



BETTMANN ARCHIVE

Cheering Angel

FIFTY years ago a frail white-haired old lady gently sank into a noon-day doze from which she never awakened; with her died one of the great personalities of the Victorian age, a legend in her own lifetime, the indomitable Florence Nightingale.

She had lived through 90 years of England's rise to industrial, commercial and military supremacy; through a stupendous century during which medicine passed from the remnants of mumbo-jumbo into science. And she had established the basis of the present great tradition of nursing in the Anglo-Saxon world.

Probationer. She was born on May 12, 1820 in Florence, Italy, where her parents were on an extended tour of the Continent. The family name was Shore, an old Yorkshire family; her father William Edward Shore changed it to Nightingale in 1815 as a condition of inheriting a fortune from his grand-uncle.

The father was a cultivated man; the mother managed the life of a wealthy Victorian family with good social connections: generous hospitality, visits to country homes, balls during the London social season, tours on the Continent.

Florence and her only sister Parthenope* were both socially popular: Florence was pretty, vivacious, amusing; her sister was plainer but more frivolous.

A warm sympathy developed between Florence and her father: both valued accuracy and abstract speculation, both had the same alternately gloomy and humorous turn of mind. He was deeply concerned with the vast

*Ancient name of Naples, where the girl was born; similarly Florence was named after her birthplace.

problems of social reform that were then agitating many English minds. They both knew of the pioneer work of Elizabeth Fry in reforming ghastly prison conditions and in establishing soup kitchens for the poor.

Like most of the wealthy landed families of the time, Mrs. Nightingale and her daughters visited the poor and sick on their estates, playing the then popular part of Lady Bountiful. The poverty and suffering in the world came to preoccupy Florence intensely. She was on the one hand tempted by the brilliant life that she could have for the asking, on the other hand repelled by its vacuity.

Even as a young girl, she had a strong metaphysical bent: she was a member of the Church of England, believed strongly in the intervention of God in human affairs. In her diary when she was 17 she wrote: "God spoke to me and called me to his service."

When she was 24, the family received the visit of Dr. Samuel Gridley Howe, an American physician who had spent his life in the service of humanity, notably in helping the handicapped and in opposition to slavery; his wife Julia Ward Howe was herself a passionate social reformer.*

Florence asked the physician if he thought it would be unbecoming for a young Englishwoman to devote herself to works of charity in hospitals. Replied he: "It would be unusual, and in England whatever is unusual is thought to be unsuitable. But I say, go forward if that is what you want."

These words from a man of Dr. Howe's moral stature may have been

*Best remembered today as lyricist of the *Battle Hymn of the Republic*.



WIDE WORLD

Top to bottom: Florence Nightingale as the Lady with the Lamp comforting the wounded at Scutari; her portrait drawn ca. 1850 by her sister Parthenope; country home of the Nightingale family near Romsey, Hampshire.

Vol. 4, no. 8, p. 98

the turning point of Florence's life: a year later she requested her family's permission to learn nursing in the nearby Salisbury Infirmary, of which the head physician was Dr. Richard Fowler, a family friend.

The family was outraged, beginning years of quarrels, hysteric scenes, bitter recriminations, years of nervous exhaustion which were to have remarkable psychosomatic consequences in Florence's later life. Parthenope's recurrent illnesses and Mrs. Nightingale's headaches were blamed on Florence; Mr. Nightingale took more and more frequent refuge in his club.

One of the men who had fallen in love with Florence was the charming, witty man-about-town Richard Monckton Milnes. After nine years of patient courtship he asked for a final answer. Wrote she in her diary:

I have an intellectual nature which requires satisfaction and that would find it in him. I have a passionate nature which requires satisfaction; that would find it in him. I have a moral, an active nature which requires satisfaction and that would not find it in his life. I could not satisfy myself by spending a life with him in making society and arranging domestic things. To be nailed to a continuation, an exaggeration, of my present life without hope of another would soon be intolerable to me.

The family campaign against Florence reached absurd proportions: although she was nearly 30 they treated her as a wayward schoolgirl, her movements were controlled, her letters read, her social activities supervised.

She had meanwhile learned about

the work of German Protestant minister Theodor Fliedner (1800-64) who had organized the first Prison Society in Germany in 1826, then founded at Kaiserswerth the pioneer hospital for the indigent, run by deaconesses. Wrote she: "There is my home, there are my brothers and sisters all at work. There my heart is and there, I trust, will one day be my body."

By 1851 the family were forced to capitulate, not without a final burst of hysteria and violent scenes. Her father made her an allowance of £500 a year, (worth about \$15,000 today) and she went to Kaiserswerth for three months' training. She then entered for further training in the Sisterhood of St. Vincent de Paul in Paris. When she returned to London in July, 1853, she undertook the superintendency of the Sick Governesses' Home.

Nurse. When Florence Nightingale entered the field, nursing in the Anglo-Saxon countries was neither a vocation nor a profession. The majority of ward nurses needed no training except in bed-making and preparing poultices; in the days before temperature charts most of them were not required to be literate.

Junior nurses cooked and scrubbed for their seniors and for patients. The more intelligent and sagacious women became surgical nurses, for whom Florence herself entertained a high regard. Some nurses stayed on night duty for a year or more; they were the ones who resorted most liberally to the gin bottle and helped to give nursing the bad name it then had.

The slattern, tipping Sairey Gamp in Charles Dickens' *Martin Chuzzlewit* was no longer found in the larger

English hospitals by the 1850s, although she continued for a time in private nursing. The average lot of a hospital nurse was thus described by a physician in *Lancet* in 1857, three years before the Nightingale scheme for training nurses went into effect:

Lectured by committees, preached at by chaplains, scowled on by the treasurer, scolded by the matrons, sworn at by the surgeons, bullied by



BROWN BROTHERS



COURTESY "ILLUSTRATED LONDON NEWS"



BETTMANN ARCHIVE



CULVER SERVICE

Right, top to bottom: Florence Nightingale visiting the battlefields by carriage; leading her nurses to the hut hospitals at Balaklava; a ward at Scutari after Florence Nightingale's sanitary reforms had been executed. Above, attending to wounded on a Crimean battlefield.

the dressers, grumbled at by patients, insulted if old . . . they are just what any woman might be exposed to the same conditions: meek, pious, saucy, careless, drunken or unchaste, according to circumstances or temperament, but mostly attentive and rarely unkind.

But reform was on the way while Florence was still a girl, both in hospital and private nursing. Elizabeth Fry had also visited Kaiserswerth in the early 1800s and returned to England determined to set up a Fliedner-type training school for nursing deaconesses, the nearest Protestant equivalent to such dedicated Catholic orders as the Soeurs de Charité.*

In her first post at the Sick Governesses' Home, Florence installed dumbwaiters to save the nurses' feet, pried open windows to introduce fresh air, insisted on frequent floor scrub-

bing, laundering, bathing of patients; by reorganizing the purchase of supplies she was able to save enough money to raise the nurses' pitifully low wages.

She also learned the art of intrigue: giving the hospital committee the impression that her reforms were suggested by staff physicians, inspiring the physicians with the feeling that they had originated the improvements.*

Crimea. By the middle of the 19th century, Russia's moves to expand in South-Eastern Europe had seriously alarmed other European powers, particularly the threat that Russia might gobble up Turkey, then known as the Sick Man of Europe.

The immediate cause of the Crimean War were quarrels between Russia and France over access to the Holy Places, then in Turkish hands. In October, 1853, Turkey declared war on Russia,

five months later France and Britain entered as Turkey's allies.*

Within months after England's entry into the war, the nation was profoundly shocked by the despatches of pioneer war correspondent William Howard Russell of the *Times*, reporting from the Crimea.

In the initial Black Sea crossing, 30,000 men were crammed into a few small transports, most of their equipment was left behind. After the first battle, Army surgeons found no bandages, splints, chloroform, or morphine. The wounded lay on the ground or on straw drenched in ordure. Amputations were performed without anesthetics while patients sat on tubs or lay on old doors; the surgeons worked by moonlight because there were no candles or lamps.

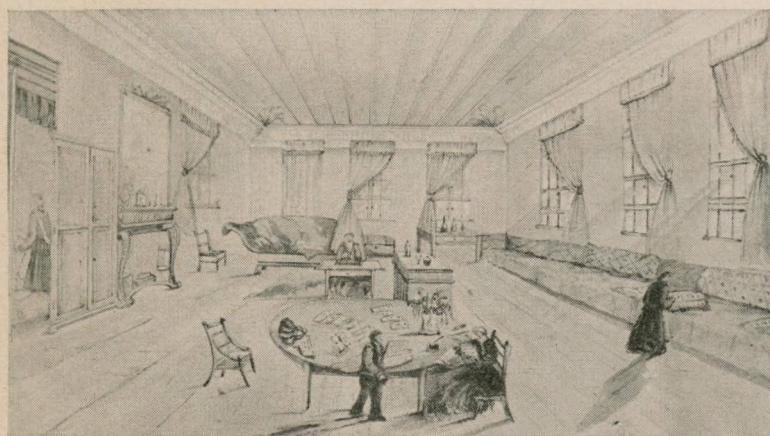
When a cholera epidemic broke out, thousands were stricken; cholera cases and wounded were packed together into leaky ships and sent to Scutari.

Reported by Russell was that while the English wounded were virtually uncared for (except by unwilling orderlies), the French had the benefit of kindly and well-trained nursing sisters, hence a lower mortality. On October 12, 1854, a letter in the *Times* beseeched Englishwomen to offer their services as nurses; two days later Florence wrote Sidney (later Lord) Herbert, then Secretary of State for War,† asking permission to take a few women to the Crimea as nurses, at her expense. Her letter crossed with one from him, asking her to take charge of the "Female Nursing Establishment in the East."

In five days she sailed with 38 nurses, 24 of them from the Roman Catholic and Anglican sisterhoods, and the remainder untrained, reaching the dilapidated and insanitary Scutari hos-

*Sardinia (then most of Italy) joined the Allies in 1855.

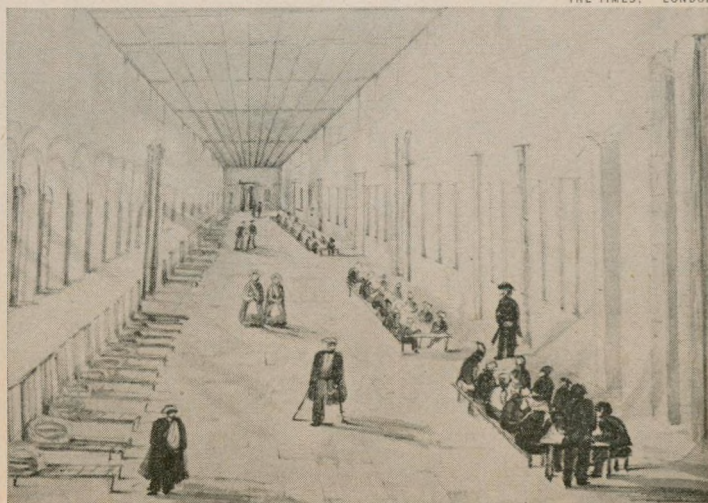
†She had become friendly with the Herberts years before, in Italy.



"THE TIMES," LONDON



"THE TIMES," LONDON



"THE TIMES," LONDON

Three drawings by Anne Morton, matron at the Scutari hospital, 1855: Miss Nightingale's room; tower of the barrack hospital; view of the ward.

pitals on November 4.

Ten days before their arrival there had been fought the Battle of Balaklava,* and on the day before, the battle of Inkerman, both with heavy casualties.

Florence launched operations in the huge Barrack Hospital at Scutari, containing over four miles of beds, 18 inches apart, more than 2000 patients. Apart from the generally suppurant wounds, large numbers of the men suffered from dysentery.

The patients' linen was not washed, the bedding was washed in cold water, the hospital stores contained not a basin, towel, piece of soap or broom. Urine and feces were dumped in huge wooden tubs in the wards, allowed to spill over by the reluctant orderlies.

Florence's first administrative steps were to requisition 30 scrubbing brushes, rent and equip a house as a laundry, place soldiers' wives at the washtubs. Hundreds of wounded arrived half naked, having lost their equipment; 6000 shirts and 2000 pairs of socks were provided.

Many of the immediate necessities had to be bought in the open market owing to the inefficient commissary system; for this Florence used funds collected by the *Times*, also her own money.†

The question of having women nurses in the Crimea had been proposed before the army sailed; it was rejected by the army authorities. When Florence and her first band arrived they were met with indifference, some antagonism. Wrote she ten days after arrival:

We are very lucky in our medical heads. Two of them are brutes and four are angels, for this is a work which makes either angels or devils of men, and of women too.

Although she was soon to be regarded as a devil of an administrator by some incompetent medical and other department personnel, she showed an angelic side to the wounded, on which her future fame was founded.

Thousands of letters reached England, telling of her tireless devotion to the patients. She worked as a nurse during the day, made the miles of rounds in the evening, carrying the lantern that gave her the famous sobriquet of Lady With The Lamp, then retired to her screened-off quarters in the main ward and wrote scores of letters and reports to the home authorities, particularly to the highest authority in the army, the Secretary of State for War. Wrote she three weeks after arrival:

*Where occurred the suicidal charge of the Light Brigade.

†Wrote Florence sardonically: "I am clothing the British Army."

The fault here is not with the medical officers, but in the separation of the department which affords every necessary supply except medicine to them, and in the insufficiency of minor officers in the purveying department.

Supplies either arrived at the wrong port, or were dumped on the dock and left to rot, or purveying officers could not obtain them without struggling through miles of bureaucratic red tape. The idea of buying needed supplies in the market was preposterous.

Regarded by Florence as the symbol of inefficiency and an enemy of reform was the principal medical officer Dr. (later Sir John) Hall. In his defense, historians point out that he was merely a career officer who made the best of an existing administration, using a system that was too rigid to meet a new kind of war emergency. History's considered judgment of the historic battle between Dr. Hall and Florence Nightingale is given by Sir Edward Cook:

Miss Nightingale never allowed personal feelings to affect the impartiality of her judgments. Dr. Hall disputed her authority and resented her interference. She fought him and in the end she beat him; but there are passages in her letters which bear testimony to his good services and high capacity in many respects. Nor were their personal relations unfriendly; but she saw in him throughout an antagonistic influence.*

In the spring of 1855 Florence crossed the Black Sea to the army hospitals in the Crimea. Unlike Scutari, the buildings were far apart, forcing her to walk miles over rough roads, often in the darkest night. She contracted Crimean fever and became desperately ill.

The news of her illness was received with profound sorrow in the army and in England. When she was landed at Scutari, wrote a soldier witness: "There was no sadder sight than to see that dear lady carried up from the pier on a stretcher just the same as we men, and perhaps by some of the fellows she nursed herself."

Recovered, she refused to leave her work until the last troopships had gone. Wrote she to Herbert in 1856:

I arrived here March 24 with nurses for two Land Transport Hospitals required by Dr. Hall in writing on March 10. We have now been ten days without rations. . . . During these ten days I have fed and warmed these women at my own private expense by my own private exertions. I have never been off my

*After a Royal Commission had investigated army sanitary conditions, Dr. Hall retired a broken man, died in 1866.

horse till 9 or 10 at night, except when it was too dark to walk home over these crags even with a lantern, when I have gone on foot.

During the greater part of the day I have been without food neces-



BETTMANN ARCHIVE

Photo of Miss Nightingale about the time of her departure for Crimea.

sarily, except a little brandy and water (you see I am taking to drinking like my comrades of the army). But the object of my coming has been attained, and my women have neither starved nor suffered.

Florence Nightingale returned to England in August, 1856, four months after the peace treaty was signed.* The press and public had prepared a tremendous reception, but she slipped into the country incognito and retired to the family house at Lea Hurst, in Surrey.

Her popularity was now immense: she was the special heroine of the cottager and the workman, relatives of the soldiers she had nursed. Rhymed broadsheets and alleged penny lives were hawked everywhere; in every periodical (including *Punch*) appeared poems in her praise; notepaper was made with her portrait as a watermark, her likeness appeared on sentimental prints, china figurines, even shopkeep-

*The result of the war was indecisive.

To the survivors of the Balaclava
Charge. October 23 1893

My friends

I am asked to greet you
the survivors on this
anniversary of the heroic
Balaclava charge

I do so with heartiest
sympathy

May I ask you to day,
remembering the heroism
with which some of
your Light Brigade
went back under fire
to the rescue from death
of some wounded comrades.

"O God, to us may
grace be given
To follow in His train.

Your faithful friend
Florence Nightingale

COURTESY SCHOOL OF NURSING,
PRESBYTERIAN HOSPITAL, NEW YORK



PAYNE

Top to bottom: pages of a letter written by Florence Nightingale to survivors of the charge of the Light Brigade, 1893; her photograph ca. 1910 at age 90. Right, St. Thomas' Hospital, London, where the first Nightingale school for nurses was opened in 1860.



BRITISH INFORMATION SERVICES

er's paper bags. Her name was given to lifeboats, children, streets, waltzes, racehorses. Victorians then had a passion for anagrams: one was found on her name and became a byword: *Flit on, cheering angel*.

Reform. From her return to England until her death stretched the years of the semi-invalidism that have never been satisfactorily explained. From 1857 until 1910 she lay in bed or on a couch, or sat in an invalid chair, never seeing more than one visitor at a time.

During this time she performed a staggering amount of work: wrote innumerable letters and notes, read mountains of statistics, wrote books, reports.* She corresponded with statesmen all over the world, eminent doctors, public health officials.

She was not paralyzed in any way, nor was any organic disease ever diagnosed. One theory is that her earlier violent scenes with the family had induced a psychosomatic syndrome well understood today: any unpleasantness or opposition to her wishes brought on cardiac palpitation, hyperpnea, headache, pseudoangina.

Over the years she was thus able to avoid appearing in public or wasting time on social events, could refuse to see anyone who might displease her, was able to concentrate on her work. The hypochondria that she developed in her correspondence served to increase the sympathy of her friends, decrease the antipathy of enemies.

The two main areas of her postwar work became reform of the military medical establishment and organization of training schools for nurses, with side excursions into military medical problems in the Civil War and sanitation for Indian peasants.

She plunged into the enormous task of drawing up a practical corrective program for the army: after six months' work aided by her devoted friend Dr. John Sutherland, she pro-

duced nearly 1000 pages on the whole army medical situation in peace and war; her *Notes Affecting the Health, Efficiency and Hospital Administration of the British Army* remain today the leading text on military hospital administration.

In six detailed sections she examined the course and cure of the Crimean disaster, quoting facts and figures, giving tables, plans, diets, proving that bad food, inadequate clothing, insanitary conditions led inevitably to defeat.

She recommended four subcommittees which would (1) put barracks and military hospitals in sanitary order, ventilate, warm and light them properly; (2) found a statistical department for the Army; (3) institute an Army medical school; (4) completely reconstruct the Army medical department, revise the hospital regulations relating to supplies, and draw up a new warrant for the promotion of medical officers.

From government departments came urgent queries on nearly every aspect of public health; from all over the world for consultation came sanitarians, experts in military medicine, hospital builders.

She drafted a "Circular of Enquiry" to be sent to every military hospital and station in India, requesting specific information on health and sanitary matters. She analyzed the replies which filled a whole room, demonstrated that for years the death rate of the British Army in India had been 69 per 1000. There was no drainage, barracks were overcrowded and improperly built, hospitals were even worse.

She devised huge irrigation projects to combat famine and drought; under her direction (though she never went to India) roads and schools were built, wells sunk, jails remodeled, hospitals reconstructed.

In her revolutionary *Notes on Hospitals* (1859) she proved that the high mortality, then invariable in large hos-

*There are 150 volumes of notes and letters in the British Museum alone.

pitals, was preventable and unnecessary. This vigorous book became a best seller. Plans for new hospitals were submitted to her from a dozen countries; she had to write long letters on the piping of water, the best color for walls, hundreds of letters to iron-mongers, engineers, builders.

A grateful public had subscribed £45,000 (\$225,000) for a Nightingale Fund to found a training school for nurses. The first of these was opened in London's St. Thomas' Hospital in 1860 with 15 probationers. In the same year was published the *Notes on Nursing*, intended for women who took care of children at home, also for those who might consider a nursing career. It sold 15,000 copies within a month, was sold all over Europe.

During the Civil War she was consulted by both sides on military hospital systems; when tensions rose between England and the Union she was asked by the War Office to draw up plans for transporting men and materiel to Canada.

After 1872 her influence at the War Office ended when her friends lost political power; but she remained entrenched in the India Office; for many years it was *de rigueur* for a newly appointed viceroy to pay a visit to Miss Nightingale. She was also able to improve the conditions of England's infirmaries and workhouses; one of her most remarkable papers anticipated the recommendations of the Poor Law Commission of 1909.

In 1901 she lost her sight, then her mind began to fail and she sometimes lay for hours in a coma. But she fought to keep a grip on life, had the *Times* read to her every day, also biographies and articles which recorded action. A favorite book: Theodore Roosevelt's *Strenuous Life*. Recollected her physician, Dr. May Thorne:

In the last two-and-a-half years of her life she had no illness or suffering of any kind. She had an excellent appetite and enjoyed her food. She delighted in the flowers and birds with which she was surrounded. She was the most beautiful o'd lady I have ever seen, with good features, pink cheeks and a perfect skin without a single blemish, sparkling blue eyes and pure white hair. There was nothing to indicate that she was going to die. She fell asleep about noon on August 13, 1910 and did not wake again.

Her lamp was extinguished after ninety years and three months. Burning as brightly fifty years later is the respect accorded to the women who were once slatternly and downtrodden, a profession like no other in the world.

END

NEW

the
physician-requested
addition to the
DONNAGEL family

DONNAGEL-PG

Donnagel with paregoric equivalent



for better control of
acute nonspecific diarrheas . . .

This pleasant-tasting combination of two outstanding antidiarrheals—**DONNAGEL** and paregoric—delivers more comprehensive relief with greater certainty in acute self-limiting diarrheas.

Each 30 cc. (1 fluidounce) of **DONNAGEL-PG** contains:

POWDERED OPIUM U.S.P.24.0 mg.	KAOLIN6.0 Gm.	PECTIN142.8 mg.	NATURAL BELLADONNA ALKALOIDS	PHENOBARBITAL (¼ gr.) ..16.2 mg.
(equivalent to paregoric 6 ml.) Diminishes propulsive contractions and tenesmus; makes fecal matter less liquid	Adsorbent and demulcent action binds toxins and irritants; protects intestinal mucosa	Demulcent action complements effect of kaolin	hyoscyamine sulfate 0.1037 mg. atropine sulfate.....0.0194 mg. hyoscyne hydrobromide 0.0065 mg. Antispasmodic action reduces intestinal hypermotility; mini- mizes the risk of cramping	Mild sedative action lessens tension

Supplied: Banana flavored suspension in bottles of 6 fl. oz.

Also available: **DONNAGEL**® with **NEOMYCIN** — for control of bacterial diarrheas

DONNAGEL® — the basic formula — when paregoric or an antibiotic is not required.

A. H. ROBINS CO., INC., Richmond 20, Virginia

Making today's medicines with integrity . . . seeking tomorrow's with persistence