Lights in the shadows: Florence Nightingale and others who made their mark

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Florence Nightingale, the 'lady with the lamp' became the image of 'heroic womanhood' (Bosridge 2004) when she returned from the Crimean War an iconic figure and ever since she has remained fated to wear the mantel of nursings' leading light. But she wasn't the only woman who made their mark or who undertook to risk their lives caring for the sick and injured, wounded and dying in the Crimea. Sadly, Nightingale's iconic status has also succeeded in overshadowing the existence and the achievements of the many others who nursed during the Crimean war. These women, nuns, ordinary nurses, lady volunteers and others, working in Nightingale's shadow, contributed much to the comforts of the wounded and dying and this article seeks to illuminate their presence and contribution. It also highlights other aspects of Nightingale's work and in doing so, allows us to look into the shadows and shed more light on the others who were also there.

Key points
• Florence Nightingale is the most famous nurse to have returned from the Crimean War, but many others contributed much and sadly Nightingale's iconic status has overshadowed others' contribution.
• Although Florence Nightingale contributed much during her time in the Crimea, her greatest influence on nursing resulted from her writings in the last 40 years of her life.
• Three groups of officially sanctioned nurses travelled to the Crimea, lady volunteers, nuns and ordinary, paid nurses.
• Others nurses travelled to the Crimea as unofficial nurses, the most famous being Mary Seacole.
• Their contribution and recognition is often overlooked because of the iconic status achieved by Florence Nightingale.
• It is easy to lose sight of the many nurses at the bedside and on the frontline of care whose contribution to patient wellbeing is central, but often overshadowed by the glare of Government agendas, health service targets or financial burdens.

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INTRODUCTION: THE LAMP

Florence Nightingale is rightly remembered as having laid down the foundations of modern nursing. She single-handedly (although she employed both her friends and the Times newspaper) established nursing as a profession (Gelbart 2000; Grint 2000; Brighton 2004) and through her work and publications ‘deserves a lasting place in the pantheon of medical pioneers’ (Gill & Gill 2005: 1799).

However, this great work was achieved almost completely from her bed, which she rarely left during the last forty years of her life. It was her pen and her influence that mark the great contribution Florence Nightingale made to modern nursing (Brighton 2004). Her book, Notes on Nursing (Nightingale 1859) first published in 1859, was the first nursing text book. She wrote the first modern nursing curriculum for St Thomas’s Hospital, London when she instituted nurse education there in 1860 and followed these with a number of other books, reports and pamphlets.

It is for her work in the Crimea, at the Scutari barracks hospital, however, that she is mostly remembered and for which she became known throughout the British Empire as the ‘Saviour of Scutari.’ One wounded soldier said of her, ‘She would speak to one and nod and smile to as many more, but she could not do it to all you know. We lay there in our hundreds, but we could kiss her shadow as it fell’ (Woodham-Smith 1982: 206–7). Henry Longfellow wrote a poem (Santa Filomena 1857) about her that includes the lines:

A lady with a lamp shall stand  
In the great history of the land,  
A noble type of good,  
Heroic womanhood.  


Additionally, in 1855, the London Illustrated News christened her, ‘the Lady with the Lamp’. While the Times correspondent in the Crimea wrote, ‘Wherever there is disease in its most dangerous form, there is that incomparable woman sure to be seen. She is a ministering angel without any exaggeration in these hospitals and, as her slender form glides quietly along each corridor, every fellow’s face softens with gratitude at the sight of her’ (Brighton 2004: 307).

In Britain, after her return from the Crimean war, Florence Nightingale achieved iconic status, although she returned to Britain under an assumed name, shunned interviews and would not allow herself to be photographed. All she wanted to do was remember the dead (Small 1999). On her return she said, ‘Oh my poor men who endured so patiently. I feel I have been such a bad mother to you to come home and leave you lying in your Crimean grave’ (Brighton 2004: 307).

But she was a heroine and in an Empire desperate for good news she achieved almost celebrity status. She received thousands of letters of support, was personally thanked by Queen Victoria and, in 1915, had a statue erected in her honour at the Crimean monument in Waterloo Place. However, sadly, Nightingale’s iconic status has succeeded in overshadowing the existence and achievements of the many others who nursed during the Crimean War. Many women were assigned to a range of hospitals about the Crimea and the larger portion nursed outside the sphere of Nightingale’s jurisdiction and, therefore, without reference to her ideas or influence on professional nursing practice.

These women, who worked in Nightingale’s shadow, contributed much to the comforts of the wounded and dying men in the Crimea and to illuminate their presence and look into the shadows, this article sets out to achieve two things. First, to turn the lamp light down a little so that we may more clearly see the light emanating from other sources, and second, to turn our gaze toward the others who were also there, ready to serve.

TURNING DOWN THE LIGHT

It seems almost irreverent to question the myth
of the 'Saviour of Scutari' but, it is fair to say that in 1855 the British public were deceived and allowed to believe a myth that bore little relationship to the facts of Nightingale's efforts at Scutari. This is not to detract from her most strenuous efforts there in terms of forging a workable administrative structure, but the myth, established then and to some extent nurtured today, as Gill and Gill (2005) show, fails to fully recognise the reality of Nightingale's contribution.

For many years, biographers have made much of the fact that following Florence Nightingale's arrival at Scutari, the death rate fell from 42.7% to 2.2% (Nightingale 1858; Brighton 2004; Gill & Gill 2005). 'Cleanliness and fresh air are the only defence against infection,' Nightingale said, for she believed, and it has long been assumed, that it was her attention to cleanliness that impacted so dramatically on the falling death rate. This is however far from the truth.

During her first four months at Scutari, the death rate did not fall at all; it rose from eight per cent in November, to peak at 42.7% in February. These are reflected in Nightingale's own statistics (Nightingale 1858; Grint 2000 Garrison 1922). The reason for this, Nightingale asserted, was that the army had sent her those men whose wounds were so severe that few stood any chance of recovery, particularly given their half-starved state. The death rate rose in December, January and February because (according to Nightingale in Small 1999) of the worsening weather conditions in the Crimea, with men suffering exposure and starvation even before reaching the hospital, so that once wounded, they were more likely to succumb to their wounds.

However, of the 4,077 soldiers who died at Scutari during Nightingale's first winter, only 10% died from battle wounds. The rest, many of whom arrived free of all disease, might otherwise have recovered, but died from typhus, typhoid, scurvy, cholera or dysentery. In spite of the improved conditions Nightingale created for the men, most deaths were caused by diseases contracted at Scutari (Nightingale 1859a).

The main problem, apart from overcrowding, was that the barracks hospital was built over the sewers and every part of the hospital was permeated by a foul stench. Nightingale did not subscribe to 'germs' and while it is true, germ theory was radical and new, she could see no connection between the sewers and the disease rampant in the hospital. What she did believe in was cleanliness. Seven doctors and three nurses died, hundreds of men died. The death rates rose further, although the wards were clean. They all died in a clean environment, but they died nevertheless (Brighton 2004).

The death rate peaked in February, but by this time Nightingale's reputation had become untouchable, partly because of what she did but mainly and simply because she was there. The Times worshipped her, the soldiers loved her and her powerful friends in England continued to support her.

The War Office though where more sceptical and in March they sent out a Sanitation Commission lead by Dr Sutherland to investigate the staggering death rate at Scutari. After their investigation, they ordered that the sewers be immediately flushed out. This they did in late March and immediately the death rate began to drop. By June it had fallen to just two per cent (Nightingale 1858, 1859a; Grint 2000; Brighton 2004). Nightingale refused to accept that the flushing of the sewers was related to the fall in death rates and preferred to attribute it to the passing of winter, although she claimed that the arrival of the Commission saved the British Army (Kerr 1997).

After the war, and back in England, Nightingale was asked to present evidence to the Royal Commission on the Health of the Army and as part of this she compared the mortality rates in various military hospitals used during the Crimean War. She was profoundly shocked to find that the death rate at Scutari had been far
higher than anywhere else (Nightingale 1859a; Brighton 2004), (although Grint 2000, suggests it was higher at Koulali) and came to the painful conclusion that most of the soldiers who had died while under her care did so because of disease arising from the sewers under the buildings (Brighton 2004). Her efforts had allowed them to die in greater comfort, but it had not saved them. It was not for nothing that Nightingale herself said that the words, ‘Abandon hope all ye who enter here’ (Grint 2000) should be emblazoned above the Scutari barrack hospital gateway.

Her biographer Hugh Small believed that as a result of this discovery she had a mental breakdown. In his view, Nightingale suffered a spectacular humiliation when she had to admit that she had been wrong about the cause of deaths at Scutari. A large number of influential people knew that her image as the ‘Saviour of Scutari’ was therefore a sham (Small 1999).

In 1857 when the Indian Mutiny broke out, Nightingale offered to leave immediately for India to again care for wounded soldiers. The War Office politely declined her offer and Nightingale settled for the life of a virtual recluse. When she died in 1910, her sister, Parthenope, said of Florence, she was a ‘shocking nurse’ with ‘little or none of what is called charity’ (cited in Brighton 2004: 308).

LOOKING FOR OTHERS IN THE SHADOWS

When war was certain and the call for female nurses was issued, women applied to be sent to the Crimea. Many were motivated by the wage of 18 shillings a week, which was double the average nurses’ wage of the day (Grint 2000), while others were motivated by their religious convictions. Between 1854 and 1856, 229 women travelled officially to nurse during the Crimean War (Bostridge 2004).

Their letters of application held in the National Archives at Kew offer some insight into the type of women who applied. One was Mrs. Mary Jones, recently widowed, aged 50 and a ‘firm Protestant.’ She tried to convince the selection panel that she was still fit and up to the hardships of life in the Crimea by indicating that she ‘walked … from 12 to 15 miles a day … through Wilts, Hants and Surry … for amusement’ (Bostridge 2004). Another applicant, Ann Shipway, tried to impress the selection panel with her years of experience as a nurse indicating that she had been a nurse at a lunatic asylum and had also several years’ service in the medical and surgical wards of a hospital in Bristol.

Initial recruitment though was poor and 24 of the 38 nurses to go in the first party were taken for their religious convictions (10 Catholic nuns, 8, Anglican nuns, 6 High Church Sisters). These and the remaining women to travel to the Crimean fell into three board groups:

1. Women from religious communities

These were nuns from a number of religious orders and included the Sisters of Mercy who formed an important component of Nightingales’ first party in October 1854. These nuns provided care as part of their religious order’s duties and were in effect unpaid, but travelled and remained motivated by their desire to minister and care for the sick. Nightingale had little time for them and described them as being fit more for heaven than hospital (Woodham-Smith 1982).

Three of the Sisters of Mercy were Sister Aloysius Doyle, Sister Joseph Croke and Mother Francis Bridgeman who published their Crimean Journals (re-edited by Laddy in 2004). These reveal that not only were they very skilful and knowledgeable nurses, but that they frequently clashed with Nightingale. The journals also offer an insight into their life in the Crimea, as they describe rats dancing about their rooms and over the nurses’ beds.

In England, anti-Catholic feelings lead to accusations that they engaged in proselytism.
Although they brought with them extensive experience, their influence was limited and they were moved by Nightingale to the hospital at Koulali, just north of Scutari.

2. Paid ‘ordinary’ nurses
These made up the bulk of the nurses Florence Nightingale had at her disposal. They wore an uncomfortable uniform described by Martha Clough as a ‘dirty looking, dressing gown sort of dress, a night cap, blue checked apron and a hospital badge across one’s shoulder’ (Bostridge 2004: 19). Few were literate and little remains of their personal reflections. However, we do know of some of them. One, Jane Butler, who had worked at Guy’s hospital before the war, was dismissed at the end of 1855 for misconduct, implying difficulties between her and her superiors.

Drunkenness was a common offence for which ordinary nurses were dismissed and in June 1855, Jane Gibson (who had been described by a house surgeon at St. Thomas’s hospital as displaying superior abilities) was dismissed for being intoxicated when treating a patient (Bostridge 2004). Nurses were not permitted on the wards after 8.30pm, indeed it is rumoured that one reason Nightingale did an evening round with her lamp was to catch nurses who were offering more than the standard nursing comfort to wounded men (Grint, 2000). One nurse, Fanny Duberly, indicated that certain nurses had the nickname, ‘The New Matrimony-At-Any-Price Association’ (Kerr 1997).

Another nurse, Emma Fagg, dismissed for being incompetent, returned to nurse in Kent as a private nurse. She had been sent out in the first party of Nightingale nurses and died in March 1913, the last of Nightingales’ famous nurses. Many were not drunkards or irresponsible, although all were regarded as being at the same level as domestic servants and, in general, their behaviour was not highly regarded. This lead to inevitable clashes with the third group of nurses, the lady volunteers.

3. Lady volunteers
Lady volunteers were unpaid and some had even funded their own passage to the Crimea. Their higher social rank also meant that they saw themselves as superior to the ‘ordinary’ nurses. However if they worked in any of the officially sanctioned hospitals, they were forced to wear the same uniform as ordinary nurses. A set of regulations was soon established that stated that paid nurses (ordinary nurses) were to remain in exactly the same relative (social) position to the ladies in which they existed in England (Bostridge 2004). Nightingale had little time for the lady volunteers who, she saw, were often reluctant to touch the patients (Grint 2000).

One group led by Mary Stanley (who helped with the initial selection of nurses for Nightingale’s first party) arrived at Balaklava General Hospital in 1855. The party moved on to Scutari where Stanley was immediately in conflict with Nightingale. After a time, she moved with the nuns to Koulali Hospital. One of Mary Stanley’s volunteer party, Fanny Taylor, was appalled by the language and insolence of the hired nurses, but didn’t mind that as well as undertaking nursing duties, the hired nurses were expected to wash the clothes and clean for the lady volunteers (Grint 2000).

Regardless of the group in which the nurses found themselves, they all did the same basic duties. This included, ‘every branch of work which lies within a woman’s providence’ (Bostridge 2004: 19) and involved washing (clothes) sewing, cooking, housekeeping and cleaning. They were able to administer medicines as ordered by a doctor and attend to night nursing duties (the removal of urinals and bed pans), although not done at night. They were hardly ever involved in any degree of surgical nursing care, such as wound care or dressing management (Bostridge 2004), although Margaret Goodman wrote that she placed ‘moistening lint over inflamed wounds’, helped ‘patients turn in their bed and placed cologne-filled handker-
chiefs next to the stinking stumps following amputations’ (Kerr 1997: 120).

4. Unofficial nurses
There was also another group of nurses at the Crimea. These were the unofficial nurses who travelled under their own steam and who worked outside the officially sanctioned hospitals.

One was Elizabeth Evans (whose husband was Private Evans of the Fourth Regiment of Foot) who nursed with her husband’s regimental hospital. She was highly regarded, clearly devoted and awarded the Crimean Medal following the war.

Another, possibly the most famous non-sanctioned nurse in the Crimea, was 49 year-old Mary Seacole, a Jamaican-born Creole. She applied to join Florence Nightingale’s party in 1854, but was rejected, although two vacancies existed. A Miss Belgrave was likewise rejected because of her ‘West Indian constitution’ as was Elizabeth Purcell, for being ‘too old’ (at 52) and ‘almost black’ (Kerr 1997: 122). Mary Seacole, however, followed in the wake of Nightingale’s nurses to Scutari and reapplied, this time approaching Florence Nightingale in person. Again she was turned away (Kerr 1997; Grint 2000; Brighton 2004).

Not to be outdone, Seacole set up a ‘hotel’ at Spring Hill (she called it The British Hotel). The ‘hotel’ was more a collection of huts, one established as a store selling useful equipment and supplies to the soldiers; another as a canteen providing food and hot tea; with the profits from each used to furnish a small ward for the care of the wounded. The soldiers knew her as ‘Mother Seacole’ and in her little hospital she successfully treated diarrhoea, dysentery and even cholera, as well as caring for men with battle wounds and exhaustion (Brighton 2004). One soldier said of her, ‘... she had the secret of a recipe for cholera and dysentery, and liberally dispensed the specific, alike to those who could pay and those who could not. It was bestowed with an amount of personal kindness which, though not an item of the original prescription, she deemed essential to the cure’ (Brighton 2004: 312).

During the long siege of Sebastopol, Mary Seacole was commonly seen at the front, caring for wounded infantry and gunners, placing herself in danger and treating wounds as best she could on the battle field, before supervising the transport of wounded men to the British Hotel. After the war, she returned to England practically bankrupt and, although she found some supporters, it wasn’t until her autobiography (Wonderful adventures of Mrs. Seacole in many lands) became a best seller in 1857 that her financial difficulties were overcome. The volume was republished in 1984, and Nursing Mirror indicated that ‘in many ways she stands head and shoulders above Florence Nightingale, for whereas Florence performed only an administrative role away from the front line, Mrs Seacole was in the thick of things and did not hesitate to go to the battlefield itself in her desire to alleviate suffering and to comfort the dying (Nursing Mirror cited in Brighton 2004: 313).

SUMMARY
In Victorian Britain, the slender, well-bred, all-English lady with her lamp in hand and wearing a clean starched uniform became the very image of heroic womanhood. She had the backing of the British establishment and military. She was white. She had the Times hospital fund at her disposal and she had command of a party of nurses to support her agenda.

The others: devoted wife of Private Evans, in the Crimean conflict because that’s where her husband was; overweight Jamaican, Mary Seacole, in a blue straw hat, there because she wanted to care for the sick and wounded; the polite ladies in their ordinary nurses ‘uniform’ because they felt it was a lady’s duty to help; the sometimes vulgar-tongued drunkards who populated the ranks of the paid nursing workforce, because 18 shillings a week was a good wage and a simple way to escape the poverty of Eng.
land; and the quiet, devoted and socially marginalised Catholic and other nuns, fulfilling their duty to serve. These women could not compete with the idolised, heroic image sold to the British public by the *Times* and *London Illustrated News*, nor did they want to, but they were there and they contributed greatly to the relief of the solders’ suffering. We should remember their efforts, their names and their contribution to the history of nursing.

However, it is easy to fall into the trap that captured the imagination of many since 1855 who have bought into the myth of the ‘Saviour of Scutari’ and see only Florence’s face illuminated by the lamp light. If we turn the lamp down and look into the shadows, we see that others made their mark during the Crimean war.

Importantly today, where there are no actual battlefields as such in the health service, there are still notable nurses leading nursing and helping to drive the profession towards a better nursing future. They include those who lead our hospitals or educational institutions, the well-read contributors to nursing journals and the few noted for their political or clinical skills. Everyday, at the front line of nursing (in the ward, in the community, in the clinics or in other environments), thousands and thousands of nurses make a difference to ordinary people by caring more than they think is wise, risking more than they think is safe, knowing more than is reasonably required, dreaming more than others think is practical and giving more of themselves than might be considered prudent.

They are there on the frontline and, although history might not recall them all, their efforts are the reason we know who Florence Nightingale was, because without the nuns, lady volunteers, ordinary nurses and others, Nightingale couldn’t have shone. To be a great leader you need willing followers and in this regard it was only through the actions of the followers that the leader achieved greatness. It is difficult to detract too much from what Florence Nightingale achieved. She overcame great odds to survive the hardships of Scutari hospital and the inept British military establishment that administered it. However, we must be careful not to allow other nurses’ efforts to be overshadowed by the legend of Florence Nightingale or to fall into the trap of not recognising that it is at the bed side, the frontline or ‘on the battlefield’ that real caring takes place.

It is here that the genuine stars of the Crimean nursing effort are to be found and where today’s nursing heroines and heroes can be seen. It is easy to lose sight of their efforts in the glare of Government agendas, health service targets, hospital objectives and financial burdens but they are always there in the shadows, and it is their efforts and contributions that shine brightly as the light for others to follow.

**References**


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