

**Document 16–II (Online Companion)**  
**Florence Nightingale’s Sojourn at**  
**Middlesex Hospital.**  
**Historiographical unpacking**

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**Was Florence Nightingale at the**  
**Middlesex Hospital in 1854?**

**My misadventure with Edward Cook.**

I’ll begin with a cautionary tale about how I initially deviated from my normal research methodology and wasted a lot of time.

The misadventure began with an impulsive response to a reasonable thought. It occurred to me that my historical narrative should include descriptions of what was happening at the Middlesex Hospital, where many cholera victims were either carried or dragged themselves during the early days of the outbreak in St. James, Westminster. I had recently re-read two medical journal pieces by Alexander Stewart in which he described what happened at the Middlesex Hospital during the “Soho outbreak,” as he called it (the mind boggles at the variety of place-names for the same event). Then I vaguely recalled a biographer’s mention that Florence Nightingale had served as a caregiver at that hospital shortly before departing for the Crimea. Worth looking into, I said to myself. Nightingale’s experiences might permit me to add a perspective from the era prior to formal training of nurses.

These musings occurred as I was walking toward a parking garage on the Emory University campus. I didn’t have time that afternoon to retrace my steps to the main library and undertake a systematic literature search. My choice was

to wait a few weeks for my next library trip and make a proper job of it, or (fatal error—the temporary measure I chose) to pop into the Health Sciences library close by the parking garage and check their holdings. The only scholarly work on Nightingale in that library was a biography by Sir Edward Cook (1913), longer in the tooth than the the one I had consulted while researching *CC&SoM* (Vinten-Johansen, et al. 2003), but frequently mentioned as a reliable work of scholarship. I located Middlesex Hospital in Sir Edward’s index, found the page, and read that in August 1854 Nightingale was vacationing at Lea Hurst, the family summer house in Devonshire.

Miss Nightingale cut short her holiday on hearing that an epidemic of cholera had broken out in London. She volunteered to give help with cholera patients in the Middlesex Hospital. She was up day and night receiving the women patients — chiefly, it seems, outcasts in the district of Soho — undressing them, and ministering to them. The epidemic, however, subsided, and she returned to her normal work in Harley Street (I:140).

Bingo! I copied the relevant pages with a hand scanner and headed home.

The next day I transferred the pages from Cook’s biography to my computer and considered my options. “Do nothing until you confirm Cook’s account in recent biographies,” whispered my empirical angel; “put Nightingale on the back burner until you make it back to a research library.”

“Nah,” countered my impatient angel.

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Don’t be such a brick and mortar Luddite; follow Cook’s leads with internet searches whilst the idea is fresh.” Point taken, there might be electronic versions of scholarly works on the internet.

It would be two weeks before I made another research trip, and although I knew that it would be much faster to pull more recent biographies of Nightingale off library shelves than Google my way to confirmation, impatience won out. I spent far too much time the next two weeks pondering my reactions to the paragraph in Cook’s biography and following premature or inchoate lines of research. For example, I checked to see if Nightingale had mentioned her experiences as a caregiver at the Middlesex in one of her letters. Nothing came up in Hugh Small’s online version of Sue Goldie’s calendar (short summations) of Nightingale correspondence.

But Cook had had unrestricted access to Nightingale’s papers when writing the biography, so I assumed he had come across something about her ministrations during a Soho cholera outbreak in August 1854. Cook’s time-frame didn’t jibe with the major outbreak for which the Broad Street pump turned out to be the culprit, but I nonetheless revisited a well-worn path through London medical journals for August and early September 1854, hoping to find something I had missed earlier that would substantiate Cook’s comments. The only suspect, an unlikely one at that, was a minor uptick in deaths among residents well to the west of Broad Street during the

second half of August.

On the other hand, perhaps Cook had meant the big one that began Friday 1 September and simply gotten the date wrong. If so, how would Nightingale have learned about it in a rural part of Devonshire? I looked for telling articles or notices in the *Times* via an online data-base; the first report of a major cholera outbreak underway in Soho appeared on Monday 3 September. I checked railroad routes, connections, and timetables between London and Whatstandwell, the nearest railway station from Lea Hurst. The worst of the epidemic was over by Tuesday afternoon, so even if she took the train back to London on Monday and went straight away to the Middlesex Hospital, she would have still have missed the massive influx of cholera patients that appeared during the previous weekend. Cook’s account wasn’t panning out. We can all make mistakes, and perhaps I had stumbled upon one by Sir Edward Cook.

But mine was a mistake as needless as it was dumb. I know better than to engage in premature and stab-in-the-dark speculation like a spinning top, bouncing helter-skelter from one topic to another. I had permitted my fascination with the wondrous opportunities of online research to override a method I’ve used, and taught others, for many decades: 1, Formulate an historical problem that sets up a line of research; 2, undertake a focused review of primary and scholarly literature; 3, draft a preliminary thesis statement

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to guide me as I begin “writing up” the evidence selected from this literature; and 4, revise the thesis statement, if necessary, as my interpretation of the evidence evolves. Then repeat this process, over and over again, for each segment of the entire argument (see “From Prospectus to Research Essay,” Document 16–IIc).

The next section demonstrates the first three steps in this method as applied to Nightingale’s potential involvement in the 1854 cholera outbreak in St. James, Westminster. Jump to the next section if you find my method at odds with what works quite well for you. There are many ways to do history.

### **1. Historical problem**

Was Florence Nightingale at the Middlesex Hospital during the Broad Street cholera outbreak; if so, in what capacity?

### **2. Literature review**

At my next research-library opportunity, I undertook a review of the available literature, guided by my two-part historical problem.

First I had to decide whether to begin by examining primary or secondary sources. Since eventually I would be looking at both, a blind search of Nightingale’s published works and correspondence seemed silly if other researchers had already found an answer that I could confirm later with a targeted search in primary sources. My historical problem was a narrow one, so it

made sense to begin with secondary sources.

A catalogue search yielded nine titles that seemed to be interpretive studies of Nightingale. I pulled them all, found a free table in the stacks, organized the books in reverse order by publication date (most recent on top, Cook on the bottom), and set up my laptop computer and portable scanner. I decided to approach the topic from ignorance and allow the Secondary Way to inform me about the lay of this land and guide me to supporting primary sources — in short, I hoped for a clinching research-confirmation loop.

Ideally, scholarship builds on and corrects, as necessary, the work of our predecessors. I opened Mark Bostridge’s biography of *Florence Nightingale* (2008). A skim of the preface, table of contents, notes and bibliography suggested a comprehensive and balanced study. Chapter 8 dealt with Nightingale’s tenure as superintendent at the Establishment for Gentlewomen during Illness on Upper Harley Street, London, which I read quickly along with the relevant endnotes. Suggestion confirmed; this is a serious, scholarly study. Bostridge devoted one paragraph to her “temporary leave of absence from Upper Harley Street” as a volunteer at the Middlesex Hospital from 31 August until “the intensity of the epidemic receded” (199). I made electronic copies of chapter and endnotes, jotted down bibliographical information on the two sources he cited on her Middlesex Hospital sojourn, and then turned my attention to the other books I had pulled from the

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shelves.

I searched index and table of contents in every book for Middlesex Hospital, cholera, the Upper Harley Street institution for ailing gentlewomen, and the years 1853-54. I scan-copied everything I found, even seemingly trivial or insignificant comments, on these subjects; and then preliminarily sorted my findings into four categories:

- No mention of Nightingale at the Middlesex Hospital — 3 (Cope 1958; Hobbs 1997; Small 1999).

- Documented evidence that Nightingale nursed patients at the Middlesex Hospital during the St. James/Soho cholera outbreak — 4 (Bostridge 2008, 199; Haldane 1931, 98; Huxley 1975, 53-55; Woodham-Smith 1950, 79-80). All four cited one or two letters by Elizabeth Cleghorn Gaskell from October 1854.

- Undocumented accounts that she was at the Middlesex Hospital during a London cholera epidemic — Cook (1913); Bishop & Goldie (1962).

- Some documented evidence that Nightingale was at the Middlesex Hospital, but she deliberately misled Mrs. Gaskell about what she did there — 1 (Smith 1982, 16-17).

All five secondary sources offering supporting documentation relied on Mrs. Gaskell’s letters; a quick search of the library catalogue identified re-prints in two scholarly collections. I then searched Florence Nightingale and identified five volumes containing selections from Nightin-

gale’s works and letters during the time period that interested me. I checked them out to study at home.

Eventually I read and re-read everything I had found at the library and updated my chart with information gleaned from the five scholarly collections of Nightingale writings: three more “no mentions” (Harthill 1996; McDonald 2004; Vicinus & Nergaard 1990) for a total of six; and two more undocumented assertions that she was at the hospital nursing cholera victims (Bishop & Goldie 1962, 132; McDonald 2001, 27) for a total of four.

I decided that the half-dozen no-mentions among the secondary sources did not in themselves constitute grounds to answer my historical problem negatively. Two of the three were monographs on specialized subjects, and the third was a brief biography. The fact that none of these scholars chose to mention the 1854 London cholera epidemic did not seem decisive; it could simply mean that it wasn’t significant for their interpretations. Shifting to the Primary Way, I was disappointed that two collections of selected Nightingale letters made no reference to this epidemic or the Middlesex Hospital, but, as before, I could not expect these scholars to share my research interests when they made their selections. The absence of relevant keywords in the index of the volume on public health from Nightingale’s *Collected Works* was particularly perplexing since the editor had stated, without citation,

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in the introductory volume that she had “nursed patients at the Middlesex Hospital, notably ‘Soho outcasts’” (McDonald 2001, 27). Were the latter words Nightingale’s, and if so, where did they appear in the *Collected Works*? Were they the words of an editor who did not wish to seem politically incorrect? Or had the editor also taken Cook at his word, without the follow-up I was undertaking?

Since five “she-was-there” commentators cited Mrs. Gaskell, I shifted my attention to her letters. In October 1854, Elizabeth Gaskell’s first visit to Lea Hurst partially overlapped with the annual holiday to which Florence Nightingale was entitled as the Superintendent at the Establishment for Gentlewomen during Illness. Mrs. Gaskell wrote two letters during her stay that included extracts from descriptions Florence Nightingale ostensibly gave her parents, sister, and house guest about her experiences at the Middlesex Hospital. In the first, a letter started on Wednesday evening, 11 October 1854, Mrs. Gaskell wrote that Nightingale began her “superintendance” at the hospital on 31 August, that a flood of cholera patients from “the Soho district, Broad Street especially” overwhelmed her and the rest of the staff for the ensuing forty-eight hours, and suggests she remained at the hospital at least a week (Chapple & Pollard 1966, 305). In a second letter, Mrs. Gaskell elaborated on Nightingale’s “speeches” to the family about nursing prostitutes admitted with pronounced cholera

symptoms to the Middlesex Hospital (Chapple & Shelston 2000, 115).

I then reviewed the use of these letters in the secondary sources I had consulted on Nightingale. Haldane (1931) appears to have been the first to print Mrs. Gaskell’s two letters nearly in full, including the descriptions of Nightingale at the Middlesex Hospital (93, 98), although O’Malley (1931) was close behind (207-08); either could have been the source for Woodham-Smith’s (1950) uncited snippets in her biography of Nightingale (79-80). It turns out that Cook (1913) was aware of the first letter Mrs. Gaskell wrote from Lea Hurst, and it was the likely basis for his undocumented assertion about Nightingale at the Middlesex Hospital; for he quoted other passages from this letter elsewhere in the biography. Bostridge (2008) based “the story of FN’s work at the Middlesex” on Mrs. Gaskell’s letters (583). He dismisses Smith’s contention that her version is flawed on the grounds that Nightingale’s sister, Parthenope, confirms it in an unpublished memoir, circa 1857 (583).

Whoops! This could be a she said, he said situation. Smith’s claim required closer scrutiny.

Francis Smith’s (1982) thesis is that Nightingale could not have “supervise[d] the admission of female cholera victims” at the Middlesex Hospital, as recorded by Elizabeth Gaskell “later in August while both were on holiday at . . . Lea Hurst”; this claim is the invention of a “titillating fabulist” (16-17). Smith selects

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a passage from Mrs. Gaskell’s letter of 27 October 1854, where she summarized Nightingale’s description of a constant stream of prostitutes suffering from cholera who “staggered off their beat” to the hospital for treatment (16, citing Chapple and Pollard 1966, 318).

Smith (1982) then marshals evidence from relevant Admission Books in the hospital archives that disprove “this story” (16). First, Smith argues that Nightingale’s name is conspicuous by its absence from a report on how the hospital coped with an unexpected volume of cholera patients from late August through the third week of September, 1854. Second, none of the female patients named in the hospital’s Admissions Book were listed as prostitutes; according to Smith, Middlesex Hospital would not have jeopardized its reputation among its primary clientele — male patients, “mostly ‘respectable artisans’ from a neighbouring piano factory” — by admitting female prostitutes. Third, the first female admission with “undoubted [Asian] cholera” did not occur until 5 September, well after the epidemic’s peak (presumably quoting from an Admission Book). In short, Mrs. Gaskell “story is not supported by the Middlesex Hospital archives” (16); the novelist was the unwitting source of an enduring fable that Florence Nightingale created for herself.

Francis Smith, however, is hoisted by his own petard. First, negative evidence from the records he consulted at the hospital archives only show that Nightingale was neither a regular staff

member nor amongst those who responded to the hospital’s call for volunteers on 2 September. As to Smith’s second point, prostitution was not a registered vocation in Victorian England and it is unimaginable that any person admitting female patients to the Middlesex Hospital would have assigned such an appellation. Although this hospital did normally limit admissions to patients bearing a letter of recommendation from a subscriber, these were not normal times for any hospital whose catchment area included St. James, Westminster and St. Anne’s, Soho. In this instance, a simple newspaper-search would have shown that the General Board of Health issued a directive that all hospitals should admit anyone presenting symptoms of cholera and choleraic diarrhea during this horrific cholera outbreak. Third, Smith was misled by a hair-splitting nicety in contemporary medical terminology. There was much disagreement about the symptoms of Asiatic cholera. Whoever authored the report Smith cited had a different notion of what constituted “undoubted cholera” than Septimus Sibley, Middlesex Hospital registrar, who listed four or five females (depending on the gender of a waistcoat maker) dying from “cholera maligna” at the hospital on 1 and 2 September (UK, GRO 1854, 309). In short, Smith’s questionable evidence left me unconvinced that Nightingale was a “titillating fabulist” or that Mrs. Gaskell’s account is unreliable.

Had Sir Edward Cook inadvertently misled Smith, as he did me? Smith (1982) has high

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esteem for Nightingale’s early biographer; “he is accurate,” amongst a host of other accomplishments noted in the preface (xii). In essence, Smith considers every subsequent commentary on Nightingale, including his own, essentially derived from Cook. Smith follows Cook’s chronology, stating that Nightingale “moved” to the Middlesex Hospital in August 1854 and met Mrs. Gaskell “later in August” at the family’s summer house (16). By this reckoning, Nightingale would have been on holiday in Derbyshire, not at the Middlesex, when cholera burst forth in St. James, Westminster. Best I can tell, that’s why Smith thought the evidence he selected from hospital archives was so telling; they reveal Nightingale had been at the hospital in some undisclosed capacity but had left before this major outbreak.

Unlike Smith, I had found no reason why Cook’s chronology should trump Mrs. Gaskell’s. She wrote the letter Smith cites in October, shortly after arriving at Lea Hurst for a visit that only overlapped a few days with Nightingale’s “fortnightly” holiday that ended 10 October (Chapple & Pollard 1966, 305-07; Chapple and Shelston 2000, 115). That meant Nightingale could have been at the Middlesex Hospital during the height of the cholera outbreak and its aftermath in September. But I was still uncomfortable with Bostridge’s endorsement of Mrs. Gaskell’s account simply because it parallels what he found in a manuscript by Parthenope Nightingale. After all, Florence Nightingale’s sister seems to have

been at Lea Hurst throughout September 1854, so whatever she wrote in her memoir about Nightingale’s doings in London then would have been second-hand knowledge, at best. It was time to see if the Primary Way could sort this matter.

I was aware of a document that Bostridge does not cite, written by someone closer to the action than either Mrs. Gaskell or Parthenope Nightingale, which could be used to assess the reliability of Mrs. Gaskell’s account. The *Medical Times and Gazette* of 7 October 1854 contained an article by Alexander P. Stewart, M.D., assistant physician to the Middlesex Hospital. Stewart had prepared a report with assistance from his colleagues containing “the complete statistics of the late fearful outbreak, so far as we have had to do with it” (364).

I compared a critical passage in Mrs. Gaskell’s letter to Catherine Winkworth with four passages from Dr. Stewart’s article on how the Middlesex Hospital coped with cholera victims coming from “the Soho district of St. James’s parish” during the first week of September (reproduced on the next page). Mrs. Gaskell took several evenings to write this letter. She states that Nightingale went “on the 31st of August to take superintendance of the Cholera patients in the Middlesex Hospital,” that an unexpected influx of a patients began arriving at the hospital the following day, that Nightingale took part in

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all the people who write about poor George Duckworth's death say that Cholera is *not* infectious i.e. does not pass from one person to another. Mr Sam Gaskell says so too; and last authority Miss Florence Nightingale, who went on the 31st of August to take superintendance of the Cholera patients in the Middlesex Hospital (where they were obliged to send out their usual patients to take in the patients brought every half hour from the Soho district, Broad St especially,) says that only two nurses had it, one of whom died, the other recovered; that none of the porters &c had it, she herself was up day & night from Friday\Sep 1/afternoon to Sunday afternoon, receiving the poor prostitutes, as they came in, (they had it the worst, & were brought in from their 'beat' along Oxford St—all through that Friday night,) undressing them—& awfully filthy they were, & putting on turpentine *stupes* &c all herself to as many as she could manage—never had a touch even of diarrhoea. She says moreover that one week the chances of recovery seemed as 1 to 10, but that since the chances of recovery are as 20 to 1.

Elizabeth Gaskell to Catherine Winkworth,  
Wednesday evening, 11 October 1854; *Lea Hurst* (Chapple and Pollard 1966, 305).

the Middlesex Hospital has been the receptacle of a very unusual number of the victims of the late epidemic in the Soho district of St. James's parish.

On the morning of Friday, the 1st inst., however, the numbers suddenly increased. Above a dozen were admitted in the course of a few hours; and, as it quickly became evident, from the fresh applications that came continually pouring in, that the demand for beds was only beginning, our first care was to discharge as many patients, both Surgical and Medical, as could with any propriety be sent home. Their places were soon filled by patients in all degrees of collapse, who were admitted, to the number of 57, before mid-day of Saturday, the 2nd instant, a very large proportion of these being, on admission, far beyond the reach of remedial skill. Such being the case, it is not wonderful, that of nearly 90 cases admitted during the fifty hours ending at one p.m., on Sunday, the 3rd of September, forty were at that hour already dead. That life, however, was prolonged for two, four, or six hours, in many even of the worst cases, by the warm bath, the mustard emetic, and the counter-irritants used in almost every case, does not admit of reasonable doubt.

The whole duties, therefore, overwhelming as they were, from the morning of the 1st till midday of the 2nd of September, fell to be and were discharged by the ordinary staff of the Hospital. To lessen this extraordinary pressure, which, if long continued, must have been attended with disastrous consequences, a large temporary addition was made as quickly as possible to the staff of attendants;

only two of the inmates have contracted the disease. One of these, after disregarding the premonitory symptoms, which were present for 12 hours before the fatal seizure, was allowed to pass into a state of hopeless collapse before advice was applied for. The other, who had had severe diarrhoea for eleven days before she made any complaint, is now completely convalescent.

Alexander P. Stewart, "Cholera in the Middlesex Hospital" (1854a, 364-65).

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nursing them, and that she remained at the hospital long enough to see a reduction in virulence as the epidemic abated.

Mrs. Gaskell composed this passage on Wednesday, 11 October, the day after Nightingale had cut short her holiday and returned to London. The context leads me to think that she had heard Nightingale describe her experiences the previous week, that is, before Stewart’s article appeared. However, someone who wishes to compound Nightingale’s character flaws as a plagiarizing fabulist could claim that she cribbed from Stewart’s article if it could be shown that the 7 October issue of *MTG* had been sent to Lea Hurst prior to the account documented by Mrs. Gaskell. I have found no evidence to that effect.

There are sufficient parallels between Mrs. Gaskell’s account of Nightingale’s first week at the Middlesex Hospital and the selected passages from Stewart’s article to convince me that Nightingale must have worked at that hospital during the point-source cholera outbreak in St. James, Westminster. Both authors are discussing the same local outbreak: Mrs. Gaskell refers to “the Soho district, Broad St especially,” which lies within the parish of St. James, Westminster mentioned by Stewart. Only an “insider” in a position of some authority would have known (1) that no more than two nurses came down with cholera, one of whom died and the other survived; (2) that the hospital discharged non-critical patients on Friday 1 September to free up

beds for the mass of new cholera patients who required admission; (3) that the rush began mid-day on Friday 1 September and continued for forty-eight hours; (4) that the therapeutic policy of this particular hospital called for the employment of counter-irritants such as *stupes* — cloths moistened in hot turpentine; and (5) that very few of the cholera patients admitted to a hospital ward the first week of the epidemic survived the disease. In short, I now felt comfortable in accepting Mrs. Gaskell’s account that Florence Nightingale had been at the Middlesex Hospital during this cholera outbreak. But in what capacity?

Mrs. Gaskell wrote that Nightingale was at the hospital as a superintendent of patients, which meant that her intended task was to manage workers involved in patient care. Stewart is explicit that “the ordinary staff of the Hospital” handled the unexpected influx of cholera patients that began late Friday morning, 1 September, and lasted for twenty-four hours, at which point they were so knackered that “a large temporary addition was made” for an unspecified period. Recall that Smith could not locate Nightingale’s name among those of regular staff members and volunteers listed in a report on the outbreak housed in the Middlesex Hospital Archives. Not surprising. Nightingale was not on staff; she was superintendent of the Establishment for Gentlewomen during Illness on Upper Harley Street until mid-October 1854. She wasn’t a volunteer,

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either; Mrs. Gaskell is very explicit that Florence Nightingale arrived at the hospital on Thursday 31 August, and, according to Dr. Stewart, the hospital did not send out an appeal for volunteers until mid-day on 2 September. What could Nightingale have been doing at the hospital since 31 August that Dr. Stewart would have considered “ordinary”?

Nightingale’s experience at the Upper Harley Street establishment for ill gentlewomen only qualified her for two staff positions at a major London hospital: as the Matron, who managed domestic matters, and as a Sister, sometimes termed a Head Ward Nurse, who superintended salaried nurses. Domesticity had consumed so much of Nightingale’s time in her first year at the Upper Harley Street establishment that she had recently given its steering committee notice that she would soon depart. So it seems highly unlikely that she would have considered replacing the hospital Matron, even for a short period, and equally unlikely that the medical and surgical staff at Middlesex Hospital would have sanctioned such a temporary appointment without a formal interview process (which chatty Nightingale would surely have mentioned to someone in her family, and Bostridge duly noted).

Instead, I thought it very probable that Nightingale took the place of one of the regular ward Sisters who was scheduled for leave or a holiday in September, normally a slow period since the medical students were still on summer

recess and the hospital deferred all but emergency surgeries until their return by the beginning of October. The Matron could make such an appointment on her own. Subbing for one of the regular Sisters at the hospital falls within Mrs. Gaskell’s description that Nightingale went there to superintend the care of patients. Nightingale’s experience as supervisor of salaried nurses for a year in what amounted to a small, private infirmary matches what the matron of a large metropolitan hospital would expect from a locum Head Ward Nurse.

Although I had already come up empty-handed during the literature review from a search of Nightingale’s *Collected Works* about being at the Middlesex Hospital during the 1854 cholera epidemic, I did find two suggestive summations by Sue Goldie (1983) in the “Calendar of the Letters of Florence Nightingale” (now available online, thanks to Hugh Small — URL in the bibliography for Goldie 1983; I searched for “Middlesex”). In 1859 Nightingale recommended the Middlesex Hospital as the best in London (FN to her mother, 20/3/59), and in 1862 she described it as a great London hospital (FN to Douglas Galton, 9/11/62). Were these recommendations just based on a previous on-site investigation, part of the survey of metropolitan hospitals she undertook in the winter and spring of 1854? Perhaps, but they could just as well reflect an intensive, personal experience during the 1854 cholera epidemic, as described to her family

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in Mrs. Gaskell’s presence.

### **3. Preliminary thesis statement**

Florence Nightingale was probably substituting for one of the regular head ward nurses at the Middlesex Hospital when the Soho cholera outbreak began, and she remained in that role until the outbreak was essentially over.

I employ a preliminary thesis as the starting point for writing narratives and a lodestone for choosing lines of research required to answer questions that emerge as I write. The assumption is that the preliminary thesis will surely be tweaked, possibly discarded, depending on what happens as I write and research. If I end up with something satisfactory, I revise the thesis statement to reflect the argument imbedded in the narrative.

### **Crafting the Nightingale narratives**

The opening narrative episode is in two parts, both about Florence Nightingale. It begins at the Establishment for Gentlewomen during Illness on Upper Harley Street. I settled on a meeting with Mrs. Clarke, the establishment’s Matron, for this imaginative scenario. No written evidence documents such a happening on this day. But it seems historically probable that these two women would have met at some point to discuss how the establishment should function while Nightingale put in some time at the Middlesex Hospital.

The tone of the narrative reflects my sense that there was nothing untoward or underhanded in Nightingale’s decision to double her superintendence responsibilities (as Smith, 16, suggests there was). Although two rooms at the establishment were set aside for her, she was under no contractual obligation to live there, or even be on premises every day. The establishment’s general council as well as the Ladies’ Committee, with whom she communicated directly, knew that she had a refuge in St. James Square, Pall Mall, and used it regularly; she shared the rent with an aunt who lived outside London but used the rooms when she came to the city (Bostridge 2008, 193).

Nightingale was superintendent from late April 1853 until mid-October 1854, although she did not take up residence in London until the establishment, formerly at 8 Chandos Street, formally moved to 1 Upper Harley Street in early August 1853. She wanted to select her own matron; the committee agree on the condition that Nightingale paid the matron’s salary. She chose Mrs. Clarke and gave her responsibility for daily domestic matters, maintaining housekeeping accounts, and control of the petty cash account (the following letters in Goldie 1983: FN to Lady Canning, 29/4/53; Add.MSS.45796.f.17, 3\_681, 29/4/53). Mrs. Clarke worked tirelessly beside her boss at first but apparently became less reliable thereafter (Bostridge 2008, 194); she seems to have become homesick. Nightingale wrote her

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mother at the end of July 1854 that Mrs. Clarke wanted to leave the establishment and return to Sheffield after completing their joint contractual obligation of serving twelve months at Upper Harley Street (Goldie, 3\_789 26/7/54).

Three nurses, one for each floor, handled routine care of between a dozen and a score of temporarily invalidated patients. Stays were supposedly limited to two months, but they could be extended at the discretion of the Ladies’ Committee, and often were. Two medical men gave gratis service to the establishment: Mr. William Bowman, assistant-surgeon at King’s College Hospital with a residence in Golden Square; and Dr. Henry Bence Jones, physician at St. George’s Hospital with a residence in Lower Grosvenor Street. Either medical man could be called in an emergency (Bostridge 2008, 194). I confirmed their affiliations by checking listings for “Metropolitan Hospitals & Medical Schools,” *Lancet* (17 September 1853):265-66 and (16 September 1854):234-35, and I found their residences in the *London Medical Directory 1846*, 17, 85. If an emergency did occur at the establishment while Nightingale was at the Middlesex Hospital, she could have come at the end of a shift since less than a kilometer separated hospital from establishment.

Other details in the imagined scenario between Nightingale and Mrs. Clarke were taken from Bostridge 2008, 188-98; Vicinus & Nergaard 1990, 65-68; and FN to Lady Canning, which contains Nightingale’s specifications for rehabilitating

the private residence at Upper Harley Street into a bona fide care-taking establishment (Add.MSS.45796.f.39, in Goldie 1983, 3\_690 6/1853).

Besides Mrs. Clarke, three nurses, a cook, a male servant, and at least one female servant assisted Nightingale at the establishment. Of these, only Mrs. Clarke and the male servant would have been involved in Nightingale’s departure for the Middlesex Hospital. I thought the male servant deserved to be mentioned by his full name, but I did not have access to the establishment’s archive. However, Bostridge (2008) quotes from an 1853 letter in which Nightingale mentioned retaining “John, the Cook & Nurse Smith” from the Chandos Street staff (194), which I confirmed by consulting Goldie; FN to father and mother, (Add.MSS.45796.f.50, in Goldie 1983, 3\_713 8/53). If this “John” had been employed at the establishment in March 1851 and present when the enumerator appeared at 8 Chandos Street, then his full name could be in the 1851 England Census.

I used the online Ancestry Library Edition via Michigan State University Libraries. If you are unfamiliar with this resource, here are the steps I took to navigate it to a successful outcome:

- On the home page, I selected U.K. Census Collection, then 1851 England Census.
- Since I did not know the surname, I had to find the particular enumerator’s page containing 8 Chandos Street, which meant that I had to “Browse this collection.”

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- In the drop-down menu for county, I selected Middlesex.

- Next one must select a civil parish.

The simplest way to narrow the list is to locate the address on a contemporary map. I consulted London Sheet 61 of the Ordnance Survey (Alan Godfrey, 1986); Chandos Street was in the parish of St. Marylebone, situated just north of Cavendish Square.

- The drop-down menu offered six possible sub-registration districts, one of which was Cavendish Square, which I selected.

- Twelve Enumeration Districts appeared.

From here on, luck determines how long you have to slog. I began with District 1, and viewed the description page for successive districts until I found Chandos Street listed near the end of streets covered in District 7.

- There are 92 enumerator pages for this district. I worked backwards and found 8 Chandos Street on Ancestry’s page 71 (Enumerator’s page 69). Barely legible on the bottom line was John Something-blurred, which I initially deciphered as John Strachim, 40, servant, born in Kent Deal.

- I needed to clarify and confirm the enumerator’s cursive script. I returned to the home page for the 1851 England Census and typed in my interpretation of the enumerator’s spelling. Under Residence, I selected Middlesex for county and typed St. Marylebone as the civil parish. Under Personal, I selected male, Servant as the relationship to the head of household, and en-

tered 1811 for birth year (+/- 5). For Birthplace, I entered England, county Kent, and Deal as the parish or place.

- I clicked Search, and the first entry was for a John Strachin who, other than the spelling,

Parish or Enumeration District	Ecclsiastical District of	City or Borough of	Street of	Place of		
St. Marylebone	St. Paul	Marylebone	Chandos Street			
Name and Surname of each Person who abode in the house, on the Night of the 30th March, 1851	Relation to Head of Family	Condition	Age of	Sex	Birth, Profession, or Occupation	Where Born
John Strachin	Head	Married	40	M	Labourer	Deal, Kent
Mary Strachin	Wife	Married	38	F	Labourer	Deal, Kent
John Strachin	Son	Unmarried	12	M	Scholar	Deal, Kent
Mary Strachin	Daughter	Unmarried	10	F	Scholar	Deal, Kent
John Strachin	Servant	Unmarried	40	M	Servant	Deal, Kent
Mary Strachin	Servant	Unmarried	35	F	Servant	Deal, Kent
John Strachin	Servant	Unmarried	25	M	Servant	Deal, Kent
Mary Strachin	Servant	Unmarried	20	F	Servant	Deal, Kent
John Strachin	Servant	Unmarried	15	M	Servant	Deal, Kent
Mary Strachin	Servant	Unmarried	10	F	Servant	Deal, Kent
John Strachin	Servant	Unmarried	5	M	Servant	Deal, Kent
Mary Strachin	Servant	Unmarried	3	F	Servant	Deal, Kent
Total of Persons				11		

matched what I had already located:

As a final check, I clicked to view the record for John Strachin, which brought me to the enumerator’s page I had previously found. I now had a surname for John, the male servant at the Establishment for Gentlewomen during Illness. He deserves to be remembered as much as his famous employer.

Another purpose of the opening narrative scenario is to suggest Nightingale’s probable state of mind on 31 August 1854 and pose an answer

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to the question: Why would she have wanted to do something at the Middlesex Hospital while still officially superintendent of the ladies’ infirmary in Upper Harley Street?

We know Nightingale was a short-timer at the ladies’ infirmary. In early August she completed her commitment to serve as superintendent for a year, and in a quarterly report she gave notice of her intent to leave, probably within three to six months (“To Committee of the Institution,” in Goldie 1983, 1854). She did not tell her bosses on the Ladies’ Committee that she had already interviewed for the post of Matron/Nursing Superintendent at King’s College Hospital (FN to her mother, in Goldie, 26/7/54). However, after completing her investigation of London hospitals early in the summer of 1854, she had informed selected individuals that she would consider leaving the institution for a post as superintendent of nursing at a major hospital willing to set up a training school under her administration.

But relations with King’s staff during the interview process had turned dicey at best, nasty at worst. It occurred to me that Nightingale might have considered Middlesex Hospital an alternative if negotiations at King’s fell through. Subbing as superintendent of a nursing ward at the Middlesex would have permitted hospital staff and prospective candidate alike many chances to assess each other prior to making any commitments. A win-win opportunity.

#### **4. Revised thesis statement**

Florence Nightingale had agreed to substitute as a head ward nurse at Middlesex Hospital in order to suss the set-up and staff there in the event that she decided not to pursue the proposed nursing superintendent position at King’s College Hospital; shortly after she arrived, cholera broke out in St. James, Westminster, and she remained at the Middlesex, which admitted many cholera patients, until after the local epidemic had peaked.

The revised thesis statement covers three elements: **what** I think happened, **when**, plus **how/why** it came about. I’ll add a fourth, why I think the experience was significant for Nightingale, when unpacking her responses during the outbreak itself.

The second imagined scenario in the opening episode, where the Matron at Middlesex Hospital looks through a personnel folder, conveys information about Florence Nightingale from a contemporary’s perspective. This approach seems preferable to third-person narration, which some readers could interpret as authoritative “objective history.” Of course, the scenario is written by me, a commentator, distant in time and place, borrowing a technique used by the Swedish mystery writer, Stieg Larsson (2005). Early on, the reader receives information about the fictional journalist, Mikael Blomqvist, via a report prepared by another character, Lisbeth Salander (52-59). When

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Betty read the English translation, we discussed the book and she singled out this section (48-57) as a particularly interesting way to convey information.

At the time I had just begun drafting the episodes about Nightingale. I entered a square bracketed note [to differentiate between my views and the evidence] to consider informing the reader about Nightingale’s background via something being read by the Matron at Middlesex Hospital. At the time I was also experimenting with different ways to adapt James Wood’s notion of “free indirect speech” to historical narratives (Wood 2008, 9; see my *Historiographical Unpacking of the Prologue and Appendix D*). During one writing session, I reviewed my notes about Nightingale’s informal survey of nursing at metropolitan London hospitals during the spring of 1854. It suddenly occurred to me that an administrator such as the Matron of a major hospital would have expected a letter of reference before letting someone loose on the wards. My initial drafts of this scenario gave Sidney Herbert as the author of such a letter. For Sidney and Elizabeth Herbert had been very interested in Nightingale’s findings for several reasons, not the least being that as Secretary at War, Sidney Herbert was responsible for what treatment rendered to British troops (Bostridge 2008, 197). When I could not find documentary evidence that Sidney Herbert actually wrote something in her behalf, however, the absence of evidence required me to fabricate an anonymous

letter of endorsement or drop the notion entirely. Since there is, in my view, sufficient historical probability that Nightingale would have presented such a letter, I decided that fabrication was justifiable as long as I did not attribute it to Herbert or any other person.

In the imagined letter of reference, information about Nightingale’s superintendence of the Upper Harley Street institute is taken from Bostridge (2008, 188-98), supplemented by Nightingale’s letter of 5 June 1853 to Lady Canning (Vicinus and Nergaard 1990, 66-68). Additional background information came from Nightingale’s letter to her father and mother, in which she says she’s visited most hospitals in Paris (Goldie 1983, 3\_691 6/1853; copy at the Wellcome Institute).

I did not have remote access to the archives of Middlesex Hospital that would have permitted me to locate the name of its Matron in August 1854. Instead I located the name of the Matron at the time of the 1851 English Census: county Middlesex>St. Marylebone parish>sub-registration district of All Souls>Middlesex Hospital>2 (H.O. 107, 1486, 2). Mary Jarrow is listed as Matron, and I decided to use her, even though I’m unsure if she was still matron when Nightingale was at the hospital. I did not find an entry for Mary Jarrow in the 1861 English census.

**The narrative form:**

The first sentence in the opening scenario — John would soon be knocking to say the

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cab was waiting — is not standard fare in historical narration. Normally, one would encounter a preliminary clause indicating who was doing the thinking. For example, if there existed verbatim documentary evidence of what transpired at a meeting on that day between Florence Nightingale and Mary Clarke, it’s possible I could have employed direct, or quoted, speech such as — Florence Nightingale said, “John will soon be knocking to say the cab is waiting.” If the extant evidence was sufficiently detailed but short of verbatim, it would have been historiographically valid to use indirect speech reported by myself as author, based on that documented account (sometimes referred to as authorial style) — Florence Nightingale looked at the clock and thought, John will soon be knocking to say the cab was waiting. If the evidence was only suggestive on this point, I could have made the indirect speech conditional — Perhaps Nightingale glanced at the clock and wondered if John would soon be knocking. Each of these examples flags an author as the source of the speech: Nightingale in the first instance, myself as the author/narrator in the next two (see Appendix D for Wood’s explanation of these styles, which I have borrowed).

My first sentence, however, is free indirect speech or thought. It’s neither direct speech by Nightingale (there are no quotation marks) nor regular, unquoted, indirect speech where I would state who was doing the thinking either by name or pronoun. Instead, it is indirect style free

of flags to the source. The reader is immediately transported into the mind of someone yet to be identified. My purpose in the opening scenario is to convey the gist of Nightingale’s persona as the administrator of a small nursing home who lacked practical hospital and nursing experience. So I left the superintendent nameless since the mere mention of Florence Nightingale might conjure up “lady with the lamp” images from her later work at the British army hospital in the Crimea. The remainder of the opening paragraph is in authorial indirect style to indicate that the opening sentence is from a female’s perspective as she listens to the matron’s complaints.

I begin the second paragraph in authorial style to set up what the superintendent will say thereafter via free indirect speech:

After a few moments the Superintendent began speaking calmly to the Matron. Everything is sorted. . . .

The superintendent’s instructions are presented without recurring indicators of indirect speech such as “she said” or “she continued” because the opening sentence is sufficient to identify the speaker and clarity isn’t advanced by flagging myself as the author.

The rest of the opening scenario and most of the narrative in the second scenario where the Matron of Middlesex Hospital, Mary Jarrow, reviews Nightingale’s file is presented in third-person, indirect style reported by myself as author.

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I shift between such authorial indirect narration and free indirect thought to suggest Nightingale’s state of mind whilst Jarrow sits opposite her.

Both of the opening imaginary scenarios featuring Nightingale are historiographical extensions of documented primary evidence confirmed in my review of the literature. The evidence decides. Follow it carefully, explicate it transparently, and you have the makings of historical interpretation. Get ahead of it and you have the makings, at best, of historical fiction. Once Smith (1982) challenged Mrs. Gaskell’s account of Nightingale’s doings at Middlesex Hospital, subsequent historians are encumbered to justify using it. Bostridge (2008) found confirmation in an unpublished memoir by Parthenope Nightingale, which was unavailable to me. Stewart’s report (1854a) contains details about happenings at the Middlesex Hospital during the cholera outbreak that are similar to what Mrs. Gaskell wrote she had heard from Florence Nightingale for me to believe she was definitely on one of the hospital’s wards early on 1 September 1854, which made it reasonable for me to portray her as arriving the day before, as Mrs. Gaskell also stated. I then simply followed that evidence to reasonable conclusions about what had probably happened in the run-up to her first day at Middlesex Hospital. Everything in the two narrative scenarios I constructed is taken from documented evidence which could also be presented as indirect authorial style alone, without narration.

**Additional documentation**

Sometime in 1853-54, Nightingale sat for a photographic portrait by Kilburn of Regent Street (Bostridge 2008, xii, plate 21). I scanned a copy of Bostridge’s illustration (at right) and used Photoshop to crop the portrait, eliminate the shadow under her mouth, and simplify the woodwork of the chair for the setting — a hospital matron’s office.



The map insert showing the corner of Upper Harley and Weymouth Streets comes from *Reynold’s Map of Modern London* (1859), uploaded by Ralph Frerichs to the web site he created and manages (<<http://www.ph.ucla.edu/epi/snow/1859map/map1859.html>>). Part A shows the area lying between the northeastern end of Hyde Park and the southern part of Regent’s Park; I selected Rows G-I, Columns 10-12 for the insert. Marylebone Road is the major thoroughfare just south of Regent’s Park. Although this map was created after the date of the narrative, it precedes the unification of Upper and Lower Harley Street into Harley Street in 1866. The Upper Harley Street one finds today is Brunswick Place on Reynold’s map.

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The new premises for the Establishment for Gentlewomen during Illness was a three-story house, plus attic and basement, at 1 Upper Harley Street; a stable was in the rear. Today, this property is numbered 90 Harley Street (Bostridge 2008, 191).

**Stewart and Nightingale at the Middlesex Hospital**

Alexander Stewart was a clinician who believed that cholera was not directly contagious, but could be circumstantially infectious. Huh? How can something be infectious but not contagious? Is this chap a total nutter?

Hardly. It’s all about a very common phenomenon, the changing meaning of words over time. For example, in a report detailing the sudden increase in ill residents who flocked to the Middlesex Hospital in early September, Stewart (1854a) remarked that “a very large proportion of these being, on admission, [were] far beyond the reach of remedial skill. Such being the case, it is not *wonderful*, that of nearly 90 cases admitted during the fifty hours ending at one p.m., on Sunday, the 3rd of September, forty were at that hour already dead” (364; italics mine). Of course, Stewart did not consider that many deaths either admirable or unusually good; Stewart chose a word that in his age meant astonishing, a usage infrequent now. Similarly, if we parse Stewart’s viewpoint about cholera in terms of the cholera

theories in play in mid-nineteenth century England, it was quite reasonable for a London physician in 1854 to consider cholera a non-contagious infectious disease.

**The narrative form**

A cardinal rule in historiography is to respect chronology; never explain something that happened earlier by something that happened later. The narrative scenario in which Nightingale first meets Dr. Stewart was crafted to emphasize that on 31 August 1854, Nightingale was a medical novice. The gentlewoman’s institute she had founded in Upper Harley Street was a short-term nursing home, not a hospital. She would have known very little about many diseases that might eventuate in admission to a female ward at a major metropolitan hospital.

Consequently, it would be historically inaccurate to depict Nightingale on the afternoon of her first day as a ward sister on the basis of the hospital reforms she instituted after traveling to the Crimea in November 1854. In fact, the reforms for which Nightingale is justly renowned had much in common with what was already in place at the Middlesex Hospital during the cholera outbreak in September, nothing at all in common with how she had organized and managed the facilities in Upper Harley Street. This point is important when considering the historical significance of Nightingale’s brief sojourn at the Middlesex Hospital during the Golden Square cholera out-

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break.

I chose to use an imagined (but likely) meeting with Dr. Stewart to have him explain how Middlesex Hospital was set up to facilitate good nursing practice and minimize contingencies that could promote infectious transmission of epidemic diseases such as cholera. In the mid-1850s, according to Stewart’s October 1854 report, the entire medical staff considered typical Asiatic cholera a non-contagionist epidemic fever, although hospital infection was a rare, but very realistic, possibility. In short, Stewart and his colleagues were contingent contagionists.

Although Stewart had been concerned for several weeks about a dramatic increase in the number of dispensary outpatients who presented with diarrhea, he did not foresee the major outbreak of cholera that began the night after his hypothesized meeting with Nightingale. No one expected it, especially not a severe outbreak in any of the northern districts of metropolitan London because most sickness and mortality from the current epidemic, underway since early July, was occurring elsewhere, particularly south of the Thames.

**Additional documentation & unpacking:**

In the twenty-first century, historical narratives set in the mid-1850s require contemporary terms and concepts that are made accessible to present-day readers. In order to explain and validate Alexander Stewart’s contingent-

contagionist perspective on cholera, I chose to begin with primary sources. It was the simplest approach for me because I had already compiled detailed notes when researching *CC&SoM* and entered them into various data bases (many available in the research schemas sub-menu of the Online Companion in JSA&RC <<http://john-snow.matrix.msu.edu/snowcontextual.php>>). “Contextual Material,” a data base of medical journal articles and letters to the editor (in PDF format), was particularly relevant in preparing this narrative scenario. If you wish to locate other citations in the data base, please employ the “Find” function on your browser.

If you have access to a research library, be sure to run at least a few of my suggestions to ground in their respective issues. Just as one often finds interesting stuff around a desired item on a stack shelf, paging through an issue (whether electronically or getting your fingers dirty) may yield a fuller harvest than just reading what I posted on the web site. If available to you, James Copland’s *Dictionary* (an encyclopedia, really) is useful for a contemporary’s viewpoints, although keep in mind that he was a staunch contagionist. The *OED* often establishes earliest usage.

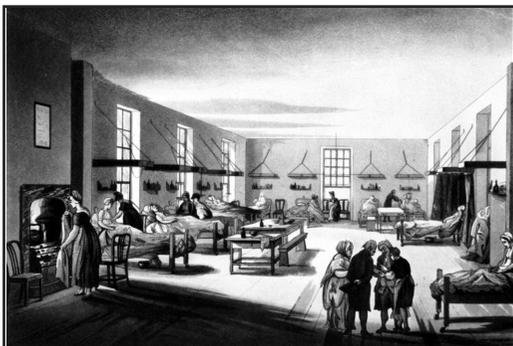
A faster, secondary-source route is available to the same end. *CC&SoM* (Vinten-Johansen 2003, 165-98) and Durey (1979, 101-21) cover much of this terrain. However, if one chooses this option I recommend at least using Durey’s

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endnotes (231-33) to supplement those given in *CC&SoM* above for targeted searches of the primary literature as checks on interpretations in the secondary literature.

At the beginning of this scenario, the figure depicting the location of Middlesex Hospital is a detail from Godfrey, “The West End, 1870.” I also wanted an illustration of a medical ward at Middlesex Hospital, but the only one I have located is “Middlesex Hospital,” an illustration



by Thomas Rowlandson from *The Microcosm of London* (1808). Although the sanitary advantages of hospital wards such as those described by Stewart are clearly evident in this lithograph, I decided not to place it in the narrative because the clothing styles depicted were outmoded by the 1850s.

Stewart’s overview of diseases represented on the female ward is based on currently prevalent *zymotic* diseases listed in each *Weekly*

*Return*, including the one issued 2 September 1854 (UK. GRO 1854, 318).

The narrative assumes that Nightingale had at least as much knowledge of epidemic cholera and the current situation in metropolitan London as any educated person who read the *Times*. Even though I could find no mention of cholera prior to September 1854 in Goldie’s summations of Nightingale letters, during the literature-research phase I had come across the following statement attributed to her: “. . . every day this week . . . those who live ten feet above a pestilential river will die, and those who live forty feet above will live” (Small 1999, 129). The source, however, was not cited, so I sent an e-mail message to the author requesting clarification. Hugh Small kindly replied with the desired bibliographical information: Goldie, 3\_794, 25/8/54 (a lesson to all researchers; nothing untoward in asking). The information Small provided suggests to me that the source of Nightingale’s comment may have been an abstract from the *Weekly Return* for 19 August which appeared in the *Times* the following week. Nightingale’s mother sent her issues when they were done with them (FN to mother, 5/10/53, in Goldie 1983, 3\_730 5/10/53). Consequently the narrative reflects my interpretation that Nightingale had a basic awareness of the current cholera epidemic and Farr’s statistical analysis and *zymotic* theory that mortality was associated with elevation relative to the Thames.

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Dr. Stewart’s general therapeutic orientation and treatment of cholera victims will be unpacked in the next chapter.

Stewart (1854) accused the Vestry of St. James, Westminster of having wilfully ignored a significant outbreak of diarrhea and cholera in the greater Soho district for a fortnight prior to 1 September. In the narrative I have Stewart mention this outbreak in Soho and St. Giles, as well as the death of a dispensary surgeon who had been treating victims. Charles Tilly’s death was listed in the *Times* (31 August 1854, 1a); he was 34. The Westminster General Dispensary, where Tilly worked, put an announcement in the *Times*, requesting public support to help it cover unexpected expenses during the second half of August (2 September 1854, 6d).

### **Conclusion**

We know what began to happen late in the evening of Thursday 31 August 1854. Nightingale and Stewart did not. This disjunction is the essence of dramatic irony, which I have incorporated into all the historical narratives for this day. This was no master plan from the outset, however.

My decision to apply dramatic irony was an unexpected outcome of writing up Florence Nightingale’s doings at the Middlesex Hospital on 31 August. The two short narrative scenarios I composed reflected Mrs. Gaskell’s perception that Nightingale and the hospital staff she met that day had no inkling an outbreak was brewing.

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