

Surgeon Profile Series

Mary Jane Seacole: The shrouded beacon of patient-centred care

Devon Brameier¹, Conor Hennessy¹, Elisha Ngetich²

¹ Medical Sciences Division, University of Oxford, UK

² Nuffield Department of Surgical Sciences, University of Oxford, UK

Introduction

Out of the darkness that was the Crimean War, came one light which shone brighter than all others – Florence Nightingale. She was heralded as the “lady with the lamp” leading her squadrons of nurses to tend to the fallen and is remembered for setting the foundation for modern nursing. The brightness of her light as recalled throughout history, however, has obscured that of the other great women of the time who also significantly impacted the role of the nurse as we know it today, particularly considering her greatest contributions to the field arose years after her time in the War.¹ One such woman is Mary Jane Seacole, a selfless doctress, astute entrepreneur British Jamaican woman who was overlooked in life and history due to the colour of her skin, as captured by Salman Rushdie in his 1988 book *The Satanic Verses* in which he wrote: “...*here is Mary Seacole, who did as much in the Crimea as another magic-lamping lady, but, being dark, could scarce be seen for the flame of Florence’s candle.*”^{2,3}

The History of Mary Seacole

Mary Jane Seacole, born in Kingston, Jamaica in 1805, identified as Creole – having a Scottish soldier for a father and a mixed-race Jamaican boarding-housekeeper for a mother. Her mother was a doctress, a woman skilled in the African healing arts and homeopathic medicine, which inspired in Mary a desire for medical knowledge and practice from a young age. Mary began assisting her mother at the age of 12, and eventually developed a respectable reputation of her own as a skilled nurse and doctress, tending to the sick officers and wives from the nearby camps. She, like her mother, also was a successful businesswoman and ran her own lodging house, in which she often tended to naval and military surgeons who would share with her their traditional medical knowledge and skills to further expand her abilities as a nurse. During her time in the Caribbean, Mary refined her skills as a doctress while tending to foreign soldiers suffering from various tropical illnesses, including managing patients in Panama during the 1850s cholera outbreak. When the Crimean War hit, Mary felt compelled to serve as a nurse on the front to provide care for the soldiers and aid the overwhelmed doctors using the skills she had amassed throughout her life thus far.^{3,4}

Upon arriving in Crimea, she established the “British Hotel” – a compound composed of a canteen

providing hot food and beverages, a store selling provisions and equipment, and a ward to tend to the ill and the wounded. In her autobiography, she recounts how soldiers often avoided attending the hospitals except for truly urgent reasons, and instead preferred to attend her Hotel as she provided “sick-comforts and nourishing food” which the medical hospitals would struggle to provide. These comforts included cool drinks, warm broths, cakes, jelly, and other provisions, all provided by a familiar, motherly figure that the men came to call “Mother Seacole.” She also was regarded for her treatments of cholera and dysentery, among many other diseases which ailed the ranks. On multiple occasions Mary was known to attend to the battlefield, carrying a large pack filled with lint, bandages, needles, thread, and medicines along with food and refreshments. She assisted doctors at the temporary field hospital, binding wounds and tending to the needs of the ill and less seriously injured until they could be seen by the doctors. Some wounded soldiers even chose to return to the British Hotel from the battlefield to be cared for by Mary instead of being sent to one of the other hospitals.^{1,5}

Returning to England in 1854, Mary set to work on her autobiography, *The Wonderful Adventures of Mrs. Seacole in Many Lands*, which was published in 1857.^{3,4} In May 1881, she died of apoplexy in her Paddington home, leading to posthumous memorials of her involvement in the Crimean War in the *Punch* and *Times*. She was then largely forgotten for the following century, until a cultural shift in the 1980s leading to inclusion of the roles of British African and Caribbean people within popular and scholarly histories. She has since received multiple posthumous recognitions, including being awarded Jamaica’s Order of Merit in 1991, named the greatest black Briton in 2004, and added to the National Portrait Gallery in London in 2005.⁴

The Impact of Skin Colour on Mary Seacole’s Legacy

Interestingly, as commented by Sarah Salih in her 2005 introduction to Mary Seacole’s autobiography, Mary avoids identifying herself as “black”, “black British”, or even “Jamaican”, instead focusing on her maternal qualities which define her role as a nurse and doctress. Her origins as a quarter black, having a fully Scottish father and half Jamaican mother, led to her not identifying with either the black or white communities; however, she recognised that the darker colour of her skin did impact how she was

perceived by her white contemporaries and writes: *“I have a few shades of deeper brown upon my skin which shows me related-and I am proud of the relationship- to those poor mortals whom you once enslaved and whose bodies America still owns.”*³

When originally setting her sights on Crimea, Mary had hoped to join Florence Nightingale and her band of nurses. She had arrived in London just after Florence and the first batch of nurses had departed, but a delegate had been left in Miss Nightingale’s place to select the remaining nurses to be sent out. The delegate struggled to find suitable personnel, yet still refused to recruit the well-suited Mary Seacole to fill either of two vacancies for what appeared to be racial motivations. In her autobiographical musings on the situation, Mary realised something similar to the American racial prejudices which she had seen during her time in the Caribbean had likely taken root in England, highlighted by this question to herself: *“Did these ladies shrink from accepting my aid because my blood flowed beneath a somewhat duskier skin than theirs?”*³

Rejected by Florence Nightingale’s organisation, Mary Seacole also applied to the War Office, the Quarter-General’s Department, and the Crimean Fund to offer her services as a nurse in the Crimean War effort; however, all of them turned her down for the position. The continued rejection by multiple groups despite the demand for such personnel has been attributed both to the colour of her skin and her lack of male relations as a widower. Ultimately these obstacles only further drove her commitment to serving British soldiers on the Crimean warfront, leading her to fund her own way to Crimea and provide for the soldiers using her own resources while risking her own life.^{3,4,5}

Modern opposition to the resurgence in recognising Mary Seacole and her role in nursing have also used skin colour among their arguments for why she should not be receiving such commendations, particularly at the detriment of Florence Nightingale. They argue that she is neither “black” nor British, thus making it unfair to raise her up as the Black British counterpart to Florence Nightingale, since this implies there likely was an imbalance of treatment and/or credit given due to their race; however, this entirely ignores the mixed-race background of Mary Seacole and the fact that she did face unequal treatment and less recognition than her white counterpart.^{3,6}

How Mary Seacole Remains Present in Nursing Today

On multiple occasions throughout her autobiography, Mary Seacole discusses how she sought “to help the kind-hearted doctors”, even citing this as one of her core reasons for going to Crimea. It was through her aid as a member of the temporary field hospital team that more soldiers survived and suffered less. Working with the team, she was able to stabilise and care for the less severe cases while the doctors were busy with more demanding wounds. Such a multidisciplinary team approach is one that has been recognised as crucial to the success of care in modern medicine, particularly in the field of surgery.⁷

It could be argued that Mary Seacole’s role in the battlefields of Crimea are excellent examples of

multidisciplinary teamwork in practice, with her triage of wounded combatants both assisting the doctors in their care of the more grievously wounded soldiers, as well as providing adequate care and reassurance to the less seriously wounded. She demonstrated a recognition of her patients’ need for comfort through means which were not necessarily medical treatment, such as the provision of warmth or nourishment. While she did offer remedies for ailments and first aid for wounds, what was often seen as most important by the soldiers was the general care they received including a hot drink and warm plate of food after many long days fighting. Furthermore, she tended to their emotional needs by providing a motherly figure who offered empathy and was available to her soldiers whenever they needed her.³ This approach to emotional support and patient-centred perioperative care has been shown to significantly improve patient satisfaction, improve wound healing, reduce analgesia, and lower rates of anxiety in modern studies.^{8,9}

Conclusion

Mary Seacole’s story illustrates the complicated relationship between race and recognition for contributions to a field, both by contemporaries in the past and those investigating history in the present. Her efforts at the British Hotel during the Crimean War provide a historical demonstration for the role of patient-centred care in alleviating suffering physically and emotionally, leading ultimately to better outcomes for more patients.³

References

1. Stanley D. Lights in the shadows: Florence Nightingale and others who made their mark. *Contemporary Nurse*. 2007;24:45-51.
2. Rushdie S. *The Satanic Verses*. London, England: Vintage; 1988:292.
3. Seacole MJ, Salih S, eds. *Wonderful Adventures of Mrs Seacole in Many Lands*. London, England: Penguin Books Ltd; 2005.
4. Josephs AJ, Knight FW, eds, Gates HL, eds. “Seacole, Mary Jane: (1805-1881), pioneering nurse and businesswoman.” *Dictionary of Caribbean and Afro-Latin American Biography*. Oxford, England: Oxford University Press; 2016
5. Robinson J. “Seacole, Mary Jane.” *Oxford African American Studies Center*. 30 Sep. 2008; Accessed 18 Nov 2020.
6. McDonald E. Florence Nightingale and Mary Seacole on nursing and health care. *JAN:Debate*. 2013;1436-43.
7. Nilsson U, Gruen R, Myles PS. Postoperative recovery: the importance of the team. *Anaesthesia*. 2020;75(Suppl. 1):e158-64.
8. Adamson K, Bains J, Pantea L, Tyrhwitt J, Tolomiczenko G, Mitchell T. Understanding the Patients’ Perspective of Emotional Support to Significantly Improve Overall Patient Satisfaction. *Healthc Q*. 2012;15(4):63-9.
9. Crawford B. Highlighting the role of the perioperative nurse – Is preoperative assessment necessary? *Br J Theatre Nurs*. 1999;9(7):309-12.