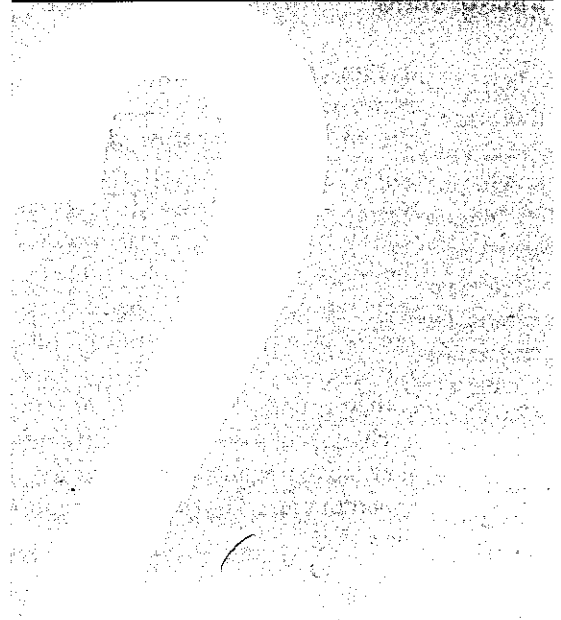


From: Nursing Knowledge  
Development and Clinical  
Practice, Eds. Roy C. &  
Jones, Dorothy. Springer  
Publishing Company,  
39-50.

## Elaborating the Tradition of Careful Nursing in Ireland



**Therese C. Meehan**

**L**n 2000, Doona proposed “careful nursing” as Ireland’s conceptual legacy to nursing. This concept has lain hidden in historical archives until Doona recently retrieved it in her historical research on the diaries of Irish nurses who helped nurse sick and wounded British soldiers during the Crimean war of 1854–1856. This is not to say that the sense of the concept has been dormant in the thinking and practice of Irish nurses. It has been and remains very much alive, although it is not much talked about.

The traditions of nursing have long acknowledged the significance of the nurse–patient relationship, and the term *care* is currently used, and sometimes overused, to describe the focus of nursing. But what is careful nursing? What did Irish nurses of the mid-19th century mean by the term? What does careful nursing mean for the profession today? What could it contribute to international nursing knowledge development and, in turn, to fostering best possible nursing practice? These are the questions being opened for debate.

In addition to the great debt owed to the historical research of Mary Ellen Doona (1995, 1999, 2000), the ideas presented are also drawn from other significant historical research on the topic (Bauman, 1958; Bolster, 1964; Gillgannon, 1962; Hammack, 1952; Hughes, 1948), from the writings of 19th-century Irish nurses (Bridgeman, 1854–1856; Carroll, 1883; Croke, 1854–1856a, 1854–1856b; Doyle, 1897; McAuley cited in Carroll,

1883), from an English nurse closely associated with them (Taylor, 1856), and from British government and military correspondence pertaining to nursing during the Crimean war.

## Background

In 19th-century Ireland, there was a great need for nursing service, and those who felt drawn to it, mostly women, just went out and did it. One such woman in the 1820s was a Dublin heiress, Catherine McAuley. She put all her money and energy into her nursing service, and other women joined her. Initially, McAuley had no intention of forming a women's religious order. However, society at the time required that women operate either within the context of a marriage or a religious community. Thus, in 1831 she founded the Institute of Our Lady of Mercy, better known as the Sisters of Mercy. The order grew rapidly and established a home and hospital visiting nurse service. These nurses worked closely with prominent Dublin physicians and surgeons, notably Colles, Stokes, and Graves. McAuley was particularly drawn to working with Robert Graves because both were of the opinion that the standard fever treatments of the time, such as blistering, leeching, and a low diet, were harmful to patients (Walsh, 1907). They advocated for an alternative treatment including frequent feeding of fever patients whether they had an appetite or not. They shared a deeply felt view that the most important element in treating the sick is

the conservation of the patient's strength with the preservation of his morale and that this can be best accomplished when the patient is constantly under the care of an experienced nurse, noting every symptom and averting every possible source of worry and every form of exhaustion of energy. (Walsh, 1907, p.172)

Nurses' work under McAuley was held in very high regard. During the cholera epidemic of 1832, the physician in charge of the cholera hospital in Dublin declared that the hospital could not be carried on without the nurses. He gave McAuley "fullest control [of the hospital], held long consultations with her, and attributed their small percentage of deaths (about 30 percent), in comparison with the usual high percentage [about 80 percent], to her wise administration" (Furlong circa 1832 as quoted in Bauman, 1958, pp. 58–59). Twenty-three years later, when the Crimean war was declared, these women had built up extensive nursing practice experience along with a highly ordered system of nursing management.

The term *careful nursing* first appeared in print in a letter written by Ellen Whitty (1854) to London officials. Whitty was responding to public outcry about the lack of nurses to care for the many soldiers in the British army suffering and dying from infections and wounds in the war between Turkey and Russia being fought on the Crimean peninsula. Approximately one-third of soldiers in the allied British army were Irish. Whitty expressed concern for their plight and offered nursing services. She wrote:

Attendance on the sick is, as you are aware, part of our Institute; and sad experience amongst the poor has convinced us that, even with the advantage of medical aid, many valuable lives are lost for want of careful nursing. (Whitty, October 18, 1854)

This offer was accepted readily by the British Secretary at War. Fifteen sisters were engaged as part of a second group, following that of Nightingale, to nurse at the Crimea. These women were engaged as nurses rather than as religious sisters. The nurses sent to the Crimea included Margaret Alcock, Joanna Bridgeman (leader), Anne Butler, Isabella Croke, Julia Dixon, Kate Doyle, Elizabeth Hersey, Eliza Heyfron, Mary Hurley, Arabella Keane, Margaret Lalor, Joseph Lynch, Grace Rice, Winifred Sprey, and Anne Whitty.

Most ranged in age from about 30 to 40 years, although one was 22 and another 54. They tended to come from families of significant social standing and were well-educated. For example, Joanna Bridgeman was related to the great Irish liberator Daniel O'Connell, and as a young debutante had been acclaimed for her grace and charm. Although quiet in manner, these women were of definite and independent mind. All were highly competent nurses. Doona (2000) estimated that each had between 4 and 15 years of experience in nursing. Bridgeman had commenced her "nursing training" in 1832 under the guidance of an aunt who had established a center for the poor in Limerick. Bridgeman learned nursing knowledge and skill during years of periodic epidemics and famines. Through close observation of cholera symptoms, she had developed a system of stuping (application of moist heat) that had become well known and widely used (Bolster, 1964).

Two English women should also be considered part of the careful nursing group. Mary Stanley, sister of the Dean of Westminster, was appointed by the British Secretary at War to the overall leadership of this second group. Fanny Taylor was a devoted nurse who later published a graphic account of nursing practice at the Crimea (Taylor, 1856). It has been estimated that both women, as well as some of the Irish nurses, would have been at least equal to Florence Nightingale in social standing (Summers, 1988).

At the Crimea, the political and social context within which these nurses worked, and their relationship with Florence Nightingale, were rent with many difficult circumstances and issues that greatly affected them. These will not be addressed here, other than to say that they went to the Crimea at the behest of the British government with the complete understanding they would work under the direction of Nightingale. However, upon their arrival at Constantinople, Nightingale refused to employ them (Bridgeman, 1854–1856; Croke, 1854–1856a; Doyle, 1897). She considered that the government had gone over her head and not properly consulted her about their employment. She claimed that there was no need for more nurses, even in face of the fact the Scutari hospital was overflowing with approximately 5,000 sick and wounded soldiers, between 50 and 90 of them dying daily (Doona, 2000). Nightingale renounced any connection with them, and the Secretary at War advised the Irish nurses to try to find employment for themselves where they could (Bolster, 1964; Hughes, 1948).

The nurses found employment in three hospitals outside the jurisdiction of Nightingale. For the first 9 months, they were employed at the Barrack Hospital and the General Hospital at Koulali, about 3 miles from Scutari. Joanna Bridgeman served as superintendent at the General Hospital at Koulali. Later they were invited by the army inspector general of hospitals to the General and Hut Hospitals at Balaclava, about 2 days by ship across the Black Sea on the coast of the Crimean peninsula and close to the battlefield. Bridgeman was superintendent here as well. The nurses worked for 6 months until it was clear the war was ending.

## Careful Nursing

Against this historical backdrop, the concept of careful nursing will be elaborated upon in terms of definitions of the generally accepted nursing metaparadigm concepts. This effort is a beginning step in the specific theoretical knowledge development that remains an ongoing process. The author advances this proposal, based on the nurses' thoughts and actions and observations of their practice as recorded in the literature (Bauman, 1958; Bolster, 1964; Bridgeman, 1854–1856; Carroll, 1883; Croke, 1854–1856a, 1854–1856b; Doyle, 1897; Gillgannon, 1962; Hammack, 1952; Hughes, 1948; McAuley cited in Carroll, 1883; Taylor, 1856). It is considered judicious at this beginning point to remain as true as possible to the thinking of the nurses. In taking this approach, however, terms are used that may not resonate well in today's mainly secular society. Ideas and examples of practice may seem simple and obvious to modern nurses, but they were of vital importance in the mid-19th century and some nursing innovations flew hard in the face of accepted practice. It is the philosophy and principles underlying their practice that may be most important for modern nurses to consider.

## Metaparadigm Concepts

The following observations link careful nursing to what are today considered the metaparadigm concepts of nursing: person, environment, health, and nursing.

### Person

Within the concept of careful nursing, the human person is a spiritual, physical, emotional, and social being. The spiritual dimension is considered fundamental and unifying and gives form to the person as an expression of God's love and purpose in the world. At the same time, the physical, emotional, and social dimensions are considered just as important and are viewed as an inseparable expression of the person's spiritual nature. Human persons are in continuous communication with their environments – spiritually, physically, emotionally, and socially – establishing and maintaining individual and community relationships. Each human person possesses a unique combination of special abilities that may be consciously recognized and expressed in fulfilling a unique and meaningful purpose in life. Aside from any particular physical, emotional, or social characteristics, the human person possesses an inner sacredness, dignity, and beauty reflected in an intrinsic order, balance, strength, fortitude, and potential for good. At the same time, the human potential for maleficence is also clearly recognized.

### Environment

The environment encompasses the physical, emotional, and social surroundings of the person embedded within a spiritual dimension. The spiritual is universal and gives rise to goodness, order, and beauty as expressions of God's creativity and purposefulness in the world. At the same time, the environment encompasses a myriad of actual and potential maleficent forces that may be of physical, emotional, or social origin.

## Health

Health is a unitary experience of harmony, relative contentedness, and personal dignity. It arises from experiencing alignment with the spiritual origin of life and from the experience of fulfilling a unique and meaningful purpose in life. Healing is a natural restorative process. Promotion of health includes creating a restorative environment and mitigating to every extent possible maleficent physical, emotional, and social influences. Health may also include accepting with equanimity influences and circumstances that lie beyond the domain of justice but cannot be altered.

## Nursing

Nursing is an intellectual endeavor and an art that has its impetus in the spiritual dimension of the nurse. It involves: (a) creating a restorative environment and removing or minimizing adverse environmental influences on the person, (b) nurturing human life and fostering the natural restorative process within the person, (c) supporting the intrinsic dignity of the person, and (d) acting with great tenderness and compassion, often in the face of human sadness. This latter aspect is encompassed in the Latin term *mater misericordiae*. Nursing is a way of sharing in God's love for humanity through fostering comfort and healing of the human person and striving for perfect knowledge and skill in the prevention of illness and care of the sick and wounded. The purpose of nursing is the prevention of illness and the promotion of health.

## Characteristics of Careful Nursing

The key features that depict the concept of careful nursing in practice are listed in Table 2.1. The first feature is the nurses' *inner sense of calm*, even under the most adverse circumstances, and their ability to communicate this calmness to the patient environment. Observers of the Irish nurses commented frequently on the nurses' ability to maintain a

### Careful Nursing: Characteristics and Enabling Factors

#### Characteristics

1. inner sense of calm
2. creation of orderly environment
3. perfect skill in fostering physical comfort and healing
4. development and revision of intervention
5. attitude of disinterested love
6. sharing a common understanding of nursing practice

#### Enabling Factors

1. collaborative manner of attentiveness
2. management approach equally authoritative and participatory
3. authority derived from service
4. caring for themselves

sense of calm, even in the face of sudden stressors and when surrounded by agony and chaos. Their calm presence produced a sense of calm in their environment, especially in patients and fellow workers. As early as the 1830s, physicians in Dublin were commenting on the sense of calm associated with careful nursing and its beneficial influence on patients.

Another feature of careful nursing is the *creation of an orderly environment*, harmonious and restorative, as free as possible from influences adverse to comfort, healing, and healthy human development. Careful nursing emphasized the importance of establishing and maintaining, to every extent possible, physical order and cleanliness in the patient environment in order to ease distress of patients and staff and to comfort and protect patients from adverse environmental influences. The nurses established regular scrubbing of floors, beds, and equipment, and regular changing and washing of patients' bedclothes and linen. They stopped practices such as cutting up animal carcasses in close proximity to patients suffering from infectious diseases. Their ward kitchens, very important adjuncts to careful nursing at that time, were reported to be models of order and cleanliness. Great emphasis was placed on harnessing healing aspects of the natural environment such as fresh air, sunshine, and flower gardens.

Third, careful nursing involves *perfect skill in fostering physical comfort and healing* for patients, accomplished through close and continuous observation, meticulous attention to detail, and close supervision of nursing care delegated to assistants. The nurses worked tirelessly and meticulously in observing and attending to individual patient needs such as dressing wounds, washing, feeding, ensuring adequate fluids, repositioning, and providing exercise. Circumstances required that these responsibilities be frequently delegated to orderlies (nursing assistants) who were trained by instruction and example and who were required to be equally tireless and meticulous in their work. The nurses stressed the importance of responding quickly to patients' requests and not leaving food and fluids out of their reach. They tried always to stay with patients who were close to death and ensure that they were not taken to the "dead-house" before they were actually dead. Reverence for the care of the body and recognition of the influence upon it of emotions and mental powers were considered essential to careful nursing.

*Development and revision of nursing interventions* to relieve patients' symptoms and promote comfort and healing also is a defining feature of careful nursing. The nurses brought with them Bridgeman's specific method of stuping and ensured that it was provided for appropriate patients. They instituted "night watching" for fever patients and considered this especially essential for cholera patients. Doyle wrote that, "If a fever patient is not well nursed during the night no amount of care will bring back what he loses — some nourishment must be given every two hours or more frequently . . . in these cases nursing is everything. The doctors were often surprised in the morning to find their patients so well over the night" (1897, p. 73). They instituted the use of aromatic vinegar water to sponge patients for comfort. They saw to the careful preparation and frequent administration of fluids, mainly lemonade and barley water. They instituted "rice pudding reform" and revised the preparation of the commonly used arrowroot and wine mixture to enhance its palatability and effectiveness.

Another key feature is the nurses' *attitude of disinterested love* of patients, exemplified in attentiveness to patients, which is free of self-interest. This is an ideal that was cultivated by the nurses as a professional way of being that framed their interactions with patients. It was characterized by great tenderness in all things, affection, kindness, sympathy, humor, and a bright and joyous spirit. It was encompassed within their broader

intent to be instruments of God's love for humanity. It did not, however, preclude the need to sometimes be severe and firm. Observers often commented upon this attitude. For example, the commander-in-chief of the British army remarked upon their "unfailing kindness" and "disinterested attention to patients" (Codrington, 1856, as quoted in Bolster, 1964, p. 256). The concept of disinterested love is an early Christian concept and ideal. It is associated in the literature with meditation and prayer, both of which are proposed to have restorative properties. McAuley observed that within the context of this attitude, characteristics such as tenderness, affection, kindness, and sympathy arise from the heart and reside in the will, not in feelings. There is abundant evidence that this attitude was therapeutic for patients.

Careful nursing includes nurses *sharing a common understanding* of the nature of nursing practice. It was often remarked that the nurses appeared to be of "one mind" in their work and that if one was called away from doing something another could pick up her work with barely a pause in the work. This contributed to an impression of harmony and unity in their work, which was in turn mirrored in the attitudes and actions of their coworkers.

## Enabling Factors for Careful Nursing

In addition to the key characteristics, careful nursing is recognized by certain enabling factors (see Table 2.1). A *collaborative manner* of "attentiveness," trustworthiness, confidence, and innovativeness was found among the Irish nurses in working with other health professionals and health care administrators. There is no getting away from the fact that a distinctive characteristic of careful nursing was obedience, especially to doctors' orders. However, it is very evident that these nurses were not docile and that they were quick to question anything they thought not to be in the patients' best interest. Bridgeman would "make a great fight" with the deputy purveyor or chief medical officer till she got what she wanted for her patients. It is possible that in the 19th century the term *obedience* was used a little differently than it is today. For example, army generals normally signed letters to one another "your obedient and humble servant," as a matter of courtesy.

Obedience in the nurses may have been more indicative of the manner in which they provided service, exemplified by graciousness and respectfulness, even when they were personally furious with injustices that occurred. It was possibly also related to their reputation for responding immediately to needs and being trustworthy. McAuley had placed great emphasis on the importance of social virtues, such as courtesy, gentleness, respectfulness, and consideration for others in all matters, in enhancing human relations (Bauman, 1958). There are many examples of the tactful logic and graciousness with which the nurses brought about reversal or revision of doctors' orders and purveyors' directives. The degree of trust and confidence placed in Joanna Bridgeman is indicated by the purveyor-in-chief's decision to place entirely at her discretion all stores, food, and clothing. She was to act as if the hospital were her own, and the chief medical officer's announcement indicated that Joanna Bridgeman's orders were to be considered as if his own.

It seems reasonable to substitute the term *attentiveness* for obedience. In today's world, this term may better convey the qualities formerly attached to the term obedience. Nurses and physicians appear to have a close collaborative relationship, and on a more

or less equal footing, in planning care and developing new treatments for patients. For example, Bridgeman's stuping procedure was redesigned to include a new chloroform treatment that the physicians were eager to try.

A management approach that is in equal measures authoritative and participatory was an enabler of careful nursing that included teaching and close supervision of nursing associates and assistants. Because of their long experience, the Irish nurses were looked to for guidance and leadership. Taylor (1856) wrote that, "long experience in [nursing] gave them great superiority over us, and they were ever ready to show us their method and enter into our difficulties" (p. 28). Bridgeman was described as governing "more like a Sister than a Superior" (Doyle, 1897, p. 95). They took great trouble to teach others all they knew.

Each nurse was responsible for between about 20 and 50 patients, and sometimes many more. The orderlies who served as nursing assistants were of the utmost importance. At first the nurses found the assistants very much hardened by the horrors of their experiences. They were in the habit of drinking freely "to drown their grief" (Doyle, 1897, p. 40). Because there had previously been no supervision of the orderlies' administration of stimulants, patients often were found drunk in their beds. Assessing the situation, the Irish nurses placed the orderlies under strict supervision and gave them great scoldings. At first they were very unhappy with the new discipline. The nurses, working closely with the orderlies, never making any complaint against them, effected change "gently, and as it were, imperceptibly" (Bridgeman, 1854–1856, p. 93). As time went on, the orderlies became exemplary nursing assistants.

*Authority derived from service* rather than from power per se added to the effectiveness of careful nursing. The Irish nurses were in many ways powerless in the system. Many in the army were predisposed to immense bias and prejudice against them. Yet it is evident that they had great authority in all matters related to health. Their advice and assistance was sought on many and varied occasions and was always speedily and attentively given. The nurses' authority derived from wide-ranging in all matters relating to health care. They had great authority resulting from the great service they provided.

A final enabling factor identified in careful nursing is *nurses caring for themselves* physically and emotionally, keeping alive within themselves the interior spirit that guided their practice. The nurse work was extremely demanding physically, but Bridgeman saw to it that each nurse had regular and substantial meals, had their clothes washed and ironed, and that nurses got sufficient sleep when possible. Normally, two nurses were assigned full time to look after the other 13. Every effort was made to include periods of quiet and prayer within daily schedules and nurses commented on the importance of preserving overall health. It is possible that their cultivation of an attitude of disinterested love helped buffer nurses from the anguish, terrible injuries, and death with which they were constantly surrounded. What they dealt with in giving nursing care was in addition to the constant influx of lice, the "light infantry" of fleas, frequent harassment by droves of huge rats, earthquakes, the fickle weather of the Russian winter, and at Balaclava being within range of the shelling.

In the midst of this devastation the nurses, according to historical reports (Bolster, 1964), seemed always to have had a joyful optimism. Isabella Croke had a lively and mischievous sense of humor. Her wonderful 240-verse poem illustrating key events of their "Eastern Mission" (Croke, 1854–1856b) shows her continual search for a silver lining in the many clouds that overshadowed their lives. The diaries and letters attest to



their humor and quick wit, which are combined with selected examples of the military humor and wit of the orderlies. These documents make for some very funny reading. The reader is left with the sense that the laughter mixed with their tears probably saved them often from feelings of desperation. Although two died, one of cholera and one of typhus, and one was an invalid at home with recurrent fever, the others more or less maintained their health. This was in contrast to many other nurses engaged during this war. The reason the Irish nurses were alone with the orderlies and fatigue men at Balacava was that most ladies and paid nurses had “sunk” under the work. There seems little indication that the Irish nurses suffered from what is now called burnout.

## Outcomes

The effectiveness of careful nursing is clearly documented in what modern nurses might call outcomes. The standard of nursing was so high at the Koulali General Hospital that it was widely known in the army and the Constantinople area as “the model hospital of the East” (Doyle, 1897; Taylor, 1857). The Irish nurses were known to be the answer to just about any human crisis that occurred. The Sultan of Turkey held them in the highest esteem and at the end of the war insisted on sending them a gift of £230 (about £16,000 today or about \$25,000).

At the General Hospital at Balacava, the army conducted a comparative study, comparing the effectiveness of the previous nursing system with the careful nursing system. The findings of this study were conveyed in a confidential report to the British government and were significantly in favor of the careful nursing system (Doona, 1999). The report included the following summary:

The superiority of an ordered system is beautifully illustrated . . . One mind appears to move all and their intelligence, delicacy and contentiousness invest them with a halo of confidence extreme. The medical officer can safely assign his most critical cases to their hands. Stimulants or opiates ordered every five minutes, will be faithfully administered tho' the five minutes labor were repeated uninterruptedly for a week. . . . A calm resigned contentedness sits on the features of all, and the soft cares of the female and the Lady breathes placidly throughout. (Fitzgerald, 1856, as quoted in Doona, 2000, p.21)

## Summary and Implications for Modern Nursing

In modern terms, careful nursing can be summarized as follows: nursing is an intellectual endeavor and an art. Through intellectual endeavor, nurses seek to excel at knowing. A broad education in the liberal arts and sciences combined with close and continuous observation in practice serves as a foundation for developing and using nursing knowledge. As McAuley cautioned in the 1830s, there is little place in nursing for hard and fast rules. Rather, excellence in nursing is the product of a broad education, perfect discipline, discernment, forbearance, and good judgment.

The art of nursing is the thoughtful and creative use of knowledge in practice. Nursing practice is characterized by inseparable modes of acting and being that create

a restorative environment, provide protection from harm, and foster comfort, healing, and health. The balance between intellectual endeavor in nursing and the art of nursing practice is reflected by frequent references to the nurses as ladies of intellect and refinement. It is abundantly evident that for all their constant engagement in practice and the exhausting physical labor of it, the Irish nurses' minds were ever active, ever-thinking and questioning, while at the same time maintaining their facility for great tenderness in all things, affection, kindness, and sympathy.

Florence Nightingale was not pleased that her nursing system had been found wanting in the confidential report of the comparative study at Balaclava. Nonetheless, on a visit to Balaclava before the war ended, she requested from Bridgeman information on the Irish nurses' system of nursing. Bridgeman's (1854–1856) diary records that "Miss N. took notes of our manner of nursing which Rev. Mother explained to her, as she hoped some one might profit of it" (as quoted in Hughes, 1948, p. 123). It is interesting to observe the extent to which the content of the book later written by Nightingale (1860), *Notes on Nursing*, corresponds to the system of careful nursing.

Because of circumstances of the time, the Irish nurses were, as one observer put it, "denied even the passing tribute of one generous word" (Wiseman, 1856, as quoted in Bolster, 1964, p. 237) outside their own country for their contribution to the nursing effort during the Crimean war. This, together with the Irish nurses' own view that it would be unbecoming of them to be broadcasting about their work (Bolster, 1964), served to eclipse their significant contribution to the founding of modern nursing.

There is one last point that it is important to add. Although careful nursing was developed in Ireland, it was not unique to Ireland. French nurses provided similar nursing during the Crimean war as they had in France since at least the 7th century. Nurses in other countries of Southern Europe were also known to practice a similar system of nursing, for example, the male nurses of St. John of God.

We are left with the question of what careful nursing may mean for nursing knowledge development and practice today. Two approaches to answering this question could be explored. One is the development of a conceptual model of nursing based on careful nursing. The other is to examine concepts and propositions of careful nursing and compare them with concepts and propositions of current conceptual models of nursing.

Consideration could be given to whether there is a need for the development of an additional conceptual model of nursing founded on the principles of careful nursing. Although careful nursing contains many similarities to modern conceptual models of nursing, it does have some differences and introduces new emphasis on some concepts. The spiritual dimension of life would be an essential feature of a careful nursing model. It would require in nurses a certain disposition to be present and to act – to be ever-present, ever-thinking, and exceptionally attentive to patients needs, and to act with great tenderness in all things. It would also require nurses to be attuned to one another in the sense of "one mind appearing to move all." It would prescribe patterns of nursing management and staffing that would not require a great number of professional nurses but would require them to work very closely with a large number of nursing assistants and ensure that they followed their guidance. Education of nurses would include the understanding and cultivation of the ideal of disinterested love. It would also include cultivation of social virtues, that is, considerable amplification of what modern nurses call communication skills.

In the second approach, different ways of understanding the spiritual dimension of life could be explored and compared. The concept of disinterested love could be compared with the concept of nonattachment as it is understood in Buddhism and used by nurses in Buddhist countries. The roles of prayer and meditation in nursing could be further explored and compared. The importance of the nature of the nurse–patient interaction and the idea of acting with great tenderness in all things could be compared with concepts from Peplau's model of psychodynamic nursing and with Travelbee's theory of nurses' therapeutic use of self. Modern views of nursing management could be compared with the management principles inherent in careful nursing, perhaps especially as they relate to the role and supervision of nursing assistants. Many other possibilities are inherent in the key features of careful nursing that have been identified.

## Conclusion

Thanks to the work of Doona and the opportunity provided by the Emerging Nursing Knowledge 2000 conference, the system of careful nursing is being reclaimed and added to the treasury of nursing knowledge. We trust that, in keeping with the wishes of our Irish nurse forebears, we do not appear too unbecoming in broadcasting about our legacy. Rather, we hope and trust, following the example of Joanna Bridgeman, that from this description "some one might profit" and that it will contribute to promoting the best possible nursing practice.

## REFERENCES

- Bauman, M. B. (1958). *A way of mercy*. Burlingame, CA: The Sisters of Mercy.
- Bolster, (1964). *The Sisters of Mercy in the Crimean War*. Cork, Ireland: Mercier Press, 1964.
- Bridgeman, M. F. (1854–1856). An account of the mission of the Sisters of Mercy in the military hospitals of the East, beginning December 1854 and ending in May 1856. Unpublished manuscript, Archives of the Sisters of Mercy, Kinsale, Ireland.
- Carroll, T. A. (Ed.). (1883). *Leaves from the annals of the Sisters of Mercy: Vol. 2*. New York: Catholic Publication Society Co.
- Codrington, W. (1856). William Codrington to John Hall, April 1856. Unpublished manuscript, Archives of the Sisters of Mercy, Kinsale, Ireland.
- Croke, M. J. (1854–1856a). *Diary of Sister M. Joseph Croke*. Catherine McAuley Archives Museum, Dublin.
- Croke, M. J. (1854–1856b). *Lines on the Eastern mission of the Sisters of Mercy: From October 1854 to April 1856*. Catherine McAuley Archives Museum, Charleville, Ireland.
- Doona, M. E. (1995). Sister Mary Joseph Croke: Another voice from the Crimean war, 1854–1856. *Nursing History Review*, 3, 3–41.
- Doona, M. E. (1999). *The confidential report on Crimean nursing*. Paper presented at the International Council of Nursing Centennial Conference, London.
- Doona, M. E. (2000). "Careful Nursing": Ireland's legacy to nursing. Paper presented at the Third Annual Public Lecture for Nurses, University College Dublin, Dublin.

- Doyle, M. A. (1897). *Memories of the Crimea*. London: Burns & Oates.
- Fitzgerald, D. (1856). *Confidential report on Crimean nursing*. Crimean Nursing Papers, Archives of the Sisters of Mercy, Kinsale, Ireland.
- Gillgannon, M. M. (1962). *The Sisters of Mercy as Crimean war nurses*. Unpublished doctoral dissertation, University of Notre Dame, Notre Dame, IN.
- Hammack, H. L. (1952). *The work of the Sisters of Mercy in the Crimea and its reference to modern nursing*. Unpublished master's thesis, San Francisco College for Women, San Francisco.
- Hughes, M. J. (1948). *Crimean diary of Mother M. Francis Bridgeman, war companion of Florence Nightingale 1854–1856*. Unpublished master's thesis, Catholic University of America.
- Nightingale, Florence. (1860). *Notes on Nursing: What it is, and what it is not*. New York: Dover Publications, Inc.
- Summers, A. (1988). *Angles and citizens: British women as military nurses, 1854–1914*. London: Routledge & Kegan Paul.
- Taylor F. (1856). *Eastern hospitals and English nurses: Vols. I & II*. London: Hurst & Blacket.
- Taylor F. (1857). *Eastern hospitals and English nurses: The narrative of twelve months' experience in the hospitals of Koulali and Scutari*. London: Hurst and Blacket.
- Walsh, J. (1907). *Makers of modern medicine*. New York: Fordham University Press.
- Whitty, V. (1854). Mother Vincent Whitty to Rev. William Yore, October 18, 1854. Crimean War Papers, Archepiscopal Archives, Dublin.
- Wiseman, N. (1856). *Lenten Pastoral quoted in Bolster E. (1962) The Sisters of Mercy in the Crimean war*. Cork, Ireland: Mercier Press.