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Notes on Nightingale: The Influence and Legacy of a Nursing Icon

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Notes on Nightingale: The Influence and Legacy of a Nursing Icon

Abstract

{Excerpt}The centenary of the death of Florence Nightingale occurs on 13 August 2010. Like Charles Darwin, Charles Dickens, and John Stuart Mill, Nightingale is one of those monumental Victorians who were genuine household names in their day and for the generations that followed. Like her peers, she was a highly educated individual on a lifelong path of discovery, dedicated to knowledge and science in the service of a better society. But Nightingale was a singular individual among the great Victorians in that she was a woman—a woman who achieved a level of fame arguably surpassed only by the queen herself. Nightingale was also exceptional in that the work for which she is best known was not her science, literature, or philosophy, but the professionalizing of a domain of low status and semidomestic women's work: nursing.

In compiling this book, we have sought to take key elements of the Nightingale story and legacy and bring fresh analyses from leading scholars and thinkers in the field. The aim has been to provide both an update on the scholarship in several areas—the story of Nightingale in the Crimean War, her influence on the colonies of the British Empire, her contribution to statistical sciences, and her impact on the American nursing story—and a review of the current state of play with respect to the endless historiographical myths around her. The contributors represent a wide range of specialized knowledge on the heterogeneous topic of Florence Nightingale. Scholars, of course, have strongly held views and do not necessarily agree with one another. We do not attempt to adjudicate between competing perspectives in the discussion surrounding Nightingale, believing them to be symptomatic of a lively academic field in which scholars continue to debate the interpretation of sources and the significance of events. If Nightingale did not inspire controversy (and its sister, passion), would we still be interested in her a century after her death? Throughout the book there are shades of interpretation and emphasis that vary among contributors. Was Nightingale an opponent of germ theory? Did she create the new model of nursing from which all modern nursing sprang? Read on and make up your own mind! Our hope is that readers develop an awareness of the nuances of historical scholarship and the complexity of the past, as opposed to seeing it as a set of "facts." Facts, as any good historian knows, are not set in stone but matters of interpretation. Nightingale lived a long time. She was also a prolific correspondent and writer, and thus the historical record from her own hand is plentiful. This surfeit of riches creates its own methodological challenges. Individuals change their views over time, they sometimes contradict themselves, they write their different messages to different audiences, and their words may mean something different to a contemporary reader. Nightingale's persona evolved from a young passionate woman to a politically astute social actor to a much revered icon, and her writings reflect this evolution.

Comments

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NOTES ON NIGHTINGALE

THE INFLUENCE AND LEGACY OF A NURSING ICON

EDITED BY

SIOBAN NELSON AND ANNE MARIE RAFFERTY

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FOREWORD

For me, as a child, Florence Nightingale was a vivid presence of whom my father and grandfather spoke with respect and admiration. My grandfather had known her well. When he was a child, she often stayed at Claydon House, the family home. Her relationship with him and his siblings was intense and intimate, and his great love and respect for her and for her determination, authority, and spiritual dedication to service was passed down to us.

It is exciting to me to have found just these qualities appreciated in this major contribution to Nightingale scholarship. This book is vibrant with the ideas of its subject and its authors. Florence Nightingale was very much a woman of her class and time, and she thought prayerfully and practically about the very new problems of nineteenth-century society. Despite her uncertain health, she maintained her intellectual energy, passion, and independence into old age.

To assess Florence Nightingale's influence on progressive thinking about the social policy of her time will always be difficult. The new perspectives revealed through this book may prove these ideas to be as widespread and long lasting as the simpler, popular image of the lady with the lamp.

RACHEL VERNEY Visiting Associate, Florence Nightingale School of Nursing and Midwifery, London, August 2009. Ms. Verney's great-great-grandmother was Florence Nightingale's elder sister, (Frances) Parthenope Verney (née Nightingale) (1819–1890).

NOTES ON NIGHTINGALE

INTRODUCTION

SIOBAN NELSON AND ANNE MARIE RAFFERTY

The centenary of the death of Florence Nightingale occurs on 13 August 2010. Like Charles Darwin, Charles Dickens, and John Stuart Mill, Nightingale is one of those monumental Victorians who were genuine household names in their day and for the generations that followed. Like her peers, she was a highly educated individual on a lifelong path of discovery, dedicated to knowledge and science in the service of a better society. But Nightingale was a singular individual among the great Victorians in that she was a woman—a woman who achieved a level of fame arguably surpassed only by the queen herself. Nightingale was also exceptional in that the work for which she is best known was not her science, literature, or philosophy, but the professionalizing of a domain of low status and semidomestic women's work: nursing.

Nightingale is a fascinating figure, a true polymath who engaged in a multitude of intellectual projects throughout her long life. She was a woman of privileged background, well educated and socially connected, who made her mark in a number of critical fields. A prodigious writer and formidable thinker, she was deeply engaged in the major debates concerning social reform and in the intellectual and religious discussions that marked the second half of the nineteenth century. Her long life provides the researcher with a plenitude of sources from her published writings and reports, which she wrote both alone and with collaborators, as well as her prodigious personal correspondence with individuals,

organizations, and governments throughout the British Empire and the rest of the world.

Nightingale has also been the subject of an industry in biographies, from mid-nineteenth-century short stories of her life; to the authoritative work of E. T. Cook, which was commissioned on her death by her family and published in 1913; to Mark Bostridge's 2008 magisterial biography, which balances the rich, textured complexity of Nightingale's character against the canvass of challenges she confronted and set herself.¹ This overwhelming amount of scholarship on Nightingale attests to the fact that a century after her death she continues to draw the historian, the biographer, and the nursing scholar alike to explore her life, her thoughts, and her legacy. Best known for her campaign to improve hospital care and her crusade to introduce training for nurses, she is less well known for her public health campaign, principally seeking to influence British policy in India but also at home and around the world. Even less well known are her contributions to the nascent field of statistics (her great passion) and her philosophical and theological writings, which provide enormous insight not only into Nightingale but also into the spiritual and intellectual character of the Victorian era.

Intellectually, Nightingale was greatly influenced by the Sanitary Movement for public health and supported the ideas of Edwin Chadwick, William Farr, and other public health thinkers.² Sanitarians believed that disease was caused by miasma, or foul air, and thus the main strategy to improve health was to improve ventilation and to engineer innovations that provided for clean drinking water and the efficient disposal of sewage. The assumption that disease prevention is an environmental and community problem and does not reside within an individual was one that underpinned Nightingale's life's work. When she tackled the hospital from this perspective and focused on the training of nurses as the critical intervention that society needed to bring about improvements in health, her impact was remarkable and her legacy profound.

Who was Nightingale? A quick search of Google or Wikipedia or the BBC online instructional site for school children, or the literally hundreds of other sites maintained by enthusiasts such as nursing organizations, individual nurses, and Country Joe MacDonald, to name a few, provides the basic facts.

Florence Nightingale was born in 1820 in Florence, Italy, the second daughter of influential and wealthy parents, William and Frances (Fanny) Nightingale. Her home education was extensive, and she was a talented

scholar, particularly gifted at mathematics. A serious and religious child, Nightingale experienced a call from God to his service. Her interest in helping relatives and members of the local community when sick was followed by an effort to learn every aspect of care of the sick as well as hospital management. Her self-styled program of study led her to visit well-known sites of hospital care such as the famous deaconess hospital at Kaiserswerth in Germany, which was under the directorship of Pastor Theodore Fliedner. She also spent time visiting an array of Catholic hospitals in France and Italy and briefly nursed at a hospital in Paris. In 1853 Nightingale had some opportunity to move from theory to practice when she assumed the role of superintendent of the Establishment for Gentlewomen during Illness at Upper Harley Street.

All this background was preparation for her major life role, leading the nursing mission to the Crimean War (1853–56), in which France, Britain, Ottoman Turkey, and Sardinia-Piedmont fought Russia over control of territories opened up by the decline of the Ottoman Empire. By 1854 the British campaign was floundering as soldiers died in massive numbers from disease (cholera, typhoid, and dysentery). The public became aware of the appalling conditions in the British military hospitals as a result of reports published in *The Times*. Even worse, it was learned that the French were better organized and benefited from the care of religious nurses, the Daughters of Charity. The resulting furor led to Nightingale's invitation by her friend and colleague Sidney Herbert, secretary at war, to lead a delegation of nurses.

The rest, as they say, is history. Nightingale's two-year work in Scutari, Turkey, involved the implementation of sanitarian principles (hygiene, ventilation, light, nourishing diet, and activity) along with advocacy for better resources for the hospitals and for the injured and sick soldiers. Public fascination with this work and her personal high profile brought the question of hospital reform and the training of nurses to the forefront of British consciousness. Within a year of the end of the war in 1856, Nightingale had been immortalized as the "Lady with a Lamp" of Longfellow's poem *Santa Filomena* and was made responsible for the Nightingale Fund of £45,000, which had been established by a grateful public to begin the training of nursing. The war also led to Nightingale's lifelong incapacitation from poor health due to her contraction of "Crimean Fever," what is now thought to have been brucellosis from contaminated milk products.

A reluctant public figure, Nightingale avoided the spotlight and spent a great deal of the remainder of her life confined to her room. Despite

this reclusiveness, she was deeply engaged in public life. She authored influential reports on the sanitary conditions in various contexts, such as military hospitals and public health in India. In 1859 she wrote her landmark text, *Notes on Nursing: What It Is and What It Is Not*. This enormously popular book has been in publication (in many languages) since that time.³ Another recent anniversary, this time the one hundred fiftieth, is that of the nursing school founded by Nightingale under the auspices of the Nightingale Fund. In 1860 Nightingale oversaw the establishment of St. Thomas' School of Nursing, the world's first formal secular training school for nurses. The school, which opened its doors on 9 July to the first probationers,⁴ was known as the Nightingale School of Nursing and is still an eponymously named school within King's College, London.

Throughout her life Nightingale remained absorbed in her work. As a formidable researcher and thinker and tireless correspondent, she wielded phenomenal influence on the reform agenda for military hospitals, the development of nursing around the world, sanitation reform in India, and countless other topics. Bedridden for her final decade, she died at the age of ninety and was buried, in accord with her wishes, without fanfare, in a country churchyard near her family home in Hampshire. The *Guardian* obituary described her task in Scutari as "saving the British Army" and, in so doing, creating a model for all to follow.⁵

One of the most interesting lessons history has to offer is the insight that the taken-for-granted elements of contemporary life are often the result of hard-won victories. When Nightingale first entered public life during the mid-nineteenth century, there were few women on the stage. At that time women were many years away from attaining equal status under the law in any country in the world. In England and the United States religiously inspired activism provided the sole opportunity for women to work among the sick and the poor. In the Protestant world this work was under the careful watch of the pastor with the blessing of the woman's father or husband. Catholic nuns were also busy around the world, building communities and schools and hospitals. Those communities of women still had to negotiate the male terrain of church authorities in the figures of the priests who served as their confessors, and the bishops, who wielded enormous power and demanded their obedience. Thus the very idea of a female profession was in and of itself an entirely radical notion in the mid-nineteenth century, and it was to remain so for the best part of the century that followed. Nightingale's endeavors to build a respectable secular profession for women through

the development of training programs for nurses, who would then lead the reform of the hospital, was a breakthrough moment for nursing as it evolved from its previous confines as either religiously motivated or stigmatized as domestic work.

In compiling this book, we have sought to take key elements of the Nightingale story and legacy and bring fresh analyses from leading scholars and thinkers in the field. The aim has been to provide both an update on the scholarship in several areas—the story of Nightingale in the Crimean War, her influence on the colonies of the British Empire, her contribution to statistical sciences, and her impact on the American nursing story—and a review of the current state of play with respect to the endless historiographical myths around her. The contributors represent a wide range of specialized knowledge on the heterogeneous topic of Florence Nightingale. Scholars, of course, have strongly held views and do not necessarily agree with one another. We do not attempt to adjudicate between competing perspectives in the discussion surrounding Nightingale, believing them to be symptomatic of a lively academic field in which scholars continue to debate the interpretation of sources and the significance of events. If Nightingale did not inspire controversy (and its sister, passion), would we still be interested in her a century after her death? Throughout the book there are shades of interpretation and emphasis that vary among contributors. Was Nightingale an opponent of germ theory? Did she create the new model of nursing from which all modern nursing sprang? Read on and make up your own mind! Our hope is that readers develop an awareness of the nuances of historical scholarship and the complexity of the past, as opposed to seeing it as a set of “facts.” Facts, as any good historian knows, are not set in stone but matters of interpretation. Nightingale lived a long time. She was also a prolific correspondent and writer, and thus the historical record from her own hand is plentiful. This surfeit of riches creates its own methodological challenges. Individuals change their views over time, they sometimes contradict themselves, they write their different messages to different audiences, and their words may mean something different to a contemporary reader. Nightingale’s persona evolved from a young passionate woman to a politically astute social actor to a much revered icon, and her writings reflect this evolution.

The issue of empire forms one of the subthemes of the book, and in Nightingale’s lifetime the word “empire” referred to the section of the world that used to be colored red in atlases—the colonies of the British

Empire. The direct thrust of Nightingale's influence occurred in that particular world. However, it was not contained there. In fact, the impact of Nightingale in Japan and Europe and the Americas generated a virtual second empire to rival the first, where the unifying link was Nightingale and she had morphed from a British figure to an eternal representation of feminine goodness and social virtue.

In addition to providing empirical contributions by American, Canadian, and Australian historians, we decided to introduce a series of more reflective elements to allow the reader the chance to think about Nightingale today, what she represents, and the continuing legacy or impact of her work. Chapters 1 and 7 examine the way Nightingale has provided an organizing frame on which nursing's professional aspirations are constantly recast, the way Nightingale's agenda for nursing reform paradoxically still influences the shape of the profession and its priorities in the twenty-first century, and finally the continuity of mission and purpose from the desk of Nightingale which can be traced through the legacy of the school she founded through the donations to the Nightingale Fund that poured in while she was in Scutari and the Crimea. This mix of empirical, theoretical, and reflective essays provides an innovative approach to exploring the ubiquitous figure of Nightingale and her iconographic as well as her historical significance.

As nursing scholars and leaders who are both trained historians and interested in health policy and the politics of the professions, we see Nightingale as a compelling figure in the development of nursing, as well as a shadow figure that plays beneath the surface of nursing's professional identity, public standing, and position within the health care professions. Despite the many profound changes in the delivery of health care over the last hundred years, the transformation in education systems around the world, and the revolution in the workplace in terms of gender politics (at least in Western countries), nursing remains resolutely gendered—with well under 10 percent male participation in the profession overall in the United States, Canada, and Japan and not significantly more in the United Kingdom. The International Council of Nurses, the organization that has represented nursing around the world since 1899, has never had a male president, although for the first time there is now a male executive director. Other elements of the Nightingale vision for nursing remain part of the nursing DNA, not the least of which is the vocational element of nursing work that so many nurses, and perhaps even more members of the public, value about the profession. As the American historian Susan

Reverby observes, nurses are ordered to care in a society that does not value caring.⁶ Perhaps much of the fascination with Nightingale is like the public fascination with nursing itself. For despite the great advances in medical science and treatment the patient's full recovery continues to rely on good basic nursing. In fact, Nightingale's one-hundred-fifty-year-old observation still stands: "If a patient is cold, if he has fever, if he is sick after taking food, if he has a bedsore, it is generally not the fault of the disease but of want of good nursing."⁷

How can what was clearly established as a "female" profession break that template to become simply a profession? How too does the ghost of Nightingale shape the professional identities of contemporary nurses for good and bad? In chapter 1 Sioban Nelson examines the power of the idea of Nightingale and the way in which different groups of nurses and other health reformers have over the years attached themselves to her idea or image in order to advance the place of women in society or an agenda for social activism or reform. This chapter uses Benedict Anderson's idea of the "imagined community" to look at the way a Nightingale imperative emerged and was sustained around the world. Nelson argues that under the cloak of Nightingale, whose respectability and noble intentions were without question, it has been possible to advocate for greater professional autonomy for women—an agenda that was controversial in nineteenth-century Britain and remains controversial in many countries of the world today.

In the second chapter the Canadian historian Carol Helmstadter reexamines the landmark event in the creation and immortalization of Florence Nightingale. She re-creates for the reader the complex and competing world of midcentury Victorian Britain and the way in which religion and class shaped and defined the social context of work and politics. The sectarian "intrigues" that bedeviled Nightingale's work during the Crimean War and the influence they had on shaping Nightingale the politician are laid out in fascinating detail.

The third chapter takes the story to the next stage as the Australian historian Judith Godden looks at the empire that Nightingale created from the private space of her bedroom. There, through her tireless correspondence, trained nurses began to have an impact on hospital reform right out to the edges of the British Empire. It was the empire that seeded further empires of trained nurses throughout the colonies and over the course of the following two or three decades reshaped the work of nurses and the face of the modern hospital.

The fourth chapter picks up the story in the United States, where as Joan Lynaugh demonstrates, Nightingale's ideas were taken up in a highly particular way. There a different model of nursing education took root—in the universities—and professionalization and formal education became core values for American nurses.

Chapter 5 changes the tone of the collection with a myth-buster approach to the commonplace errors that abound about Nightingale. The Canadian women's studies scholar Lynn McDonald has taken on the mammoth task of editing Nightingale's full collected works. This set of volumes, sixteen when complete, is a remarkable resource for Nightingale scholars and makes the overwhelming quantity of Nightingale's writings accessible to students and researchers alike. In the course of undertaking this work, McDonald has come across a number of what she argues are consistent errors or misrepresentations about Nightingale.

The next chapter, by Eileen Magnello, examines the mathematical side of Nightingale's brain. In an absorbing account of the relationship between Nightingale and the emergent science of statistics we see the way that Nightingale's interest in data shaped her thinking and provided her with a remarkable ability to see the potential of methodology for politics and policy.

The last word goes to Anne Marie Rafferty and Rosemary Wall. Rafferty, as dean of the Florence Nightingale School of Nursing and Midwifery, sits (literally) at Nightingale's desk—a card table, now used as a writing desk. Rafferty and Wall reflect on the use of Nightingale as an icon for nursing, past and present. They discuss the relevance of Nightingale for the future of nursing, from recruitment to curriculum to professional identity, and for the future of health care generally.

This book aims to reach a wide audience of historians and scholars, graduate nursing students and faculty, and members of the nursing profession. It also sets out to engage the diverse population of Nightingale enthusiasts, people who are inspired by a remarkable woman who led a remarkable life, a woman whose legacy has entered the very fabric of one of the world's biggest and most complex professions. Still enduring the stigma of low-status, feminized domestic work, nurses nonetheless are consistently ranked highly in opinion polls as reliable and worthy of public esteem. The contradictions of high-value low-status work, of complex routine technical work, of virtue versus knowledge bedevil nursing today, no less than a century ago. Reexamining Nightingale is one way to make sense of it all.

THE NIGHTINGALE IMPERATIVE

SIOBAN NELSON

I solemnly pledge myself before God and in the presence of this assembly: To pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my profession. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

(The Nightingale Pledge)

On 15 August 1945, a short time after the emperor's national radio broadcast announced the unconditional surrender of Japan, a group of nurses at a military hospital in Hiroshima gathered at the order of their commanding officer, the chief medical officer. The young women, exhausted and terrified after nearly two weeks of unimaginable horror, had helplessly witnessed the mass destruction and human suffering following the dropping of the world's first atomic bomb, "Little Boy," at 8:15 a.m. on 6 August. Over those nine days they had seen thousands die (piteously begging for water), they had nursed patients through horrific burn and trauma injuries, and finally, as a mysterious rash began to appear on the bodies of survivors, they had watched as many began to suddenly collapse and die. But the darkest hour came with the emperor's broadcast of surrender. It was an announcement that caused

disbelief, panic, and then despair in the city. Such a wave of suicides swept the military hospitals and bases that nurses were forced to hide knives and swords from the men. With the unthinkable capitulation of Japan to its enemies, it seemed that the world was sinking into chaos. All shared the dread of an occupying army and the fear of American soldiers, who were expected to exact a terrible retribution on Japan's citizens. In a preemptive act to restore order to the hospital and dissuade the nurses from running home to their families, the chief medical officer at the Hiroshima Army Red Cross Hospital gathered the nurses and gave them a surprising order: he commanded that they recite the Nightingale Pledge.¹ His tactic worked. According to veteran nurses interviewed by Ryoko O'Hara in her compelling study of nursing at the center of the cataclysm, the pledge seemed to settle the nurses' terror, to remind them of their duty and purpose, and to give them the courage to continue. Under orders, the nurses recited the pledge aloud twice a day for the next week.²

How is it that the foreign words, written in 1893 by American nurses in honor of an Englishwoman, could hold such power for Japanese nurses at the very height of nationalist and anti-Western feeling in Japan? What is it about Nightingale and what she represents for nurses around the world that allows the very idea of Nightingale to transcend era and culture to give identity and meaning to professional nursing? Why was the Nightingale story such a fundamental scaffold for the development of nursing around the world, and how did that universal framework function to drive the local nursing agenda, even in situations as exceptional and anti-British as defeated Japan? This chapter is an attempt to answer those questions. In exploring these concerns I am less interested in the elements of the Nightingale story per se and more concerned with the persistent prominence of Nightingale in nursing history and in the identity narratives of nurses around the world. What I am endeavoring to uncover is the role the *idea* of Nightingale has played as a transnational unifying discourse for nurse reformers over time and the way in which the Nightingale narrative continues to be invoked as a legitimizing discourse by nurses across the world to advance the nursing profession and to reform health care.

Over the past one hundred fifty years the Nightingale story has provided discursive energy to power a wide range of nursing stories, offering a consistent reference point for stories that relay the development of national nursing professions or education initiatives, or heroic national

stories of war service or nursing during disasters. The secret to the impressive shelf life of the Nightingale ideal, the fact that Nightingale has become synonymous with nursing (of the selfless and dedicated kind), I argue, is a testimony to the malleability of her story to fit multiple audiences and political agendas.

Stories of historical figures are always stories of their times, and enduring figures such as Florence Nightingale have managed to move beyond the locale that produced them to enter the sustaining realm of identity politics, where they remain an integral part of the key stories that are told and retold for successive generations. In her methodological essays in *The Uses and Abuses of History* Margaret MacMillan, Canadian historian and warden of St. Antony's College, Oxford, argues that history plays a major role in the legitimation of ideas, political movements, and nations.³ Examples abound of the way history can be mustered as a powerful mechanism to silence opposition, justify tyranny, or harness emotion. Common offenders are political leaders. President George W. Bush's supporters found solace through the invocation of parallels with President Harry Truman, who was much maligned by contemporaries but respected by posterity. The Truman analogy was a face-saving salve for the Bush dynasty (despite the fact Truman was a Democrat!).⁴ Likewise, Russian leader Josef Stalin's assertion of his destiny to finally fulfill the mandate of the czarist empire, through the expansion of Soviet territory after World War II, provided a patriotic and unifying discursive claim to justify acts of Soviet aggression and self-interest.⁵

MacMillan also points to less profound but no less problematic uses of history. She warns against the dangers of conjuring up an imagined and uncomplicated past full of nostalgic renderings of history that reduce historical actors to easily recognizable good or bad characters, and smooth out the uncomfortable wrinkles of the past by recounting clear injustices with unambiguous remedies. When compared with the complexity and ethical ambiguity of the present, these kinds of histories provide the discursive equivalent of comfort food. For instance, MacMillan sees the recent surge in popularity of movies, novels, and television programs telling World War II stories as symptomatic of contemporary moral ambiguity over the war in Iraq and fears of terrorism. World War II, she argues, was the last good war. Good fought evil, and good prevailed. Today a confused and anxious Western world takes comfort in the noble narrative of World War II, when our parents or grandparents knew what they were doing and why.⁶

For nurses, the uses and abuses of history are just as widespread. There are multiple nursing histories that chronicle a progressivist narrative of reform and development—the “steady progress toward the light” view of history that offers a comforting pat on the back to the visionaries and energetic leaders of the past. Among these are the classic “before and after” images popular in the nineteenth century that compare the drunken, dirty, and dishonest nurse, characterized by Charles Dickens as Sairey Gamp, with the young, bright, and honest “Nightingale” who has transformed nursing and the hospital. There are also tales of dedication and selflessness in wartime and other emergencies when nurses had a major role, perhaps the only women to have done so, in landmark national events such as frontline nurses during World War I or the Vietnam War or as POWs during World War II. But of all the stories one encounters when reading nursing history what stands head and shoulders above the rest is the overriding theme of Florence Nightingale and the movement for the reform of nursing that began with her work in the Crimean War. Whether the topic is education or practice, the profession or hospital reform, the beginning of the new day for nursing, from which all our current days are measured, is the time Nightingale spent in Crimea and Turkey ground-testing her ideas on the scientific management of the sick. This dramatic episode in British history fueled Nightingale’s remarkable worldwide reputation as the founder of modern nursing and launched her as one of the great stars of the Victorian era.

The link between the first formal training school for nurses at St. Thomas’ Hospital, London, which was established by Nightingale in 1860, and the future development of nursing around the world was a strategic one. Both the idea of formal training for nurses and the ideal of the Nightingale nurse merged over the course of the nineteenth century as the message was spread in three waves. First, there was the phenomenal orb of Nightingale’s personal influence. The views of Nightingale, a leading thinker and respected member of the English intelligentsia, were sought on all manner of issues: military nursing and hospital design, the medical education of women, the management of Aboriginal health in Western Australia, and sanitation issues all around the world. She also fielded endless requests for information on nursing and nursing education and hospital management. She advised both Linda Richards, America’s first trained nurse, and Elizabeth Blackwell, America’s first woman doctor. She gave detailed advice on hospital and sanitary organization during the American Civil War, as well as advised, and was subsequently

decorated by, both sides during the Franco-Prussian War.⁷ She was a prolific correspondent and provided sound and well-researched advice to all. Her influence in and of itself over the course of her ninety-year life was immense.

Second, we may add to this realm of influence the impact of the Nightingale nurses trained at St. Thomas' who on graduation took with them this particular brand of nursing and hospital management to new hospitals and infirmaries in Britain and throughout the empire (with mixed success; see chapters 3 and 5). Following these St. Thomas' Nightingales came the third wave, late in the nineteenth century, of nurses who were products of the schools established by the first-wave Nightingales, providing a steady stream of English Nightingales to the colonies and beyond.

Thus Nightingale created a movement in the true sense of the term, and the power and legitimacy of these Nightingales stemmed from the authentic connection with the woman herself. By the dawn of the twentieth century, when Nightingale, in her eighties, was still engaged in correspondence, there had been more than thirty years of her personal influence and that of her nurses in all corners of the world. Remarkably, it would have been inconceivable for a conversation on nursing and hospital reform to have occurred anywhere in the world without her views being taken into account one way or another. It is thus no surprise to find that the story of Nightingale turns up in all parts of globe, from the discussions on the organization of nursing in the British colonies to the debates over nursing reform in pre-World War I France, from missionary outposts in Japan to the Catholic countries of Latin America.⁸ It is not simply a question of the legacy of Nightingale, what one finds in late nineteenth- and early twentieth-century developments in nursing is a Nightingale imperative. Both the first wave reformers of nursing in the nineteenth century and members of newly established professional communities in the twentieth century were driven by this Nightingale imperative to see themselves as part of a self-conscious movement to establish the profession of nursing worldwide.

The English Nurse: Nightingale in the British Empire

The British social reform movement (1870 to 1930) spearheaded key social and political reforms in the areas of health, education, public policy,

and the development of democracy. Although the movement for nursing reform tended for the most part to avoid political association, it encapsulated a number of the core tenets of a progressive agenda: advancing the role of women so that they were able to play a vital part in the development of society, improvement in education, health reform, and progress in civic institutions. Responding to Nightingale's clarion call, under the banner of nursing and service to humanity, women were finally able to take a leading part in reforming a key nineteenth-century social institution—the hospital—and advancing the health of the nation.

As a monumental figure of Victorian England, a reformer and veteran of the Crimean War, Nightingale provided a quintessentially British figure around whom colonizers and colonized could share a common memory and a cause to advance both their societies and the empire as a whole.⁹ Across the British Empire the agenda espoused by Nightingale for the reform of nursing was embraced with enthusiasm as colonists were eager to share the glory of one of the empire's leading lights. It was for this reason that the Nightingale Fund for the reform of nursing, set up during the Crimean War (1853–56), was so generously subscribed to by colonists, such as the people of the Colony of New South Wales (Australia), and why Nightingale was continually besieged with requests to send a team of her new nurses to advance the reform of hospitals and nursing. For Nightingale, the generosity of the public toward the Nightingale Fund had created a debt that, in her own words, she would "feign repay" through the export of trained nurses charged with establishing nursing schools throughout the empire.¹⁰

In the late 1860s, when Nightingale was at the height of her post-Crimean prominence and graduates from St. Thomas' were just beginning to make an impact in the British world, Hilary Bonham Carter created a series of statues in the likeness of Nightingale which were sent to select places around the world. These statues were a small prop in the "Englishization" of nursing that took place in the last three decades of the nineteenth century as part of the nursing reform movement. Over that period, nursing moved from being generally synonymous with menial and degraded labor to a popular and esteemed feminine profession with champions from the highest echelons of society. Nightingale's own prestige and vocational integrity were key elements in this process. Respectable nursing became English nursing, and trappings and icons that symbolically connected nursing to Nightingale proliferated. Enthusiasm for nursing reform not only brought progressive British developments to

the periphery of the empire (and throughout the world) but also signified an affirmation of British values.

The Sydney Infirmary in New South Wales, Australia, began as a convict institution—that is, convict inmates served as nurses for the original penal settlement of Sydney. In 1868, when the Nightingale nurses arrived, the Infirmary still carried the stigma of its convict heritage and was staffed by poorly educated servant nurses. Following a direct request from the colonial secretary, Sir Henry Parkes, for a team of Nightingale nurses to lead the reform of Australian nursing, and mindful of the colonial support for the Nightingale Fund for the development of nursing training, Nightingale sent a team of nurses, who arrived in late 1868 under the leadership of Lucy Osburn.¹¹ The English nurses found the Irish servant nurses slovenly and ignorant by English standards. They were deeply shocked at the unkempt appearance of the nurses, and thus lessons in personal grooming, hairdressing tips, and the purchase of hand mirrors were priorities on the long list of reforms required of Sydney's local nursing workforce.¹² If the English nurses thought the Irish Australian staff needed a serious makeover, it appears that the Irish Australian nurses for their part thought they were being taken over by a strange religious movement headed by Nightingale.¹³ According to Osburn, the nurses were greatly impressed by the arrival of the three Bonham Carter statuettes of Nightingale. With her hands poised to give a blessing and eyes raised to heaven, Nightingale had fully entered the realm of the supernatural. For these old-style nurses, finding the statues in prominent positions overlooking the wards and the nurses' daily work was further evidence of Nightingale's canonization.¹⁴

The early beatification of Nightingale in the eyes of the Irish nurses at the Sydney Infirmary was only one part of the symbolic constitution of empire enacted by the diasporic community. Monuments to Queen Victoria and imperial heroes such as Admiral Horatio Nelson, victor of the Battle of Trafalgar in 1805, dotted the world from Montreal to Cape Town, as key elements in the making and remaking of the British world. Even a century later the phenomenon continued through movements such as the "transnational outrage" and proliferation of monuments and namings in honor of English nurse Edith Cavell,¹⁵ executed by the Germans during World War I in 1915. Cavell was executed by the Germans for espionage, namely, for helping British soldiers make their way home from inside occupied Belgium. The sensation surrounding her death proved a remarkable tool for recruitment propaganda during

World War I. It was sustained by nationalist and British fervor between the wars and then reenergized by anti-German sentiment with World War II.¹⁶ As Katie Pickles argues, anger and grief at the death of Cavell functioned to both express and constitute Britishness:

The common sentiment expressed at Cavell's death met with common initiatives by groups of elite women who held a shared sense of being branches of Britishness. Outside of Britain, largely urban elites, well connected Anglo-Celtic women from wealthy families, in particular in the imperial cities of Toronto, Melbourne, Sydney and Brisbane, set about copying the example set by the British and Continental commemoration of Cavell. These female imperialists claimed Cavell as the model British citizen, and an appropriate role model for fostering Britishness in their respective dominions.¹⁷

The story of Edith Cavell is particularly illustrative of the way remembrance is fueled by contemporary needs. Hers was one of the most recognizable names throughout the British world and in France, Italy, and Belgium for decades, yet she is scarcely known today, the story retaining few echoes for contemporary sensibilities.

In many parts of the world it was the Britishness of Nightingale that allowed her to remain a powerful figure in times of war or instability. But unlike Lord Nelson or Edith Cavell, Nightingale was a symbol for all seasons: she could be a saintly figure for a feminine vocation, a determined reformer for an agenda of change, or a national icon for patriotic service.

Either directly or by association, Nightingale provided the legitimacy for a reform agenda for nursing. Her name was synonymous with respectability and reform of the most English type. When Queen Victoria's son Prince Alfred was injured in an assassination attempt by a supposed Fenian in Sydney in 1868, weeks after the first group of Nightingale nurses had arrived in the colony to begin the reform of nursing, the newspapers gushed relief that although the incident was a terrible shame on the colony, thankfully Sydney could boast an English Nightingale, one of "our fair Sisters of Charity," to care for him during his recovery.¹⁸

By the turn of the century a new English nurse, the colonial service nurse, took up the mantle of Nightingale in the parts of the empire where Europeans were few. These nurses were part of the extensive network of British civil servants who worked across the empire, which in 1900 represented a vast portion of territory from Canada to India, the African colonies, Australia and New Zealand, and the Malay Peninsula—a third

of the world. In Singapore, as described in the official history published by the Singaporean government in 2000, the first colonial service nurse freed Singapore from what was portrayed as the worthy but untrained care of the French nuns and introduced modern professional nursing to the colony.¹⁹ Similar stories are played out across the empire, where colonial service nurses, as standard bearers of English nursing practice, aimed to lead colonized peoples to develop British standards of excellence and at the same time make the colonies safe for the colonizers—the British and their families. Historians of gender and colonization such as Ann McGrath and Ann Laura Stoler have examined the common strategies used by colonizers to encourage the settlement of white women in colonial outposts.²⁰ White women provided a remedy to the danger of racial intermarriage, considered a threat to the civilizing drive of Western colonization, and English nurses, with their high moral standards, training, and respectability, not only created the “civilized” conditions that would support the development of a British way of life but provided the womanpower to do so. Nurses, from the very first group of Nightingales to be sent from England in 1868 to the veritable army of colonial service nurses fifty years later, were certainly viewed as good marriage prospects. In the former case, in Sydney, Lucy Osburn wryly observed the way her English nurses enthusiastically and successfully pursued Australian husbands.²¹ In the latter, the marriage of colonial nurses to fellow British subjects in the empire was in fact a measure of success for the service, which actively recruited nurses to the organization by the none-too-subtle lure of potential husbands.²²

Thus for British subjects in the nineteenth and early twentieth centuries, the power of the Nightingale reform movement was energized by the invocation of Englishness that the reform of nursing entailed. Whether it was the initial patriotic impetus of the Nightingale Fund during the Crimean War or support of progressive and innovative approaches to hospitals and health under the direction of Nightingale-style nurses, an “imagined community” of empire was both created and sustained by participation, however tenuous, in the Nightingale story.

Beyond the Empire

As historian Benedict Anderson so famously declared when talking about nations, “communities are to be distinguished by the style in which they are imagined.”²³ Beyond the borders of the British Empire a

second imagined community had emerged by the end of the nineteenth century—a nursing community. The establishment of the International Council of Nurses in 1899, under the transatlantic leadership of American feminist Lavinia Dock and Englishwoman Ethel Bedford Fenwick, launched nursing as a profession with a noble destiny: to harness the intellectual and moral energy of women to transform the health and welfare of the world.²⁴ Female suffrage, the regulation of nursing, and the pursuit of health and human dignity were the cornerstones of this movement. Despite the fact that Nightingale and Bedford Fenwick had not seen eye to eye on a number of issues (most particularly Bedford Fenwick's dearest cause—nursing registration), twenty years after the death of Nightingale the politically astute Bedford Fenwick found the occasion of the demolition of Nightingale's house on South Street the perfect opportunity to invoke Nightingale's name in support of her contemporary cause in a manner that Lucien Lefebvre calls "the deification of the present with the aid of the past."²⁵

On July 4, 1932, with full pomp and ceremony, students attending the International Course at Bedford College, London, were each presented with a parcel wrapped in national colors (see Figure 1). Each parcel contained a brick from the recently demolished residence at South Street where Nightingale lived from 1865 to 1910. With great pomp and circumstance Bedford Fenwick, president of the International Council of Nurses of Great Britain, declared that these bricks, which hailed from the very room in which Miss Nightingale had spent most of her time, were a gift to the students' homelands. She added, "In owning a Brick from the walls of this sometime sacred room, I feel sure your National Association of Nurses will realize it possesses a treasure far above rubies." The *British Journal of Nursing* reported that the delegates "expressed their sincere pride and pleasure" in possessing the bricks, "from which it was felt nothing was too wonderful to upspring."²⁶

Notwithstanding the hubris characteristic of speeches of the time (especially Bedford Fenwick's), the story of the sacred Nightingale bricks is instructive. Reminiscent of the saintly statuettes some sixty years before, the bricks functioned as modern-day relics, providing a Nightingale blessing on the endeavors of the recipient. Proclaimed "a link between the nurses of the world"²⁷ (albeit with little enthusiasm from "home country nurses"²⁸), the bricks were also reserved as gifts to the nurse training schools of hospitals throughout the world. A few made their way to the United States: a Miss A. E. MacDonald, president