Florence Nightingale was born in 1820 and died in 1910. She was cosmopolitan at birth, her first name resulted from a 2-year honeymoon in Europe by her wealthy English parents. Her parents gave her the anglicized name of Firenze, the Italian city of her birth. Her elder sister was born in a Turkish city we know as Constantinople, their parents gave her the Greek name for the city, Parthenope.

Florence Nightingale's *Letters from Egypt*, on archive in the Florence Nightingale Museum, attest to her interest in at least 1 country in Africa. European-style African hospitals have been influenced greatly by her life, and her name affects children in Africa today through the Florence Nightingale International Foundation Girl Child Initiative.

The inaugural issue of *Medical Journal of Therapeutics Africa* would not be complete without recognizing the contribution of nursing to the international pharmaceutical industry.

**My Hero Florence Nightingale**

Ever since I can remember my mother told me stories about bombs and St Thomas' Hospital in London in the 1940s when my father was a medical student and my mother a young physician. Particularly memorable was "bomb duty" when medical students were told to climb onto the roofs of St Thomas', look through the night skies for bombers and unmanned bombs, and sound the alarm when something flew towards them.

On my last night of a visit to London in 2004 I walked west along the Thames and found St Thomas' on the south bank immediately opposite the Houses of Parliament: undoubtedly a prime target for bombs. I could imagine that imprecise aim could land bombs on St Thomas'. This happened more than once after 1940. One night when my father was on "bomb duty" his fellow medical student was killed. Over 60 years later, I was quietly remembering the student whose life stopped where I was walking, and enjoying the thought that the lives of my brothers and I started because my mother could not resist my father in the backdrop of the drop-dead gorgeous views across the Thames, when I saw a sign for the Florence Nightingale Museum.

Back in Philadelphia I found the link between Florence Nightingale and St Thomas'. Miss Nightingale responded to her nation’s call after William Howard Russell’s *Times* report about soldiers who had survived bayoneting and musket fire only to die in the makeshift hospital in the old Turkish Barracks in Scutari, on the outskirts of Constantinople. The news reports so appalled the British public that Sidney Herbert, the Secretary at War, asked a family friend to organize a group of nurses and take them to the wounded soldiers. Miss Nightingale's letter volunteering to do so crossed with his in the mail, and Miss Nightingale was soon where she was needed most. For 18 months her administrative genius in organizing nursing personnel, supplies, evacuations and hygiene resulted in decreased mortality while she was dealing with jealous male medical personnel, an active war and increasing fragility from chronic disease. Deeply thankful British citizens donated £45,000 into the Nightingale Fund. The fund financed the Nightingale Training School and Home for Nurses which opened in the rebuilt and re-located St Thomas' Hospital.

After occupying space in the south end of London Bridge from 1215 until 1862, St Thomas' was reopened on its present site in 1871 by Queen Victoria (King’s College London College Archives). St Thomas' was rebuilt with input from Miss Nightingale according to the principles of hospital design she described in her book *Notes on Hospitals*. The architect of the new hospital building, Sir Henry Currey, was a supporter of the "pavilion plan" of hospital design, which Miss Nightingale wrote was essential for correcting the 4 basic defects of hospital design which can be summarized as 1. Sick patients jammed together, 2. Limited space to move around 3. Limited ventilation and 4. Limited light. According to Dr GC Cook, Sir Henry’s biographer, after Miss Nightingale’s move into public consciousness the "pavilion plan" was widely accepted in British hospitals and coincided with greater inpatient survival (Postgraduate Med J 2002 78:352-9).

Nurses trained at St Thomas' were known as Nightingales, and when I visited the Florence Nightingale Museum in 2005, the frighteningly formidable, cheerful and well-groomed short lady unburdening behind the counter introduced herself as a Nightingale, which solved another riddle. On my fifth birthday in Manchester I was given a nurse's outfit, which I wore the rest of the day and wanted to forever. A red cape, a starched white cap and apron - gorgeous. My declaration that I wanted to be a nurse resulted in my mother standing me on her bed and telling me that I had better always remember this: no daughter of hers would ever be a nurse. My father smiled and shook his head: not a good idea. I concluded for years that my parents thought nursing was beneath my talents. I now understand that
they spent the years of their professional training terrified by Nightingales and they were not about to incubate one in their own home. Florence Nightingale was terrifying, how else could she have moved politicians and founded not only nursing but health administration, and changed hospital architecture? I believe she was also the first post-industrial medical writer, and the first modern hero of the medical writing profession. She excelled in regulations, statistics, and healthcare, and pretty much everything we teach our graduate students in the Biomedical Writing Programs. Like most medical writers, Miss Nightingale was mostly self-taught; she had started her career after soaking up all the education in nursing and mathematics available to a female with enlightened and wealthy parents. She left behind 200 publications detailing everything needed in a hospital for patients to survive their stays anywhere. In 1860 Miss Nightingale was the first woman elected Fellow of the Statistical Society for her contribution to army statistics and comparative hospital statistics. She was also a consultant in India without ever leaving London. My favorite papers, published in 1864 and 1874, she entitled How People May Live and Not Die in India and Life or Death in India: With an Appendix on Life or Death by Irrigation. She did not write about clinical trials, but clinical trials could not have become a part of healthcare without her work.

Miss Nightingale defined the nursing profession as no other profession has been defined before or since in her book published in 1860: Notes on Nursing: What It Is and What It Is Not. Women were not permitted to train as physicians in St Thomas' in 1871. They were only permitted to train in 1949, 5 years after my mother was hired as a young physician from Ireland. Miss Nightingale was not however defining a profession subordinate to that of a doctor but rather a parallel profession for women based on hygiene and hand-washing, concepts unknown to medical practitioners until Dr Ignaz Semmelweis suggested that they might be useful.

The idea that hygiene was invented in the mid 1800s is nonsense. According to Mrs Mary Seacole’s account of her work as a doctress in the Crimea, her success in keeping her wounded soldiers alive resulted largely from learning from Jamaican traditional healers, including her mother, about the need for cleanliness in food and water and around the sick bed. Mrs Seacole’s efforts in healthcare were heroic, her willingness to stay at the front of the battle and her lack of monetary award for her service despite her high connections, notable. She was not, however, a medical writer, hospital administrator or statistician. She was also not born wealthy; and, like most humans, was not a single-minded genius like Miss Nightingale. I recommend her book The Wonderful Adventures of Mrs Seacole in Many Lands which I bought from the Florence Nightingale Museum.

Many lessons can be learned by medical writers as we work together to define another new profession 150 years after Miss Nightingale’s heroic achievements in the public eye. Miss Nightingale never had a hint of scandal, no breach of ethics, and she never took money to endorse a product or therapy. Until her death at 90, she was mostly an invalid, rarely seen in public, writing her many books and papers in her bed, and yet her audience was huge and paid attention to what she said. Even now, 97 years after her death, I find in the US National Library of Medicine hundreds of papers referring to her continuing influence on healthcare and healthcare institutions named after her in Turkey and London.

All these years after modern communications caused a public outcry which forced the British Government to legitimize a profession that had been around since babies were born to humans, Florence Nightingale’s life tells us that the impossible is possible, and that a single focused individual without suffrage, title and university degree can influence the lives of millions, probably billions.

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By SJ Dodgson PhD

Florence Nightingale International Foundation
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