

Is The Cap Still A Symbol ?

The address given by

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Guest speaker at the 62nd Anniversary Celebrations in Copenhagen of the
Danish Council of Nurses.*

ON receiving the suggested title for this address I was also told the reasons why it had been chosen. The wish was expressed to receive, if possible, a clarification on whether the ethical points contained in the Florence Nightingale Pledge have been replaced by legal responsibilities and legislation and, if so, how this has affected nursing and nurses.

May I therefore be allowed to say a few words on these points before answering the main question : is the cap still a symbol ?

To my mind the two criteria, legislation and Pledge, have quite different meanings and cannot very well replace one another.

Legislation is the enacting of a law ; a legal declaration ; an official statement approved and imposed by outside authorities and which, in the case of the nursing profession, offers legal protection both to the nurse and her responsibilities, as well as to the public. The first laws and the enacting of legislation can be traced back to the Roman Empire, where we find the first courts of justice ; the senate which edited and issued the laws and where the rights of 'citizenship' and of the individual 'citizen' were made known and proclaimed.

A law or legislation is therefore something which is imposed on us and has a legal significance which does not directly influence our personal beliefs.

A pledge is a solemn vow or engagement to fulfil something or to abstain from something ; a statement which, spoken or unspoken, expresses a moral principle ; a binding promise which emanates from the individual and from his or her inner convictions. It is not

imposed on us but we give it of our own free will.

In the case of the Nursing Pledge this is a moral code ; a promise given by the individual nurse which applies to her professional activities as well as to her personal and moral beliefs.

Many schools of nursing in different countries use the so-called Florence Nightingale Pledge. This Pledge was not written by Florence Nightingale. It is a modification of the Hippocratic Oath and was composed in her honour in 1893 by a committee associated with the Farrand Training School of Nurses in Detroit, the chairman being Mrs. Lystra Gretter R.N. The Pledge was first taken there in 1893 by a group of graduates. In 1936 the Pledge was changed and copyrighted by the Alumnae Association of the Farrand Training School of Nurses, and it is now mainly used in this new composition.

If the Nursing Pledge is a moral, personal necessity, a code of honour and integrity, nursing legislation has become a necessity not only in view of protecting the legal responsibilities of nurses, but in affirming the profession within its rights, of ensuring its development and its increasing importance in all fields of health, of promoting the status of nurses on a national level, and safeguarding the public.

A legal Act should not replace the Pledge, because of the inherent difference between their basic and objective principles ; the one in protecting the legal responsibilities of the profession ; and the other in representing a moral code, an individual promise pronounced before God, being the expression of the spirit of the nursing profession as a

vocation as well as profession and the two must be united.

If student nurses and nurses are taught the advantages and necessity of having nursing legislation as a legal protection for their responsibilities and duties, should not the moral importance of the Pledge or of the International Code of Nursing Ethics be similarly better stressed and taught in all schools ? If the same importance is attached to both legal responsibilities and the Code of Ethics, clearly keeping in mind the fundamental differences of their objectives, they should neither replace nor cancel each other. Both have their value in the modern world.

And now...Is the cap still a symbol ?

The answer to this question is not as easy as it may seem at first. It cannot be answered by simply saying 'yes' or 'no'. The cap is becoming a contestable point, a subject of discussion of the individual and of the nursing schools, and the last word of this chapter has not yet been definitely pronounced so far.

Let us first try to find out whether a link can be traced between the cap or bonnet and the word 'symbol'.

The origin of the word 'symbol' is to be found in the Greek language and is generally regarded as representing or recalling something by association in fact or thought.

In the land where this word originates, it is an accepted, strictly carried out custom that women in the rural mountainous areas and in the provinces always have the head covered, sometimes with a bonnet, more often with a large coloured

handkerchief, which is wrapped round the neck in a way so as to cover the mouth. This special head-wear is not merely a capricious



fashion. It has a very special meaning and even the colours have a different symbol and stated reason. It is a custom adopted through generations, an accepted symbol, a respected legacy passed on by family ancestors. A white handkerchief covering only the head is generally worn by young girls as a symbol of purity and innocence. A bright coloured handkerchief tied in a way to cover the mouth is worn by married women. It symbolises marriage, the promise given, the symbol of belonging and being linked to somebody, a dedication to a life which no more belongs to oneself (thus the covering of the mouth), a symbol of a definite social status. The black handkerchief is worn only by widows as a symbol of sorrow and renunciation.

This same custom may be found in other countries too, but I believe the meaning is the same everywhere. In the German language there is also a saying that when a girl gets married she 'comes under the bonnet.'

The religious orders, too, have the veil or the cap. It is worn differently and has a spiritual origin signifying the spiritual marriage; the symbol of a vow, a promise, a special dedication which separates the status of the wearer from other women, from the ordinary social life, and from the free individuals. The cap, bonnet or veil, was and

still is now a special symbol accepted and worn as something sacred, cherished, as an outward sign of an inner vocation, of a vow taken and of a promise given; a symbol which places the wearer in a specific category of individuals, demanding respect and recognition by society.

Mlle. Bihet, a former President of the International Council of Nurses, in her book on *The History of Nursing*, quotes a paragraph from a French poet who in the 17th century was inspired by the white bonnet, called 'la cornette', worn by the nurses of the Order of St. Vincent de Paul. He calls the veil an heroic symbol which has been, and will always be connected with the anxieties, fears and apotheosis of history. In times of wars, epidemics, revolutions, storms, when everybody thinks only of escaping,



of hiding in cellars and shelters, the veil appears on the sides of stretchers, the dove of the Arch of the trenches and barricades.

In the field of nursing it is needless to relate the history of the number of various periods, orders and people who have passed through the centuries. Let us only go back as far as the Crimean War, when Florence Nightingale left for Scutari with 38 nurses.

Their uniforms consisted of 'a grey tweed dress called a *wrapper*, a grey worsted jacket, a short woollen cloak and a plain white cap'. The uniforms had not been designed to make the wearer look attractive.

In the book on Florence Night-

ingale by Mrs. Cecil Woodham-Smith, we find the following paragraph:

'Miss Nightingale never for a moment lost sight of the fact that the object of her mission was to prove the value of women as nurses, but, unhappily, no difficulties with doctors or purveyors were as worrying or as discouraging as her difficulties with her nurses.'

In one of her letters to Dr. Bowman, written from Scutari in November 1854, she gives an example of the kind of question which had to be adjusted in the midst of appalling horror:

'I came out, Ma'am, prepared to submit to everything, to be put on in every other way. But there are some things, Ma'am, one can't submit to. There is caps, Ma'am, that suits one face and some that suits another; and if I'd known, Ma'am, about the caps, great as was my desire to come out to nurse at Scutari, I wouldn't have come, Ma'am.'

Nevertheless two heroic figures emerged from Crimea and inspired Florence Nightingale—the soldier and the nurse; the first as a symbol of heroic discipline the second as the symbol of devotion and dedication.

The white cap became the symbol of the nursing profession. With its many shapes, sizes and patterns adorned with ribbons, bows, pleats



and laces, it showed distinction, it gave public protection, it inspired

respect, it meant a specific vocation, it was the symbol of a personal sacrifice in order to take care of the sick and the wounded, a sign of comfort to those who suffered. Furthermore its practical objective was to cover the hair to ensure cleanliness, avoid infection and give the appearance of neatness and distinction.

Is the cap still a symbol today, when it is worn by any category of hospital personnel? Although with the evolution of time, customs and beliefs it has lost the profound meaning it had in the past, it should still retain its symbol of distinction, of dedication and of a specific humanitarian profession.

It is true that the cap has become a part, an accessory to the nurse's uniform, but in all countries it still upholds the status of the

nurse; it specifies the school in which the nurse has trained. The size has diminished, the shape is inspired by the tastes and variations of fashion, hair styles and hospital traditions; it is worn at all angles on the head, and in most cases it no more covers the hair. But it still belongs to the nursing outfit; it is still an integral part of the uniform; cherished by many; accepted by others; and contested by some.

I have recently read in nursing journal an outspoken opinion from a nurse concerning the cap or veil. She writes:

'The veil is certainly most becoming, yet opposition to abolishing it would not be so great today as in the past. Veils are hot, bad for the hair, difficult to manage and could well be done away with, as could

all forms of headgear. If a theatre veil is worn where surgical techniques are performed, there is no purpose in these ugly and antiquated caps. Nurses are the only ones who nowadays are inflicted with these Edwardian and Victorian atrocities.'—This is the opinion of a 20th century nurse.

Is the cap still a symbol?

A definite answer has almost become a challenge: in the different countries, their training schools and by the individual nurses.

For some it has become an anachronism, for many it is still an essential and cherished symbol of an honoured and honourable profession.

(By Courtesy of the International Nursing Review)

Edwina Mountbatten Memorial Fund

FOLLOWING the untimely death of Lady Mountbatten in 1960, it was decided to launch a campaign in England and in the Commonwealth countries for an "Edwina Mountbatten Trust" with the aim of promoting the three causes with which the late Countess Mountbatten of Burma was most closely associated in her life time. These causes are Children's Welfare, the advancement of Nursing and the St. John Ambulance.

For us in India, Lady Mountbatten and the causes for which she stood, have an especial appeal. Many will be aware of the manner in which she threw herself into the work of relief following partition of the country. Her aim was to

bring a touch of healing to those who suffered, and in their eyes she became, as Gandhiji described her, "an Angel of Mercy".

In close touch with the Edwina Mountbatten Memorial Trust, a Committee was formed in India to establish an Edwina Mountbatten Memorial Fund. The Fund is a permanent one, the annual income from which will be utilised for Child Welfare, the advancement of Nursing and St. John Ambulance.

The General Secretary, Trained Nurses Association of India, Kumari Lakshmi Devi, was appointed a Member of the Expert Sub-Committee for making recommendations for the most effective and co-or-

minated utilisation of the annual income.

The allocation of Rs. 18,000 to Nursing, through the TNAI, was made in 1962.

The TNAI decided that this money be used as follows:

1. Nurses Welfare Fund :
Rs. 5200/-
2. For a post-certificate course in paediatric nursing : Rs. 3200/-

Miss A. Kharbanda is studying in England under this award.

3. Eight scholarships of Rs. 1200 each for post-certificate courses in India.

YOUR nominations for Council Members are awaited.