Read What Others are Saying About *Notes on Nursing*:

•*Because these notes record the skilful observations of a trained eye and mind on the fundamental needs of human beings in sickness and in the prevention of sickness, they are to a great degree timeless in their usefulness to the student of nursing in any country in the world.*
  -Virginia M. Dunbar, Dean, Cornell University
  New York Hospital, New York City, 1946

•*As one reads these notes one is impressed with the fact that the fundamental needs of the sick and the principles of good care for the well and the ill are the same today as when they were observed by Nightingale over one-hundred-years ago.*
  -Margaret B. Dolan, Professor and Head,
  Dept. of Public Health Nursing, School of Public Health,
  Univ. of North Carolina, 1969

•*This is the work of genius if ever I saw one; it will, I doubt not, create an Order of Nurses before it has finished its work.*
  -Harriet Martineau, author of fiction and non-fiction, c. 1860

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•*Professor Kunz knows how to teach tough topics in a very interesting and fun way that she makes it easy to learn.* -Lynn Hahn, RN

•*Michele is the ultimate nursing coach for that special breed of people who provide health-care for the sick.* -Christine Molinari, RN

•*Michele is the best mentor any nurse could hope to meet. She has so many years of experience and is so knowledgeable it is a pleasure to listen to her. She taught me how to be a better nurse. I hope my career can be as successful as Michele’s.* -Lucia Florio, LPN
How This Book Will Help You Succeed

• This book will help you understand what Nightingale rightly expected for her patients—to be in a healing environment.

• This book will help you build a strong foundation in, and understanding of, the science of nursing and patient care.

• Lots of practical and usable information and advice about the environment, nutrition, and assessment of the sick patient.

• Interesting views on caring for a newborn baby.

• All information in this book has been updated to include better definitions and questions to make the text easier to follow and understand.

• Edited for students and for nurses who have never read any of Nightingale’s books.

• Michele is always available for your email questions about this book, or any aspect of nursing, patient care, or hospital work.
Who This Book Is Meant For

All healthcare providers and emergency responders such as:

- Physicians (MD’s, DO’s, DPM’s)
- Nurses
- Paramedics
- Emergency Medical Technicians
- Physician’s Assistants
- Procedural Technicians
- Nurse Practitioners
- Residents and Fellows
- Medical and Nursing Students
- Medical and Nursing Assistants
- LPN’s
- For all licensed healthcare professionals
Special Features Used in This Book

Foreword
The foreword has a discussion about the book’s format and a discussion about the book’s subject.

Section Headings
These descriptive headings break the book down into manageable sections for reading and for discussion.

Focus Questions
Key questions to prepare the reader for the concepts addressed in each chapter. A short list of questions is highlighted at the beginning of each chapter.

Glossary
Medical and non-medical terminology used throughout the book are defined to help the reader better understand and learn more. Difficult and obscure words and terms are underlined throughout the text and defined in the glossary.

Quotes
Important and interesting quotes from the author are highlighted in every chapter.

Index
The reader will have no trouble finding any of the important subjects mentioned in the book.

Foot Notes
Used throughout the text.

Additional Sources
Extensive listing of the best books and websites related to the book’s topic are listed for further exploration.
Notes on Nursing

WHAT IT IS
&
WHAT IT IS NOT

Florence Nightingale
Founder, Nightingale Training School for Nurses
at St. Thomas’ Hospital, London, England

Edited & Foreword by
Michele G. Kunz, MSN, ANP, RN-BC

Edited & Designed by
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Dickson Keanaghan, LLC
New York
Notes About This Book

*Notes on Nursing: What it is and What it is Not,* was published by Florence Nightingale when she was 39. It was approximately her 16th publication (books, articles, essays, etc.). She was involved in healthcare for approximately 14 years by the time she wrote this book.

It was originally published in London in December of 1859 as a 79-page booklet by the book publisher Harrison. In the first few months 15,000 copies were sold. This booklet laid down the principles of nursing, with special emphasis on the careful observation and sensitivity of the patient’s needs.

The first American edition was published by Appleton & Co., in New York in 1860 as a 103-page copy of the 1859 text.

The second London edition, printed in 1860, was simply a more professionally produced copy of the first 1859 edition.

The third London edition was published in 1861, and the original title was changed to *Notes on Nursing for the Labouring Classes.* This edition had a section called “Minding Baby” added to the original 1859 edition.

A fourth London edition was printed in 1868, of which approximately 74,000 were printed over the next 41 years, in several languages.

Some have estimated that there were at least 50 printings between 1868 and 1948 – several of which had commentaries added to them.

Our 2017 nursing student edition marks the 157th anniversary of the first American edition. Ours is similar to the second and third London editions, but with some changes and additions. Our annotated edition is the first in history to be made into a nursing-student-friendly edition with commentary, glossary, and index.
A modern nurse can learn much more from Florence Nightingale with our edition than any edition published before in history. Couple this with a well-known and very experienced nursing teacher (Michele Kunz) giving us her opinion, advice, and commentary, and we end up with a winning combination that has become essential reading for today’s modern nurse.

Over the last several years, we have received excellent feedback and advice from the many nursing programs all across the country that continue to use our book year after year. This help is greatly appreciated, and has helped us make improvements and additions to this new edition.

We also hope that you enjoy reading and learning from our edition. We look forward to your comments and suggestions.

The Dickson Keanaghan Family
New York, 2017
Preface

The following notes are by no means intended as a rule of thought by which nurses can teach themselves to nurse, still less as a manual to teach nurses to nurse. They are meant simply to give hints for thought to women who have personal charge of the health of others.

Every woman, or at least almost every woman in England, has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid - in other words, every woman is a nurse.

Every day sanitary knowledge, or the knowledge of nursing - or in other words, of how to put the constitution in such a state as that it will have no disease, or that it can recover from disease, takes a higher place. It is recognized as the knowledge which every one ought to have - distinct from medical knowledge, which only a profession can have.

If, then, every woman must at some time or other of her life, become a nurse, i.e., have charge of somebody’s health, how immense and how valuable would be the produce of her united experience if every woman would think how to nurse.

I do not pretend to teach her how, I ask her to teach herself, and for this purpose I venture to give her some hints.

Florence Nightingale
London, 1898
Nurses often do not think the sick room any business of theirs, but only, the sick. I once told a “very good nurse” that the way in which her patient’s room was kept was quite enough to account for his sleeplessness; and she answered quite good-humouredly she was not at all surprised at it – as if the state of the room were, like the state of the weather, entirely out of her power. Now in what sense was this woman to be called a nurse?
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Put the pale withering plant and human being into the sun, and, if not too far gone, each will recover health and spirit.
Dedication

• To nurses everywhere who have dedicated their life to helping those in need;

• To nursing students who do not yet realize the potential and importance of the career they have chosen;

• To my nursing students all over Long Island and New York City (and those that have spread out over the 50 states) that work every day at making their career a success and our world a better place to live;

• This book is also dedicated to Lynn Hahn (1940-2004), who worked and aspired to be the nurse Florence Nightingale would have been proud of and admired. She was exactly that kind of nurse. She was the nurse at LICH that all the other nurses looked up to. Lynn personified nursing. She was the most knowledgeable, hard working, caring nurse I have every known. She left us too soon. Our world needs more nurses like her;

• Finally, I dedicate this book to you all with my love, appreciation, and thanks for allowing us to be a part of your lives.

_Michele G. Kunz, New York, 2017_

Publisher’s Dedication

• This book is dedicated to every person, young and old, rich and poor, educated and uneducated, that dreams of becoming a nurse, but is too intimidated to take that first step. It is the hope and dream of the Dickson Keanaghan family that this book might be that first step.

_The Dickson Keanaghan Family, New York, 2017_
If you cannot get the habit of observation one way or other, you had better give up being a nurse, for it is not your calling, however kind and anxious you may be.

Who did Nightingale write this book for?

Nightingale probably intended this book for the general public - women in particular - more than for nurses. But we nurses can learn much from it. Nightingale wrote this book “to give hints for thought to women who have personal charge of the health of others . . . knowledge which everyone ought to have - distinct from medical knowledge, which only a profession can have.” These “hints” form the basis of the most essential nursing skills necessary to be an effective health-care provider.
This book was written at a time in history when there was very little formal training for nurses. Nurses were not much more than maids for sick people. It would go on to form the basis of formal nursing training. These “hints,” or fundamentals of nursing, have not been affected by time or progress. The hints about observation of the patient and patient advocacy are especially apt for today’s nurses.

What is this book about?

This book is about giving sick people the best non-medical care possible. A sick person needs not only medicine, but also the proper environment to recover as quickly and painlessly as possible. The nurse (caretaker; mother) can make sure the patient has the best possible living conditions, proper food, clean air to breathe, respectful visitors, a quiet and well lit and well ventilated room, etc. This book was written at a time when medical doctors were rare, and had limited medical knowledge; nurses were not professionally trained; and pharmacological knowledge was very limited.

Why was the book written?

Nightingale wrote this book “to give hints for thought to women who have personal charge of the health of others . . . knowledge which everyone ought to have - distinct from medical knowledge, which only a profession can have.” Nightingale believed that women had a lot to offer people in need, and felt that she had an obligation to share all of the practical nursing knowledge she had gained during her 14 years of nursing.

We must not forget that in 1859 nursing was not the sophisticated and respected profession it has become today. Although Nightingale wrote the book to help and advise all women who care for sick people, she believed that her book was an essential first step to help nursing attain the status it deserved.
Since *Notes* was written so long ago, aren’t Nightingale’s ideas and notes outdated?

Certainly not. What is interesting and still current about these notes is that they give us the fundamentals in the needs of the sick and helpless which are essential for providing proper health care. These fundamentals have not been affected by time or progress. Although medical and technological advances have been progressing at an amazing pace, the underlying fundamentals of observation and patient advocacy have not changed.

These two skills still remain as the most important a modern nurse can develop and use to help patients. All the medical and technological advances in the world do not reduce the need for an experienced nurse who is an expert in observing patients and being an advocate for patients.

What makes this book different?

This book is different (then and now) because it was written with a great deal of common sense. Nightingale had 14 years of practical, hands-on experience caring for patients in London, and for soldiers in Europe for 2 years during the Crimean War. This book was also written in a very easy to understand format. Women caring for sick family members, or women caring for sick people in a hospital, benefited from reading this book.

Most of the advice and suggestions in this book give the reader the most essential non-medical ingredients to helping sick people recover as quickly as possible. All of these reasons helped this book become a popular classic.
Notes on Nursing: What it is and What it is Not

What lesson can today’s nurses get from Nightingale’s message?

Nightingale gives many examples and stories from her personal experience in treating sick and dying patients – in the home, in the local hospital, and in the military hospital. Today’s nursing student will see how Nightingale differentiates between nursing knowledge and medical knowledge. In 1859, a nurse did not need much medical knowledge. In 1859 a nurse was not much more than a maid or waitress.

But today’s professional nurse is expected to have a vast medical knowledge as well as be an expert on the basic nursing skills that Nightingale discusses throughout the book. Today’s nurse will be reminded how important it is to combine the basic nursing skills with sophisticated medical knowledge.

What benefits will the reader receive?

The reader will see and begin to understand how Nightingale thought and reasoned as a professional health-care worker. The reader will see how developing common sense, and developing a keen sense of observation, is essential to becoming an effective nurse.

What is the overall structure of the book?

The book is basically a progression of 16 chapters that cover all the basics of proper patient care. From ventilation of a room, keeping a healthy atmosphere, minimizing noise, providing the proper food, proper bedding, sufficient lighting, to cleanliness of the patient’s room and body, to observation of the patient.

There is also chapter on how all of these topics apply to caring for a baby. This chapter was not included in the original edition, but added later. We include it here because it has important things to say, and we believe that Nightingale would have wanted it in the original edition.
Why do you believe that today’s nurses should be required read this book in nursing school?

Yes. We nurses must read this book because it reminds us what nursing is really about. This book should remind all nursing students that they must spend time with the actual patients. Before starting in nursing school, and all during nursing school, a nursing student should get into the hospital every minute she can - to see patients being cared for, interact with the physicians, and get a feel for the hospital and its inner workings, etc.

This book also reminds us that a nurse’s most important job is observing and caring for sick people. A nurse is foremost the eyes, ears, and hands of the physician - and an advocate for the patient. These observation skills only come about by spending time with patients and also spending a lot of time with experienced nurses.

What goes into making a great nurse?

Today one can easily argue that nursing students learn too much science, and not enough of the basic patient care techniques. Today’s RN programs are perhaps too much like medical training for physicians. RN programs need to have much more practical, hands-on training, to help a nurse develop common sense, a desire to help sick people, no fear of hard work, a take-control personality, ingenuity, perseverance, the ability to follow and carry-out orders - all of which are the traits of a great nurse.

All of these traits can be learned - but they all take time - and can only be learned on the job, in the hospital, caring for patients, under the guidance of other experienced nurses. We all know how sophisticated our medical world has become, but great nursing still comes down to the basics that I have already mentioned.
Was nurse training different in the past?

It is not uncommon for a nursing student to graduate as an RN and not have spent an entire shift with real patients - watching, observing, talking to, listening to, feeding, cleaning, transporting, etc. This is not a good situation. All of the older nurses that I work with, or have hired, spent their entire formal nursing education in a hospital - the hospital was their classroom.

By the time they graduated and became licensed RN’s, they were already experienced nurses capable of providing proper health-care to the sick. They spent their entire education around patients, nurses, and physicians. In this kind of atmosphere these nurses always have current medical knowledge and the ability to use it properly.

Today’s nursing school graduates that I hire and teach every week have little or no experience handling a patient. But because of the nursing shortage I have no choice but to hire them. I interview these new nurses, observe them, talk to them, and try to fit them in - to find a place in the hospital where they can be the most useful. Many then take it upon themselves to learn all they can about working in a hospital and strive to become the best nurse possible. But too many do not.

What else surprises you about today’s nursing graduates?

To this day I am shocked at the number of freshly graduated RN’s that come to my orientation classes and tell me that they won’t touch patients; are afraid of physicians; are afraid of sick people; show up late for orientation; argue with the nursing mentors; can’t find a copy of their license; lie on their resume - these are the people that should not have gone to nursing school in the first place, and certainly don’t belong in my hospital.
Today’s young people entering the health-care profession must not only develop a professional work-ethic, but also get much more practical hands-on experience with patients. This hands-on experience before and during nursing school will help a student decide if this is really the profession she wants to be involved in. This is not a profession for “wall flowers” – those who think nursing is easy way to get a nice paycheck.

**Are there any serious lessons for today’s healthcare professionals to learn from this book?**

In all my years of nursing and teaching, it is still very rare to meet a nurse that has read *Notes on Nursing*, or has even read any of Florence Nightingale’s writings - young as well as experienced nurses. But I believe that it is very important for modern-day nurses to get to know Florence Nightingale’s ideas, however basic they might seem to us today.

This edition that is in your hands now certainly makes it much easier for today’s nurses to read, learn, and enjoy what Nightingale had to tell us.

We nurses need to get back to basics in many ways. Technology does have its place in healing, but Nightingales’ basics are clearly the basis of what we do every day as care-givers - technology is to be used to enhance our ability to be better nurses.

Our nursing schools cannot forget to look at the nurse’s role in the hospital and community today. Hi-tech machines assist us in assessing the patient head to toe, resulting in reliable diagnosis and immediate treatment. Even with all these high-tech machines and drugs, nurses today must still have a firm grip on the basics of caring for people.

With hospital stays getting shorter because of financial restraints, emphasis on caring, listening, patient education, and home care planning are all essential skills today’s nurse must be familiar with.
What inspired you to re-publish Notes on Nursing?

As a nursing educator for over 24 years, and after teaching many thousands of nursing students and experienced nurses alike, I still enjoy telling nurses about Nightingale’s observations and thoughts about nursing and patient care. At Long Island College Hospital, for the last 24 years, I have constantly striven to instill those key concepts of nursing that Nightingale so eloquently wrote about over 146 years ago.

But over all those years, I was simply telling nurses to go get themself a copy of Notes and read it a few times. Many would come back to me with questions. I finally realized that I could help my students if I would make Notes a more student friendly book.

Deep down I also believed that Nightingale would be happy if I could make her book more accessible to more students. I am very proud to have been part of this project, and to be at the forefront of introducing 21st Century nurses to the wisdom, observations, and forethought of 19th Century Florence Nightingale.

Michele G. Kunz, New York, 2017
Introduction

It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.

§ 1.1. Disease a reparative process

Shall we begin by taking it as a general principle - that all disease, at some period or other of its course, is more or less a reparative process, not necessarily accompanied with suffering: an effort of nature to remedy a process of poisoning or of decay, which has taken place weeks, months, sometimes years beforehand, unnoticed, the termination of the disease being then, while the antecedent process was going on, determined?

If we accept this as a general principle, we shall be immediately met with anecdotes and instances to prove the contrary. Just so if we were to take, as a principle - all the climates of the earth are meant to be made habitable for man, by the efforts of man - the objection would
be immediately raised, - will the top of Mount Blanc ever be made habitable? Our answer would be, it will be many thousands of years before we have reached the bottom of Mount Blanc in making the earth healthy. Wait till we have reached the bottom before we discuss the top.

§ 1.2. Of the sufferings of disease, disease not always the cause

In watching diseases, both in private houses and in public hospitals, the thing which strikes the experienced observer most forcibly is this, that the symptoms or the sufferings generally considered to be inevitable and incident to the disease, are very often not symptoms of the disease at all, but of something quite different - of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all of these. And this quite as much in private as in hospital nursing.

The reparative process which Nature has instituted and which we call disease, has been hindered by some want of knowledge or attention, in one or in all of these things, and pain, suffering, or interruption of the whole process sets in. If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing.

§ 1.3. What nursing ought to do

I use the word nursing for want of a better. It has been limited to signify little more than the administration of medicines and the application of poultries. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet - all at the least expense of vital power to the patient.
§ 1.4. Nursing the sick little understood
It has been said and written scores of times, that every woman makes a good nurse. I believe, on the contrary, that the very elements of nursing are all but unknown. By this I do not mean that the nurse is always to blame. Bad sanitary, bad architectural, and bad administrative arrangements, often make it impossible to nurse.

But the art of nursing ought to include such arrangements as alone make what I understand by nursing, possible. The art of nursing, as now practiced, seems to be expressly constituted to unmake what God had made disease to be - viz., a reparative process.

§ 1.5. Nursing ought to assist the reparative process

To recur to the first objection. If we are asked, Is such or such a disease a reparative process? Can such an illness be unaccompanied with suffering? Will any care prevent such a patient from suffering this or that? - I humbly say, I do not know. But when you have done away with all that pain and suffering, which in patients are the symptoms not of their disease, but of the absence of one or all of the above-mentioned essentials to the success of Nature’s reparative processes, we shall then know what are the symptoms of and the sufferings inseparable from the disease.

Another and the commonest exclamation which will be instantly made is - Would you do nothing, then, in cholera, fever, etc.? - so deep-rooted and universal is the conviction that to give medicine is to be doing something, or rather everything; to give air, warmth, cleanliness, etc., is to do nothing. The reply is, that in these and many other similar diseases the exact value of particular remedies and modes of treatment is by no means ascertained, while there is universal experience as to the extreme importance of careful nursing in determining the issue of the disease.
§ 1.6. Nursing the well

The very elements of what constitutes good nursing are as little understood for the well as for the sick. The same laws of health or of nursing, for they are in reality the same, obtain among the well as among the sick. The breaking of them produces only a less violent consequence among the former than among the latter, - and this sometimes, not always. It is constantly objected, - “But how can I obtain this medical knowledge? I am not a medical doctor. I must leave this to them.”

§ 1.7. Little understood

Oh, mothers of families! You who say this, do you know that one in every seven infants in this civilized land of England perishes before it is one year old? That, in London, two in every five die before they are five years old? And, in the other great cities of England, nearly one out of two?[1]

“The life duration of tender babies” (as some Saturn [2], turned analytical chemist, says) “is the most delicate test” of sanitary conditions. Is all this premature suffering and death necessary? Or did Nature intend mothers to be always accompanied by medical doctors? Or is it better to learn the piano than to learn the laws which subserve the preservation of offspring?

Macaulay [3] somewhere says, that it is extraordinary that, whereas the laws of the motions of the heavenly bodies, far removed as they are from us, are perfectly well understood, the laws of the human mind, which are under our observation all day and every day, are no better understood than they were two thousand years ago.

But how much more extraordinary is it that, whereas what we might call the coxcombs of education - e.g., the elements of astronomy - are now taught to every school-girl, neither mothers of families of any class, nor school-mistresses of any class, nor nurses of children, nor nurses of hospitals, are taught anything about those laws which God has assigned to the relations of our bodies with the world in which He has put them.
In other words, the laws which make these bodies, into which He has put our minds, healthy or unhealthy organs of those minds, are all but unlearned. Not but that these laws - the laws of life - are in a certain measure understood, but not even mothers think it worth their while to study them - to study how to give their children healthy existences. They call it medical or physiological knowledge, fit only for medical doctors.

§ 1.8. Another objection

We are constantly told, - “But the circumstances which govern our children's health are beyond our control. What can we do with winds? There is the east wind. Most people can tell before they get up in the morning whether the wind is in the east.” To this one can answer with more certainty than to the former objections. Who is it who knows when the wind is in the east?

Not the Highland drover, certainly, exposed to the east wind, but the young lady who is worn out with the want of exposure to fresh air, to sunlight, etc. Put the latter under as good sanitary circumstances as the former, and she too will not know when the wind is in the east.

§ 1.9. Footnotes

1. Curious deductions from an excessive death rate. Upon this fact the most wonderful deductions have been strung. For a long time an announcement something like the following has been going the round of the papers: - “More than 25,000 children die every year in London under 10 years of age; therefore we want a Children's Hospital.” This spring there was a prospectus issued, and diverse other means taken to this effect: - “There is a great want of sanitary knowledge in women; therefore we want a Women's Hospital.”
Now, both the above facts are too sadly true. But what is the deduction? The causes of the enormous child mortality are perfectly well known; they are chiefly want of cleanliness, want of ventilation, want of whitewashing; in one word, defective household hygiene. The remedies are just as well known; and among them is certainly not the establishment of a Child’s Hospital.

This may be a want; just as there may be a want of hospital room for adults. But the Registrar-General would certainly never think of giving us as a cause for the high rate of child mortality in (say) Liverpool that there was not sufficient hospital room for children; nor would he urge upon us, as a remedy, to found an hospital for them.

Again, women, and the best women, are woefully deficient in sanitary knowledge; although it is to women that we must look, first and last, for its application, as far as household hygiene is concerned. But who would ever think of citing the institution of a Women’s Hospital as the way to cure this want? We have it, indeed, upon very high authority that there is some fear lest hospitals, as they have been hitherto, may not have generally increased, rather than diminished, the rate of mortality - especially of child mortality.

2. (As some Saturn, turned analytical chemist, says): I am not certain what this means, but Saturn is the Roman god of agriculture. MK

Ventilation and Warming

*Live your life while you have it.*

*Life is a splendid gift – there is nothing small about it.*

§ 2.1. First rule of nursing, to keep the air within as pure as the air without.

The very first canon of nursing, the first and the last thing upon which a nurse’s attention must be fixed, the first essential to a patient, without which all the rest you can do for him is as nothing, with which I had almost said you may leave all the rest alone, is this: TO KEEP THE AIR HE BREATHES AS PURE AS THE EXTERNAL AIR, WITHOUT CHILLING HIM. Yet what is so little attended, to? Even where it is thought of at all, the most extraordinary misconceptions reign about it.

Focus questions for this chapter

1. What is the first rule of nursing?
2. Can a patient be given fresh air without catching a cold?
3. When is a patient’s need for warmth the greatest?
4. What is one of the main functions of a nurse?
5. What are chamber utensils?
Appendix A: Glossary

Head nurses: women who unite a good deal of hard manual labour with the head-work necessary for arranging the day's business, so that none of it shall tread upon the heels of something else.

A.

*Abbess (16.6(2)): the female superior of a group of nuns.*

*Acute (6.2)(7.2)(10.2)(13.4):* 1. extremely sharp, severe, or intense pain: acute pain; 2. having a rapid onset and following a short but severe course: acute disease.

*Adduced (14.3)(14.20):* cited as evidence.

*Amelioration (16.6(1)): the act of relieving ills and changing for the better.*

*Annotated: (title page) adding critical and explanatory notes to a literary work.*

*Aneurism (14.15):* blood-filled dilation of a blood vessel caused by a disease or weakening of the vessel's wall.

*Aperients (8.7)(14.8)(16.4)(16.6):* laxative.
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Appendix D: About the Author

Instead of wishing to see more physicians made by women joining what there are, I wish to see as few physicians, either male or female, as possible. For, mark you, the women have made no improvement, they have only tried to be “men” and they have only succeeded in being third-rate men.

Florence Nightingale, The Soldier of Health

At the great age of ninety years Florence Nightingale, the reformer of military brutalities, known in her day as army hospitals and army medicine, the forerunner and prophetess of the Red Cross, the creator of the modern profession of skilled nursing; the foremost sanitarian of her day and, with Pasteur, the incomparable teacher of health preservation and disease prevention - Florence Nightingale, the Lady with a Lamp, has gone quietly to rest.

Born in 1820, she was thirty-four years old when she took charge of the expedition of nurses to the Crimea, which brought her into the white light of the world’s attention.

Already, quietly and unostentatiously, she had spent some ten years in the most searching and laborious study of hospital administration, building, and sanitation, nursing, hygiene, and principles of prevention. Before that she had received a liberal education of unusual range and thoroughness.

After the Crimean war, broken in health, she became more and more inevitably secluded in the quiet rooms of a chronic invalid, but from these restricted quarters her remarkable intellect swept the entire globe and, for almost fifty years longer, she remained the magnetic center of attraction and the source of counsel and inspiration for all persons and groups of persons in diverse lands who carried the banner of service to the sick whether in hospitals, homes, or barracks.
It is probably not too much to say that, during all this long period, not a really important piece of pioneer work in these directions was undertaken or a weighty problem encountered in either hemisphere that was not laid before her for advice, or at least that she might know of it.

To future ages, doubtless, her remarkable teachings on prevention will seem the most brilliant proofs of her really great, original genius. From the first she dwelt more upon health than upon sickness. “Health nursing” is her expression. “Since God did not mean mothers to be always accompanied by doctors,” she wrote, “there is a want older still and larger still.... This is the art of health, which...every woman ought practically to learn. Call it health nursing.... Upon woman-kind the national health, as far as the household goes, depends.”

Miss Nightingale wrote much and her works upon nursing and hospitals, army reorganization and medical relief are classics. She never wrote even the smallest autobiography, but it is much to be hoped that the remaining members of her family will publish a complete history of her remarkable life.(1)

Footnotes

Appendix E: About The Editors

Michele G. Kunz, The Nurse Educator

Michele is a Certified Instructor and specializes in providing Certification classes in ACLS, BLS, and PALS. Visit her website to see more about her classes, books, study guides, essays, and articles. Visit Michele’s YouTube page to see all of her free video lessons.

Michele has been a clinical nursing educator for over 32 years. During those years, she has helped many thousands of nurses improve their own job performance and increase their own job satisfaction. Michele considers herself to be a nurse’s nurse, because she is not hidden away in a classroom or office, but out on the floor everyday – interacting with hospital management, the nurses, the patients, and the physicians.

For many years Kunz was the Director of Nursing Education and Informatics at Long Island College Hospital in Brooklyn, NY. She was in the LICH Nursing Education Department for 25 years. Kunz developed the desire to teach nurses over 30 years ago when she was an ICU nurse at Staten Island Hospital (now called SI University Hospital). It was at SIH that Kunz realized that she could learn how to be a better nurse by teaching the other nurses. Kunz hasn’t stopped teaching since then.

Kunz is now the Critical Care Educator at Mercy Medical Center in Rockville Centre, Long Island, NY.

She is also the Director of Education at Dickson Keanaghan, LLC, a company that she helped create, where Michele and Joe train and certify the medical staff of over 600 hospitals, medical offices, and surgi-centers on Long Island, New York City, and Westchester.
By 1985 they realized that they wanted to take their little part-time training business to the next level. So, the two of them took a part-time weekend job at a nursing service in Brooklyn where they taught certification classes to nurses and physicians. Michele taught the classes, and Joe learned all about managing the business, the classes, the students, the classroom, the other instructors, and the equipment.

Eventually the Kunz’s started to teach more classes on their own. They very quickly built a dedicated following of nurses and physicians throughout New York City and Long Island. They then started to grow the company very quickly and began training and certifying the medical staff at medical offices and then entire hospitals.

The Kunz’s business would not be as successful as it is without the both of them working together. Right from the beginning Joe brought all his business experience and entrepreneurial fortitude into the operation. Joe had been developing his business skills and work-ethic from a very young age.

He has worked very hard at making the business professional, successful, and strong. Over these last 32 years, Michele has perfected the teaching part of the operation, and Joe has perfected the marketing, management, and financial side.
The Kunz’s business has been a wonderful 32+ year learning experience and journey. Despite the long days and hard work, they never want their journey to end. Each are looking forward to seeing how far they can take it. The more healthcare professionals and students that they help to become more successful, the more successful they both feel.

Joseph is also a Certified Instructor for BLS.
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Nightingale is considered the ‘mother of modern nursing’. She is most remembered as a pioneer of nursing and a reformer of hospital sanitation methods. She is also the first woman to receive the British Order of Merit. The school that she established became a model for modern nurse training. Notes on Nursing is regarded as nursing’s first textbook.

Michele G. Kunz, MSN, ANP, RN-BC

Kunz has been on the front-line of teaching nurses in New York City since 1984. As a former Director of Nursing Education and Informatics at one of New York City’s largest hospitals, and as a very successful nursing entrepreneur, Kunz gives you her 21st Century knowledge and experience along with the 19th Century wisdom and common sense of Florence Nightingale.