

Florence Nightingale on Public Health Nursing

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Abstract. Florence Nightingale, in addition to her role in initiating nursing education programs, was also involved in developing nursing for the sick poor at home and in workhouses through her work for poor law and workhouse reform of the 1860s. Her writings on public health nursing—11 items that were written during a space

of more than 30 years—emphasize the need for special training for public health nurses, the importance of sanitation and disease prevention through the nurse's teaching of the sick poor, and the demoralizing nature of poverty and pauperization. (*Am J Public Health* 1985; 75:181-186.)

"Never think that you have done anything effectual in nursing in London till you nurse, not only the sick poor in workhouses, but those at home."

—Florence Nightingale, 1867.

Nightingale as Sanitarian, Reformer

The accomplishments of Florence Nightingale in identifying the need to educate women who were to work as hospital nurses and in establishing a school at St. Thomas' Hospital are readily acknowledged by the public and the nursing profession. Less well recognized are her efforts as a sanitarian and social reformer. She was especially concerned with the care of the sick poor in workhouses and workhouse infirmaries, as well as the quality of life in their homes and in the slums, and the problems of prostitution and crime that such conditions created. Her writing on nursing for the sick poor outside of hospitals—on what we would now call public health nursing—extend from her early work in 1861, throughout her productive years, and into her very late writing in 1897 when she was 77 years old. These eleven essays are scattered in diverse places such as government reports, a letter to the *London Times*, and a memorial essay for a deceased nurse, rather than appearing as a single definitive volume on the topic, as was the case with *Notes on Nursing* in which she consolidated her thoughts on care of the sick. The content of these essays, and the circumstances that prompted Nightingale to write them provide an insight into her views on nursing in a wider context than nursing education.

Nightingale's initial public comments on the subject of public health nursing appear in a November 30, 1861 letter to William Rathbone about a "Proposed Plan for the Training and Employment of Women in Hospital, District, and Private Nursing, 1861," written in response to a request from Rathbone, a rich merchant from Liverpool. A member of the District Provident Society in Liverpool, Rathbone had employed a nurse to care for the sick poor of his district since 1859; in 1861, at his own expense, he tried to expand the

services to other districts, but could not find trained nurses. He therefore wrote to Florence Nightingale, who in the previous year had been successful in starting the St. Thomas School to train nurses for hospital work. By 1861, however, Nightingale had already turned to a different project, a Sanitary Reform Commission for the British Colony in India, and was unable to give Rathbone's request her full attention. Nevertheless, she wrote him a long letter in which she "came to the conclusion that the only satisfactory solution was to train nurses specially" (for his project), and suggested that he should approach the Royal Liverpool Infirmary to open a training school that would prepare nurses both for the infirmary and for his district nurse group. He followed her advice and, with his financial support, a Training School was started in Liverpool the next year.¹

Workhouse Infirmaries

Within a few more years (1864), Rathbone had another request. By that time, the Royal Infirmary was producing trained nurses for the infirmary and the Liverpool district, but the problem of sick paupers had not been addressed. Under the British Poor Laws, the most desperately poor of the large cities were gathered in large workhouses where, when ill, they were placed in crowded workhouse infirmaries. There were 1,200 sick paupers in the Liverpool Workhouse Infirmary, but none of the nurses being prepared in the Liverpool training school could be spared for the workhouse infirmary. He asked Nightingale to help him convince the supervisors of the Liverpool workhouse of the need for reform and to help find a matron and a staff of nurses to do the work.

At the time, Nightingale's main attention was centered elsewhere. In January 1864, she had co-authored "Suggestions in Regard to Sanitary Works Required for the Improvement of India Stations," and was much involved in the dealings of the India Office and the War Office.¹ Nevertheless, stimulated by Rathbone's request, Nightingale became peripherally involved in the Workhouse Reform movement.

There had been a growing public awareness of the need for general reform in the workhouses in London as well. Since the 1850s, Lady Visitors, under the leadership of Louisa Twining, had been reporting on the sorry state of workhouse inmates, and some of the workhouse physicians had begun to protest the neglect of the sick poor.^{2,3} In

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Florence Nightingale, 1820–1910 (photo: National Library of Medicine)

December 1864, there was a scandal following a newspaper report of the death “from filthiness caused by gross neglect” of a pauper in a workhouse. Nightingale, recognizing an opportunity, wrote to the head of the Poor Law Board, the overseers of the London workhouse, to suggest reform along the lines then being planned for Liverpool. She urged the Board President, Charles Villiers, to use the inmate’s death to “initiate an investigation of the whole question of the sick poor.”¹ Her contact with Villiers led to a plan to conduct a survey by means of a questionnaire (“Form of Enquiry”) drafted in part by Nightingale, and sent to each workhouse in the Metropolitan District to determine the scope of the problem. Villiers reported to the House of Commons that the Poor Law Board had received communications “from Miss Nightingale who was now taking much interest in the matter.”¹

Nightingale and the others interested in reform recognized that it would be impossible to improve workhouse conditions without reforming workhouse administration, and that to do so would require a change in the Poor Law legislation. Although this was a much more formidable task and would take much longer than the project of producing nurses to work in the infirmaries, Nightingale faced the task with her usual determination, using her connections in Parliament and backing her plans with evidence from the workhouse survey which “revealed facts so shameful that they could not be ignored.” During 1865, she took the initiative to write a report for Parliament, entitled “Suggestions on the Subject of Providing, Training, and Organizing Nurses for the Sick Poor in Workhouse Infirmaries,” detailing a three-part plan:

- To insist on separating the sick, the insane, the

incurable, and the children in workhouse schools into four separate divisions separate from each other and from the usual population of paupers;

- To advocate a single central administration to ensure uniformity and economy in all workhouses; and

- To support the sick, the insane and incurable through a Medical Relief Fund to be raised through general taxes.⁴

Nightingale’s importance as a scholar and public reformer has yet to be thoroughly appreciated.

Nightingale’s ideas were incorporated into a proposed bill that met with support from reformers. A formidable push toward change in the treatment of the sick poor, as it had been for earlier health reform, was the fear that disease would spread from the workhouses to the general population.⁵ The bill met with opposition and delay, however. Villiers himself was afraid to introduce a controversial bill at a time when the Whig Government, then in power, was in trouble. Others in the opposition were concerned with the high costs of the proposed changes. Furthermore, the motivations of many reformers, while partly humanitarian, also stemmed from self-interest; medical officers, for example, stood to gain financially under the new regulations.

In June of 1866, there was a change of government, with Villiers replaced by a new President of the Poor Law Board, Gathorne Hardy, who shunned Nightingale and her offers of help. This change in leadership of the Board caused further delay and led the impatient Nightingale to write, “it was a cruel disappointment to me to see the Bill go just as I had it in my grasp.” Hardy acted independently to investigate matters and eventually to introduce his own bill with many of the same features of the previous one, but under his name only. Hardy’s Bill, which Nightingale felt was short of perfection because it did not emphasize nursing, was introduced in the House of Commons in February 1867 and passed on March 29, 1867. The act formed a Metropolitan Asylum District “for the treatment of insane, fever, and small pox cases formerly dealt with in the workhouses. Separate infirmaries were formed for the non-infectious sick . . . and dispensaries were established throughout the metropolis” and a Metropolitan Common Poor Fund was established for the financial support of these asylums.⁴ The sick were separated from the paupers, and medical relief was made the responsibility of government. Nightingale, although angry that Hardy had not consulted her, assessed the gains and said, “This is a beginning; we shall get more in time.”⁴ That spring, Nightingale noted in a diary, “Easter Sunday. Never think that you have done anything effectual in nursing in London till you nurse, not only the sick poor in workhouses, but those at home.”⁴

In the meantime, Rathbone’s Liverpool experiment in district and workhouse nursing was progressing well. There were 18 districts, each with trained nurses; Agnes Jones, one of the St. Thomas’ School nurses, had somewhat reluctantly taken on the leadership role of reforming the care of the workhouse sick, a situation likened by Nightingale to going “among lions,” although she added that the paupers were “more untameable than lions.”⁶ In 1865, Superintendent Jones had 12 trained nurses to care for 1,200 inmates under impossible working conditions. Over the course of the next

year, however, progress was made, the experiment received praise from Liverpool authorities, and the Liverpool Workhouse became the model for reform in workhouses in other British cities. The momentum of the reform continued even after Agnes Jones died, in 1868, of typhus contracted during an epidemic in the workhouse. In a dramatic essay entitled "Una and Her Paupers," Nightingale eulogized Agnes Jones' work as "Scutari over again." F. B. Smith, author of a revisionist biography of Nightingale, suggests that Nightingale had expected the Liverpool experiment to fail, but had changed her attitude after Jones died and opportunistically used the memorial essay for her own "wish-fulfillment" and "calculated pleading."⁷ Whatever her motivation, the memorial piece served Nightingale's purpose in that it once again focused attention on the situation of nursing in the workhouses.

During those same years, Nightingale's work on Indian Sanitary Reform was progressing in parallel with her push for Poor Law reform in England. With the 1867 Poor Law victory, she turned her attention more fully to India, with all the political difficulties of reform facing her once again. By then 48 years old, she was beginning to feel her age, and to lose some of her fierceness, saying "I am becoming quite a tame beast" in a letter to a friend in 1868.¹ Also, as her parents' health began to fail, she had to leave London to supervise their care at the country estate in Embly. During the next few years, because of her need to be out of London for months at a time, she limited her work to keeping her ties with the St. Thomas' School and its probationers.

District Nursing

In 1874, William Rathbone approached her once more, this time with the idea of instituting district nursing in London. Although Nightingale's Easter Sunday 1867 note had made clear her intention to work for nurses to care for London's poor, Rathbone's request came at a time when, as her biographer notes, "she had to refuse—family difficulties prevented her from undertaking anything which required her to be in London. She could not personally organize but she did everything that could be done from a distance."¹

Nightingale wrote in a notebook, "I had resolved to give myself to promoting District Nursing, and now that District Nursing comes it is too late for me to help."⁴ The work that she could do from a distance consisted mainly of writing a report, "Suggestions for Improving the Nursing Service for the Sick Poor," and a public statement published in the

Nightingale's efforts gained public recognition of the need for trained nurses in hospitals and workhouses, and changed the climate of public opinion.

London Times, entitled "On Trained Nursing for the Sick Poor," in which she stressed the need for "district" nursing and appealed for money to support such programs. Furthermore, her earlier efforts in getting public recognition of the need for trained nurses in hospitals and workhouses had changed the climate of public opinion. Rathbone's efforts met with success, and District Nursing, through the Metropolitan Nursing Association, was established in London in 1875 with Florence Lees, another Nightingale school gradu-

ate, as the superintendent. Nightingale's essay in the *Times* concluded with "The object of the Association is: to give first-rate nursing to the sick poor at home (which they never have had)."⁸

In the remaining years of her productive life Nightingale had two other occasions to help the cause of District Nursing through her writing. One of these was in 1893 when her paper on "Sick-Nursing and Health Nursing" was read in the United States at the Chicago Exposition. The second, "Health Teaching in Towns and Villages," was written in 1894 to support the extension of district nursing into the rural areas of England. In both papers she praised the success of district nursing, and made a plea for its financial support.

Several recurrent themes are found in the various pieces that Nightingale wrote on the topic of nursing outside of hospitals—a type of nursing that she sometimes referred to as "health nursing" in contrast to "sick nursing." Among the most persistent of these themes are: the need to train the nurse; the nature of poverty and "pauperization"; the importance of preventing disease especially by teaching cleanliness and sanitation; and the nurse's role, particularly the difference between a nurse and a philanthropic visitor.

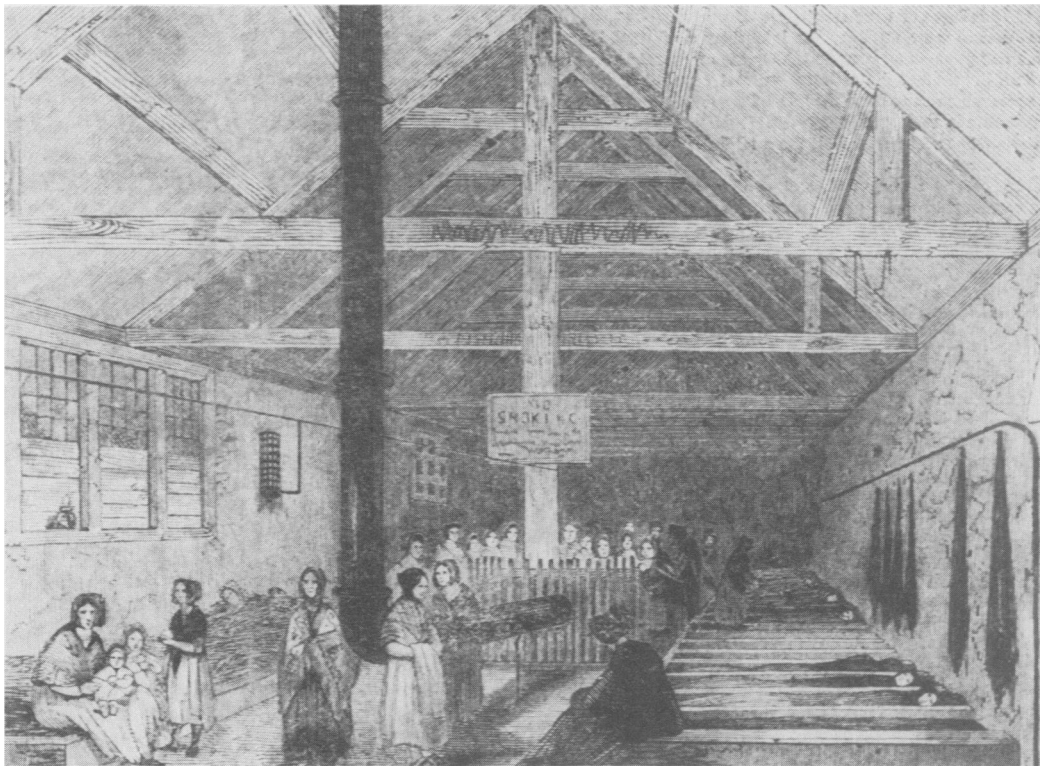
Her writing style, perhaps the secret of her success in furthering reform, was to hammer away at points, often with repetition in the same piece, and with repetition of certain points each time she approached the subject in different essays. Although the themes are interrelated and sometimes overlap, there is a hierarchy of importance to them, i.e., she insists on some points and will give way on others.

The point on which Nightingale was most adamant, and which she placed above all the others in importance, was that the nurse should be adequately trained. Her statement on district nurse qualifications, delineated in "On Trained Nursing for the Sick Poor,"⁸ called for: a month's trial in district work, a year's training in hospital nursing, and three to six months' training in district nursing. In that same essay, she wrote:

"At home: it is there that the bulk of sick cases are. But where can nurses be trained for them? In hospitals: it is there *only* that skilled nurses can be trained. All this makes real nursing of the sick at home the most expensive kind of nursing at present."

The need for training was the main emphasis of her first response in 1861 to Rathbone's request for nurses for Liverpool, that is, she determined that what Rathbone needed was not a few nurses, but rather to start a school to train nurses so that they would be available for both homes and hospitals. Her philosophy was that before anything could be done, there had to be properly trained people to do it. This is one key to Nightingale's approach to reform. There is a logical progression in her approach to get things done. For example, she began the workhouse reform with a survey questionnaire to determine the state of existing conditions before she commented on how they should be changed.

Her point that enough nurses for workhouse infirmaries should be trained before reform could begin was repeated in the workhouse reform report of 1867 under the heading of "the present sources of supply of trained nurses, and method of improving the supply of trained nurses." She commented, "to put one trained nurse, however efficient, in an ordinary large workhouse infirmary of a large town, is very much like putting a needle in a bottle of hay . . . I should discourage . . . the casting ashore of a nurse, here



Refuge for the Destitute—Female Workhouse Ward, 1873

Mansell Collection

and there, like Robinson Crusoe, on a desolate island, for some overcrowded workhouses are *very* desolate islands.”⁸

In addition to her insistence on the need to train nurses, she insisted that one could *not* substitute untrained women, even if educated and with good intentions, for trained nurses. “There is no such thing as amateur nursing,” was her response to those who felt that any woman of the “better” classes could do nursing. She further emphasized her point with the comparison: “as if a woman could undertake hospital management, or the management of a single ward . . . without having learnt anything about it, any more than a man can undertake to be, for example, professor of mathematics without having learnt mathematics.”⁶ Even in her later writing, “Sick Nursing and Health Nursing,” in 1893, when nursing schools had been in existence for over 30 years, she reiterated that nursing was an “art requiring an organized, practical and scientific training,”⁸ and went on to specify the necessary elements of a good training school.

The second theme that permeates her writing on public health nursing builds on the need for training, and focuses on the role of the nurse. Before the advent of district nursing or trained nursing, there was a tradition of christian charity in which women, to whom Nightingale once referred as “Lady Bountiful,” would visit the poor to offer them relief. Ladies’ Benevolent Societies or Missions were often involved in this activity. Nightingale held the view that these activities needed to be clearly separated from the distinctive role of the nurse:

“One may pretty safely say that, if district nurses begin by giving relief, they will end by doing nothing but giving relief. Now, it is utter waste to have a highly-trained and skilled nurse to do this; without counting the demoralising and pauperising influence on the sick poor.

“Nurses are nurses—not cooks, nor yet almoners, nor relieving officers. But if needed, things are procured from the proper agencies, and sick comforts made as well as given by these agencies. A District Nurse must first nurse.”⁸

This separation of the nursing role from the philanthropic visitor role emphasizes the need for special training, and also delineates the specific nursing role. Nightingale had three points that she frequently repeated when specifying the District Nurses’ work:

1. A District Nurse must be of a higher class and have fuller training than a hospital nurse, because she has no hospital appliances at hand at all; and because she has to make notes of the case for the doctor, who has no one but her to report to him. She is his staff of clinical clerks, dressers, and nurses.
2. A District Nurse must “nurse the room” as well as the patient and teach the family to nurse the room. To make the room one in which the patient can recover, to bring care and cleanliness into it, and to teach the inmates to keep up that care and cleanliness.
3. A District Nurse must bring to the notice of the Officer of Health, or proper authority, those sanitary defects, which he alone can remedy. Thus dustbins are emptied, water butts cleaned, water supply and drainage examined and remedied.

The two themes that have been discussed—the role of the nurse and the training of the nurse—were the most important points for Nightingale and were repeated in one way or another in most of her writings on the subject of nursing in the home. The remaining broader themes of poverty and sanitation also occur throughout her writing but, with the exception of her two articles specifically on pauperism in *Fraser’s Magazine* 1869 and *Social Notes* 1878, these

themes are usually incorporated into comments on nursing and are not the main thrust of the writing.

Depauperising the Poor

With regard to poverty, Nightingale saw the nurse as one means to "depauperise" the poor, for to her pauperism was not only being poor but also a state of mind, similar to that which Oscar Lewis in his contemporary work called the "culture of poverty." As the following quotes suggest, Nightingale felt that the nurse could change that state of mind and be an agent of societal and individual reform:

To set these poor sick people going again, with a sound and clean house, as well as with a sound body and mind, is about as great a benefit as can be given them—worth acres of gifts and relief. This is depauperizing them.⁸

Trained nursing enabled the parish doctor to perform a very serious operation in the woman's own home, whereby the parish was saved a guinea a week, and the poor woman's home was saved from being broken up. And this saving of the home from being broken up is of inestimable benefit.⁸

The trained district nurse (under the doctor) nurses the child or bread-winner back to health without breaking up the home—the dread of honest workmen and careful mothers who know the pauperising influence of the workhouse even if only temporary.⁹

Her remarks on poverty were also often combined with comments on the theme of prevention and cleanliness, especially in the nurse's role in teaching cleanliness in the home. In her frequently repeated phrase, the nurse "must nurse the room," she refers to the need for the nurse to show the patient how to be clean, for as she put it, "The very thing that we find in these sick poor is that they lose the feeling of what it is to be clean. The district nurse has to show them."⁸ In one essay she described district nursing as a "crusade against dirt and fever nests—the crusade to let light and air and cleanliness into the worst rooms of the worst places of sick London."⁸ The themes of cleanliness and prevention are linked in the comments, "she shows them in their own home . . . how they can be clean and orderly, how they can call in official sanitary help to make their poor one room more healthy,"⁹ and "The nurse also teaches the family health and disease-preventing ways."⁹

In addition to her insistence on cleanliness and its teaching as the basis for prevention, she made more sophisticated statements similar to those heard at present day public health meetings:

Nightingale's workhouse survey "revealed facts so shameful that they could not be ignored."

"We hear much of 'contagion and infection' in disease. May we not also come to make health contagious and infectious." (1890)

"Preventible disease should be looked on as a social crime." (1894)

"It is cheaper to promote health than to maintain people in sickness." (1894)

"Money would be better spent in maintaining health in infancy and childhood than in building hospitals to cure diseases." (1894)

"The life-duration of babies is the most delicate test of health conditions." (1893)

And, in one summary comment, she demonstrated her sense of humor on the issue of prevention:

"The work we are speaking of has nothing to do with nursing disease, but with maintaining health by removing the things which disturb it . . . dirt, drink, diet, damp, draughts, and drains."⁸

This review of Nightingale's role in the initial development of the public health nursing field emphasizes the recurring themes of this body of Nightingale's work. Many other subjects of current interest are covered in these essays, including: costs of care, rural health problems, and the position of women in Victorian England. Further research into Nightingale's ideas through study of her published works and her letters and unpublished comments would illuminate her grasp of the complexity of public health problems. While Nightingale herself is famous, the depth of her knowledge and ability have been overshadowed by the public myth that surrounded her. Her importance as a scholar and public reformer has yet to be thoroughly appreciated.

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3. —: *A History of the Nursing Profession*. London: Heinemann, 1975, pp 37–38.
4. Edward T. Cook: *The Life of Florence Nightingale*. London: Macmillan and Co, 1914, v. 2, pp 133, 139, 143, 253.
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10. WJ Bishop, Sue Goldie: *A Bio-Bibliography of Florence Nightingale*. London: International Council of Nurses, 1962. (This bibliography is selected from the more comprehensive list compiled by these authors.)

ACKNOWLEDGMENT

An earlier version of this paper was presented at the American Public Health Association's 111th annual meeting in Dallas, 1983.

APPENDIX

A Chronological Bibliography of Florence Nightingale's Writings on Public Health Nursing.¹⁰

1865—"Introduction: Organization of Nursing in a Large Town." *In: An Account of the Liverpool Nurse's Training School, Its Foundations, Progress and Operation in Hospital, District and Private Nursing*. London: Longman, Green, Reade and Dyer, 1865. (Miss Nightingale wrote the introduction to this account of the Liverpool plan to train nurses for hospital and home care.)

1867—"Suggestions on the Subject of Providing, Training, and Organizing Nurses for the Sick Poor in Workhouse Infirmaryes," January 18, 1867. *In: Report of the Committee Appointed to Consider the Cubic Space of Metropolitan Workhouses presented to both Houses of Parliament*. London: Her Majesty's Stationery Office, 1867, pp 64–79. (In these remarks addressed to the parliamentary committee investigating Workhouse Infirmaryes, Nightingale takes the opportunity to discuss "the relation of efficient infirmary nursing to training, organization, infirma-

- ry management, and infirmary construction," and makes suggestions for their general improvement and the separation of the sick from the paupers in workhouses.)
- 1869—"A Note on Pauperism." *Fraser's Magazine*, March 1869; 79: 281-290. (In this general statement on issues of poverty, Nightingale urges the removal of the sick from workhouses and makes comments such as "the hungry should not be punished for being hungry" and "bad housing is at the root of much pauperism.")
- 1872—"Introduction." *In: Una and Her Paupers*, Memorials of Agnes Elizabeth Jones. New York: George Routledge and Sons, 1872. (Miss Nightingale wrote the introduction to this volume commemorating Agnes Jones, the Nightingale trained nurse who was the first superintendent of the Liverpool Workhouse Infirmary. The comments, which first appeared as "Una and the Lion" in *Good Words*, June 1868, pp 360-366, focus on the problems that Agnes Jones faced in workhouse reform. Nightingale appeals to women to become trained to work with the sick poor and includes a statement of the requirements and the training program at St. Thomas' Hospital.)
- 1876—"On Trained Nursing for the Sick Poor." *The London Times*, April 14, 1876, p 6. (This is a letter that Nightingale wrote to *The Times* supporting the Metropolitan and National Nursing Association for providing nurses for the sick poor. She comments on "what a district nurse is to be" and "what a district nurse is to do.")
- 1878—"Who Is the Savage." *Social Notes*, May 11, 1879; 1: (10) 145-147. (This article on life in the slums of a large city suggests reforms such as improved housing, work with prostitutes, cooperative stores. She also proposes that nurses be the agents of reform, because nurses are the only people who have access to the people living in slums.)
- 1890—"Introduction to the History of Nursing in the Homes of the Poor." *In: Sketch of the History and Progress of District Nursing* by William Rathbone. London: Macmillan and Co, 1890. (In this introduction to a book on nursing in Liverpool, Nightingale again describes what a district nurse can do: "Besides nursing the patient, she shows them in their own home how they can help in this nursing, how they can be clean and orderly, how they can call in official sanitary help to make their poor one room more healthy, how they can improvise appliances, how their home need not be broken up.")
- 1893—"Sick-Nursing and Health-Nursing." *In: Woman's Mission*. London: Sampson Low, Marston and Company, 1893, pp 184-205. (This was also read as a paper at the Chicago Exposition in 1893. In an addendum she describes district nursing: "District nurses nurse the sick poor by visiting them in their own homes, not giving their whole time to one case, not residing in the house. They supply skilled nursing without almsgiving, which is incompatible with the duties of a skilled nurse, and which too often pauperizes the patient. . . . she may take, perhaps, eight cases a day, but must never mix up infectious or midwifery cases with others.")
- 1894—*Health and Local Government*. Aylesbury: Poulton and Co, Printers, Bucks Advertiser Office, 1894, two-page pamphlet. (A brief statement of some "laws of health" that include: "Preventible disease should be looked upon as a social crime"; "Money would be better spent in maintaining health in infancy and childhood than in building hospitals to cure disease"; and "It is much cheaper to promote health than to maintain people in sickness." These were presented at a Sanitary Conference held in Aylesbury, Bucks County, October 31, 1894.)
- 1894—*Health Teaching in Towns and Villages, Rural Hygiene*. London: Spottiswoode and Co, New Street Square, 1894, 27-page pamphlet. (This was originally prepared as a paper to be presented at a Conference of Women Workers on November 7, 1893. In it Nightingale reviews the problems of rural poor and the "dreadful" condition of sanitation (water, refuse, sewage). "We want a fully trained Nurse for every district . . . a water supply pure and plentiful; . . . School teaching of health rules." She also details a plan for Rural Health Missioners, non-nurse health visitors to instruct the "cottage mothers" in sanitation and hygiene.)
- 1897—*To the Nurses and Probationers Trained under the Nightingale Fund, London, June 1897*. London: Spottiswoode and Co, Printers, 1897, 17-page pamphlet. (Nightingale was 77 years old when she wrote this review of the developments in nursing over her adult lifetime. She discusses district nursing as "the Star of Bethlehem, the crown of good nursing, the modern civilizer of the poor." She says it is "not only the nursing of the patient, but in the nursing of the room, the teaching of the family or neighbors how to help the nurse, the teaching of how to keep in health . . .")

Prevention '85 Meeting Set for Late March in Atlanta

"Prevention '85: Assessing Risks in a Hazardous World" is the theme of the 2nd annual National Preventive Medicine Meeting to be held March 28-31, 1985 at Colony Square Hotel in Atlanta, GA. The meeting exhibits and registration open Thursday evening at 5:00 pm followed by a reception.

The Friday program includes a morning plenary session entitled "Assessing Risks in a Hazardous World," and afternoon scientific sessions which will focus on: CDC Update: Environmental Public Health; Risk-based Screening: Second Generation Health Risk Assessment; Methodology of Risk Analysis; CDC Update: NIOSH; Quantitative Risk Assessment and Public Policy; Assessing Risks for Health Care Workers; Case Study Workshop.

The Saturday symposia include a morning plenary session entitled "Interpreting Risks to the Public," followed by scientific sessions presenting: CDC Update: Health Promotion; Legal Aspects of Risk Assessment and Interpretation; Media Workshop; CDC Update: Infectious Diseases; Citizen Action for Environmental Public Health; Ethics of Risk Analysis; Herbicide Orange.

On Sunday, the morning plenary session speakers will address "Exporting Risks Beyond our Borders," "Hazardous Technologies and Developing Countries," "Self-Induced Risks," and "Endemic Health Risks." A banquet and lecture on Saturday night, and a closing luncheon and speaker on Sunday round out the program.

For information on registration, hotel and airline accommodations, contact: Prevention 85, American College of Preventive Medicine, 1015 15th Street, NW, Washington, DC 20005.

Co-sponsors of the meeting: ACPM, Centers for Disease Control, American Public Health Association, Aerospace Medicine Association, Association of State and Territorial Health Officials, US Conference of Local Health Officers, National Association of County Health Officers, Association of Schools of Public Health, American Association of Public Health Physicians, and the Office of Disease Prevention and Health Promotion, DHHS.