Listen to a radio program about Florence Nightingale, one of the most famous nurses in history and decide whether the following statements are true (T) or false (F)

John: Dr Mary, what can you tell us about Florence Nightingale's early years?

Dr Mary Winterson: Well, Florence Nightingale was born in Italy on 12th May 1820 and was named Florence after her birthplace. Her parents, were wealthy and spent a considerable amount of time touring Europe.

J: How did she do at school? Did she get good grades?

MW: Yes, she did. As a schoolchild, Florence was academic and rarely had problems with her studies. She was attractive and the expectation was that she would marry and start a family.

J: But that didn't happen, did it?

MW: No, it didn't. Florence had different ideas. As a teenager, she became involved in the social questions of the day, making visits to homes for sick people in local villages, and she began to investigate hospitals and nursing.

J: How did her parents react to this?

MW: Not very well, I'm afraid! Her parents refused to allow her to become a nurse as, in the mid-19th century, it was not considered a suitable profession for a well-educated woman. Because of the conflict, which arose between Florence and her parents, it was decided to send her to Europe with some family friends.

J: Not such a bad punishment! Where exactly did they go?

MW: The three of them travelled to Italy, Greece and Egypt, returning to England through Germany in July 1850. While in Germany, they visited a hospital near Dusseldorf, where Florence returned in the following year to undergo a three-month nurse-training course. This enabled her to take a post at a clinic in London in 1853.

J: Wasn't Britain at war around this time? With Russia?

MW: Yes, you're absolutely right. In March 1854, Britain was at war with Russia and the British newspapers criticised the medical facilities for the soldiers wounded during the fighting. In response to the criticism, the government appointed Florence Nightingale to oversee the introduction

of female nurses into British military hospitals in Turkey and, on 4th November 1854, she arrived in Scutari with a group of 38 nurses.

J: What an amazing story! What happened when they got to Scutari?

MW: Well, initially, the doctors did not want the nurses there because they felt threatened but, within ten days, many more casualties arrived and all the nurses were needed to cope with this sudden influx of wounded soldiers.

J: So the doctors were forced to accept the female nurses. Were the nurses successful?

MW: Yes! The introduction of female nurses in military hospitals was an outstanding success, and the nation showed its gratitude to Florence Nightingale by honouring her with a medal in 1907. Throughout her life, she continued tirelessly to campaign for better conditions in hospitals and for improved health standards.

J: When did she die?

MW: She died on 13th August 1910.She was a national heroine and her reforms have influenced the nature of modern health care,

J: Yes, she was certainly an inspiring person .

LISTENING 2 **Eng. 301-blind**

Listen to an expert giving a talk about problems with traffic and choose the correct answer a, b, or c

The world's transport crisis has reached such catastrophic proportions that road-traffic accidents now kill more people each year than malaria. I predict that by 2030, 2.5 million people will be killed on the roads in developing countries each year and 60 million will be injured. Even today, 3000 are killed and 30,000 seriously injured on the world's roads every day.

These are really frightening statistics, but, of course, it isn't only road-traffic accidents which concern me. Air pollution from traffic claims 400,000 lives each year, mostly in developing countries, and some 1.5 billion people are exposed every day to levels of pollution well in excess of World Health Organization recommended levels.

We need to be aware of this because the damage being caused to people now, and especially youngsters, will follow them through until later life, and directly affect not only their health, but also their economic potential, and the health budgets of already strained national administrations.

Research shows us that the problems of the world's poor are multiplied by the car. It's a simple basic fact. Deaths and injuries take place mainly in developing countries and mainly to pedestrians, cyclists, bus users and children. The poor suffer badly. They experience the worst air pollution and are deprived of education, health, water and sanitation programmes because the needs of the car now soak up so much national income. Advances in vehicle, engine and fuel technology are more or less irrelevant in Asian and African cities, where the growth of car and lorry numbers is dramatic and where highly polluting diesel is widespread.

Fortunately, I can report that in certain places, such as in parts of South America, something is being done. Transport budgets have been reallocated to improve the quality of life of poorer citizens and the results have been staggering. Bicycle- and pedestrian-only routes were planned, and cars were banned from certain areas. Parks were built on derelict land and car-free days implemented. This policy was radical and has improved the quality of life for the poor. This needs to be repeated all over the world.