

Florence Nightingale (1820 – 1910) – Nursing Pioneer

Early Life

Born in Florence into an upper middle class family, Florence Nightingale experienced early life as a bird in a gilded cage, suffering frequent 'nervous collapse,' We can only conjecture the suffocating home environment, a classical home education and scant opportunity to pursue a career. This typified the Victorian view of the role of women with the expectation of marriage, children, the social whirl and a life of domesticity.

Her father went to Cambridge and instilled in the eager to learn Florence the type of education afforded to young men at Oxbridge. Fluent in French at an early age, she was proficient in Latin and Greek, excelled at mathematics and had a love of science and history. Studying these subjects in depth, Florence was well capable of debating and applying the principles. Home tuition was by her highly educated father William, son of a banker, and also by private tutors. With lavish homes in Hampshire and Derbyshire and servants he did not have to work, revelling in his role as family tutor to the talented Florence and to her sister Parthenope.

Greatly intelligent, Florence was deeply religious too. At seventeen she declared she had heard the voice of God calling her to a life of service and nursing in particular. Was this a personal message or Florence wishing to lead a fulfilling life usually denied to women? Both seem plausible and her reacting to a wealthy upbringing and very comfortable but insular lifestyle. William became a member of the local Board of Guardians who oversaw workhouse conditions but was this out of concern for the poorest in society, or prestige of the appointment? We can imagine discussions at the dinner table with Florence probing what daily life was like for inmates and, more especially, how they came to be there. A concern for the poorest in society and those incarcerated may have been influenced too by her maternal grandfather, an associate of William Wilberforce and Member of Parliament.

A thirst for learning served to increase her determination to do something tangible with her life, leaving her parents with a dilemma. What to do with this 'intellectual hurricane?' Florence later wrote a book *Cassandra*, a critique of restrictions faced by women in society. She was thinking of nursing too, epitomised by Dickens in *Martin Chuzzlewit*. A tottering and inebriated Mrs Gamp, waving a gin bottle, provided a compelling image of the lowly status of nurses, barely above domestic servants. They spent most of the day charring: cleaning, scrubbing and polishing and making beds whilst sisters liaised with doctors and helped matron administer the hospital. Lowest in the hierarchy was the night nurse, given supper and one shilling to keep watch, when not asleep. Tales of drunkenness and immoral conduct were rife, confirmed by a young surgeon and the chaplain of Guys Hospital who spoke of the temptation of these evils among persons "brought up as they are."

After persistent badgering, Florence embarked on a three months placement in 1851 at the renowned hospital and school for the destitute at Kaiserswerth in Düsseldorf. Whilst impressed with Kaiserswerth, her keen eye noted the roll call of subscribers and patrons sprinkled with royal names. Honorary members abound "but where are the working ones" she queried. Florence was critical of regulations "made without experience," and policy: "the scheme is excellent but what are the results?" She was especially scathing about nursing practice, saying, "the nursing is nil and the hygiene horrible." What she described as tone was "excellent and admirable." On returning, Florence visited several London hospitals before appointment as a superintendent of a hospital for 'invalid gentlewomen' in Harley Street in 1853. The experience stood her in good stead for what was to come..

The Crimean Debacle

In March 1854 disturbing reports flooded in about dreadful conditions in the Crimea, a lack of medical supplies and appalling death rates. The critical reports of William Howard Russell of The Times reverberated in Whitehall. His "are there no devoted women" appeal in The Times of 15th and 22nd September struck a chord with Sidney Herbert, Minister at War. Living at nearby Wilton House he knew Florence socially and invited her to oversee introduction of female nurses into military hospitals there.

Across the Bosphorus, on the Asian side, was the prominent and forbidding edifice of the Selimiye Barracks of Scutari, not unlike Millbank Penitentiary on the Thames. Built on rising ground it resembled a fortress. Over four times the size of a football pitch, its long corridors faced inwards onto a huge rectangular parade ground. A "vast field of suffering and misery awaited" the party. Cholera and dysentery were rife and the harsh Crimean winter meant many cases of frostbite. Men lay on thin vermin infested sacking in squalor and filth. With beer bottles for candle sticks, few bedsteads and no furniture these were the least of problems. Long promised stores had not arrived. Minimal clothing and linen, scarce medicines, an absence of surgical utensils and raw meat at times, summed up the debacle, and epic tragedy of appalling incompetence and abysmal leadership lacking a Nelson or Wellington.

On 4th November 1854, Florence and thirty eight nurses arrived at Scutari. She was appalled. "There were no vessels for water or utensils of any kind; no soap, towels or clothes, the men lying in their uniforms, stiff with gore, covered in filth." At night she carried a Turkish lantern, purchased in a Constantinople Street. This compassionate image of the "lady of the lamp" was further enhanced by The Times, referring to her as a 'ministering angel' and 'every soldier's face softened with gratitude' as she glided by. Florence brushed such remarks aside, insisting they were tinsel.

When full, the Barrack Hospital could accommodate 2,434 patients. It now had 1,730 patients, to be swelled by the 600 from the Battle of Inkerman on 5th November with another 800 expected the next day. All cooking was done in thirteen copper pans at one end of this vast, sprawling building with beds stretching forever which meant three or four hours to serve dinner alone. The kitchen was referred to as the Tower of

Babel, piled high with a conglomeration of food supplies, clothing, linen and rubbish whilst nurses and Turk, Greek, French and Italian servants whizzed to and fro along miles of corridors, speaking their own language, taking meals that would arrive cold with meat undercooked.

Nursing was confined to washing, sewing and cooking. Nurses were not permitted to speak to the medical officer or converse with patients on matters other than medical care. Herbert agreed in December for a further forty seven nurses to be sent under Mary Stanley, prompting Florence to insist "no fat drunken old dames and no nurse above fourteen stones" were to be included.

Writing to Sidney Herbert on 4 January 1855 Florence fumed, "I am a kind of general dealer in socks, shirts, knives and forks, wooden spoons, tin baths, tables and forms, cabbage and carrots, operating tables, towels, soap, small tooth combs for picking out lice, scissors, bed pans and not least stump pillows." Requisitioning supplies had to go through eight layers of bureaucracy. Adding to delay was the Board of Survey which inspected all supplies on arrival before release, when convenient. One example amongst many was a consignment of 27,000 shirts not even unpacked. She spoke of forages in the Purveyor's store for plates, cutlery, trays, slippers, scissors, mops and anything to make life comfortable for soldiers having to "tear meat with their bare hands." Soon, in desperation, Florence would bypass the Purveyor completely.

A Commission of Inquiry sent out at the same time grimly reported on "sewers of the worse possible construction, loaded with filth, mere cesspools, through which the wind blew foul air into the corridors of the sick and wounded." For months, space for each patient was a quarter of what it should have been. Death rates in February 1855 soared to 42%. The investigating team ordered immediate sanitary reforms and by June the rate had fallen to just 2%. The inescapable conclusion was removal of the causes of insanitary conditions that included infested clothing, a lack of hygiene and absence of basic facilities.

Reform of the Nursing System

Rightly obsessing Florence was the war dead, "73% in eight regiments from disease alone" she wrote. Those living skeletons of the "slaughter houses of Scutari" haunted her and the failure to analyse prime causes. "I stand at the altar of the murdered men and while I live I will fight their cause." She had witnessed the death of 4,600 soldiers in the first seven months. The mortality rate from disease alone was 60%, higher than death from cholera in the Great Plague of London. Those killed by the enemy were just one eighth of total deaths. In the last five months of the war, mortality was two thirds of troops at home, raising issues about nursing in peacetime too. This meant education and training for all, including medical officers, and the rigid application of procedures to enforce effective sanitation.

Bordering on the apoplectic Florence raged, "We might as well "take 1,100 men per annum onto Salisbury Plain and shoot them." She was appalled at this avoidable waste of humanity and inertia that was the norm throughout the British Army with little questioning of mortality rates and the systems and practice causing these.

Another concern was sanitation in public life. Florence sought to include questions in the 1861 census on those sick and infirm on the day and to obtain data on housing and social conditions. For Sir George Lewis, Home Secretary, these were not proper questions. For her it was a true Horse Guards response that she would expect from those in command and control. The linkages "between the health and the dwellings of the population is one of the most important that exists." She cited, by way of examples: smallpox, fevers, measles and heart disease as all being matters affecting the national health. The underlining is hers.

The introduction of female nurses into military hospitals was deemed an outstanding success. Florence returned to Britain a heroine and donations poured into the newly established Nightingale Fund, aimed at reforming civilian hospitals. She instigated a Royal Commission into the health of the army which led to several improvements. In India she demonstrated through statistical evidence that bad drainage, contaminated water, overcrowding and poor ventilation were the prime cause of high death rates.

Her attention turned to Britain, impressed by the work of Edwin Chadwick amongst others. Florence became a sanitary reformer in devising and implementing systems to ensure hygienic conditions prevailed. What better method to reinforce urgency than pioneer the presentation of statistical data, not to impress but persuade. Using her mathematical abilities she invented a revolutionary pie chart to display statistics in prominent and comparative forms. Marcus De Sautoy comments this was the first pie chart ever devised. The statistics showed more soldiers died from disease than from their wounds. The innovative format and emphasis on clarity greatly impressed the Royal Statistical Society who admitted her to this male bastion. Praise indeed!

In 1860 Florence established the first ever professional training school for nurses at St Thomas' Hospital. Campaigning tirelessly she produced over 200 books, reports and pamphlets on hospital planning and organisation, including her most famous 'Notes on Nursing: what it is and what it is not.' Nightingale Wards were developed from a realisation that building design could affect the health and recovery of patients. Her outpourings on infection control and vigorous insistence on a healthy diet were seen as pioneering in the Victorian age. Florence also established a School of Midwifery Nursing at King's College Hospital, later a model for the entire country.

The contribution of Florence Nightingale

Prickly at times, dynamic and fearless, there were multiple layers to her character and work. Nursing was the pivotal catalyst but to this we can add hospital design, health administration, organisation, training procedures, manuals and data presentation in laying the foundations for improving nursing provision, standards and practice.

Throughout her life Florence suffered from recurrent bouts of depression as well as physical pain. Historian Mark Bostridge believes she was suffering from brucellosis but more likely is sheer work volume, the scale of issues to be addressed and dealing with intransigence, obfuscation, delay and sheer bloody-mindedness almost at every turn. Add to this a woman in a man's world. Exhausting is an understatement faced with such inertia, male arrogance and professional preserve.

Lucy Worsley draws a parallel with Queen Victoria who withdrew from public life to lapse into melancholy and a retreat from society after the death of beloved Prince Albert. After 1896 Florence seldom left her bedroom at South Street, near Hyde Park. Her sight deteriorated and soon reading and writing became extremely difficult. Her fine memory was letting her down. Initially, Edward VII rejected the suggestion to award Florence an Order of Merit. Private Secretary, Lord Knollys, remarked stiffly "he has always been opposed to women being given the Order" but the King relented in December 1907. Florence was not well enough to receive it, or attend a ceremony at the Guildhall conferring The Freedom of the City of London two months later.

Florence died peacefully in her sleep on 13th August 1910. Whilst the contribution of Mary Seacole was overshadowed by Florence, it is a mistake to think their roles were similar. Mary may have been a better nurse and more empathic but the priorities for Florence were to seek reform and change, set standards, organise and administer and promote health and hygiene to save lives. This involved logistics of hospital provision from buildings, facilities, food and clothing to laundry and sanitation and to ensure that systems were in place and working.

Far sighted, a visionary and campaigner for social reform she sought hospitals for all, linked to nursing in the community as the backbone of nursing provision. Unafraid to bombard, bulldozer and blitzkrieg this necessitated willpower, determination and resilience. Added to this was a high intellect and capacity for joined up thinking with a clear articulation of issues, rigorous analysis and solutions. Florence pursued these relentlessly, often in the face of hostile opposition.

Was she a freak as some suggest? She was both different and exceptional and, given her special qualities and intellectual gifts, other women found it difficult to follow in her footsteps. Her life had an extraordinary influence on two seminal texts relating to feminism. One was J. S. Mill's essay *The Subjection of Women* written in 1869 and Virginia Woolf's *A Room of One's Own* published in 1929. Both were inspirational in highlighting the need for equality and emancipation.

An opinionated Lytton Strachey, member of the Bloomsbury Group, said of Florence "She was a horrible old trout and sexually repressed. That is why she had to take to her bed most of her life." We may question if she was happy but, as Lucy Worsley astutely asks, first define happiness. One definition is being in full flow in having a strong sense of meaning to life and with focus. Batteries fully charged we apply our energies. This description fits in mapping what was required, articulating this clearly, producing the analysis and statistics, and implementing this within a set timescale.

Florence was a workaholic and sacrificed her personal life, but in the Victorian era she was not alone. Later in life Florence appeared happier emotionally, becoming softer in outlook and less driven whilst still working incredibly hard. She developed more friendships, went out more and engaged with younger family members until her last decade when she seemed to suffer a form of senility - but was this so? By this time she had lost her prodigious energy and drive. What Churchill termed the Black Dog may well have returned. Physical frailty had taken a toll too after years of unrelenting campaigning. She was exhausted both mentally and physically. We may conjecture if this accounted for her comment, "My only wish is to be forgotten" or speculate if this was part of an intense reserve, or perhaps both. Work and duty transcended all.

How ought we to think of Florence Nightingale? For Mark Bostridge it is go back to a hard-working professional woman, setting out to bring in reforms that saved people's lives. Perhaps for Lucy Worsley she was expecting a historical account that might be more glamorous, but she greatly admired a woman who could change the world in basic healthcare by writing letters, often whilst in bed. Yet, there is much more to a complex and highly articulate person with the vision, imagination, determination and stamina to change the care of the sick and dying forever. This seems the real legacy of a true pioneer in a Victorian age that, with few exceptions, failed to harness the talents and abilities of women.

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