

XVII.

HISTORY OF NURSING

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## Nursing in Ancient Times

Primitive Mothers

Priests and Temples

Ancient Civilizations

Greece and Rome

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## Nursing in Ancient Times

Nursing as a practice originated in the dim past when some mother among the cave dwellers cooled the forehead of her sick child. These first primitive mothers preformed all the services which made it possible for their children to thrive and grow. There has always been a helplessness of one sort or another; the babies or the old people have needed care, and disease in some form has always been present. The first mother instinct met these emergencies by what we call "Nursing".

These first lessons that came to primitive man by injuries, accidents, bites of beasts and serpents, perhaps for ages were not appreciated but, little by little, such experiences probably became useful knowledge. The experiments made clear to him the relation of cause and effect and in this way medicine and nursing had its rise from the experience of the recovery of some, of the deaths of others, distinguish the hurtful from the healthy things. In this primitive and instinctive care of the sick no distinction was made between nursing and medicine or surgery.

Many of the nursing prodedures of the lower animals that have been recognized as the result of pure instinct, are thoroughly scientific. Animal licking their wounds is the earliest and most primitive form of antiseptic dressing which is also a natural instinct of man. Apes know how to stop bleeding by compression with their fingers, or with pads of leaves or grass. Rats have been known to gnaw off or amputate the leg of one of their community who was entrapped, to allow it to escape. Certain birds know how to treat fractures of the leg, and have dressed wounds with feathers and moss stuck together with coagulated blood. wounded deer have been known to travel great distances

to reach streams or lakes in order that they might lie with the inflamed wound in water.

The idea of primitive nursing is expressed by Kropotkin. It is his belief that society has survived because of the aid given by the stronger to the weaker -- group protection of humanity -- rather than the stronger winning over the weaker.

The lowest savage had a certain amount of nursing knowledge and skill. To them many forms of disease appeared extremely mysterious. They were plainly caused by some external force or influence. In consequence, most races in their early development came to the conclusion that sickness was caused by evil spirits. The medicine man then tried to make the patients body unpleasant for the spirit, in hope that it would move out.

Beating, starving, trephining, cauterizing and vile-tasting drugs were all used for this purpose. Medicine and religion combine to combat the mysterious influences. The medicine man became a species of priest. For many centuries the priest was the only physician.

Nursing has followed closely the changing concepts of science and theology, being carried on either by the priest himself or his followers.

Ancient history make no mention of nursing. People nursed their sick as a matter of course, and not until cities became large and problems acute, so that public provision had to be made for them did the matter of care in illness appear of sufficient importance to be mentioned. The only records are those of hospital nursing after it became a fact.

The oldest medical records are those of Egypt. The Egyptians seem to have especially prided themselves on their skill as physicians, and

the art of healing was held in such high position that even kings made it their study. The earliest known physician lived in 4500 B.C. and the earliest known surgical instruments were copper knives found in a tomb about 1500 B.C.

The Egyptians believed that disease and death were not natural and inevitable but that they were caused by the anger of a god, or hostile spirit. Thus the art of medicine in ancient Egypt consisted of two branches, the higher which was concerned with magic and religion, and the lower which was the art of the physician.

In the higher branch it was believed that medicines, no matter how powerful, could only be expected to kill the pain, but magic alone, spells and prayers, could remove the pain. In the lower branch there was known to medicine such things as gargles, slaves, snuffs, inhalations, fumigations, poultices and plasters; and they knew the use of opium, hemlock and castor oil. Surgery was not very highly developed, but the knife and actual cautery were used freely. The physicians studied anatomy by use of the dead bodies which they were privileged to cut up to discover the cause of death.

One department of Egyptian medicine that reached a high stage of development was hygiene. Cleanliness of the houses, of the cities and of the person was regulated by law, and the priests set a splendid example in their frequent ablutions, and the spotless cleanliness of their clothing.

India possess the sacred "Vedas" that are older than any other writings on the earth. These "Vedas" tell of as far back as 3000 B.C. when there existed a definite culture, medicine and surgery were practiced, and the first signs of the Serpent as a symbol in Medicine was shown.

The ancient Hindoos also had rules of hygiene. They believed in prevention rather than the cure. The best era of Hindoo medicine was 250 to 500 B.C.. Later it was taught that to touch blood or morbid matter made one unclean, and the work deteriorated, until care for the sick became almost non-existent.

Babylon and Assuria in 2250 possessed the Code of Hammurabi which contained laws, rules, regulations, many that have followed down through the ages. Mentioned also were regulations of medicine and surgery.

The Jewish race, of all these ancient nations, had the most wonderful history of sanitary excellence and high attainments in hygiene. Moses has been called the greatest physician of all time. His rules of sanitation can be appreciated when one realizes that he was in charge of a camp of more than a million people.

Hospitals of these early times were connected with temples or places of worship. Some of the institutions which were called hospitals were merely houses for the sick who had come to pray or offer sacrifice to a god.

In 1134 B.C. there was at Epidaurus, in Greece, a temple to Asklepios, the god of healing. It was a house for those who came to pray and was a hospital only in the sense that the sick were cared for in it. Maternity cases and dying were regarded as unclean, and were put outside the city walls, to get on a best they might.

The Greeks did not feel it worth while to care for any cases of illness but those considered curable. They took the philosophic view in regard to humanity that we do in the case of wounded or sick animals, that it was kinder to let them die as soon as possible. Persons hopelessly ill were often left to die in the streets.

Hippocrates, the Greek, who lived about 400 B.C., is called the Father of Medicine; he set forth principles which have governed the practice of medicine up to the present time. He taught that disease was not due to demons nor fate, but to the breaking of natural laws.

The Hippocratic oath, still used by medical schools at graduation, is a fine expression of this spirit. The so-called "Florence Nightingale pledge for nurses" is modeled after it.

The first mention of plagues was made in Athens in 430 B.C. The Bubonic plague which occurred at this time was then called the Black Plague and lasted for about two years, then subsided only to return a year later. Finally it disappeared after having destroyed more than one third of the population of the Athenian Republic.

With the founding of Alexandria in 331 B.C. the great university and library became the means of preserving the Greek text.

Though the civilization and culture of Greece was disappearing, the teaching of Hippocrates remained to be a great influence in Roman medicine. The Romans also knew many of the principles of sanitation. Julius Caesar, in the first century B.C. was the first statesman to recognize teachers of hygiene, and he had a regular medical service in his army.

The old Roman hospitals were, in accordance with the Greek idea, only for slaves and soldiers; the nursing was done by women and old men of good character.

The coming of Christ brought into the world a new aspect of religious teaching, altruism. (Altruism is thought for and interest in others.) Very early in its history the Christian Church took upon itself the care of the helpless and sick. As the apostles began to organize the Christian Churches they took as their assistants women

who were called deaconesses.

Deaconesses were usually mature women, who knew something of life and might be expected to have judgment as well as kindness and devotion. Some of these deaconesses in this early period were particularly outstanding. About the year 300 Fabiola, a Roman lady, erected a house for the care of sick. Paula an educated and noble Roman lady of her time founded at Jerusalem and Rome a hospital and religious community for women.

Phebe, mentioned by St. Paul, is regarded as the first district nurse, and was said to be the first deaconess. Another deaconess was Olympia who had the power of organizing and leading others, a young widow at eighteen she spent her life in the work.

In the year 400 there were forty deaconesses engaged in visiting nursing in Constantinople. They must of necessity have had an organization not unlike some of our modern societies for this work, and may therefore with justice be considered to have been public health nurses.



## Nursing in Medieval Times

Religious Orders

Crusades

Hospitals and Nursing

Outstanding Characters

Sisters of Charity

Kiaserswerth

### Nursing in Medieval Times

In the early days of France and Germany, when people lived an outdoor life, there was little illness of the ordinary sort. The frequent wars made surgical nursing necessary, but in most cases the soldiers were left upon the battle fields to care for their own wounds or to the mercy of a passerby. Fortunately Christian charity led people to care even for the stranger, and there was a sense of human duty that was more binding than in the modern world.

With the growth of central Europe, barbaric intrusion was destroying the Western Roman Empire. Christianity prevailed and from the beginning of the fifth century monasteries were founded, and elaborate organizations of religious life brought about the development of sisterhoods and religious nursing orders. Science and learning were kept in the hands of the monks, and the belief that physical sickness was a result of the neglected soul restricted medicine and nursing to the practices of the religious field. As a result throughout the Middle Ages the religious orders were almost the only places where education in any line was available. In medicine and nursing they gave the most intelligent care and the only training.

The greatest number of these religious orders were founded about 500 A.D., a number of which included both men and women. They worked together in hospitals, the Sisters caring for woman patients, the Brothers for the men.

The oldest of these, the Benedictine brotherhoods and sisterhoods were among the most active organization for social work; they were founded in the sixth century and flourished until the present day.

As the countries became more thickly populated and towns became

cities, the crowding together of a great number of people for protection against the enemies resulted in bad sanitation and disease. The need for sanitation and proper care was urgent.

Epidemics of communicable diseases were frequent and so devastating that their care became a public necessity. The "black death" probably hemorrhagic smallpox or bubonic plague which swept over Europe several times. In 1349-1350 it wiped out more than one third of the population.

Hospital organization was chiefly of Christian origin. The erection of institutes and care of the sick was looked upon very early as a special duty of the Christians. The old Olympian religion lost hold for lack of interest. It was not however until the beginning of the Middle Ages that the Christians were in sufficient number in the cities and free from interference to take up seriously the problem of public hospital organization.

The hospitals that existed in the early days and built in connection with the churches were constructed much along the same lines. It is easily supposed that these hospitals were rude structure, poorly arranged, badly lighted and ventilated, and hot beds of infection. They really were not, many of them were beautiful marble buildings, extending over acres of ground with gardens and mountain streams among them.

The hospitals that were used as almshouses first are the ones of which the darkest history is written. The Hotel-Dieu was founded in 615 by the Bishop of Paris. One of the earliest it also has one of the most spectacular histories, being first an almshouse it hoarded all the filth and the disease of the poor. Patients died as quickly from the disease of others as they did of their own. It often happened that two or three persons slept in the same bed. In 1650 single iron beds were introduced to the wonder and admiration of the citizens.

In 787 the first foundling asylum was established. Foundlings were "given their freedom at the age of seven," that is they were never to become slaves. They were placed about with families who promised to treat them as their own children, taught trades, the girls dowered, when married by the hospitals, or the foster-parents, or else finally placed in convents.

Cows milk was used to nourish the foundling for the first time in 1577, when some travelling duke reported the wonderful sight of a cow whose milk was given to children.

Santa Marie della Scala in Siena founded in the ninth century, received foundlings, reared, dowered and married them. They also entertained strangers, gave alms to the poor, and nursed the sick.

The Crusades which took place during almost the whole of the twelfth and thirteenth centuries, were remarkable religious movements. They were expeditions mostly from western Europe. Great bodies of people of all classes headed by the nobility and their soldiers armed for battle, made the long journey, hundreds of miles chiefly on foot.

The first Crusade succeeded in taking Jersalem, but they could not hold it, and it was never regained by the western world until the world war.

The need of hospitals and care for the ill by the thousands of people undertaking the crusades brought about such military orders as Knights of St. Lazarus, the Knight Templars and the Knights of St. John of Jersalem.

Hospitals of magnificent structure were set up along the routes of the crusades, and these orders for many centuries continued to interest themselves in the care of the sick.

The strict discipline of the military, and that almost as strict

of the religious orders left its mark on the whole field of nursing, establishing definite ranks and lines of superiority.

For a long time the Church encouraged the study of the sciences and approved of monks and nuns becoming expert in the healing arts; then those who opposed investigation into the nature of disease and who discouraged all scientific work came into power. The Church felt that what happened in this world made little difference, so long as one was assured of salvation in the next. This idea came to prevail in all society. It influenced the care of the sick very greatly. The patient's comfort was of little importance. The Sisters merely supervised the work in a general way, gave medicines, but did few nursing procedures. The care of ignorant and untrained servants was considered sufficient, and they did most of the intimate procedures which related to patients. As time went on, religious sisters almost everywhere became subordinate to the clergy rather than to the doctors, and there was considerable interference with the details of their work. The priests countermanded doctor's order at their discretion, had ideas of their own in regard to treatment, limited the sisters' work to accord with their own ideas of propriety, and sometimes sent them to prayers when their patients needed them for bodily comfort. In some orders the sisters were not permitted to help with gynecological examinations, to give vaginal douches, to give enemata to men, to witness childbirth nor care for obstetric cases, nor even to diaper boy babies.

The work of the doctors was often brutal, partly through lack of appliances, and partly because the patients were poor and not thought to be entitled to consideration. Anesthetics did not exist, and the best that could be done in surgery was to make the patient drunk, then

operate with strong men to hold him on the table. Several patients might be in the operating room at one time, and could see and hear what happened to the rest. Hot irons or hot oil were used to control hemorrhage.

Bed sores were common and horrible. Any infection spread like wild-fire, and every hospital became an inevitable pesthouse. The popular dread of hospital, which has existed up to our own day, had its origin in the Middle Ages.

Many outstanding characters developed in this supposedly dark and unfortunate period of civilization. Hildegard a German abbess and a mystic did much for the study of medicine and nursing of her time. She was born of noble parents at Bockelheim in 1098. Her life was spent in a convent near Bingen over which she presided. During her 81 years she became possessed of a miraculous amount of knowledge, which covered medical science, nursing, natural science and religious philosophy. Among her many writings were two well known books of medicine, one which deals with anatomy and physiology in which she comprehended the circulation of the blood, regarding air as food and recognized the brain as the regulator of vital processes.

St. Francis another important character, was a man of great learning and character. He was born in 1181 at Assisi and at an early age became a recognized leader, always conspicuous for his charity to the poor. He developed a large following and was sanctioned in Rome in 1209. His charity work and preaching among the poor took him through Italy and many other countries. In 1212 St. Francis invested St. Clara with the Franciscan habit and so instituted the Second Order, that of nuns. He died at the age of 45 but before his death he had created a third order consisting of lay men and women.

St. Elizabeth, a contemporary with St. Francis was one of the most beloved saints and nurses of the middle ages. She was born the daughter of a king but she was always very sympathetic and charitable, caring nothing for pomp and state. St. Francis sent his cloak to Elizabeth in 1230. She never met him personally but was always a great admirer and belonged to the third order of Franciscans. She visited the sick daily and during a famine in 1226 had bread baked and delivered from 300 to 600 loafs daily. Before her death at the age of 24 she was responsible for the constrution of five hospitals.

St. Catherine of Siena born in 1347 was another important character in nursing history. She lived only 34 years, but in that time she was a hospital nurse, prophdess, preacher, and reformer of society and of the church.

Though nursing of the dark ages was not a credit to the women of those generation, they made themselves famous in other fields.

Mention was made that no century from the 12th to 19th has been without some distinguished women professor at the Italian Universities. Women were given opportunities for higher education at all Italian Universities. Women were not only students but professors.

One of the first medical schools that developed in Medieval times, that of Salerno in the 11th Century was open to women and a number of women professors were on its faculty. The department of women's diseases was turned over entirely to them.

Best known of these medieval women physicians was Trotula. She wrote many books themost famous of which is "Unique Book of Curing of Diseases of Women, Before, During and After Labour".

Another women professor was Mercuriade who wrote "On the Crises

of Pestilent Fever". She occupied herself with surgery as well as medicine and also write "The Cure of Wounds."

There are a number of licenses preserved in the archives of Naples in which women were accorded the privilege of practicing medicine.

Among the famous men of this period whose contributions to science and medicine assisted to light the darkness, were Leonardo Da Vinci, who was famous not only for his contriubutions to art but for his study of anatomy. Cardinal Cusanus contributed to physiology by his study of the pulse. Leeuwenhoek discovered the microscope. Paracelsus and Ambroise Pare' were making improvements in medicine and surgery technic.

Less than one hundred years after the Reformation there came into prominence a man known as St. Vincent de Paul, who was the outstanding philanthropist of his time. The upbuilding of modern nursing are said to have begun with his work. He was born in 1575 and lived until 1660 through a period of widespread misery to which a war, pestilence, famine, the destitution of religious refugees, and the horrors of industrial slavery all contributed.

St. Vincent lead an adventurous life until the age of 27 when he was given a small parish in Paris. During the years that followed he established several parishes, and working with Mlle le Gras in 1633, he established the Sisters of Charity, a lay organization, with no vows, in which young girls were trained to care for the sick and to visit and teach among the poor. By 1650 there were nearly one hundred houses of this order, they were staffing many hospitals and the sisters were in demand for nursing in the homes of the well-to-do.

St. Vincent's study of social conditions, and his reflections, brought him to a most advanced point of view. He was convinced that



poverty could be abolished. Even in this day organized charities have but recently come to that doctrine. He advocated through education for young, including manual training and the teaching of skilled trades, to deal with beggary at that time a real pest.

To deal with poverty he would first have had friendly visiting based on a systematic plan, that the poor might be personally known. The group of men and women who formed under his counsel for work on these lines constituted the first societies for organized charity.

Many fine people among Protestants realized what had happened to nursing and why, and began to think what the remedy might be. They felt that a religious motive was important, and it has always appeared that humanitarian impulses and great devotion are necessary to produce the conscientious care which the personal relations of nursing involve.

In the later part of the eighteenth century several advanced physicians, French, English and German realized the need of skilled hospital nursing, and in the effort to improve the existing personnel, they wrote text-books on nursing technique and the management of the sick, some of these books were very good but the illiterate servant-nurses could not read them, but physicians and intelligent social workers did, and the subject was agitated and discussed.

These attempts to revive the order of deaconesses and nursing laid the foundation for successful work later on.

Several good nursing orders were started about this time, among them were the Kaiserswerth deaconesses established by Theodor Fliedner early in the nineteenth century. Theodor Fliedner, pastor of a small Protestant parish at Kaiserswerth, Germany, near the Rhine, was a man of vision and broad outlook. He knew something of the deaconesses of

Holland, and was eager to develop the order in Germany. In 1822 he went to England to beg money for his church, and while there studied their charitable institutions, especially hospitals.

While in England Pastor Fliedner met Elizabeth Fry, a conscientious and charitable English woman, and learned something of her work with the prisons and her efforts to establish training for nurses. Though her work with nurses was not very extensive she accomplished much in prison reform.

Pastor Fliedner's wife, Frederika Munster, who had earlier founded an orphanage, was a woman possessed of great initiative and organizing ability. She was as keen as her husband to revive the deaconess order and to train its members in both nursing and other social work.

Nursing was the chief work of these deaconesses as established by the Fliedners, but they also had a good deal of Bible study, and of work in kitchen, laundry and garden. The institution was so excellent that it soon became known throughout Germany and in England. The movement grew and spread. Ten years after the founding of the little hospital at Kaiserswerth there were a hundred deaconesses working there, and a number of other houses had been established.

Kaiserswerth was the mother-house of hundreds of deaconesses in Europe, Turkey and America. Fliedner himself came to establish the order in the United States.

Deaconess orders in some respect resemble the Catholic orders, but involve no vows. In Europe they control their members far more than in America.

The Dawn of Modern Nursing

New Concepts of Science and Medicine

Florence Nightingale

Founding of the Modern School of Nursing

### The Dawn of Modern Nursing

If the nineteenth century dawned upon a dark age in nursing, so also did it find medicine and surgery in a state of stagnation. Medical works described diseases carefully, but doubted the possibility of curing them. Most doctors believed in the "spontaneous generation" of disease. Medicine, surgery and nursing were all largely guess work, and exact methods in any of them practically unknown.

The nineteenth century produced a group of persons, who in fifty did more than all those before them to change and improve not only the practice of medicine and surgery, and of nursing, but the whole trend of the care of the sick.

The men who changed these things were contemporaries of Florence Nightingale, and her work fitted into theirs in a marvellous way. They revised, improved and elaborated methods. She produced nurses capable of carrying out the new methods.

A comparison of dates brings out the fact that Florence Nightingale was born in 1820, Pasteur in 1822 and Lister in 1827, Kock a little later, 1843. Lister invented antiseptic and aseptic surgery. Pasteur was the originator of the germ theory of disease, found the causes of many sorts of contagion, and developed a cure for rabies. Leeuwenhoek had just before this perfected a microscope powerful enough to show bacteria. Kock worked out the whole science of bacteriology and of modern laboratory methods. He discovered the bacillus of tuberculosis.

Oliver Wendel Holmes and Semmelweis, on opposite sides of the Atlantic, taught the communicability of puerperal fever, and advocated cleanliness for its control.

Simpson introduced chloroform as an anesthetic and Morton introduce ether just as surgery was being developed to a point where it most needed them.

These men made possible the brilliant successes of modern medicine and surgery. On the other hand, the trained nurse was the one without whose help they could not have brought their work to its present state of perfection.

The general dissatisfaction with the nursing of that day, the not-always-successful attempts of doctors and others to train a better kind of nurse, and the good work of the deaconess orders, all paved the way for the coming of a woman whose ability was equal to the task before her, that of putting nursing into the high place where it belongs.

Florence Nightingale cannot be considered as the product of her time, since she was ahead of and beyond it, but the seasons was ripe for her genius to do its work, and for her to become the founder of modern nursing.

Florence Nightingale was born May 12, 1820, at Florence, Italy, and was named for that city. At the age of five she returned to England where she received a wide education. She studied the classics, spoke Italian, French and German. She was interested in nursing as a child, and soon after she reached the age of twenty she asked her parents to let her go into a hospital and learn to be a nurse. Because of the condition of hospitals at that time she was refused permission.

After spending most of her time traveling and visiting on the continent, at the age of thirty two she was finally permitted to take her life into her own hands. She spent four months in training at Kaiserswerth and then next she spent some time in Paris, working with

the Sisters of Charity and seeing the work of the brilliant French surgeons.

She took her first position, that of matron of Harley Street Home for Sick Gentlewomen. She manage both patients, doctors and her board with great tact, and was successful and happy.

In 1854 when Russia was at war with the combined forces of England, France and Turkey. In the Army medical system it soon became evident that medical care was inefficient, and because of division of responsibility, official red tape, and lack of nurses, the men were neglected and suffering, and the whole matter a national disgrace.

At the same time that Florence Nightingale offered her services, Sir Sidney Herbert, Secretary of War, had written her asking that she undertake the situation. The two letters answered each other and Miss Nightingale was appointed.

In a weeks time she had choosen her nurses, thirty-eight in all consisting of Catholic and Anglican sisters, lay nurses from St. John's House, and others. On October 21, 1854, they were ready to set out.

Some of her nurses were not a success and returned after a brief service. She regarded only about one half of them as efficient.

Miss Nightingale was assigned to the base hospital at Scutari , across the strait from Constatinople. On her arrival only a few of the medical officers of the Army were friendly to the idea of women nurses. They felt that the care given by untrained orderlies was as good as was necessary or to be expected in war. Miss Nightingale instructed her nurses to work only with the doctors who wished their service an to do nothing for the patients of other doctors.

In the hospital there were between three and four thousand sick

and wounded, four miles of beds, set eighteen inches apart. The conditions were unspeakable, there was no linens utensils or equipment of any sort. The death rate was forty-two per cent. In two months she had transformed the hospital. In six months she had reduced the death rate to two per cent, and won over most of the surgeons.

The Irish Sisters of Mercy, fifteen of whom had come out about the same time that Miss Nightingale had, were working in another hospital near by. Conditions were equally bad, but they carried out their work as diligently and successfully.

During the summer of 1855, when the work was lighter, she went with some of the Catholic sisters to inspect the hospitals in Crimea. On one of these visits she contracted Crimean fever. She was desperately ill, and barely escaped with her life. She did not give herself time for proper convalescence but went back to Scutari.

Early in 1856 peace was concluded, the hospitals were closed one by one, the nurses went back, Miss Nightingale last of all returning in July, 1856.

Miss Nightingale had made the public see what good nursing meant, and given the world a new conception of woman's place in it. The effect was both immediate and far-reaching. On return to England Miss Nightingale received a fund of money contributed to by many people for which she used to start a new school of nursing.

St. Thomas' Hospital, London, was selected as the place for the new scheme of training educated nurses upon a nonreligious basis. The training was but one year, which was considered sufficient; but the nurses were required to remain in the hospital for three years, for added experience.

These nurses were designed less for private duty than for executive positions in hospitals. Miss Nightingale seems to have foreseen that they would be wanted in other parts of the country.

Mrs. Wardroper was placed in charge of the school. For many years, however, Miss Nightingale was chief adviser in every detail of the work.

Besides her controlling interest in the new school, Miss Nightingale came to be adviser-in-general in hospital and nursing matters not only to the United Kingdom but to the whole world. Even before she founded the Nightingale school, she began plans for the betterment of conditions in the British Army.

For a long lifetime she sacrificed her personal happiness and devoted herself to the slow, difficult and often painful task of the reformer in the most real and best sense of that term. She failed in her later years and died in 1910 at the age of ninety.



## Early Nursing in America

In the new world the Jesuit Fathers of France were the first to pioneer in medicine and with them had come the Catholic Sisters who established their mission hospitals. Even before that time the Indian had practiced their rude methods of medical and surgical treatment, and in the very dawn of history the Azetes and Incas had built their hospitals and taken care of their sick.

Before they set out for America, while still in Holland, the Pilgrim Fathers had a deaconess nurse for their sick. There is some reason to believe that she came with them to Plymouth in 1620. From the various stories, they certainly had people who specialized in the care of the sick.

The War of the Revolution(1776-1781),resulted in the separation from England and the formation of the United States of America. At that time there were good doctors, but the medical department was unorganized; it had few supplies of any sort. Trained nurses did not exist; men called "Mates" were the doctor's assistants. Hospitals were improvised from halls, churches, hotels and sheds. Lack of transportation made overcrowding inevitable. Infections ran uncontrolled because there was no knowledge of their nature nor of how to handle them.

There are several hospitals which claim to havebeen the first established in America. Bellevue of New York and Blockley of Philadelphia were at first poor-houses, with wards for the sick. The Bellevue being founded as early as 1658 and the Blockley in 1730. The first to be organized as hospitals were the Charity Hospital of New Orleans in 1720, the Pennsylvania Hospital of Philadelphia in 1751, and the New York Hospital

of New York in 1770.

Conditions in these hospitals, especially those connected with poor-houses, were very bad. Low-grade servants waited on the patients, and their work was unsupervised. Most of the patients being friendless, the public knew little of what went on.

Prejudice against hospitals arose at this time and continued for many years. No self-respecting family would permit one of its members to go to a hospital. The attitude toward hospitals at the present day is an index of the progress made in the quality of their work.

Meantime, almost the only good nursing which was done was in the religious orders. Their members were intelligent and actuated by high purpose, and given at least some training.

Many Catholic orders established hospitals early in the nineteenth century, some Protestant sisters followed them. Fliedner of Kaiserswerth established a deaconess hospital in America, which was followed by others.

Mental Hospitals were brutally managed until long after Dorothea Dix began her work of publicity and reform. The McLean Asylum of Massachusetts appears to have been the only exception.

Private nursing was done by a very different class of persons and was much superior to the hospital work of this period. Scarcity of doctors made it necessary for lay people to prescribe. Many intelligent people trained by experience, did good nursing in homes.

Several schools of nursing claim to have been the first to be established in America, and it is difficult to decide which has the most justice in its claim.

As early as 1869 the medical profession favored nurses' training, and put forth an interesting and forward-looking program.

Dr. Valentine Seaman of New York systematically taught nurses from 1798 on. Dr. Warrington of Philadelphia gave training in midwifery early. The New York Infirmary for Women had early training.

The first permanent schools of nursing were doubtless five, all begun at about the same time. The school of the Woman's Hospital of Philadelphia, begun in 1861 but not fully organized until 1872, was endowed, the first instance of this in America. The New England Hospital for Woman opened its school in 1872, its first graduate being Miss Linda Richards, who became a great organizer. The course for this hospital was one year. The hours of duty were from 6 A.M. to about 9 P.M., and at first the nurses slept near the wards and were called at night. There was little text-book instruction and few lectures. Nursing was still considered largely "practical".

Bellevue, New York, and the New Haven Hospital in Connecticut, and the Massachusetts General Hospital in Boston all began schools in 1873.

Miss Louisa Lee Schuyler, a prominent New York woman, is recognized as the founder of the Bellevue school. She reported the conditions that existed and promoted the work and raised the funds that started the school.

The New York and Boston schools were established by committees of women and opposed by doctors. The Connecticut school was founded by doctors.

At first all nurses' text-books were written by doctors, but nurses quite early began to publish their own. Some of the earliest texts, revised, are still in use, after fifty years.

In the Civil War medical service had improved over conditions of the Revolutionary war, but trained nursing still did not exist. The

president called upon the Catholic sisters, who all through the war did service of out standing quality.

Dorothea Dix was superintendent of the lay nurses who served in the Army with great devotion. Much care was given by untrained men.

The Red Cross Society is an association of citizens who help in war or disaster. It was founded by Henri Dunant of Switzerland, the first conference being in 1863. The Geneva Convention which made the society a fact was signed in 1866 by 12 nations. There are now 63 nations that are members.

The design was that there should be a society in each country, with international affiliations, all supplies and personnel to be neutral in time of war. Each national society has stores of material and instructed personnel ready for war or disaster. These societies have repeatedly proved efficient when government help was too slow or cumbersome.

In some European countries Red Cross Societies have their own hospitals and train nurses. Courses of varying length and content are given, making the term "Red Cross Nurse" a vague one. In 5 countries of the world it means only registered graduate nurses. In Japan, Red Cross hospitals are the best in the country.

The United States Sanitary Commission was a lay society, similar to the Red Cross in pattern, but preceding it. It did remarkable work in the Civil War.

The United States was the thirty-second country to join the Red Cross, persuaded by Clara Barton in 1882. She was long head of the United States society. Now the president of the United States is its head.

Clear distinction should be made between the Red Cross Society and the Red Cross Nursing Service. In United States the nursing service

admits only registered nurses. It is the reserve of the Army and Navy Nurse Corps.

The founding of 5 schools of nursing, less than seventy years ago, marked the beginning of a nursing era. In the eighties and the nineties many hospitals of all sizes established so-called schools of nursing, most of which exploited their nurses for the financial benefit of the hospitals. The number of hospitals in United States grew from 200 in 1872 to 2000 in 1900.

From the beginning, three major fields for nurses were recognized, hospital work, private duty and visiting nursing. Each has greatly broadened its original scope.

The religious orders--Roman Catholic sisterhoods, Protestant sisterhoods, and deaconesses--established many of the early hospitals and did superior nursing. They were slow in modernizing their work and in founding schools of nursing because they were already so good.

Nursing Organizations

British Nurses Association

National League of Nursing Education

American Nurses Association

International Council of Nurses

National Organization for Public Health Nursing

## Nursing Organizations

Organizations of nurses were opposed at first because they meant professional freedom for nurses. It was Mrs. Bedford Fenwick who in 1887 suggested and put through the British Nurses' Association, the first thing of the sort in the history of the world. This was no mere getting together of a group of women with common interests. It was the beginning of professional freedom for nurses. It was violently opposed by doctors, hospital executives, and others, because they saw what it meant.

In America the organizations of nurses found little opposition, largely because few realized what they were undertaking. The first societies of nurses in America were alumnae associations.

The first general meeting of nurses was held at the Worlds Fair in Chicago in 1893. Mrs. Bedford-Fenwick of England spoke, and Florence Nightingale sent a paper.

The first national organization to come from their efforts was the American Society of Superintendents of Training-schools, formed in 1894. In its early days the Society of Superintendents was a rather exclusive organization, with its membership limited solely to superintendents of nurses in schools of approved standards. Its first president was Miss Linda Richards. Prominent for their activity in this organization were Mrs. Isabel Hampton Robb, Miss Adelaide Nutting and Miss Lavinia Dock. In 1912, the present name, "National League of Nursing Education" was adopted.

A general national society was formed in 1896, called the "Nurses' Associated Alumnae of United States and Canada". Mrs. Isabel Hampton Robb was its first president. In 1912 the name of the organization

was changed to "American Nurses' Association".

The Society of Superintendents did not create the American Journal of Nursing. That magazine was the work of the Committee on Periodicals of the Nurses' Associated Alumnae. It was first organized in 1900 as a stock company of nurses, and later taken over by the American Nurses' Association.

The International Council of Nurses was founded in 1900, at the instance of Mrs. Bedford-Fenwick, and is the oldest international group of professional workers.

The Red Cross Nursing Service was founded in 1909. Miss Delano and Miss Noyes are two eminent nurses who have been at the head of it. It gives instruction in home nursing. About 30,000 nurses are members. The Red Cross Public Health Nursing Service works in rural communities.

The Army Nurses Corps was formed in 1900, as a result of the Spanish American War. The Navy Nurse Corp was established in 1908. Its nurses teach and supervise the work of the corp's men. They have done important work in the training of native nurses, chiefly in the islands of the Pacific.

The National Organization for Public Health Nursing was not formed until 1912, though visiting nurse work had been going on for many years. It was made to include all forms of public health nursing, and has had a remarkable development. (History of Public Health Nursing is given separately.)

State associations were formed in the early twentieth century, usually with the object of obtaining registration laws. They have done much to improve the training of nurses and working conditions for graduates, having sponsored surveys, etc.



Changing Ideas and Aims

University Schools of Nursing

Committee on Grading of Nurses

Special Developments

### Changing Ideas and Aims in Nursing

The University school of nursing, an American development, began early in the twentieth century. The first satisfactory university school of nursing was that at the University of Minnesota, founded in 1909. The development of post-graduate courses in many lines of nursing education and in public health nursing at Teachers College, New York, has been outstanding.

At the start of the World War in 1914, the Red Cross again came to the front. The work of the nurses in this war demonstrated the value of trained women, and resulted in the formation of permanent Army Nurse Corps. Very early in the War the American Red Cross sent units into all the warring countries; Helen Scott Hay was their general superintendent.

When the United States entered the war, the Army Nurse Corps increased rapidly in numbers, until there were 33,000 enrolled, of whom 10,000 served overseas.

The medical and nursing resources of all the countries involved were taxed to their utmost, so that civilians suffered from neglect. On the western front care of the sick and wounded was very perfectly organized. In the East, more emergency adaptation had to be done.

Red Cross societies of all nations were active and invaluable. The care given in the frightful epidemic of typhus in Serbia in 1915 was an example of fine research and heroic work.

New methods of warfare required many new developments in surgery and nursing.

Many nurses died in the service. American nurses received decorations from their own and foreign countries. Just after the end of the war American nurses were given military rank. War nurses received very little

public recognition, but their work was no less heroic than that of the soldiers.

The World War made nursing education problems conspicuous. Near its close a committee of prominent nurses in cooperation with the Rockefeller Foundation made a survey of the situation. Its final report advocated: a basic course of twenty-eight month, special courses in public health nursing and in teaching, the training of attendants; the further development of university schools of nursing, and endowments for nursing schools.

The Army School of Nursing, founded by Miss Annie Goodrich in 1918, in its first class graduated 500, the largest class of nurses in the world's history. It was discontinued in 1932.

In 1924 a school of nursing was developed at Yale University also by Miss Annie W. Goodrich. It is now entirely a graduate school, open only to nurses who have college degrees.

Beginning in 1925 and extending to 1932, a Committee on the Grading of Nurses, largely finance by nurses them-selves, made an extended study of nursing and the nursing schools in 10 states. It found an oversupply of nurses, many of indifferent quality. It found much to commend in the in the present schools of nursing, but urged radical improvement in several directions, and their development as educational institutions.

In 1930 there were 1800 accredited schools, with 80,000 students. In 1935, due largely to the work of the Committee on the Grading of Nurses, the number was reduced to 1500 with 68,000 students.

At the present time, private duty nursing seems to be remaining static, and public health nursing developing satisfactorily. Nursing

education is in a transition stage.

Florence Nightingale founded her great school as an education institution, with all that that involves. Most schools of nursing are far from this standard.

The first generation of trained nurses were almost completely sacrificed to the need of the hospital. There is now a distinction between the apprenticeship which was called "training" and modern nursing education. It is now the wish that nursing have a proper scientific background.

From the first until our own time doctors have feared what they termed the "overtraining" of nurses; but the best men have come to see that the fear was groundless, since business and all the professions are demanding better preliminary education and longer professional training.

Some of the special developments in nursing education in this century have been: preliminary courses, affiliations between nursing school, the accrediting of schools, the formulating of a standard curriculum, experimentation with central schools.

The National League of Nursing Education, through special committees, has done much to improve nursing education and the recognition by nurses of their responsibility to the community.

Practical courses in the administration of nursing schools are needed, but have yet to be worked out.

Some of the difficult questions in schools of nursing are: length of course, the eight-hour day, the training of subsidiary nurses, the size and type of hospital which should conduct a school of nursing. Most of these problems are basically economic.

Mental Nursing

Training For Men Nurses

Colored Nurses

### Mental Nursing

Mental nursing covers a broader field than does "bodily" nursing, but this fact has not yet been generally recognized. It is coming to be an interest of the public, of teachers, of nurses and of nurse students themselves.

The first school of nursing in a mental hospital in America was at the McLean Asylum, Waverly, Mass., established in 1882. Within fifteen years there were 38 schools in mental hospitals.

### Training For Men Nurses

For many years certain hospitals took men in training along with women, though most of them gave the men a shorter course. Some of them did not call the men "nurses" but "attendants."

There are still several hospitals that give men training. Nearly all hospitals for the insane give courses to men. In America, however, the present tendency is to train fewer men as nurses, as it is generally believed that the public prefers women, except perhaps in alcoholic, drug, or venereal cases. There is also an economic difficulty, since men demand higher salaries than women. In other countries the male nurse is still an established fact; and in countries where nursing is just beginning the male nurse for male patients is usually necessary.

### Colored Nurses

There are about 25 schools for colored nurses and their graduates have made good, especially in the field of public health nursing. There is a national organization of colored nurses.

Public Health Nursing

## Public Health Nursing

From the time of Christ as the apostles began to organize churches, we have heard of deaconesses. They were at first assistants of the clergy, probably preached, gave advice, visited the poor and the sick. This contact with the sick inevitably involved doing some actual nursing, though it was only one phase of their work. As their work developed, so much of it became nursing among the poor, that they are now considered as the first visiting nurses, the ancestors of the modern public health nurse. Phebe, one of these apostles, is perhaps the first visiting nurse known by name.

The Sisters of Charity ever since the days of St. Vincent de Paul, have been outstanding in this branch of nursing. The deaconesses at Kaiserswerth went out into the homes to visit and nurse among the sick.

A more organized Visiting Nursing movement began in Liverpool in 1895 with the establishment of the Visiting Nursing Association under the able leadership of William Rathbone; but in a larger sense it might be said that the modern public health nursing movement is a direct outcome of the work and teaching of Florence Nightingale. It was her constant hope that the word nurse might be associated with health rather than with disease. It has taken fifty years for Miss Nightingale's vision to materialize--her vision of the healthnurse going about in the homes of the community, not for the purpose of nursing the sick but for the larger purpose of teaching the principles of healthful living.

In the United States Boston and Philadelphia started visiting nursing associations to meet the need for nursing service among the poor. These were followed by the work of Miss Lillian Wald, who had received two years of instruction in medical school, her sole purpose being



to better prepare herself for service to the sick and needy. She with Miss Brewster took up living quarters on the East Side of New York and there established the first public health nursing service for the city. So great was the need for such service that there were not a sufficient number of nurses to be found who were adequately prepared to render assistance. The need for better preparation led to the establishment of the Bureau of Public Health Nursing at Teachers College in 1910.

The National Organization for Public Health Nursing was founded in 1912. "Public Health Nursing" is its official magazine.

There are now many centers and several universities which give courses in Public Health to students and to graduates. Western Reserve University at Cleveland has recently entered on a broad program of community health and nursing.

Public health nursing now includes not only bedside care but instruction of the family in nursing, hygiene, and sanitation. It also includes antituberculosis work, child welfare, maternity work, school nursing, industrial nursing, etc.

A large part of the United States was without any local public health nursing service in 1931. There are still great unmet needs and potentialities in the fields of rural and industrial nursing and college health service. With the increased opportunities for further preparation of nurses in the field, together with the possibilities of extending the service to new sections of the country under the provisions of the Social Security Act, the future of public health nursing is most promising.



Thesis: History of Nursing

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