

To Margaret D. Hallett

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Foreword

A wonderful and timely history of nursing in this, the year we mark the centenary of the death of Florence Nightingale, perhaps the world's most famous nurse and founder of nursing as the profession we recognize today.

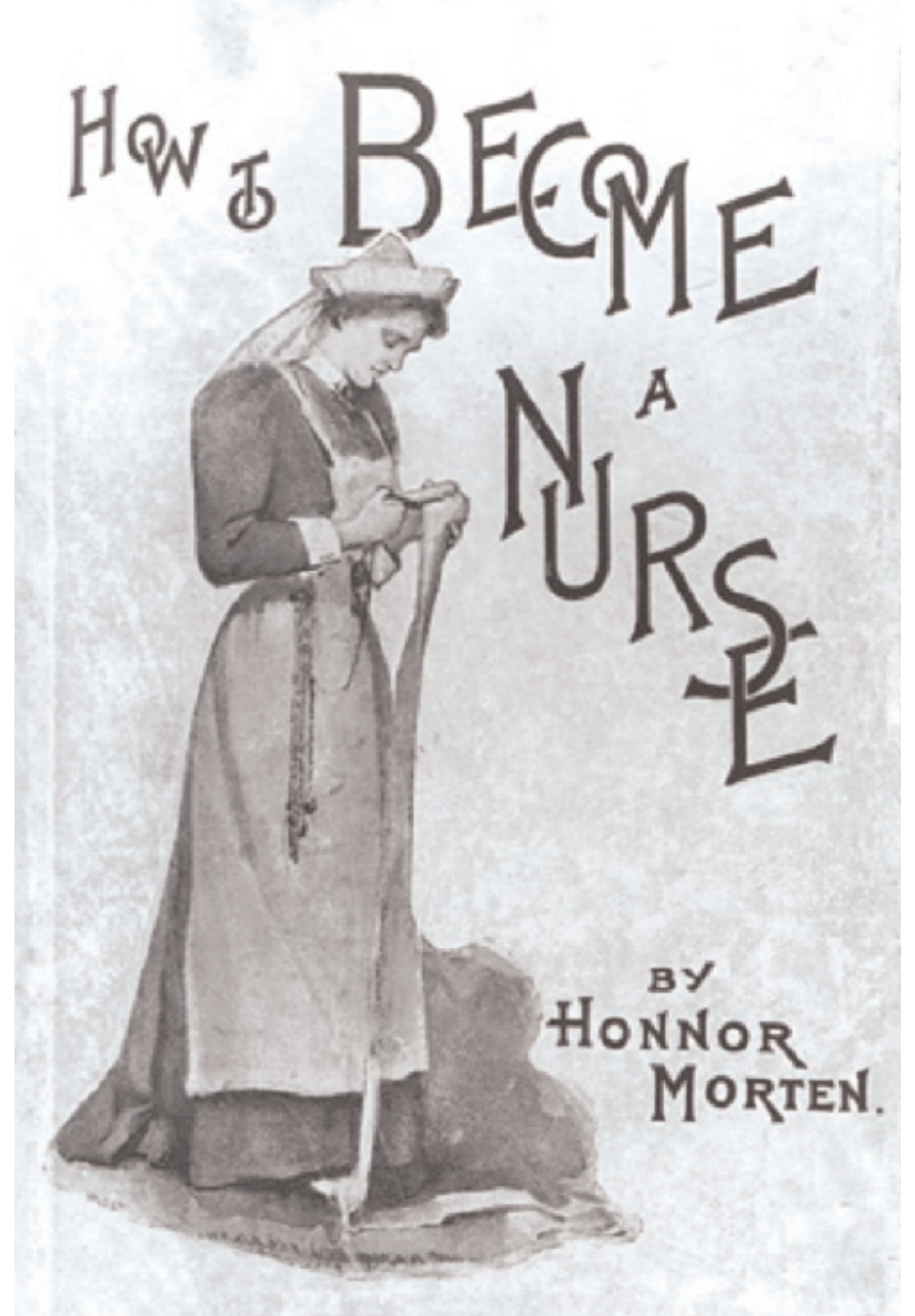
This history spans over 2,000 years, describing how the role of caring for the sick, or nursing, has developed from the ancient civilizations through medieval healers and religious nursing orders to present times. *Celebrating Nurses* shows how historical events such as the Reformation, Industrial Revolution and the two world wars impacted on nursing, and describes the rapid advance of the role of the nurse in recent decades into new roles such as the nurse-practitioner, specialist nurse and nurse consultant, showing a profession that is constantly evolving to meet the challenges of the times.

Throughout the book, there are biographies of individuals whose inspiration and drive influenced the development of nursing as a profession. Besides Florence Nightingale, the book highlights the efforts of many others whose names are less well known, but whose work has been no less influential – individuals such as Mary Eliza Mahoney, the first African American registered nurse who was an important participant in the fight against racial prejudice and the establishment of career opportunities for minorities, and Jean MacFarlane, the first British Professor of Nursing.

Beautifully illustrated, the volume lives up to its title as a visual history. *Celebrating Nurses* should be on the required reading list for anyone entering the nursing profession. Indeed, I would commend it to all those nurses who know little of our history beyond Florence Nightingale. It provides a fascinating insight into the history of nursing and the individuals whose leadership and inspiration helped shape our profession.

Maura Buchanan
President of the Royal College of Nursing

Right:
Front cover of a book
by nurse-author
Honnor Morten.



Opposite:

The Crimean War was one of the earliest wars in which industrial weaponry was used, with devastating consequences. Here, a nurse tends a wounded man close to the battlefield.

Below:

Nineteenth-century sketch of a ward in the hospital of Scutari showing a classic portrayal of Florence Nightingale. Following the release of stories that she had routinely “walked the wards” of the hospital with a small lamp, checking on her patients, Florence became known as “the Lady with the Lamp.”

THE CRIMEAN WAR (1853–1856) Fought between Russia on one side and an alliance of Britain, France, and the Ottoman Empire on the other, the Crimean War created unprecedented problems for the military because it used “modern” technology, causing injuries on a scale never seen before. It was also fought across a hostile terrain where there was a risk of epidemic diseases such as typhoid. Most of the battles took place on the Crimean peninsula, and the poor treatment of wounded and sick soldiers was brought to the attention of the British public by war correspondents, particularly those writing for *The Times*. This resulted in a demand for nursing care, and led to Florence Nightingale’s expedition. The Crimean War was the first conflict in which nursing care was offered to troops by professional trained nurses rather than by orderlies and camp-followers.

Florence Nightingale (1820–1910)

One of the most famous women of modern times, Florence Nightingale was a rare individual—a

woman who was admired, even revered, in her own time. Indeed, she used the adulation of her contemporaries quite deliberately to push through the many reforms she envisioned—including the development of a secular (nonsectarian) training school for nurses.

Florence was born in the Italian city of Florence on May 12, 1820, into an affluent and well-educated family. Her parents were on an extended honeymoon tour of Europe at the time, and her sister, Parthenope, had been born in Athens the year before. Like all genteel women of her generation, Florence was educated at home, largely by her highly intellectual father. Her mother’s family had strong Unitarian connections and had been closely involved in projects for social reform, such as the abolition of the slave trade. As Florence grew up, therefore, she was accustomed to meeting and conversing with intelligent, high-ranking, and often politically powerful individuals, whose radical, reforming views she came to share.





INTENSIVE THERAPY

The introduction into hospitals of machinery for supporting life and monitoring patients' conditions coincided with dramatic changes in the ways in which some nurses worked. However, perhaps surprisingly, intensive care units themselves appeared before sophisticated life-saving machines were invented. US historians Julie Fairman and Joan Lynaugh have shown that the earliest intensive care units were the joint development of nurses and doctors working together at grassroots level on hospital wards. The units began to emerge in the USA during the 1950s, when it became clear that the vigilance—or lack of it—of nurses could determine whether fragile patients lived or died.

A New Type of Hospital Ward

Until just after the Second World War, nurses arranged the patients in their wards so that those who were critically ill were placed in beds closest to the nurse's station, where they could be watched carefully for any signs of deterioration. The rapid advance of private health care came during the mid-century, at a time when privacy (or semiprivate) was thought desirable; people were willing to pay to be offered health care in a room of their own. Consequently, many hospital wards were restructured with long corridors and separate rooms. This had serious implications for the ability of the nurses to do their job. Patients could have heart attacks or suffer severe hemorrhage out of the nurse's sight behind closed doors. To overcome this problem, nurses and doctors in several hospitals worked closely together, with the help of administrators, to bring critically ill patients into units close to the nurse's station. These were the earliest intensive care units. Importantly, it was often the initiative of nurses that led to their development. Eventually, "intensive care units" and "intensive therapy units" (where slightly more stable patients were cared for) became separate wards, and intensive care nurses were recognized

as specialists. The American Association of Critical Care Nursing was founded in 1969.

Clinical Judgment

Once established, intensive care units became the homes of newly invented complex life-saving machines such as ventilators and monitors. Nurses had to become adept technicians as well as compassionate carers, and the scope of their practice expanded dramatically. They worked very independently in these units, knowing when to act on their own initiative, and when to call a doctor to change a patient's prescribed treatment. Their clinical judgement was pivotal to the patient's survival.

Some of the earliest intensive care units developed out of coronary care units, because it was in coronary care that the most unstable patients were to be found. One of the first units was established by Dr Lawrence Meltzer and nurse Rose Pinneo at the Presbyterian Hospital, Philadelphia, in 1963. They successfully brought together a team of doctors and nurses to work on the unit, teaching and conducting research as well as offering the safest possible care to their patients. In the preface to their textbook, *Intensive Coronary Care*, they pointed out that coronary care was not so much a form of mechanized medicine as a new system of nursing care.

Ethics and Intensive Therapy

Intensive care units and the emergence of critical care undoubtedly saved many lives in the twentieth century. These "advances" also raised ethical and moral issues for nurses and doctors—dilemmas about who to save and who to let die. Many terminally ill patients preferred not to undergo frightening and uncomfortable experiences involving high-tech machinery and resuscitation techniques, and it was in these cases that the artistry of nursing came more to the fore, in assisting pain-free and peaceful death.

Opposite:

A nurse checks on a patient in the intensive care unit of the Princess Grace Hospital in London, England.