

The Gloucester Asylum opened in 1822. Many of the appointments in the first 100 years were in the dual roles of attendant seamstress or dress-maker and attendant baker, taylor, brewer, shoemaker, carpenter and gardener and eventually, when the second asylum opened with its own farm (1883), attendant farm labourer. All of these combined their trade with nursing duties, being responsible for the patients in the wards as well as when at work.

Contemporary ideology argued for this on both custodial and economic grounds but it also perhaps had some beneficial effects on patients who otherwise lived in crowded wards and exercise courts.

The recognition that music and dancing were therapeutic early on added another dimension to the role of the attendant who could play a musical instrument. Such members of the Asylum staff were paid an annual bonus for playing in the Asylum Band.

The lists of equipment loaned out to attendants in the 1860s have survived. The only specifically medical item identified and lent out fairly frequently was gutta percha, a waterproof material used when applying poultices and ice packs. Foot warmers and commodes, razors and strops were in everyday use. There was a wide range of cooking utensils available for loan and a large variety of gardening tools, but only three items were given a page to themselves each year: brushes, mops and STALES, the local dialect word for the handles used with the mops and brooms. The attendants obviously spent a large amount of their 16-hour day cleaning. The gardener attendant was allowed his own suit of black clothes yearly for conducting the Asylum funerals, a very unusual role extension.

No specific training programme was started for the attendants until the late 1920s when the Medico-Psychological Association (MPA) certificate became optional. It did not become compulsory for nurses in Gloucester until the mid-thirties. The General Board perhaps understandably complained in 1896 that many attendants were coming to the asylum "raw and ignorant" and then going elsewhere especially the London Asylums "when they have learned enough to become useful".

If the nurses of Gloucester and elsewhere recognised as Miss Luckes did that "the important work of the nurse lies in carrying out the plan of treatment prescribed by the doctor", once new treatments became accepted and commonplace they were undertaken by the nurse and incorporated into the total plan of care for the patient. This helped create a climate of opinion in which modern nurses can take responsibility for planning total care. No longer are they merely responsible for the cleanliness of the patient and their linen and for tending the modern equivalent of the leech bites and little more.

There was little difference in the role of the nurse in the Voluntary Hospital, the Workhouse or the Asylum at the beginning of the 19th century but modern medicine, surgery and psychiatry enabled the nurse in the acute hospitals to extend her role gladly and extensively. However, as late as the 1960s it was still necessary to pay nurses a geriatric or psychiatric lead to tempt them away from the exciting and often extended role of the nurse in acute medicine and surgery.