



Florence Nightingale and the art of nursing: text and context of Victorian England

Florence Nightingale e a arte de enfermagem: texto e contexto da Inglaterra Vitoriana
Florence Nightingale y el arte de la enfermería: texto y contexto de la Inglaterra Victoriana

Cristina Maria Douat Lopyola¹

Rosane Mara Pontes de Oliveira²

1. Universidade Ceuma. São Luís, MA, Brasil.

2. Universidade Federal do Rio de Janeiro, Escola de Enfermagem Anna Nery. Rio de Janeiro, RJ, Brasil.

ABSTRACT

Objective: to reflect on Florence Nightingale's public figure, her achievements, Health Care Reform and the creation of the School for Nurses, and understand the birth of nursing as a profession. **Method:** a framework of the social pressures acting on Florence Nightingale's individual behavior and the apparent dividing marks, which we understand as the density of socio-historical relations, and her social time, was drawn from the literature. This is a socio-historical analysis of Florence Nightingale's life story and Charles Dickens' social literature. The time frame spanned from the enactment of the New Poor Law (1834) to the repeal (1601). **Results:** Florence Nightingale was a woman ahead of her time who, going against the theories of social Darwinism of her time, created the nurse profession, and produced a divide in the profession by defining it as science and art. **Conclusion and implications for nursing:** by creating the emblematic figure of the Lady of the Lamp, Florence Nightingale engraved in nursing care, zeal, devotion, and compassion, here understood as empathy and pity for the suffering of others accompanied by the desire to alleviate it, a spiritual participation in the pain of others.

Keywords: Nursing History; Knowledge Discovery; Social Identification; Nursing Professionals.

RESUMO

Objetivo: refletir sobre a figura pública de Florence Nightingale, suas realizações, Reforma Sanitária e a criação da Escola de Enfermeiras, e compreender o nascimento da enfermagem como profissão. **Método:** partiu-se da literatura de um quadro das pressões sociais que agiam sobre o comportamento individual de Florence Nightingale e dos marcos divisórios aparentes, que entendemos como a densidade das relações sócio-históricas, e o seu tempo social. Análise sócio-histórica da história de vida de Florence Nightingale e da literatura social de Charles Dickens. O marco temporal compreendeu da promulgação da *New Poor Law* (1.834) à revogação (1.601). **Resultados:** Florence Nightingale foi uma mulher adiante do seu tempo que, contrariando as teorias do Darwinismo social de sua época, criou a profissão da enfermeira, e produziu uma clivagem na profissão definindo-a como ciência e arte. **Conclusão e implicações para a enfermagem:** ao criar a figura emblemática da Dama da Lâmpada, Florence Nightingale gravou no cuidado de enfermagem, o zelo, o desvelo e a compaixão, aqui entendida como empatia e piedade com o sofrimento do outro acompanhada do desejo de minorá-lo, uma participação espiritual na dor do outro.

Palavras-chave: História da Enfermagem; Descoberta do Conhecimento; Identificação Social; Profissionais de Enfermagem.

RESUMEN

Objetivo: reflexionar sobre la figura pública de Florence Nightingale, sus logros, Reforma Sanitaria y la creación de la Escuela de Enfermeras, y comprender el nacimiento de la enfermería como profesión. **Método:** se partió de la literatura de un cuadro de las presiones sociales sobre el comportamiento individual de Florence Nightingale y de los marcos divisorios aparentes que se entiende como la densidad de las relaciones socio histórico y su tiempo social. Análisis socio histórico de la historia de vida de Florence Nightingale y de la literatura social de Charles Dickens. El marco temporal se comprendió entre la promulgación del *New Poor Law* en 1834 y su revocación promulgada en 1601. **Resultados:** Florence Nightingale fue una mujer adelante a su tiempo que, contrariando las teorías del Darwinismo social de su época, creó la profesión de enfermera, y produjo una mirada embrionaria en la profesión definiéndola como ciencia y arte. **Conclusión e implicaciones para la enfermería:** al crear la figura emblemática de la Dama de la Lámpara, Florence Nightingale registró en el cuidado de enfermería, el celo, el cuidado y la compasión, entendido aquí como empatía y piedad con el sufrimiento del otro acompañado del deseo de una disminución, una participación espiritual en el dolor del otro.

Palabras-clave: Historia de la Enfermería; Descubrimiento del Conocimiento; Identificación Social; Profesionales de Enfermería.

Corresponding author:

Rosane Mara Pontes de Oliveira.
E-mail: romapope@gmail.com.

Submitted on 05/14/2020.

Accepted on 02/11/2021.

DOI:<https://doi.org/10.1590/2177-9465-EAN-2020-0152>

INTRODUCTION

How were some of the ideas that nourish, even today, the professional identity of the nurse formed and organized? As a reference for chronological dating, these events happened, respectively, in 1834 and 1860, in England and Florence Nightingale was born in 1820.¹

The meaning of this reflection is the assumption that to understand Florence's public figure, her achievements and her Health Reform, and in it, the creation of the School for Nurses, it is necessary to understand her life as a woman, from a clear picture of the social pressures that acted on her individual behavior.² Such a study can only be convincing if it takes into account, in addition to the fate of the individual person, a model of the social structures of the time, and the inevitable coercions that result from the operation of these structures.

A fairer view of Florence Nightingale would perhaps be that of an extraordinary figure who dared to deny the frustrated fate then reserved for women, even those of her high social status, by launching herself into a life of action.³

Florence Nightingale contributed, in her time, to the improvement and development of health, remaining, until today, as a source of inspiration and research target for scholars around the world.⁴

In view of the above, the objectives are to reflect on the public figure of Florence Nightingale, her achievements and the Health Reform, and in it, the creation of the School for Nurses; to understand the birth of nursing as a profession from the apparent dividing marks of what we understand as the density of socio-historical relations and its social time.

METHOD

The temporal mark, to organize our thought socio-historically, is the promulgation of the New Poor Law (which occurred in 1834, but which meant the repeal of the Poor Law, promulgated in 1601), an absolute victory of the English liberal thought, which, together with the work houses, will unequivocally establish two things:

- 1) the question of poverty (or pauperism, created by the industrial revolution) is no longer a problem of economic relations and is no longer a problem of the state, which will no longer supplement wages (as was foreseen in the Poor Law of 1860);
- 2) poverty belongs to the relations of domination over illness, as a natural phenomenon, now in the field of medical knowledge, and should therefore inhabit asylums or workhouses (the so-called crime-free prisons), establishing poverty as a crime.

In this sense, the analysis proposal explores a certain perspective on the social world that does not pretend to exhaust the description or the analysis of all the data contained in the totality of the field of phenomena, but that offers itself as a means, among many possible means, of revealing certain aspects of this time.² The chronological delimitation, through dating, serves to determine, in an auxiliary but not definitive way, that which specifies our context of discovery, the apparent dividing marks

of what we understand as the density of the socio-historical relations to be unveiled, and their social time.

We will use two points of departure: the historical biography of her origin myth, Mrs. Florence Nightingale,¹ having as demarcating space the culture of Victorian England, and the social time surrounding two events that we cut out as of great interest for the study: the promulgation of the New Poor Law and the creation of the first Nurses' School.

If we think about the constrained space for the women's profession in the 19th century, it is surprising that thirty-seven years after the creation of the first nurses' school (1860-1897), a movement began in England forbidding the hiring of nurses outside the Nightingale model.

In socio-historical reality, one time and two imaginings coexist: Mrs. Sairey Gamp and Mrs. Florence Nightingale. Dickens' nurse, by the translation of her name, is big, bulky, should protect, but could also be mortal. The character's name - Gamp - and its translation for umbrella, is interesting. It also shows the superficiality of emotions toward the misery of others, the rules of indifferent conviviality that the Victorian era knew how to shape. When Mrs. Gamp presents a package of emotions necessary to care for a dead person, and this package includes the dead person's *toilette*, a sad face, the expression *Ah! le pauvre cher homme!*, a battered mourning suit plus a pair of mud socks and a leaf-colored umbrella, one is talking about the indifferent formal equipping to express a convenient amount of indifferent respect.

Alcohol not only invigorated her, but it also provided the conditions for the nurse's work, because this was a function that required some lethargy, to ensure the expectant behavior of those who followed more the consternation of death than the challenges of life. To be a nurse was to be a woman and a widow, or to be a single woman and be at the side of the sick; nothing more than that.

The poor, not yet perceived as important to the interests of the nation, were the target of many cruelties, so there was, for the nurses, no importance in being brutal and violent towards them: choking, telling them to shut up and shake them like a plum tree, literally Dickens' text. Who innovated, breaking with the reality of the time, projecting into the future in a totally unpredictable way, in view of the reality of the cultivation of hatred in and out of the English empire, was Florence Nightingale.

With the enactment of the New Poor Law, the woman who cares became in evidence because the fragile communities were more exposed, and the critical analysis of the nurse's performance propitiated this social visibility. Cruelty characterized the nurse, because she had to care for the other, an anonymous other, unfamiliar, unknown, poor, and not fit for that society, and there was social authorization to hate, to be indifferent, and to mistreat.

Tobacco, alcohol, and sex life would need to be disciplined. The Victorian era was effective in this proposal, and it was not necessary to invent much for this, because after all a whole

scheme of normalization of bodies and control of the expression of sexuality was already organized.

The technical unpreparedness to deal with disease situations was not exclusive to the nurse, and systematized teaching with clinical-hospital learning, with classes with assistant physicians and sisters in hospitals, and rigorous clinical internship, was enough to technically train the new nurse. Clinical learning is Nightingale's trademark.

The equation then became, Scientific Training plus Moral Bulletin, equal to the Science and Art of nursing. While it is understandable that good nursing cannot be done with the tools of science alone, it was necessary to provoke a kink, and force segmentation, a new cleavage, exposing the possible faces of a crystal.

Nursing is a science and an art, perhaps the most beautiful of the arts. This definition belongs to Florence Nightingale.

The other socio-historical reference of this presentation is the inauguration of the Nightingale Training School for Nurses at Saint Thomas Hospital (1860), where Mrs. Nightingale proposed another form of nursing care, based on the training of these health agents in Nursing Schools, thus breaking with a previous practice, where there was no systematized and official training by a training agency, which qualified for the practice of health care, and which trained nurses. It was enough to be a woman.

We understand that these facts, or borderline events, as a sense of socio-historical contemporaneity between the laws of the British Empire and Florence Nightingale, are important, insofar as chronological limits are numerical simplifications for a time that is woven between the social, the cultural, and the bodies of individuals, pulsating below the dating.⁵

It could hardly have been different, if we take into consideration that the social space of these events that we privilege for analysis is mainly the city of London, insofar as Great Britain, the original model of industrialization, already presented to the not yet perplexed eyes of all, the concrete and massive examples of poverty and multitude.

The perspective here is to minimize the event, which comes to be considered as a bubble on the surface of history, manipulated by much deeper, long-lasting currents.

The event that stands for the purposes of this analysis, our "bubble," is the establishment of the School for Nurses at Saint-Thomas Hospital (1860).

The so-called Modern Nursing was born in the 19th century, in Victorian England, linked to the person and life of Florence Nightingale.

At the same time and in the same cultural space, Charles Dickens begins the publication of his literary production, using fictional narrative to communicate with a large number of readers, and frequently thematizing, in an ironic and biting way, a woman figure who cares for the sick in the institutional and private spaces, which he himself will call a nurse, and which according to one of his critics⁶ is even a satire of the pre-Nightingale nurse.

RESULTS AND DISCUSSION

Throughout his literary work, notably in the novels *Oliver Twist*⁷ and *Martin Chuzzlewit*,⁸ Charles Dickens - a social writer, will deal with some female characters, whose tasks are to assist, care and discipline, both in the spaces of health and disease, spaces almost always institutionalized, but registering, in the written language, the way this caregiver should not be or proceed, that is, a negative profile, which will assume an aspect of complete satirization, in the character Sairey Gamp in the novel *Martin Chuzzlewit*.

Dickens describes her as a nursing professional who, in the scenario of poor neighborhoods and precarious hygienic conditions, is always very fat, heavy, and greedy, without control of her instincts, cruel, corrupt, promiscuous, and reeking of rum. For the understanding of what the past was, literature goes beyond the register of facts, bringing to light issues that escape the historian's attention, and it is in this sense that literary works have the characteristics of unique documents of social consciousness.⁹

It is instigating to get closer to the possibilities of these two contemporary social actors, who, in a time of absolute hegemony of liberal thought, centered on free market competition as the best way to manage resources, and which values the individual as the basic social unit, manage to focus, using different practices, one through criticism in literature, the other through political and pragmatic-institutional action, on a new professional category that will be dedicated to the art of caring for the individual, in the field of health and disease.

The reading and analysis of Dickens' novels start from the understanding that the history of mentalities cannot be made without being closely linked to the history of cultural systems, of belief systems, of values, of intellectual equipment, within which mentalities are elaborated, lived, and evolved.

We work here with the notion that every perception is an interpretation, in that facts are never neutral, they are always impregnated with value judgments.

The supposed innocent look is nothing but a mistaken metaphor, a simplistic illusion, fed by a naive positivism.¹⁰

The Victorian era, the period of expanded interest for this analysis, was an era of important redefinitions of some very broad notions such as sin, crime, disease and social problem, with some concepts transmuting from one category to another during the course of the century, pointing to transformations of some practices in association with the emergence of new configurations.

It was a century where conscious and contentious attitudes towards aggression coexisted with aggressive ideas and acts, not all of which were recognized as such: the claims of control over raw materials and high finance, the control and exploitation of the land, the organization of business and the risks to health, long-distance communications and scientific mysteries were activities that required a very high level of aggression towards man and nature, but were mostly evaluated as purely constructive.¹⁰

We can call the Victorians aggressive, not only because their hunt for profit and power entailed severe social costs for exhausted workers, exploited employees, rendered obsolete artisans, and expropriated and outraged natives, but also because they expended so much energy to control time, space, scarcity, abundance, and themselves, as never before.

Displayed the familiar fact that aggression, no matter how benign in intent and outcome, leaves scars and victims in its wake.¹⁰

In the composition of this social and human plot, we are interested not only in the victors of history, but in all those who lived through those acute times of social upheaval and redefinition of concepts and practices, the actors of the lost causes, those of the dead ends, because they present themselves to us as the authors of an experience or an aspiration, which must be analyzed in the light of their time, and not in the light of later concerns.

They are sometimes the indicators of new mentalities, which are not diffused or implanted merely through pressure, because reactive mechanisms can be triggered if there are no favorable conditions for their adoption. There has to be compatibility between the new mentalities and the social structure, there has to be an internal logic to support them, a line has to be drawn, there has to be a demand, or the new mentalities simply won't take hold.¹¹

A decisive factor in the process of transformation of the English agrarian structure was the enclosure of land, also called enclosures, which restricted the work force, employed and drastically reduced the work market in the countryside.

This liberation of the rural population will determine an intense exodus of labor from the land, forming an army of mercenaries, or of labor for manufacturing activities, constituting, so to speak, the proletariat, a mass of urban unemployed, a mass that, when transformed into a multitude in the urban spaces of the 19th century, especially in the city of London, will inaugurate a new order of modernity, and a new urban order, through its disconcerting presence.¹²

Words like industry, factory, middle class, working class, capitalism and socialism, railroad, liberal and conservative, proletariat, economic crisis, strike and pauperism, represent in the code of language, a set of facts and collective social representations about these facts, all of them coined or re-coined adaptations to the violent social changes that occurred in this period. And we will call this period, as far as England is concerned, the Industrial Revolution. Widespread alcoholism was the almost invariable companion of sudden, uncontrollable industrialization and urbanization. The brutal indifference and the insensitive isolation of each one turned to his own interests, prevented even a glance at the other, and spread a kind of reactive lethargy throughout Europe. The cities and industrial areas grew rapidly, without any sanitary planning. Street cleaning, water supply, sanitary services, not to mention working class housing conditions, failed. There was an extraordinary difference in fitness and health between the agricultural population and the industrial population.

London evidenced the misery of the proletariat, and the sacrifices and deformations that the industrialization process cost to people who had the best of their condition as men outraged in order to perform the "miracles of civilization". The possibilities of absorption that the city's labor market presented were very limited, and the socio-psychological barriers consolidated the effects of social debasement; limits and barriers were the price paid for the birth of modern society. For millions of poor people rejected and transported to a new world, often across borders and oceans - colonies, the drama of progress meant structural changes of life.

London was the dumping ground for those considered to be lacking in the qualities necessary to join the ranks of the factory workers: they were the dissolute, lazy, beggarly, boisterous and money-grubbers who had already become accustomed to casual employment or other less honest ways of surviving.¹² Demoralization was not only manifested by alcoholism: infanticide, prostitution, and dementia also proliferated, which, although they were quickly pathologized by medical knowledge, also meant the representation, in the individual body, of what had already reached the limit of what was socially bearable, both in the private and public spheres.

The city of London in the 19th century had two million five hundred thousand inhabitants, and there was a frightening contrast between material opulence and human degradation, creating a growing fear of the impossibility of coexistence of these realities. It is in the public space of the street, where the activities of private life are performed shamelessly by the poorer classes, where vice is exposed, and that which is considered illegal or sinful is exercised in default of the established social rules that a deep hostility began to be fed to a coexistence of such opposite parties.

In promoting their heartfelt disputes, the Victorians developed a code of expression that Peter Gay concisely called alibis for aggression: beliefs, principles, rhetoric that legitimized verbal or physical militancy on religious, political, or best of all, scientific grounds.¹⁰

Not all aggressive acts are primitive pugilism, brutal cruelty, or common murder, and the nineteenth century will exemplify, abundantly, this statement. They range across a broad spectrum of verbal and physical expression, from confident self - publicity to permissible injury, from cunning malice to sadistic torture. No doubt they appear as words and gestures less fatal than physical violence, but little less equivocal; especially since the kind of aggressiveness rewarded, deprecated, legalized or banned by a given culture will depend on the times and circumstances, the perceived risks and advantages, the social habits of rebellion or conformity. A society invests its creativity and productive effort only in what is intended to fulfill functions that are valued by it.

First, there was the concept of competition, which originated in modern theory, and came to permeate economic, political, and literary life and even private life in the Victorian decades; secondly, the construction of the convenient other, which was a

way of composing the other through pseudo-scientific discoveries and the usual prejudices. All of these justifications provided collective identifications, serving as gestures of integration and exclusion. By bringing together communities of insiders, they revealed, and often invented, a world of strangers: individuals and classes, races and nations, whom it was perfectly proper and sometimes licit, to contradict and treat with superiority, or ridicule, or exploit, or even exterminate.

All three justifications had the same effect: to cultivate hatred by stimulating it, by providing respectable arguments for its exercise, and to contain it by forcing the arguments to flow within carefully demarcated channels of approval.¹⁰

It is within this mentality generating broth that is supported by the past and the present, by the real and the imaginary, by memory and oblivion, that Florence Nightingale will propose modern nursing. This cultural broth will express the power of racism as a mechanism to guarantee the feeling of comfort of some against those who bear the inexorable mark of misery, in body and soul. They punctuate, in similar ways, the portrait that can result from a society that thinks, approves, and delights in the survival of the fittest.

These characters exemplify what was called the mob (understood as an agglomeration of unemployed and miserable people, living outside the industrial revolution either as producer or consumer); London, a social threat that oscillated between many permanently unemployed and very few circumstantially unemployed.

One of the strongest features of nineteenth-century culture was that the most influential justifications for aggression rested on what its supporters presented as scientific evidence. Race was everywhere by mid-century, and the general influence of race on all human actions was recognized as one of the keys to history. Racist thought satisfied an appetite, which went beyond scientific accuracy, it unleashed aggression. Group after group, he sought to discover enemies everywhere. Some were real, but the favorite enemy was the other race: Irish in England, Jews in Russia, Aryans against Semites, Europeans against Asians, whites against blacks, able-bodied against unfit for work. Depriving them of their humanity authorized the most uncontrolled aggression against them. The science of the time gave racists a sign of permission to hate.

Another scientific theory also fed Victorian minds: one that preached a permanent widespread competition between individuals, where the winner was naturally the best and fittest. Victorian advocates of conflict had considerable academic testimony on their side, especially after 1859, when Charles Darwin published his *Origin of species*.¹⁰ Darwin criticized civilized men for doing everything possible to prevent the process of elimination. In this logic they built asylums for the mentally weak, crippled, and sick, instituting laws designed to rescue the poor, and making their doctors exercise all their expertise to save anyone's life. As a result, the weaker members of civilized society spread their characteristics, and this, Darwin believed, was bad for society.

But the international debate on Social Darwinism was much more than an academic exercise, and there was a hunting license for an aggressive business culture.¹⁰

At the end of the 19th century, London had about 117,000 known poor people, in charge of the parishes; 115,000 abandoned poor people. By poor it will be understood the person who, due to physical and moral weakness, had not responded to the call to work. Public charity took care of them, sending them to prison or to workhouses, which should be very unattractive so that their occupants would want to get out of there as soon as possible, by emphasizing the privilege of meals and rest, acting as a centrifugal force to reintroduce to the morality of the labor society, beggars and vagabonds, among whom there were 3,000 receivers, making a total of about 232,000 poor in the city that is the great center of industry.

Finally, composing still the social residue and presenting perhaps its harshest face, there are the criminals; they are poor and vicious classes, with barbaric and savage condition, indicating the sense of deterioration of their physical and emotional living conditions. In 1867, the number of "criminals" in London was estimated at 20,000.

The history of the bourgeoisie in the 19th century is rich in examples whereby it managed to blunt or sublimate aggressive impulses in order to create a civilized culture in which one could live. The cultivation of hatred was never carried out without ambiguities, and if it domesticated aggression it also intensified it. The triumphant English society is astonished to realize that the poor man is born of its own entrails, is produced by the labor society, and that his misery will be progressively difficult to overcome. It is a society segmented into three broad cores: a political community composed of taxpayers who vote. A second stratum is that considered still rational core, composed of the working poor and some occasional unemployed. Finally, a third layer, considered outside the rational society, progressively uncontrollable and dangerous, the so-called social residue, composed of non-workers. Therefore, they were not individuals, from the point of view of the Victorian mentality. The solution to the residue will be found in the New Gate prisons, in the workhouses, or in extradition to the colonies of the vast British Empire.¹²

This poverty caused astonishment in English society because it was not a poverty that was regarded as natural, the natural poverty of the pre-industrial world, the poverty that came along with resources of an inadequate nature or with the frailties of the human condition. Nor was it the poverty associated with industrialism and urbanism, the poverty that political economists viewed as a natural by-product of the laws of population, wages, supply and demand. The poverty of the residue was not so much an economic condition as a condition of pathology, a social problem, but a social disease, a strange malignancy that could neither be explained nor cured.¹³ These peculiarities narrowed the possibilities for intervention. The residue was a kind of limit of civilization: the sheer recalcitrance of some human beings, the stubborn

ones, and the perverse refusal to fulfill the ethos that had kept so many other Englishmen stable.

The New Poor Law considered financial aid to the poor as pernicious as trade unions and factory regulations. Workhouses were called “crime-free prisons” and were set up that way, with high walls, prison discipline, separation of members of the same family, hard labor for men, lean and quiet meals, and no smoking; nothing that could make leisure attractive (because this was a criticism of the old Poor Law, which was built into the act of its repeal). The New Poor Law definitively divides the working poor, who would be in society but outside politics, and the workingale poor, who would be in nothing but the residue of their own misery.

Orphanhood, which is initially a family situation, will consolidate into a condition of life as the orphan is viewed by members of society with a mixture of contempt and disgust. Orphanhood is a constant theme in Dickens’ work and in all social literature of the 19th century, where sex life was almost synonymous with pregnancy and the risk of the mother’s death in childbirth was great.¹⁴

At what price do we buy the advantages of social life? To how many thousands of individuals does the simplest of our comforts cost, on a daily basis, life?

In the 19th century words like industry, worker, strike, capitalism, and factory were coined, but the word nurse was given a new meaning, which forced people to rethink solid cultural habits and reorganize a context of beliefs about what it was to be a nurse, as a professional and as a woman.

The assumption that there was a specific human type of woman that corresponded to the nurse so thoroughly described by Charles Dickens, and which is confirmed by historians of the time, this human type designated by a common noun, was modified. Not without reason, Florence complained that she called these new women “nurses” because she could not find a better term, already anticipating the resistance of language to accept a new meaning for words, which are hostages of linguistic habits rooted in culture. She created a school for nurses in 1860, and in 1897 it was already forbidden in England to hire non-qualified nurses to work in public hospitals.

Florence was a woman who understood that one of the possibilities of being a normal woman, without being married and without being a mother, in the XIX century, was to be a nurse; a woman who chose not to marry in the middle of the Victorian era; a rich, educated and powerful woman in terms of social relations, who belonged by birth to the gentry; a woman who knew closely all the most important health institutions in Europe, who proposed a health reform for the capital of the British Empire and for India; who mastered mathematics and statistics, a woman who was not impregnated by the dominant theories of degeneracy and social Darwinism, which discredited women with their categories: this woman gave a different meaning to the word nurse.

Florence created a new metaphor for nursing from new facts, and from other similar relations between these facts and her interpretation.

Florence Nightingale was born in Florence, Italy, in 1820, lived approximately 90 years, and followed the great changes that happened in the end of the 19th century and beginning of the 20th century in the field of science, technology, politics, social relations, in short, the whole culture. Florence’s life is also a moment after the emergence of the hospital as a therapeutic instrument, a place of production of medical knowledge from where all secular and religious orders had been practically expelled (if not metaphorically in relation to power). It is the articulation at the institutional level: the hospital, until then an organ of assistance to the poor and preparation for death, becomes the privileged place for the exercise of medicine, both from the point of view of healing and of the production and reproduction of medical knowledge.¹⁵

All these transformations, some already outlined well before the 19th century, as the modern rationality itself, will compose an apparent frame, but in its essence a mosaic of communicating faces, where we can cut the so-called nursing in its support to the “Nightingale Revolution”.

Florence learned to read and write fluently in English, French, and German. She took classes in Universal History and the Political History of England, which was unusual for girls at that time. She knew Latin and Greek and also learned mathematics and was an expert in statistics. The natural and expected thing for Florence was parties and dinners and marriage, but Florence was not interested in husbands.

Nurse then meant a vulgar, old woman, always ignorant and often dirty, wearing sordid clothes and getting drunk on a bottle of gin, propitiating and engaging in the worst irregularities. The nurses at the hospital were especially notorious for immoral conduct, without any sobriety, who were ordered, with very little confidence, to carry out the simplest medical orders. In the arguments of Florence’s relatives and in reality as well, hospitals were dreadful places.

Florence understood perfectly that it was necessary to study to be a nurse.

With unwavering persistence, she remained longer reading reports from medical commissions, pamphlets from health authorities, and histories of hospitals and care homes. There was not a single major hospital in all of Europe that she had not learned about or even visited. She became friends with the Honorable Sidney Herbert, who became in 1,845, Minister at War, with a seat in the Cabinet. Florence managed to spend four and a half months in an institution on the banks of the Rhine in Germany (Kaiserswerth), observing all phases of the work done there. This institution was presided over by Pastor Fliedner, and she submitted to the Spartan regime of the religious institution, assisting the sick like all the other deaconesses.

It is then that the great moment of Florence’s life appears, the time and the turn, in which the moment of political and social crisis of the State in England and the competent, charismatic

and influential figure of Mrs. Nightingale will come together and build a part of the history of nursing.

In March 1854, England, France, and Turkey declared war on Russia, which will be referred to as the Crimean War. The English participation in this conflict caused intense social commotion, with 14-year-old boys at the war front. Sir Herbert Sidney was Minister of War, and he sent her the explicit request that she go to the East, taking with her a group of nurses to work in the military hospitals, since, at that time, the hospitals of the English armed forces did not employ regular nurses.

The group of 38 nurses, plus Florence's private housekeeper, left London on October 21, 1854 for Scuttari, Turkey. There were four war hospitals and Florence was responsible for the nursing work in these four places. The wards were filthy, parasite infested places. Bed frames, blankets, sheets, chairs, forks, plates, and much of the medical equipment were missing. Soldiers lay in their soiled and bloody uniforms, sometimes naked, and with their wounds exposed and untreated for days. Some decrepit Chelsea pensioners were the only assistants, save for a few totally incompetent military nurses. The total shortage of supplies found totally contradicted the official information she had received before she left. During the day her nurses were in almost every part of the hospital, but at night Florence herself, armed with a lantern, was alone inspecting thousands of beds. This picture of the solitary figure, on her rounds through the silent hospital, standing beside the lonely dying, caught the popular imagination and gave rise to its famous title: "The Lady of the Lamp".

In fact, the big issue for the state, and important for Florence, was to have lowered the mortality rate in the hospitals under her care, from 42% to 2.2%. It is important to highlight the composition of armies at that time, where, after the discovery of the rifle, it was necessary to train these men to handle a weapon, which would become an important chapter in the budget of the states at that time. More than ever, from a humanitarian as well as economic point of view, it was necessary that a soldier died on the war front, defending their country, and not of infection in military hospitals.¹

Florence fell dangerously ill in mid-May, contracting the so-called "Crimean Fever," which may have been typhoid fever. News of Florence's illness spread throughout England, and her friends paid tribute to her for her service to her country. An influential committee was formed, with Sidney Herbert as Honorary Secretary, and in public session, the Nightingale Fund was inaugurated.

Florence did not forget the needs of doctors, which she realized during the war experience. Verifying that the medical officers lacked a place to carry out research or scientific work, he provided a house in Scuttari and equipped it with the necessary instruments. This small and humble beginning was the nucleus of the future Army School of Medicine.

She also conducted restricted clinical research, comparing mortality among wounded soldiers in campaign beds at the front and in hospitals, proving that more died in hospitals, and

reinforcing her ideas on hygiene and ambience. In 1856 she was invited to compose a Royal Commission to investigate the causes of disorganization in Crimea. It was unusual for a woman to do this kind of work, but the members of the Commission did not dismiss her work. They submitted some questions to her in writing, and she also answered them in writing. She was the power behind the throne, the creature behind the scenes who actually ran things, but through a third party (Sir Herbert and Dr. Sutherland).

One of the subcommittees on which Florence worked would address the need to create an Army Medical School. Florence was convinced of the need to improve the training of military doctors, and used the full weight of her influence in order to push for the founding of this School. She realized from her war experience that, although the efficiency of medical surgeons varied greatly, they all suffered the effects of improper training.

In 1860, with the opening of the Nightingale Training School for Nurses at St. Thomas Hospital, Florence Nightingale becomes the founder of modern nursing.

In 1879, with the Franco-Prussian War, Florence attended the request of both sides, humanitarian vision, and after the war received two distinctions: the Bronze Cross of the *Société de Secours aux Blessés Militaires* and the Prussian Cross of Merit, from the German Emperor.

In 1897, the prohibition of hiring unqualified nurses to work in wards began throughout England, consolidating the institutional activity of the nurse. The hygienist issue, a health policy in force at the time, was one of her concerns, and it is worth mentioning that Pasteur's studies on microbiology, infection, and contamination only took place after 1860.

For a period of 30 years Florence followed the gradual development of Indian hygiene, and was considered an authority on Indian affairs. Again, because of her status as a woman, she could not publicly assume her important role in the preparation of the Indian Report, which became public in 1863. She was considered an authority on hygiene, as in hospital construction: on military hygiene, as in strict matters of nurses.

One of her greatest interests lay in statistics, and while at the Scuttari hospitals she pleaded for the establishment in the hospitals of a better system of statistics, and she herself drafted a "Model Formula for Hospital Statistics." In 1858 she was elected a member of the Statistical Society of England. Florence published four books, one of which, *Notes on Nursing*, sold 15,000 copies in one month (in 1859), and to this day there are more than 50 editions.

Florence said she used the word nurse for lack of a better one and criticized that, already in her time; the meaning of this word had been restricted to little more than the administration of medicines and the application of plasters.

According to her, it should mean, however, "the proper employment of fresh air, light, heat, cleanliness, quietude, and the proper choice and administration of diet - all with the minimum expenditure of the patient's 'vital' force. In 1907,

King Edward VII awarded her the Order of Merit, and she was the first woman, and the only woman to date, to receive it. The Nightingale System of nurse training spread to almost every country in the world, decisively influencing the so-called modern nursing.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE TO PRACTICE

What is the meaning of this essay in the form of a reflective tribute that we make today?

We can summarize it in four points. First, to recognize that Florence Nightingale was a woman ahead of her time, she thought ahead, she didn't bow to social and gender pressures, and this was a high price to pay. Second, that she knew how to perceive the need to create a profession - and not an occupation - to take care of the other, even if the imaginary of her time affirmed just the opposite. It was based on practices that lead to the movement of anabolism: a ventilated environment, aeration, sunshine, body hygiene, adequate nutrition, contrary to the theories of spontaneous generation of her time. Third, by creating the emblematic figure of the Lamp Lady, FLORENCE NIGHTINGALE recorded in nursing care the zeal, the care and compassion, here understood as empathy and pity for the other's suffering accompanied by the desire to reduce it, a spiritual participation in the other's pain. When she went out at night, among the dying, FLORENCE NIGHTINGALE brought compassion, not cure, and she knew this.

And finally, the perspective of nursing as science and art, art as the ability to express emotion (literature, painting, architecture, music, poetry do this with mastery too).

How, in a century where there was very high level of aggression towards man and nature assessed as constructive; there were hunts for profit and power; exhausted workers and outraged natives; alcoholism producing a social lethargy, brutal indifference and callous isolation; infanticide, prostitution as a means of survival and many alibis for aggression; a concept of competition supported by social Darwinism and survival of the fittest; and a social permission to hate, a hunting license for an aggressive culture, as in this cultural milieu, a wealthy woman proposes the creation of a profession such as nursing, which is an art and science?

Friends who have been hospitalized for a long time have been asked, what is the worst experience? Answer, the humiliation of feeling dirty, and having to wait for someone to come and clean you up. It seems to be one of the limits of human dignity. And I take this opportunity to emphasize that there is no demerit in doing the hygiene of a patient, even if you have a doctorate. This is not about degrees. As nurses, we are the only health professionals who are authorized to touch each other's bodies. Strong authorization, in a largely digital world, where there is not even a body.

It is a privilege to care, in a globalization of carelessness.

These reflections are based on the long time between two important revolutions, the industrial revolution and the electro-electronic revolution, the latter being dominated by information technology (IT). It is no longer about the space between them, but the abyss. Although the human warmth that is part of nursing care and practice cannot be digitalized, new challenges have arisen. Information and knowledge technologies (IKTs) are too slow to transform into learning and living technologies (LLTs). The speed of information challenges our nurse of today to humanize care in light of so much information. But the nursing care that Florence coined for modern nursing is based on learning and living together. And life only makes sense in the care for the other.

AUTHOR'S CONTRIBUTIONS

Design of the reflection study. Cristina Maria Douat Lopyola.
Acquisition or survey of sources and information. Cristina Maria Douat Lopyola. Rosane Mara Pontes de Oliveira.

Reflective Analysis. Cristina Maria Douat Lopyola. Rosane Mara Pontes de Oliveira.

Reflective Interpretation. Cristina Maria Douat Lopyola. Rosane Mara Pontes de Oliveira.

Writing and critical revision of the manuscript. Cristina Maria Douat Lopyola. Rosane Mara Pontes de Oliveira.

Approval of the final version of the article. Cristina Maria Douat Lopyola. Rosane Mara Pontes de Oliveira.

Responsibility for all aspects of the content and integrity of the published article. Cristina Maria Douat Lopyola. Rosane Mara Pontes de Oliveira.

ASSOCIATE EDITOR

Cristina Rosa Baixinho

REFERENCES

1. Miranda CML. O parentesco imaginário: história e representação social da loucura nas relações do espaço asilar. Rio de Janeiro: Vozes; 1994.
2. White H. Tópicos do discurso – ensaio sobre a crítica da cultura. São Paulo: EDUSP; 1994.
3. Dias, LP, Dias, MP. Florence Nightingale e a História da Enfermagem [Internet]. *Hist enferm Rev eletrônica*. 2019 [citado 2020 maio 14];10(2):47-63. Disponível em: <http://here.abennacional.org.br/here/v10/n2/a4.pdf>
4. Frello AT, Carraro TE. Contribuições de Florence Nightingale: revisão integrativa. *Esc Anna Nery*. 2013 jul;17(3):573-9. <http://dx.doi.org/10.1590/S1414-81452013000300024>.
5. Novaes A. Tempo e Histórias. São Paulo: Companhia das Letras; 1992.
6. Priestley JB. English Humour – the English heritage. London: Longmans Green and Co; 1934.
7. Dickens C. Oliver Twist. São Paulo: Melhoramentos; 1973.
8. Dickens C. Life and adventures of Martin Chuzzlewit. Londres: Chapman and Hall; 1890.
9. Geremeck, B. Os Filhos de Caim- vagabundos e miseráveis na literatura europeia 1400-1700. São Paulo: Companhia das Letras; 1995.
10. Gay, P. O estilo da história. São Paulo: Companhia das Letras; 1990.

11. Campos MS. Poder, saúde e gosto: um estudo antropológico acerca dos cuidados possíveis com a alimentação e o corpo. São Paulo: Cortez; 1982.
12. Bresciani MSM. Londres e Paris do sec. XIX: o espetáculo da pobreza. São Paulo: Brasiliense; 1992.
13. Himmelfarb G. The idea of poverty. New York: Vintage Books; 1985.
14. Pool D. What Jane Austen ate and Charles Dickens knew. New York: Simon & Schuster; 1993.
15. Foucault M. O nascimento da clínica. Rio de Janeiro: Forense Universitária; 1980.