were rarely raised against the positioning of a *female* head as the domestic manager of the Infirmary. Indeed, there was a clear rootedness of the matron's responsibilities in traditional notions of women's work performed by mothers and mistresses, as well as housekeepers

in private households. Interestingly, the terms used to designate the role across time and across institutions fluctuated between 'mistress of the house', 'housekeeper', or 'matron' and the role itself was often described in familial, maternal terms with the resident hospital staff being habitually referred to as 'family' in terms also identified by Ariadne Schmidt in the Dutch context and Beatrice Zucca Micheletto in Italy.[57] The parallels between private and institutional 'households' have been recognised in a number of instances and my findings here endorse the household model as a frame of analysis of institutional work.[58] In her work on Dutch orphanages, Schmidt demonstrated the entrenchment of gendered roles in the institutional structures and the numerous roles occupied by female staff. Her study confirmed expectations about the low status and low pay of female orphanage employees who generally earned proportionately less than their male counterparts, largely reflecting the assumption about their wage being supplementary to that of their male spouses.[59] The case of the Edinburgh Infirmary, however, provides a rather different example of the higher status of female staff within an establishment of greater size and renown. Matrons were formally required to reside in the house and to be unmarried, although this was not always adhered to. At least in administrative terms, however, such rules excluded the possibility of their relying on husbands for support. Their salaries were amongst the highest in the institution and in the case of Mrs Montgomery, paid £35 per annum, only slightly lower than the treasurer who was paid £40, and higher than the £30 received by physicians, although less than half of the £80 per annum received by the highest earning employee, the apothecary.[60] Matrons also received board and lodging in private apartments alongside benefits in cash and kind as well as pensions in their retirement. The matrons' salary and status were contrasted with that of the subordinate nurses and female servants, who received less than £10 per annum, which, however, was still considered significantly higher than the wages of domestic servants in the city.[61]

While women's work in the hospitals remained in line with the contemporary assumptions about appropriate work for women, this, however, did not equate with work that was domestic or unpaid, or even low status, but instead allowed *some* women a higher purchase on occupational identities and economic status that was less attainable in other contexts.[62] The explicit gendering of the prerogatives held by the matron was essential to her navigating relations with staff, both male and female, and the ways in which her authority was established. In the incident between Mrs Montgomery and Mr Wigham, her gender as much as her insider role underpinned her authority over domestic management. Her physical presence in the kitchens and detailed knowledge of the process of food preparation and distribution demonstrates the hands-on character of her work as opposed to delegating tasks to her subordinates. Additionally, she was in charge of the rest of the staff subsumed under the 'internal economy', constituting the porter, cook, washers and servants, but also nurses who were also accountable to the medical staff.

Crucially, many women hired as matrons were, much like Mrs Montgomery, previously employed as housekeepers in elite households, and recommendations from their employers operated as currency in the application process for a post in the Royal Infirmary. As argued by Erin Spinney, 'care work was firmly in the hands of women who were viewed, both by society in general and by medical practitioners, as having the requisite skills for medical work through their household training', underlining the

continuity between various types of work in housekeeping, service, nursing and body-work.[63] Many were willing to relocate to take up the position, highlighting the large national network of female staff working in household management across and in between the public and private spheres. The candidates were required to be literate and skilled in casting accounts, budgeting and household management. The socio-economic backgrounds and levels of previous experience of the Infirmary's matrons varied greatly, however. Mrs Rannie, Mrs Montgomery's predecessor, was referred to as 'by birth a gentlewoman, and a lady in her manners' by the *Mercury*, though she seems to be an exception with most other candidates following a path of working in smaller, local institutions prior to taking up the role at the Infirmary, or as private housekeepers.[64] An article in the *Caledonian Mercury* from April 1818 summed up that 'it is well known that on the respectability of this person every thing depends, in an establishment of this kind', highlighting the status of female managerial staff in the institutional care sector.[65]

Focusing on the women-only roles of matrons and housekeepers within the growing milieu of charitable care provision, therefore opens up a vast array of employment and career opportunities for *some* women, based on assumptions about women's work and female household roles. Duties around food provision and budgeting as well as overseeing of various members of the 'family' formed a core of what some women made into successful careers, gaining considerable status and financial independence. Their responsibility over food intake by both patients and staff was seen as their primary duty as well as a prerogative and led to a close collaboration with the hospitals' physicians, surgeons and apothecaries. Similarly, matrons provided all the resident staff with board, often a point of contention between matrons and young male professionals such as clerks and dressers.[66] Their explicitly feminised role in food preparation and provision exemplified here placed them at the centre of the prominent debates about patient and staff welfare and health. The significance of diet and hygiene to contemporary notions of healthcare and cure, but also fiscal and spatial management, thus placed the matron at the centre of public scrutiny of the hospital's running, at the same time making her the target of complaints by resident staff. As shown by Alannah Tomkins, debates around food provision for the poor revolving around fiscal prudency as well as appropriate nutrition were central to institutional management in the care sector, and diet regulations and tables as well as expenditure increasingly faced public scrutiny.[67] In the predominantly male sphere of the hospital's management, the matron's role was explicitly gendered. The evident coding of the role as female derived from imagery of maternal and domestic management was used both as a source of power and its limitation, creating a complex dynamic of workplace relations between staff members and managers.

Whilst a level of social mobility was admittedly possible for female institutional managers, the requirements placed on them prior to taking up the role are suggestive of their having prior access to education and professional training. As Sue Hawkins contends for the second half of the nineteenth century, women hired as matrons and nurses were thus rarely recruited from the same socio-economic groups.[68] Career progression was, however, possible and many women climbed the ladder across the expanding institutional milieu, commencing in subordinate and service

posts and gaining professional experience. In the absence of available training for female professionals in this sector, experience, capability and status thus became the currency of the market for female managers, and the value of these credentials is displayed by the managers' support for Mrs Montgomery. When contrasted with nursing and service staff in the hospital, however, it is clear that only a very limited number of women were able to fulfil the expectations, highlighting the intersection of gender and status when attempting to reconstruct the histories of women's work in the care sector. Moreover, it shows the great variedness of care and care-related employments in the institutional space, the growing division between care and cure and the greater compartmentalisation and hierarchisation of care-related tasks, increasingly performed by multiple individuals with distinct specialisms.

Language and politics of conflict

Whilst supported by the managers throughout her short tenure, Mrs Montgomery found herself embroiled in many incidents of conflict occasionally leading to the public scrutiny of her management. These incidents generated multiple records that revealed the internal running of the hospital and her role within it. The first instance in which the matron's management came into question occurred in the summer of 1815, when the hospital received a letter from William Gullensher from Leith, accusing Mrs Montgomery of poor hygienic practices such as reusing unwashed linen after their use by patients suffering from gangrene, resulting in contagion and on one occasion even death. The origins of the complaint were investigated, though Mr Gullensher was never found, leading the managers to assume he was fabricated. The matter was clarified when another letter was received from the assistant housekeeper, Agnes Bryce, who, much like the first letter complained of Mrs Montgomery's handling of dirty linen, and as it came to light, she was also responsible for the previous letter, which she wrote under a false name. Agnes Bryce, Mrs Montgomery, and nurses were questioned at length, though Bryce's accusations were found to be unsubstantiated, and referred to by Mrs Montgomery as a 'base fabrication' and 'glaring machinations'.[69] Bryce was dismissed by the managers, upon which occasion she revealed that her complaints were a result of personal conflict with her superior over various matters, including her allegedly insufficient allowance of butter.[70]

Similar complaints against the state of bedding and general hygiene as well as patient diets were raised repeatedly by hospital clerks, though these were also found unsubstantiated by the managers. In spite of the formal obligation for clerks to raise complaints to the managers, they shared their grievances regarding diets and hygiene with the broader contributors, leading to the affair being discussed in the city's periodicals as part of their demands for greater public accountability of the institution.[71] As a result of these repeated objections, in autumn 1817, Mrs Montgomery was requested to draft a report to explain in detail her internal management, in which she disclosed her potential negligence due to attending her daughter who had died in the summer. The report revealed the managers' support during the time of her daughter's illness, in requesting two senior nurses to substitute the matron in her absence, enabling her to provide for her child. The managers continued to side with the matron, who remained in post until her unexpected death in February 1818.

These instances of conflict and its resolution demonstrate the complex staff relations, the managers' micromanagement, as well as the matron's always-contested position in the hospital hierarchy. As highlighted by the *Caledonian Mercury*, a well established periodical, which generally took the stance supporting the managers, 'the Matron in such a house required all the support the Managers could give her, to assume and to maintain the necessary authority over such a mass of heterogeneous elements as the inhabitants of the Royal Infirmary consisted of', including subordinate staff, patients and all hospital residents through diet and household management.[72] The incident of quarrelling over the allowance of butter is symptomatic of the matron's role in the welfare of staff and patients, most often exemplified in the contested area of food quantity and quality and the contrast between consumption demands and the matron's management, either depicted as frugal economy or incompetence by the rival parties.[73] The *Mercury's* depiction of the matron here serves to provide a favourable account of the hospital's establishment and its integrity. Drawing on her role as a grieving mother as well as a household manager the publication aimed to evoke compassion of its readers. The language used was explicitly gendered, echoing the notions of motherhood, care, loss, and grief to highlight the matron's caring nature. Interestingly, this resonates with the depiction of the involved and devoted managers and their philanthropy, though in more removed, less affective and embodied terms, making a case in point of illustrating the Infirmary's role as a public care provider, in face of soaring public criticism.

Unlike the tensions between staff members, which were resolved privately and internally, the changing administration due to the fever epidemic meant greater public scrutiny of such instances occurring during the years of 1817 and 1818. The public enquiry launched by Mr Wigham regarding the internal management, diet, and hygiene regulations brought sharper interest to the hospital's management and resulted in increased demands for new mechanisms of checks and balances on the power of the managers and internal staff.[74] The coverage of the debates by the *Caledonian Mercury* and *The Scotsman* demonstrates the complexity of the internal as well as external management. Unlike the *Mercury*, which sided with the management citing the extenuating circumstances of the fever pressures and Mrs Montgomery's bereavement, *The Scotsman* offered criticism of the lack of public accountability of the management and depicted the matron as an 'untractable person' who 'did not very readily or punctually attend to the directions given in the medical department'.[75] Her appointment to the post was attributed to nepotism, springing from her acquaintance with a medical practitioner, Dr Baird, and a clergyman, the Rev. Mr Porteous. In this instance, Mrs Montgomery's child-loss was left out, pointing toward the instrumentality of the matron's portrayal in both publications, highlighting the difference between the gendered tone adopted by the *Mercury's* trope of maternal sorrow and the *Scotsman's* more detached, civic approach when discussing the matron's negligence. *The Scotsman* focused on highlighting her incompetence and dubious appointment. Its critical view of the managers and administrators of the hospital as an autarchic body resisting the hospital's democratisation is thus depicted through the incident of patient neglect, employing affective language to provoke the readers' commiseration with the patients, or 'poor' and 'suffering beings', rather than Mrs Montgomery, here associated with the fraudulent establishment.

Such varied interpretations of the hospital's management as well as the matron herself complicate the story with which this article begun. Resulting from a process of linguistic

and semantic construction reminiscent of narratives heard in the courtroom, they are not to be taken at face value. The narrative tropes they utilise, however, reveal a great deal about the events they tackle and their broader contexts. They emphasise the complexity of managerial roles within the expanding institutional space and bring to the fore the many dimensions of the public-private binary expanding beyond the gendering of work. They underline the nature of managerial work in care and medical institutions, whether male or female, as always contested and always contingent, highlighting the complexity of navigating formal rules and regulations, workplace politics, and public scrutiny. The explicitly gendered language of the two periodicals alongside the implicit insider/outsider boundary expressed in the minute books once again accentuate the complexity of contemporary notions of types of work and who was to perform them. Finally, whilst pointing towards the importance of a gendered analysis of workplace relations, they by no means indicate that women were absent from the landscape of institutional care provision, its politics and public perceptions, but rather that their professional roles were coded in gendered notions of women's roles as mothers, carers, housekeepers, and providers.

Conclusion

The subject and particularly the language of care appears central to the depiction of both Mrs Montgomery and Mr Wigham by the managers, as well as the two competing periodicals. The variedness of the two narratives points towards the political nature of the concern about public health and public funds, against which the conflict between Mrs Montgomery and Mr Wigham is set. From the accounts presented in the hospital's own records, Mr Wigham was portrayed rather unfavourably, with his demeanour exuding arrogance and patriarchal authoritarianism, questioning a female professional upon unsubstantiated grounds. His act of throwing a shilling into the coal bunker and getting nurses Crawford and Dickson in trouble is perhaps all that is needed to bring the reader to side with Mrs Montgomery. The story of Mr Wigham's *male* interference into Mrs Montgomery's *female* domain of food provision almost writes itself, it seems, especially when placed against the backdrop of abundant literature on the crowding out of female practitioners as a result of the professionalization and institutionalisation of the medical and care sector in the eighteenth and early nineteenth centuries.[76] Placed against the context of the health crisis and the subsequent scuffle over who in fact was to run the hospital, conflicts involving Mrs Montgomery as well as Mr Wigham, reported months after the death of the matron, appear rather more complicated.

The pointed fashioning of the involved parties and their public defence by the two periodicals leads back to the reporting of crime and punishment, the methodology of which has been drawn on here to access the interlacing subjectivities of the multivocal narratives they present.[77] Beyond looking at the process of their fabrication, however, these records offer incidental evidence of the realities they report. Mrs Montgomery, by then deceased, as rendered by the managers and the *Caledonian Mercury*, was a competent professional, respected for her diligence and caring nature, though at the time of the incident, acting as a grieving mother whose negligence was perfectly excusable, especially in the context of increased pressures of the fever and the expanding parameters

of the matrons duties across voluntary hospitals resulting from their expansion throughout the century. Her mistakes were thus a mean negligence, pardonable under her personal and professional hardship, and her critics were to blame for their obtuse lack of empathy.[78]

According to *The Scotsman*, however, the matron was a difficult person appointed through her connections rather than her capabilities and her discharge of her role was careless, governed by a mere 'rule of thumb', as evocatively suggested in one report offered by the periodical.[79] Mr Wigham and his fellow contributors were, on the other hand, acting upon their care for the patients or as they were depicted, 'poor, miserable, diseased and suffering beings from whom they could expect nothing but a blessing', whilst contesting the manager's imprudent and dishonest handling of public funds.[80] Mrs Montgomery thus appears as a proxy for her employers and the broader structure that came to face public scrutiny triggered by the fever crisis.[81] Both narratives use familiar tropes rooted in contemporary notions of care and lack thereof, to justify the conflict that occurred, the gendering of which is made manifest in the opening incident and its subsequent rendering. On the one hand it is the combination of maternal care of the matron, for both her child and those under her professional care, and the philanthropic integrity of the managers, against the meddlesome outsiders and ungrateful clerks, depicted unfavourably as young *men* lacking in deference, raising complaints 'for the savage purpose of overwhelming the poor matron, at a time when she was distracted by the attentions which she could not withhold from a sick child'.[82] On the other hand, it is the charitable contributors fighting a nepotistic establishment of managers and staff connected through networks of acquaintances and revenue, in order to secure public accountability of the institution as well as patient welfare. Complex as they are, together, these accounts provide evidence of contemporary institutional politics, staff relations as well as personal conflict in the midst of the expanding care, medical and welfare sectors, highlighting the importance of the broader context to the study of gender and work.

Principally, the focus of this article has been on women's work and women's 'careers' in the care sector, which, despite ample evidence to the contrary, are still portrayed as secondary to those of men. It has also, however, aimed to highlight the importance of the context within which women worked, which they contested and were contested by, not always as women, but as employees, managers and professionals. In the case of Mrs Montgomery, this was further complicated by the processes of professionalization of healthcare and the emergence of public health driven by the pressures of contagious disease. Accordingly, it provided a valuable example of women's hospital work preceding the mid-century nursing reforms, demonstrating the strong sense of continuity in women's careers in medical administration throughout the century.[83] In the midst of the developments that were to transform the care and medical sectors over the nineteenth century, women continued to work as nurses and healers, but also housekeepers and managers. Many such women were challenged within their work environments, and when accounted for, the records of these challenges offer rare glimpses of their contested spheres of influence, working lives and everyday realities. Many incidents such as the quarrel between Mrs Montgomery and Mr Wigham can be read as gendered struggles, or as testimonies of a broader trend of crowding out women from the increasingly formalised sector of

public provision. Such reading, it seems, is rather reductionist, however, when placed in the complex environments of institutional care provision, obscuring the realities of women who navigated these spaces alongside, in cooperation, and in confrontation with other women, as well as men.

Notes

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4. Ibid., 173–81.
5. Ibid., 173–81.
6. Ibid., 173–81.
7. Ibid., 173–81.
8. Ibid., 173–81.
9. 'Royal Infirmary of Edinburgh', *Caledonian Mercury*, April 2, 1818, 1; 'Royal Infirmary', *The Scotsman*, April 18, 1818, 126; 'Royal Infirmary', *The Scotsman*, April 4, 1818, 108.
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18. Ibid.
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20. 'Royal Infirmary of Edinburgh', Caledonian Mercury, April 2, 1818, 1, 'Royal Infirmary', The Scotsman, April 18, 1818, 126, 'Royal Infirmary', *The Scotsman*, April 4, 1818, 108.
21. 'Royal Infirmary', *The Scotsman*, April 18, 1818, 126.
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29. 'Royal Infirmary of Edinburgh', *Caledonian Mercury*, January 8, 1818, 1.
30. Alison, Observations on the Management of the Poor in Scotland, 176.
31. 'Royal Infirmary', *The Scotsman*, April 18, 1818, 126.
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