NOT one has ever discovered the true origin of the Nurse’s Cap. It has been suggested that it originated in the habit worn by the Sisters of Charity of St. Vincent de Paul who established the first modern school of nursing in Paris in 1864. That habit became familiar to Florence Nightingale while visiting hospitals conducted by the sisters before she began to study nursing.

Another opinion is that an influence was exerted by the stiff white caps worn by the women trained as nurses at the Institute of Protestant Deaconesses, which was founded by Pastor Theodore Fliedner at Kaiserwerth in Germany in 1836, where Florence Nightingale took a course of training.

During Florence Nightingale’s day every lady wore a cap indoors. A great many pictures of Queen Victoria portray her with her cap of “plain white stiffened muslin with ruching framing her face”. This possibly, is the real reason “why a cap”, although its utilitarian use in nursing might be the one valid and basic reason for its existence.

It was felt by pioneers of medical and nursing profession that a uniform was an essential part of hospital nursing; and with this the white cap became the symbol of the nursing profession. With its many shapes, sizes and patterns, it showed distinction, it gave public protection, it inspired respect, it meant a specific vocation and it was the symbol of a personal sacrifice in order to take care of the sick and the wounded, as well as a sign of comfort to those who suffered. Its practical objective was to cover the hair to ensure cleanliness, avoid infection and give the appearance of neatness and distinction.

The Nurse’s Cap of today has lost much of its original intention and has become a mark of distinction or rather a piece of ornament, but still in all countries it upholds the status of the nurse.

It is an integral part of your uniform. It distinguishes you from other categories of hospital workers. It is a symbol of dedication, devotion, respect, love and responsibility. It gives you a status which commands respect and dignity.

It is an essential and cherished symbol of an honoured and honourable profession of which you are privileged to be one.


Nursing Care of the Neurological Patients — (Contd. from page 260)

wards and an intensive therapy unit organised for the same.

Because of the more prolonged stay in the hospital of some of the patients, and the part played by the nurse in their general management, treatment and education, the nurse-patient relationship is closer than usual. The nurse may adopt a friendly, encouraging and helpful attitude not only towards the nursing needs but towards the patient as a whole. In this regard it is helpful for a particular nurse to be in charge of two or three patients. Vital signs chart would be required for any unconscious patient in neurology—(1) Respiratory rate (2) Pulse rate (3) B.P. (4) Pupils size and reaction (5) State of consciousness.

There must be closer integration of the work of various people—doctor, nurse, physiotherapist, occupational therapist, social worker, and speech therapist and all must co-operate to ensure the best treatment of the patient.

Success of Hyperbarics in Modern Medicine — (Contd. from page 264)

Ironically perhaps, scientists still cannot be sure why hyperoxygenation should be so beneficial in, for instance, diseases caused by germs. Does the oxygen act on the germs themselves in some way, or on the poisons which those germs produce?

At a recent international conference on the subject, one London doctor summed it up: “All we can say is that somehow hyperbaric oxygenation allows natural reparative processes to take place”.

There are many other questions still to be answered about this new role for oxygen in medicine. It is likely that more applications of hyperbarics will be discovered. It is also possible that in the research now being done, in Britain and elsewhere, fresh light will be thrown on that ultimate mystery of medicine—the fundamental growth mechanisms of the human cell.

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