

February 2022

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### Recommended Citation

Hogan, Susan (2022). Florence Nightingale, the Colossus: Was She a Feminist?. *Journal of International Women's Studies*, 23(1), 84-97.

Available at: <https://vc.bridgew.edu/jiws/vol23/iss1/9>

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## Florence Nightingale, the Colossus: Was She a Feminist?

By Susan Hogan<sup>1</sup>

### Abstract

Nightingale displayed a particular brand of feminism that reflected the circumstances of her era. The question of women's involvement in healthcare is addressed through an analysis of Nightingale's most famous work, *Notes on Nursing. What it is, and what it is not* (1859/60). Then other key works are scrutinised with reference to ideas about female involvement in healthcare and how she addresses the position of women in general terms.<sup>2</sup> Nightingale's works, *Notes on Hospitals* (1859); *Suggestions for Thought to the Searchers after Truth among the Artisans of England* (1860); *Introductory Notes on Lying-In Institutions* (1871) are focussed upon illustrating her views on women's involvement in healthcare and answering the overarching question: was and how was she feminist?<sup>3</sup>

*Keywords:* Feminism, Feminist critique, Women in healthcare, Nightingale as feminist, History of healthcare, Florence Nightingale

### Introduction

Unlike the statue in Rhodes of Helios, known locally as the Colossus, destroyed by earthquake, this writer has no desire to bring down the Colossus that is Florence Nightingale. However, with the recent bicentenary of her birth, this is a timely moment to consider Nightingale's mammoth legacy. It is not within the scope of an article-length piece of work to survey the copious secondary literature. As well as her books there are some 14,000 letters, 147 printed papers, plus private notes and memoranda that she left behind, hence, 'colossus'—her lifetime outputs were huge.

This short paper takes a fresh look at some of her key works to highlight her views on women's involvement in healthcare as a central feminist theme. The analysis will situate this assessment in relation to a specific scholarly body of articles, which examine or query her contribution as a feminist (since there has been a lot of scholarly feminist attention on her work *Cassandra*, this work is not dwelt upon in-depth). Apart from original works, it will mention *only* scholarly articles that address the question of her feminism, which is acknowledged as a limitation, but an absolute necessity.

This paper starts with the proposition that a feminist lens may illuminate the subject in distinctive ways, revisits key texts, and teases out her attitudes towards the position of women in healthcare. It argues that Nightingale displayed a particular brand of feminism that reflected the circumstances of her era and elucidates this. The term feminism did not

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<sup>2</sup> This work is cited variously as first published in 1859 or 1860. There is some dispute as to whether there was a 1859 version at all. Nightingale often ran small print runs of her books to give to individuals. A first edition in 1859 of 15,000 copies sold out immediately and it was reprinted in 1860 in an enlarged version suitable for libraries (London: Harrison) according to some sources, but the early edition lacks a publication date on the title page. Appleton Press published the first American edition in 1860.

<sup>3</sup> I would like to have also discussed *Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army* (1858) but the word count of this article prohibits this. Secondly, only a very small print run was produced with copies sent to influential individuals, including Queen Victoria, so the work was not well known to the public at large, though an important work in terms of her own life's work and contribution. Likewise, an analysis of the considerable secondary literature is not possible in one small article, but this essay does explore essays that interrogate her in relation to the position of women, or which explore whether she should be viewed as a feminist.

exist until the end of the nineteenth century, first appearing in the 1890s, but certain overarching concerns that we would now see as constituting feminism were evident. In particular, these were a campaign for women's political and legal rights: debates about the capabilities of women and innate sex differences and the rights of women to education. As we see in the analysis of the original works and discussion section, Nightingale had strong views on these subjects.

#### *Scholarly Articles which Address her Feminism*<sup>4</sup>

Nightingale still elicits strong responses and is frequently idealised or vilified. The women's studies literatures and articles looking at Nightingale's feminism explicitly tend to acknowledge her radicalism, even if sometimes grudgingly. Smith notes her progressive nature.<sup>5</sup> The article attributes public health nursing to Nightingale and regards her as an 'early feminist'. Showalter observes a 'powerful individualistic feminism' that was radical for her time.<sup>6</sup> E. L. Pugh describes *Cassandra* as a 'feminist tract' and argues that it strongly informed Mill's *Subjection of Women*.<sup>7</sup> Holton explores a paradox that she identifies between Florence Nightingale 'as a symbol of woman's emancipation' and 'an ideal example of true womanhood' and concludes that she was important in her promotion of 'authoritative women'.<sup>8</sup> Welsh situates Nightingale in a 'conservative feminist position with its roots in Christian idealism'.<sup>9</sup> Shaddock notes that feminist writers have brought renewed attention to Nightingale, mainly through analyses of her essay *Cassandra*.<sup>10</sup> Holliday and Parker's analysis suggests that she had difficulty expressing her feminism, but that it was implicit, though they also contradict themselves and suggest some of her work contains an 'angry feminism'.<sup>11</sup> Showalter revisits the topic in 2000, concluding that 'we need exemplary heroines' such as Nightingale—those who attempt to live a full, meaningful, and significant life.<sup>12</sup> Grypma classifies Nightingale as a religious reformer whose 'views on feminism, statistics and nursing were inextricably connected to her understanding of God' and posits her belief in women's employment as an expression of her understanding of God's will.<sup>13</sup> Selanders views Nightingale as most definitely a feminist; hers is a feminism based on utilising the potential of the individual regardless of sex.<sup>14</sup> McDonald, in her a hundred year's

<sup>4</sup> This section will look at scholarly articles that address her feminism and views of the position of women in health care.

<sup>5</sup> Frances T. Smith. "Florence Nightingale: Early Feminist," *American Journal of Nursing*. May. Vol. 85 (5), (1981) 1021-1024.

<sup>6</sup> Elaine Showalter. "Florence Nightingale's Feminist Complaint: Women, Religion, and 'Suggestions for Thought'". *Signs*. Vol. 6 (3), (1981) pp. 402-408.

<sup>7</sup> Evelyn L. Pugh. "Florence Nightingale and J.S. Mill Debate Women's Rights," *Journal of British Studies*, Vol. 21, No. 2 (1982). pp. 118-138.

<sup>8</sup> Sandra Holton. "Feminine Authority & Social Order: Florence Nightingale's Conception of Nursing and Health Care," *Social Analysis: Journal of Cultural & Social Practice*. No. 15 (1984) 59-72.

<sup>9</sup> Marylouise Welch. "Florence Nightingale – The Social Construction of a Victorian Feminist". *Western Journal of Nursing Research*. Vol. 12 (39), (1990) 404-407,405.

<sup>10</sup> Shaddock, J. "Florence Nightingale's Notes on Nursing as Survival Memoir". *Literature and Medicine* 14(1), (1995) 23-35. Johns Hopkins University Press. Retrieved March 30, 2019, from Project MUSE database.

<sup>11</sup> Mary E. Holliday and D.L. Parker. "Florence Nightingale, Feminism and Nursing". *Journal of Advanced Nursing*. Vol. 26. (1997) 483-488, 487.

<sup>12</sup> Elaine Showalter. "Laughing Medusa: Feminist Intellectuals at the Millennium". *Women: A Cultural Review*. 11:1-2. (2000), 131-138.

<sup>13</sup> Sonya Grypma. "Florence Nightingale's Changing Image?" *Journal of Christian Nursing*. Vol. 22. 3. (2005), 22-28. Cited p.25.

<sup>14</sup> Louise C. Selanders. "The Evolution and Impact of Feminist Values in Nursing". *Journal of Holistic Nursing*. Vol. 28. (2010), 70-78.

on assessment, sees Nightingale as a visionary reformer and a statistical pioneer and like several others under discussion here, seeks to emphasise the historical context as crucial to understanding and appreciating Nightingale.<sup>15</sup> Macmillan explicitly explores Nightingale's feminism and concludes that she was a progressive feminist, but impatient for immediate change, recognising that women's suffrage was likely to take a very long time to accomplish, so whilst not unsupportive chose not to prioritise this.<sup>16</sup> Warelow notes that 'Nightingale's story is evidence of a woman's ability to make important contributions in a male dominated 19<sup>th</sup> century cultural setting, by wielding political influence'.<sup>17</sup> Ross argues that nursing was perceived as an extension of domestic roles and that Nightingale regarded men as lacking the capacity to be caring and empathetic.<sup>18</sup>

Few of these papers seek to define feminism, but rather admire Nightingale as a woman willing to resist the gender constraints of her era. The most popular explanatory trope for her position towards women is that she experienced profound ambivalence, due to her troubled relationship with her own mother and sister (this explanation is also evident in Cromwell's feminist biography).<sup>19</sup> Selanders proposes that she was not a radical feminist by modern definition, but that her work fits into the women's emancipatory movement.<sup>20</sup>

### *The Works*

*Notes on Nursing. What it is, and what it is not* (1859) was described by the political economist and journalist Harriet Martineau (1802-1876), whom Nightingale admired, as a 'work of genius' which she thought was destined to create an order of nurses. Martineau, sometimes described as the 'first female sociologist', was correct. Although the sex of the carer is not always articulated throughout the book, her preface makes it clear that the intended audience is 'women who have personal charge for the health of others' whether this be children or invalids: 'in other words, *every woman* is a nurse' (my italics).<sup>21</sup>

Appeals are made to mothers explicitly. In a section entitled 'Ventilation & Warming' comes this ardent question posed to those who would leave things to doctors, 'Oh, Mothers of families! ... do you know that one in seven infants in this civilised land of England perishes before it is one year old?'. The causes of the 'enormous child mortality' are nailed resolutely to the door of defective women: as due 'chiefly want of cleanliness, want of ventilation, want of whitewashing; in one word *household* hygiene' which rather overlooks the actual manifold causes of child mortality in the era.<sup>22</sup> Women are castigated as being 'woefully deficient in sanitary knowledge'<sup>23</sup>, even the best women. Women are also reproached for being generally ignorant about biology and unwilling to learn; she invokes the duty of mothers to be better informed:

<sup>15</sup> Lynn McDonald "Florence Nightingale a Hundred Years on: who she was and what she was not". *Women's History Review*. 19:5, (2010) 721-740, 721.

<sup>16</sup> Kathleen M. Macmillan "The Challenge of Achieving Interprofessional Collaboration: Should we blame Nightingale?" *Journal of Interprofessional Care*. 26, (2012) 410-415.

<sup>17</sup> Phillip J Warelow. "Changing Philosophies: a paradigmatic nursing shift from Nightingale". *Australian Journal of Advanced Nursing*. Vol. 31. No. 1. (2013) 36-45.

<sup>18</sup> Ross, D. "Challenges for Men in a Female Dominated Environment". *Links to Health and Social Care* Vol.2 (1), (2017),4-20.

<sup>19</sup> An explicitly feminist biography: Judith Lissauer Cromwell. *Florence Nightingale, Feminist*. (North Carolina & London: McFarland and Co, 2013).

<sup>20</sup> Louise C. Selanders. *The Evolution*, 72.

<sup>21</sup> Florence Nightingale, F. *Notes on Nursing. What it is, and what it is not*. (1859; reprint NY: Dover Publications Inc. Preface, 1969).

<sup>22</sup> Nightingale. *Notes on Nursing* p.10. Italics in original text.

<sup>23</sup> Nightingale. *Notes on Nursing* p.10.

'...not even mothers think it worth their while to study them – to study how to give their children a healthy existence. They call it physiological knowledge, fit for doctors'.<sup>24</sup>

Middle-class women get a particular snub with, 'Or is it better to learn the piano-forte than to learn the laws which subserve the preservation of offspring'.<sup>25</sup> Women are, in not so many words, murdering their own children through their want of household hygiene, their ignorance, their reluctance to learn and their frivolity. Infant mortality is a strong emotive lever used to mobilise women's attention and raise their awareness.

Appeals are made to cleverness and intelligence when she is lecturing on the quality of food to be brought to the bed bound.<sup>26</sup> Her exasperation is not far from the surface as she describes the nurse's lack of initiative in offering substitute food when a sick person rejects a particular food, or offering the same food again later:

A patient who cannot touch his dinner at two, will often accept it gladly, if brought to him at seven. But somehow nurses never "think of these things." *One would imagine they did not consider themselves bound to exercise their judgement*' (my italics).<sup>27</sup>

Indeed, many of her remarks do not presuppose high levels of intelligence on the part of those nursing,<sup>28</sup> but nevertheless throughout appeals are made towards good practice, such as close observation of the patient and reporting accurately to medical attendants.<sup>29</sup> Nightingale is quite willing to invoke murder throughout the text as a galvanising and doubtless heartfelt device. In the section on personal cleanliness, she suggests that leaving the patient or the bedding unwashed is tantamount to murder. The nurse who so neglects a patient:

...is interfering injuriously with the natural process of health just as effectively as if she were to give the patient a dose of slow poison by the mouth. Poisoning by the skin is no less certain than poisoning by the mouth – only it is slower in its operation.<sup>30</sup>

Her most explicit remarks on the position of women in this text are contained within a note in the conclusion that could be easily overlooked. There she seeks to debunk dominant ideology of the period (she calls them 'jargons') that women should only adhere to 'women's work', which she says 'is all assertion and nothing more', but nor should women feel compelled to engage in certain types of work 'because' men do it – rather women should be freed from both societal pressures.<sup>31</sup>

Overall *Notes on Nursing* contains an uneasy mixture of admonishment and entreaties to do better. A positive interpretation of the text is that *women can and should become more educated*. Furthermore, nor should women blindly or blithely defer to doctors, which from a modern feminist perspective is still an issue; though some women would not be deferring to doctors in 1859 or 1860, because they could not afford to consult one. Moreover, the competence of doctors in the period she thought very questionable, which might be all the more reason to query their edicts. Nightingale had been treated herself on a number of occasions by doctors with leeches, water cures, and blistering. Nightingale does criticise women for being generally ignorant about physiology; however, she is also criticising the

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<sup>24</sup> Nightingale. *Notes on Nursing* p.11.

<sup>25</sup> Nightingale. *Notes on Nursing* p.11.

<sup>26</sup> Nightingale. *Notes on Nursing* p.67.

<sup>27</sup> Nightingale. *Notes on Nursing* p.68.

<sup>28</sup> Nightingale. *Notes on Nursing* p.76.

<sup>29</sup> Nightingale. *Notes on Nursing* p.75.

<sup>30</sup> Nightingale. *Notes on Nursing* p.93.

<sup>31</sup> Nightingale. *Notes on Nursing* p.135. My italics.

social mores of the period, which encouraged women towards triviality and denied them a formal education. In *Notes on Nursing*, Nightingale's analysis of infant mortality overlooks many factors such as malnourishment, selective mortal neglect (that is the lack of investment in illegitimate or unwanted offspring), and other factors, such as the wide-spread use of abortifacients leading to congenital abnormalities, the misuse of opiates, the spread of venereal diseases such as gonorrhoea and syphilis (infants with congenital syphilis could develop a range of medical problems, including being susceptible to pneumonia, for example), as well as wider health issues quite outside the control of a household, such as the quality of the water supply or accessible foodstuffs (some milk supplies may have carried bovine tuberculosis and other germs). She situates some of her remarks within a wider theoretical frame of degeneration: want of fresh air and exercise leading to feebleness in successive generations, she believed, which was a popular explanatory framework in the period.<sup>32</sup> Nevertheless, there is a fundamental plausibility in much of what is put forward and it has a strong common-sense tone. Her final note on the 'jargons' concludes, 'Surely women should bring the best she has, *whatever* it is, to the work of God's world'.<sup>33</sup> The work appeared at a pivotal time when women were beginning to press to enter the professions and higher education, but largely not succeeding, so it is hard to decide whether the above quote was naïve; it was certainly idealistic. Arguably, this remark concords with a rise of public feeling that girls and women should have access to higher education (though whether such education was to be on a par with men's education or separate and different was to become a hot topic in the decades after the publication of Nightingale's text). Certainly, the Taunton Commission of 1868 gave a damning indictment of the standard of female private education in England. Women, in general, were simply not being well educated. The doors of British Universities were resolutely shut to women. For example, *Girton*, the first women's college at Cambridge University, was founded just ten years after publication in 1869, but though women were permitted to do the same work as males and sit the same exams, the University of Cambridge declined to award them degrees until 1948. Famously, Henry Maudsley's article on *Sex in Mind and in Education* published some fifteen years later (1874) worried about the perils of women engaging in higher education suggesting that it 'improbable' that women could succeed and 'unwise' for women to persevere:

The gravity of the subject can hardly be exaggerated. Before sanctioning the proposal to subject woman to a system of mental training which has been framed and adapted for men, and under which they have become what they are, *it is needful to consider whether this can be done without serious injury to her health and strength* (my italics).<sup>34</sup>

<sup>32</sup> Nightingale. *Notes on Nursing* p.31.

<sup>33</sup> Nightingale. *Notes on Nursing* p.135.

<sup>34</sup> Henry Maudsley. "Sex and Mind in Education". *Popular Science Monthly*. Vol. 5. June. (1874).198-210. Quote 198-199. Also 'Let it be considered that the period of the real educational strain will commence about the time when, by the development of the sexual system, a great revolution takes place in the body and mind, and an extraordinary expenditure of vital energy is made, and will continue through those years after puberty (p.199)... They cannot choose but to be women: cannot rebel successfully against the tyranny of their organisation... p.200). Their nerve-centres being in a state of greater instability, by reason of the development of their reproductive functions, they will be the more easily and the more seriously deranged (p.203)... A small volume, entitled "Sex in Education," which has been published recently by Dr. Edward Clarke, of Boston, formerly a professor in Harvard College, contains a somewhat startling description of the baneful effects upon female health which have been produced by an excessive educational strain. It is asserted that the number of female graduates of schools and colleges who have been *permanently disabled to a greater or less degree by improper methods of study*, and by a disregard of the reproductive apparatus and its functions, is so great as to excite the gravest alarm, and to demand the serious attention of the community (my italics p.204). Although to modern readers preposterous, it is perhaps ironic that Nightingale herself in her post-1857 semi-invalid state did little to dispel such notions in terms of being a role-model.

Elizabeth Blackwell (1821-1910) trained in the U.S., France and England was the first female on the medical register in 1858, with whom Nightingale had ongoing correspondence. Elizabeth Garrett Anderson (1836-1917) became the first female doctor passing her exam in England to practice medicine via the Society of Apothecaries in 1865, *though the Society of Apothecaries subsequently amended its regulations to prevent other women obtaining a license*.<sup>35</sup> Even with her license, Garrett could not take up a medical post in any hospital as they would not employ a woman as a doctor, so she set up her own practice in 1865 and then opened St Mary's Dispensary for Women and Children in 1866. It was not until 1876 that a new medical act forced acknowledgement of women medics who were then permitted to be licensed and to practice. Later on in her career, Nightingale was to note that women entering medicine had not improved it: 'the women have made no improvement – they have only tried to be 'men'.... They fail in doing good and improving therapeutics.'<sup>36</sup> Paradoxically, the Deputy Inspector-General of Hospitals for the military from 1851 was a woman in disguise as a man, who had completed full medical training at the University of Edinburgh Medical School - James Barry (1795–1865).<sup>37</sup>

*Notes on Hospitals* (1859) sets out Nightingale's concern that the mortality rates in hospitals are higher than for those treated *out of hospital*. The fundamentals of a hospital is that 'it should do the sick no harm'. In particular, she is eager to explain to the public the rationale for moving towards more healthful hospital design (addressing bad sanitary arrangements, defective structure and ventilation, and poor administrative arrangements in great detail).<sup>38</sup> She also advocates better record keeping enabling statistical analysis of data that would then allow comparisons between institutions and illustrate the relative value of particular modes of treatments and operations. She also elucidates her ideals about convalescent hospitals, which she thought ideally constituted by a row of cottages (though segregated by sex). The position of women is not therefore her particular focus in this work, though through a close reading of the text it is possible to discern some of her attitudes first-hand. For example, in her work on convalescent hospitals she encourages occupation for those who are able, men to be employed in the gardens (better for them than their in-door trades) and the 'women who are able for it should do nearly all the household work, on their own side; and a little sick cookery may well be taught in the kitchen...'.<sup>39</sup> There is a presumption here that the wealthier would be able to convalesce at home, and no challenge to gendered occupations. There is strict segregation of the sexes, as she was determined that hospitals be respectable. Even with children's hospitals she thought that boys and girls should be utterly segregated except in church: 'Boys and girls may sit on opposite sides of the chapel. *This is*

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<sup>35</sup> The first women in England, not in the disguise of being a man; posing as a man had been the only way for women to obtain medical training previously. It is impossible to know how many women did this, or to what degree a blind eye may have been turned. Her own trajectory is convoluted, having been refused formal entry to medical schools in England and Scotland she studied privately and then gained entry to the Worshipful Society of Apothecaries. However, she did eventually get to go to medical school proper when La Sorbonne, Paris opened its doors to women, and she obtained a degree from there in 1870.

<sup>36</sup> Lynn McDonald (ed.) *Collected Works of Florence Nightingale*. Vol. 5. (Ontario: Wilfred Laurier University Press), 376.

<sup>37</sup> He was born Margaret Ann Bulkley.

<sup>38</sup> Florence Nightingale, F. 1859. *Notes on Hospitals*. (1859; reprint, London: Longman, Roberts and Green, 1863), 7.

<sup>39</sup> Nightingale. *Notes on Hospitals*, 108.

*the only place they should meet* (my italics).<sup>40</sup> When discussing bathing of children, she insists that girls be ‘bathed in frocks’, unless a particular disease should prohibit this.<sup>41</sup>

There is a whiff of disapproval of women’s dress, when she mentions those with uterine disease ‘now sadly common among young female servants, from the use of their stiff stays, and form of petticoats hanging from the waist’.<sup>42</sup> Certainly, the absurdity of some forms of women’s attire was a topic of discussion and debate in popular magazines, especially the use of stays in restrictive tight clothing, which divided opinion.<sup>43</sup> The suffragette Frances Power Cobbe (1822-1904) did not hold back on this topic asking, ‘Can anything be worse taste that to wear clothes to which our natural movements are impeded, and our purposes, of whatever sort, thwarted by our own habiliments [clothes]... to load ourselves with long, trailing skirts, then we wish to take a brisk walk.... To wear bonnets which give no shade to the eyes, under a summer sun, and need to be supplemented by the imperfect aid of a parasol at every moment, is another fallacy of taste.... Worst of all, ...is the evil of women’s stays.’<sup>44</sup>

Nightingale is mindful that public opinion was not universally supportive of women nursing men and notes the nursing of children to be surely uncontentious. She alludes to a scheme of thought, which divided infants into viable and non-viable, noting that for many, a child’s hospital ‘is a place where children are to be admitted and to be recovered, or dead and buried as soon as possible’, stating this was not her position.<sup>45</sup> She also acknowledged the extreme challenge of caring for children, noting that ‘no natural feeling will stand the fatigue and anxiety’ so duty and conscience are also demanded of the nurse.<sup>46</sup> However, she does also appeal to maternal feeling and a ‘hearty love of companionship with sick children’:

There must be a genuine vocation and love for the work; a feeling as if your own happiness were bound up in each particular child’s recovery.... It is to be found just as often and just as seldom among mothers as among nuns. The true *maternal* feeling may be in the girl and the old maid (my italics).<sup>47</sup>

Different sensibilities to those of today are evident. She recommends that bathing establishments be supervised ‘otherwise the lists of accidents, by drownings and scaldings alone will be fearful’!<sup>48</sup> More chilling still are her remarks about the apathy of some nurses she had observed and their lack of tenderness towards their charges:

To have the best religious order as nurses does not at all guarantee the child-patient from, at least, indifference, since there is a tacit idea among some “religious” that it is better for the children to die than to live.<sup>49</sup>

The position of nursing is not the focus of this work, but she does touch upon the vocational aspects of nursing which are emphasised in passing when she writes that ‘Hospital nursing is jealous and demands a whole heart. It will not have a divided allegiance.’<sup>50</sup> She also worries

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<sup>40</sup> Nightingale. *My italics. Notes on Hospitals*, 129.

<sup>41</sup> Nightingale. *Notes on Hospitals*, 127.

<sup>42</sup> Nightingale. *Notes on Hospitals*, 109.

<sup>43</sup> Dr Ridder, J and Van Remoortel, M. “From Fashion Colours to Spectrum Analysis: negotiating femininities in mid-Victorian magazines”. *Women’s History Review*. Vol. 21, No. 1. (2012), 29.

<sup>44</sup> Ridder and Remoortel, “From Fashion Colours”, 29.

<sup>45</sup> Nightingale. *Notes on Hospitals*, 125.

<sup>46</sup> Nightingale. *Notes on Hospitals*, 125.

<sup>47</sup> Nightingale. *Notes on Hospitals*, 124-5.

<sup>48</sup> Nightingale. *Notes on Hospitals*, 127.

<sup>49</sup> Nightingale. *Notes on Hospitals*, 124-5.

<sup>50</sup> Nightingale. *Notes on Hospitals*, 183.



that religious nurses (be they Roman Catholic or Protestant) are too fundamentally concerned with 'working out the salvation of the order' rather than with the 'general and real good of the inmates', and that those orders who aim to be detached from earthly things were particularly problematic for practical reasons, as the nurses moved place to place within the hospital, in order to combat attachment.<sup>51</sup> However, she could also see the value of having a religious head nurse immune to all forms of impropriety offering 'surveillance' of paid nurses who might take bribes or flirt with patients. Such a person should live in, and be 'always in command of her ward.'<sup>52</sup> Finally, in this work she also advocates for the environment in general being pleasant, light, and colourful, and speaks approvingly of the Salle de Chant at Hospice Imperial des Invalides Civils that offered nightly singing from musically included residents.<sup>53</sup>

*Suggestions for Thought to the Searchers after Truth among the Artisans of England* (1860) was an 829-page work published privately. Calabria and Macrea (1994) suggest that the manuscript was not well known to a popular audience when it was published (though Nightingale sent copies to a few prominent individuals). Therefore, conceding that this work may not have helped shape her popular identity, it does shed light on her position on feminist issues and illustrates her fervent desire that women might be free to make a contribution to society beyond their constrained roles of family member, wife, or mother. In her piece *On Family Life* in particular her passionate voice is heard on these issues. Quite explicitly in a letter to John Stuart Mill (Aug, 11 1867) she says that on the question of women getting the vote 'I think no one can be more deeply convinced than I'. She advocated 'equal rights and equal responsibilities' for women and men, but saw 'evils which press more hardly on women than no having the vote'... namely, the lack of married women's property rights: 'till a married woman can possess property there can be no love and no justice' she exclaimed.<sup>54</sup>

To fully understand Nightingale's position, it is salutary to pause and consider the general position of women in this period. No women had the vote in her lifetime (the Representation of the People Act, 1918 gave women a partial franchise for those over thirty years of age who also met a property qualification. Women over twenty-one did not gain the same voting rights as men until the Equal Franchise Act of 1928).

There was no reliable birth control. Women who married in England in the 1860s bore an average of more than six children.<sup>55</sup> Many more women died in childbirth or soon afterwards, than do today. Men were the legal guardians of children and women could have no access to them if men chose, prior to the Infant Custody Act of 1839. This only granted care of children under the age of seven years to women if 'innocent' of adultery. Adulterous women had no rights whatsoever and women in general could be separated from older children. The Act did not apply to Scotland, so husbands set upon denying their wives access to children could send them North. Divorce was not available until 1857 and husbands could apply 'moderate correction' to check their wives in the case of 'misbehaviour' including restraining their liberty. This 'domestic chastisement' should not exceed that delivered to children and apprentices.<sup>56</sup> Most of the better papers on Nightingale do emphasise this historical context.

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<sup>51</sup> Nightingale. *Notes on Hospitals*, 185.

<sup>52</sup> Nightingale. *Notes on Hospitals*, 187.

<sup>53</sup> Nightingale. *Notes on Hospitals*, 116.

<sup>54</sup> Letter to J.S. Mill, 11 August 1867. BM Add MSS 45787.ff38-42.

<sup>55</sup> Sian Pooley. Parenthood, Child-rearing and Fertility in England, 1850-1914. *The History of the Family: an international quarterly*, 18 (1), (2013) 83-106, 83.

<sup>56</sup> Although NOT law, Francis Buller, a judge from 1778 to 1800, opined in 1782 that a man had the right to beat his wife and cited the 'stick no thicker than his thumb'. On November 27<sup>th</sup>, 1782 a caricature by James Gillray entitled 'Judge Thumb' appeared and variations of it. British Museum Ref.1868,0808.4891

Women's property became that of her husband upon marriage (unless safeguarded by special arrangements via trustees) and women could have all their property and earnings seized by their husbands, even after separation. Should there be no male heir, property might pass to some other male relative leaving women and their female children potentially impoverished, or homeless. The Married Women's Property Act was passed in 1882. It is clear that Nightingale did feel distressed by women's subjugation. In *On Family Life* Nightingale expresses irony and frustration, for example, about how women are restrained and oppressed by family life. Whilst men are born into *the world* women are born into *families* 'into the smallest of all possible spheres, which will exercise perhaps no single one of her faculties'.<sup>57</sup> Daughters too, she argued, 'have the right that their powers shall be exercised, their lives be made worth having, opportunities given them for developing all their faculties'.<sup>58</sup> The family is portrayed as a 'prison' and as a potential 'cage' for women, who cannot, like men, escape. The family, as an institution, is portrayed as not only thwarting youthful ambition and enthusiasm, but as annihilating it altogether... 'ere they are thirty, they are withered, paralysed, extinguished'.<sup>59</sup> Women are trapped inside families and wasted; the demands of the family *destroy* the individual life and Nightingale's frustration is evident:

the individual thinks that a great victory has been accomplished, when, at last, she is able to say that she has "no personal desires or plans". What is this but throwing the gifts of God aside as worthless...?'<sup>60</sup>

Ever the polemicist, Nightingale suggests that young women, in particular, are being 'robbed and murdered' - 'robbed of all their time' and 'slowly murdered by their families'.<sup>61</sup> The obligations of family life make a substantial contribution of any sort impossible - 'can we fancy Michael Angelo running up and putting on a touch to his Sistine ceiling at "odd moments"?' she demands....<sup>62</sup> Both family life and the obligations of marriage prevent women from engaging in sustained artistic or intellectual endeavours. On the contrary she demands that women are given 'intellectual cultivation' and 'spheres of action'.<sup>63</sup>

In her personal papers she had weighed up her thoughts about the possibility of marrying Richard Monckton (later Lord Houghton) as 'intolerable' because as 'an exaggeration of my present life without hope of another would be intolerable to me - that voluntarily to put it out of my power *ever to be able to seize the chance of forming for myself a true and rich life would seem to me like suicide*' (my italics).<sup>64</sup>

Women are denied autonomy and independence. Males can also be oppressed: 'We see parents building up obstacles in the way of their children as zealously as if it were their sole vocation... A man runs away from this, a woman cannot'.<sup>65</sup> Therefore, daughters are 'slaves' to the institution of the family more fully:

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<sup>57</sup> Michael. D Calabria, & Janet A. Macrea, (eds.) *Suggestions for Thought by Florence Nightingale. Selections and Commentaries*. (University of Pennsylvania Press, 1994), 108.

<sup>58</sup> Calabria. *On Family Life. Suggestions for Thought by Florence Nightingale*, 109.

<sup>59</sup> Calabria. *On Family Life. Suggestions for Thought by Florence Nightingale*, 97-98.

<sup>60</sup> Calabria. *On Family Life. Suggestions for Thought by Florence Nightingale*, 99.

<sup>61</sup> Calabria. *On Family Life. Suggestions for Thought by Florence Nightingale*, 109.

<sup>62</sup> Calabria. *On Family Life. Suggestions for Thought by Florence Nightingale*, 111.

<sup>63</sup> Calabria. *On Family Life. Suggestions for Thought by Florence Nightingale*, 113.

<sup>64</sup> Calendar of Letters, 2 As, 260. cited in *On Family Life. Suggestions for Thought by Florence Nightingale*, 98-99.

<sup>65</sup> Calabria. *On Family Life. Suggestions for Thought by Florence Nightingale*, 104-105.

they are considered their parents' property; they are to have no other pursuit, nor power, nor independent life, unless they marry; they are to be entirely dependent upon their parents—slaves in the family, from which marriage alone can emancipate them. Mothers acknowledge this, even while feeling that they are the daughters' slaves too'.<sup>66</sup>

Although writing from a profoundly privileged position, as someone who had had the opportunity to engage in a field of action and who also had been given a substantial independent income from 1853, the work does sound as an authentic *cri de coeur*—a cry from the heart. It is the text most often cited, along with *Cassandra*, in support of her feminism.

*Introductory Notes on Lying-In Institutions* (1871) is an important work which will receive cursory attention here as it makes few pronouncements about the condition of women or her ideals about them. She was aware that many women were dying giving birth in hospital and in this text we see the dogged analyst at work, rather than the ideologue. The writing analyses statistics on maternal mortality from a number of institutions in England and abroad. However, her position on childbirth is made clear: 'Lying-in is neither a disease nor an accident.'<sup>67</sup> Though pro-hospital, Nightingale's response to the statistics is to question whether all lying-in hospitals shouldn't be closed in response to 'the enormous destruction of human life shown by the statistics?'<sup>68</sup>

Bacteria and viruses were not fully understood in this period. It is unclear from her text to what extent Louis Pasteur's understanding of germ theory in relation to puerperal fever had permeated the sector (1860-1864), or whether the institutions had begun to adopt the routine use of boric acid (as an antiseptic) to kills germs. However, by looking at the statistics and reports Nightingale does make some correct suppositions. She notes as dangerous the passing of staff from the anatomical theatre to the bedside of the lying-in women, for example.<sup>69</sup> She also discerns that shorter hospital stays are less fatal.<sup>70</sup> In her recapitulation she notes that: 'there is sufficient evidence to show that in lying-in wards there reigns a death rate many times the amount of that which takes place in home deliveries'.<sup>71</sup> Her final conclusion is definitively pro-home birth, as almost any risk incurred outside the hospital would be 'infinitely smaller'<sup>72</sup>: 'In-short, the entire result of this enquiry may be summed up in a very few words as follows: A woman in ordinary health, and subject to the ordinary social conditions of her station, will not, if delivered at home, be exposed to any special disadvantages likely to diminish materially her chance of recovery'.<sup>73</sup> This, interestingly, was the same position the British Medical Association was to adopt until the mid-twentieth century.<sup>74</sup> It is the position of women's rights campaigners today who worry about oppressive hospital protocols, which override the dignity, autonomy, and rights of women in childbirth.

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<sup>66</sup> Calabria. *On Family Life. Suggestions for Thought* by Florence Nightingale, 107.

<sup>67</sup> Florence Nightingale, 1871. *Introductory Notes on Lying-in Institutions*. (1871; London: Longmans Green and Co., Reproduced in *The Collected Works* Vol. 8., 250).

<sup>68</sup> Nightingale. *Introductory Notes on Lying-in Institutions*, 301.

<sup>69</sup> Nightingale. *Introductory Notes on Lying-in Institutions*, 272.

<sup>70</sup> Nightingale. *Introductory Notes on Lying-in Institutions*, 290.

<sup>71</sup> Nightingale. *Introductory Notes on Lying-in Institutions*, 300.

<sup>72</sup> Nightingale. *Introductory Notes on Lying-in Institutions*, 290.

<sup>73</sup> Nightingale. *Introductory Notes on Lying-in Institutions*, 301.

<sup>74</sup> The *British Medical Journal* was still willing to 'arbitrate decisively' that 'the proper place for the confinement is the patient's own home' as late as 1954 (BMJ 24 april 1954 cited Oakley: Oakley, A. *The Captured Womb. A History of the Medical Care of Pregnant Women*. (Oxford: Blackwell, 1984), 215.

### Discussion

When I presented an earlier version of this article as a paper, a member of the audience asked why I thought Nightingale “blocked” the registration of nurses, as a surely unfeminist gesture.... Any even-handed response to this not unreasonable query requires a lot of unpacking and needs to keep sight of the social mores of the age. As noted above, women had very limited access to higher education in the period in which Nightingale wrote the works discussed. Nightingale herself had been home educated to a high level and was taken seriously by male collaborators, as well informed on matters under scrutiny (nursing, hospital design, sanitation, statistics, public health), and consulted by members of the government, which consultation she could do because of her elite position. Nightingale wanted nursing to be an *accessible* profession to women, controlled by women, so that they might do the greatest good with a fundamentally public health mandate; her idea of *summum bonum* (the highest good) required nursing to remain *accessible* to women. This not to suggest that she didn’t have high ideals about the quality of nurses. It is clear in *Notes on Hospitals* in the discussion above, that she expected a sense of vocation, discipline, and advocated sympathy and compassion as essential qualities; in *Notes on Nursing* there is much emphasis on the nurse’s attention to detail and the potentially life-saving importance of alert observation. Furthermore, the proposed registration was not tied to much-needed continuing education and development.

We must hold in mind that when she started her career, women were not permitted to attend secondary education in general, nor enter any British university course.<sup>75</sup> Consequently, most women were ill-educated in formal terms, unless they had managed to get education abroad, prompting the Nightingale Training Schools at St Thomas’s to provide remedial classes in writing and reading for trainees. Nightingale felt that the very few women who had infiltrated medicine had failed to improve therapeutics: ‘they have only tried to be ‘men’...’.<sup>76</sup> However, it is clear from her remarks in *Notes on Nursing* above, that she wanted women to become better educated, especially about human physiology. That she was so publically pro-education for women in the period *was radical*. It is abundantly clear from Henry Maudsley’s well-known remarks above, what huge resistance there was to the idea of education for women in some quarters, seen as debilitating to women, threatening their offspring, and leading to mass infertility. That women were admitted to Cambridge University in 1869 but not allowed to graduate until 1948 speaks volumes.

Those who worked professionally in this period were regarded as pioneers. Indeed, in 1854 Elizabeth Blackwell wrote to Nightingale to sympathise with her desire to ‘act’ rather than to theorise and hoped that the step had not cost her ‘any painful family sacrifice’. This remark plainly shows that Blackwell understood the potential consequences of women taking action in the world—possible family ostracism, or conflict. Blackwell explicitly saw Nightingale’s desire to work as important: ‘I look upon your position as a very noble one, weakening the barriers of prejudice which hedge in all *work* for women—you thus carry out a reform wider than the ostensible nursing plan’.<sup>77</sup> The use of the word reform is important here and illustrates how Nightingale’s position was viewed as transformational.

Current sensibilities prompt wonder as to why Nightingale did not back women becoming doctors as her cause, rather than reforming the profession of nursing, and this is a complex question to which one paper cannot give adequate reply. However, the profound difficulty of the historic moment has to be considered. Nightingale was frustrated by the focus on women gaining the same formal qualifications as men as the quest seemed *insurmountable* to her:

<sup>75</sup> Bedford College for Women was founded in 1849 and was the first women’s higher education college in Britain.

<sup>76</sup> McDonald. *Collected Works*. Vol. 8.,16.

<sup>77</sup> Letter from Blackwell. Clayton House, Bundle 370 27/3/1854 reproduced in *Collected Works* Vol. 8., 24

‘The good of a licence or diploma is this: that you *can't get it*, except after *years* of a certain course and that this ensures you against the superficiality (said to be) common to all women. But, if this good result could be brought about by women's own good sense, where be the necessity of the “licence”?’<sup>78</sup> Only a few exceptionally tenacious and privileged women could achieve a medical diploma, when the reformation of nursing could surely show what women en-masse could achieve? Nursing held the potential to demonstrate women's diligence and intelligence. Again, there is an essentially public health ethos at play, but also a desire to demonstrate the seriousness of women in a disciplined *achievable* female profession. In the same letter of 1867, she puts it thus:

The great error of these medical ladies appears to me that they not only put the cart before the horse, but that they expect the cart to drag the horse. How is a woman to get a man's diploma? – that is all they ask. It is just the same as if I, instead of qualifying myself to assist Sidney Herbert in the War office, had bent all my energies to how is a woman to become a Secretary of State?<sup>79</sup>

To put this remark in context, the first female Home Secretary in England was only appointed in 2007...<sup>80</sup> Macmillan above recognises Nightingale's desire for immediate results, but this aspect is often overlooked in analysis of her viewpoint.

Nightingale spells out her position in a letter to Blackwell, though professing a sense of solidarity with her cause she wrote, ‘I remember... that you and I were on different roads (though with the same object). You to educate a few cultivated ones, *I to diffuse as much knowledge as possible*’ (my italics).<sup>81</sup> She did not publicly criticise the campaign for women doctors, but she did not think it the best use of her energy, which would be directed towards impact for maximum health gains. Furthermore, female doctors would do well to specialise in midwifery and children's diseases, she thought, and to avoid direct competition with men. She is full of praise for the ‘lady Professors’ at the Maternité in Paris, who had developed a rank and status comparable to any male professor of midwifery in her view, without any struggle with male doctors. How have they done all this, she demanded? ‘Not certainly by trying for men's diplomas, not by a paper war, not by struggling to get into men's colleges’ she said. The answer was ‘by working a female school on female patients to perfection and letting controversy alone’.<sup>82</sup> In other words, women could achieve equality through women's specialisms.

Her remarks about the ‘jargons’ in *Notes on Nursing* make sense when viewed in this context. She asserts that women should not be derided for making a contribution: ‘you want to hear the thing is good whether it is “suitable for a woman” or not’.<sup>83</sup> This was a straightforward and bold challenge to gender norms and prejudices of her day, which thwarted women's societal contributions. On the other hand, her wariness of exceptionalism (the woman in the traditionally male role, at great cost) grates on the modern reader, because most societies have now embraced the idea that women should be able to do *anything* a man does and that is certainly an assumption of modern feminism. So her remarks on the jargon ‘about the “rights” of women, which urges women to do all that men do, including the medical and other professions, merely because men do it...’ does feel distinctly old-fashioned. However,

<sup>78</sup> ‘Private’ Letter from Nightingale to Harry Verney. 16 April 1867. Wellcome Trust MS9002/140. Emphasis in the original.

<sup>79</sup> ‘Private’ Letter from Nightingale to Harry Verney. 16 April 1867. Wellcome Trust MS9002/140.

<sup>80</sup> Jacque Smith appointed by Blair.

<sup>81</sup> Nightingale letter to Blackwell. 10 Feb 1859. *Collected Works*. Vol 8., 27.

<sup>82</sup> ‘Private’ Letter from Nightingale to Harry Verney. 16 April 1867. Wellcome Trust MS9002/140.

<sup>83</sup> Nightingale. *Notes on Nursing*, 136.

her closing statement is fundamentally even-handed: ‘It does not make a thing good, that it is remarkable that a woman should have been able to do so. Neither does it make a thing bad....’<sup>84</sup> The idea of both men and women rendering their very best to the State is a Platonic ideal, probably assimilated during her Classical education. However, her circumspection regarding women getting ‘into men’s colleges’ does perhaps show her as becoming out of step with the emerging dominant feminism of her moment.

Finally, it should be remembered that Nightingale had a low opinion of medical training *per se*, which was not well-developed at the time; she thought it made men prigs! Definitions of prig vary, but an overstated or self-righteous or superior attitude coupled with conformity to conventions sums it up, especially an exaggerated acquiescence to proprieties. Referring to Elizabeth Garrett Anderson’s desire that women obtain the same license or diplomas as men for medical practice, Nightingale stated:

Now I start from exactly the opposite ground. Medical education is about as bad as it can possibly be.... It prevents any wise, any philosophical any practical view of health and disease. Only a few geniuses rise above it. If it makes a man a prig, it will make women *prigger*. What I want to see is not, as miss G, seems to wish, women obtaining exactly *the same* education as men, and exactly the same diploma and practicing indiscriminately between the sexes as men do – very much otherwise.<sup>85</sup>

Drawing upon a model of success of the Maternité, specialisation would give women a women-only domain for control and success.

This article has explored, with nuanced detail, her views of women in healthcare. Nightingale must be remembered as an ardent social reformer of her day. Though some of Nightingale’s attitudes will (inevitably) seem retrograde to the contemporary reader, her views keenly expressed in *On Family Life* on the unproductive lives of women, not permitted by social norms to enter into purposeful social activity, were *progressive* for the period; the manner in which she expressed these views was radical, and it is this radicalism which appears to have been lost in much of the current understanding of Nightingale.<sup>86</sup> This radicalism is recognised by some essay writing, as illustrated: ‘Nightingale stands in the political centre-left, an ardent and fundamental reformer - a critic of capitalism as much as the revolutionary socialists.... She was far more ambitious in her conceptualization of possible reform than any of her contemporaries’.<sup>87</sup>

Ultimately, it may have been her low opinion of medicine itself that made her disinclined to fight to get women into its ranks. Nursing would do more good. Her emphasis on nursing as a form of public health intervention was undoubtedly more significant and efficacious in terms of saving lives in the period than the efforts of the very few women who managed to become qualified in medicine, a fact of which she was keenly aware as a competent statistician. Her stance might seem fickle in terms of feminism, but I’d suggest this helps us to understand her fundamental position. Her focus was on achieving the greatest good, as a savvy statistician and pragmatist, rather than an ideologue. Her *very* low opinion of mainstream medical training and practice in the period is a significant factor in shaping her outlook and often overlooked in an appreciation of her position so worth highlighting. Nightingale’s radicalism appears to have been lost by some in their current appreciation of her work, though, as illustrated, a small number of papers address this topic. Was she a

<sup>84</sup> Nightingale. *Notes on Nursing*, 136.

<sup>85</sup> ‘Private’ Letter from Nightingale to Harry Verney. 16 April 1867. Wellcome Trust MS9002/140.

<sup>86</sup> See Hogan’s detailed analysis of recent critiques of Nightingale, especially the UNISON row. Susan Hogan, 2021. Florence Nightingale (1820-1910) - What does History say about her Feminism? *Journal of Gender Studies* (online version now available: <https://doi.org/10.1080/09589236.2020.1845627>).

<sup>87</sup> Lynn McDonald Florence Nightingale a Hundred Years on: who she was and what she was not, *Women's History Review*, 19(5), (2010) 721-740.726.

feminist? In terms of a modern definition of feminism: the advocacy of women's rights on the basis of equality of the sexes, yes, very much so, but she is seldom depicted as such.

### **Acknowledgements**

Thanks to Dr Richard Bates for his constructive criticism of this paper; he rather warned me against straying into 'fortified territory', but my intellectual curiosity got the better of me, and I hope those less acquainted with Nightingale will find the analysis of the works illuminating. Particular thanks also to Professor Paul Crawford for inviting me to serve on the steering group of the Arts and Humanities Research Council supporting Florence Nightingale Comes Home for 2020.