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Message From the Director

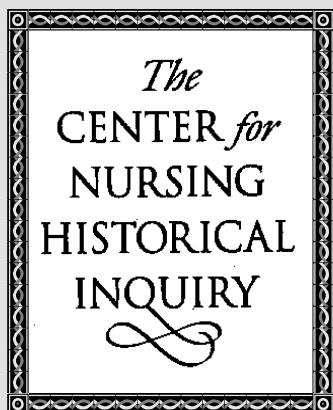
NURSING: CURING AND CARING

For many decades the domain of nurses has been defined and extolled as one of caring for the ill and suffering. The accepted vision of the abilities of early generations of professional nurses is that they possessed excellent observational skills to evaluate patients' symptoms and manual skills to implement the medical orders of physicians who were the true curers of illness. Frequently admonished not to assume they possessed the knowledge and wisdom of physicians, professional nurses were expected, however, "to know and arrange the significant symptoms of their patients so that the physician could decide what needed to be done." It is only recently that the role of nurses as active curers of illness has begun to be studied by nurse historians interested in the development of the clinical advanced practice movement. The ability of nurse practitioners and critical care nurses to diagnose, treat, and prescribe medications, and to evaluate outcomes is treated as evidence of nurses' ability to cure patients' medical problems.

While not disagreeing with the conclusion that today's nurses are educationally prepared to assume more curing responsibilities, I believe, after years of studying the history of American nursing, that previous generations of professional nurses were often the "silent" curers of patients' illnesses. Although they were discouraged from claiming curing power, examples abound of private duty, staff, and community health nurses evaluating ill patients, diagnosing their conditions, selecting and providing the type of medical care they needed, and/or deciding whether a physician needed to be involved. One of the reasons they were able and required to act in this manner was because physicians were not readily available, and much of the medical therapy of the era was nursing care. For example, the treatment of patients with pneumonia was primarily symptomatic and administered by nurses. Caring for patients' hygiene, providing comfort measures including warmth, dealing with high temperatures, and sup-plying nutritional diets and fluids and abundant fresh air was the standard therapeutic regimen for most pneumonia patients until the advent of antimicrobials.

As medical knowledge and technology advanced in the twentieth century, student and graduate nurses kept abreast of it and worked closely with physicians to implement advances into patient care, thus assuring nurses of curing ability. In addition, there is evidence that nurses actively contributed to the advancement of medical knowledge. In the 1940s Evelyn Lundeen, RN joined forces with Dr. Julian Hess in Chicago to develop and write a text on the medical and





The Center for Nursing Historical Inquiry (CNHI), established at the University of Virginia in 1991 to support historical scholarship in nursing, is dedicated to the preservation and study of nursing history in the United States. The history of nursing in the South is especially emphasized as a focus of inquiry. The goals of the Center include the collection of materials, the promotion of scholarship, and the dissemination of historical research findings.

nursing care of premature infants. After Hess' death Lundeen, because of her vast clinical knowledge and ability to care and feed prematures, and thus, to keep them alive, became the first author of the subsequent edition of this text. Her pioneering work earned her the title "mother of premature care" among earlier neonatologists.

It is clear that a closer examination of the caring and curing activities of earlier nurses should be undertaken simply because it is neither honest nor wise to separate the treatment of patients into two distinct dimensions. Patients have always needed the services of health professionals who possess and use an intelligent blend of both skills. As a nurse historian and educator, I believe the province of professional nurses has *sometimes* been to cure; *often* to delay death and relieve pain and suffering of patients and their families, and educate them in ways to remain healthy; but *always* to render intelligent and compassionate care to those in need.

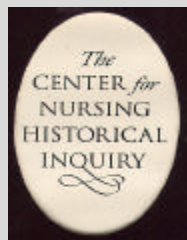
Barbara Brodie

Margarete Sandelowski Receives the Ninth Annual Agnes Dillon Randolph Award

On March 21, 2002 Margarete Sandelowski, the ninth recipient of the Agnes Dillon Randolph award, spoke on "Paradox and Irony in the Nursing/Technology Relationship." Dr. Sandelowski, a professor at the University of Carolina at Chapel Hill School of Nursing, provided a panoramic overview of twentieth century American nursing as she described the complex interplay between evolving technology and the nurse clinicians who made use of it. She described nurses' increasing ambivalence toward technology, which was once unquestioningly championed as the key to gender equality and enhanced status for nurses within the health professions. Sandelowski noted that by the 1970s nurses began to depict nursing and technology as in opposition to each other, with nursing as the humane antidote to cold, impersonal technology. She concluded by pointing out that nurses were indispensable to the early-twentieth-century scientific and technological transformation of health care and medicine in the United States. A reception and book signing sponsored by Beta Kappa Chapter of Sigma Theta Tau, International followed the Randolph lecture. The event was a featured program in the Virginia Foundation for the Humanities 2002 Festival of the Book.

CNHI Director Dr. Barbara Brodie (left) presents the ninth annual Agnes Dillon Randolph Award to Dr. Margarete Sandelowski.





THE CENTER'S CALENDAR OF EVENTS

FALL 2002 HISTORY FORUMS

McLeod Hall Room 5044

12:00 - 1:00 PM

All are welcome!

SEPTEMBER 25

*"Men Need Not Apply": Male Nurses in the
U.S. Navy Before 1965*

Richard Westphal, RN, MSN
UVa Nursing Doctoral Student
Commander, U.S. Navy Nurse Corps

OCTOBER 16

*"From Caring Mother to Scientific Nurse:
Psychiatric Nursing Between 1930- 1950"*

Rebecca Harmon, MN, RN, CS
PhD Student, UVa School of Nursing

NOVEMBER 13

*"Securing a Better, Balanced Life":
Reduction of Working Hours for RNs, 1930-1950*

Jean Whelan, PhD, RN
Post-Doctoral Fellow, University of Pennsylvania
School of Nursing
Recipient of 2001 CNHI Research Fellowship

Barbra Mann Wall Awarded 2002 CNHI Research Fellowship

From among a strong field of applicants, Dr. Barbra Mann Wall has been selected to receive the Center's fourth annual fellowship for her proposed study "*Unlikely Entrepreneurs: Nursing Sisters and the Hospital Marketplace, 1965-1925.*" Dr. Wall, assistant professor at Purdue University's Helen J. Johnson School of Nursing, won Notre Dame University's John Highbarger Memorial Dissertation Award for exceptional doctoral dissertation by a graduate student in the history department. She has researched, written, and lectured extensively on the unique contributions of Catholic nursing sisters to society and their profession.

The Center is pleased to help fund Dr. Wall's research, and we look forward to hearing the results of her work in an upcoming lecture as part of our regular History Forum series. She joins a special group of young nurse historians who have established a tradition of excellence for the award. We congratulate Barbra Mann Wall on being named the 2002 Center for Nursing Historical Inquiry Research Fellow!

Cynthia Connolly, 2000 CNHI Fellowship Awardee, Presents Paper

As part of the Center's Spring 2002 history forum series, Dr. Cynthia Connolly, Post Doctoral Fellow in History and Public Policy at Columbia University, shared the results of her research on the work of nurses in early twentieth century pediatric convalescent hospitals. In analyzing the historical records of a New York City pediatric convalescent program, Connolly was able to discern the central role of nurses, and especially of the head nurse, in defining institutional practices and policies that were concerned with the social welfare and education of the patients in addition to their physical care and recovery. Dr. Connolly also discussed her work as a legislative Fellow for Minnesota Senator Paul Wellstone. The lecture was videotaped for the Center's collections of presentations on the history of nursing.

CENTER ACTIVITIES AND AWARDS

UVa Doctoral Students to Present Papers at AAHN Conference

Four University of Virginia School of Nursing doctoral students have been invited to present papers at the American Association for the History of Nursing conference in Salt Lake City this September. Sandra Annan will speak on the history of emergency nursing in the United States during the 1960s-1970s. Richard Westphal will share the results of his research on male nurses in the United States Navy Nurse Corps. Joy Buck will present a paper on Florence Wald and the development of the American hospice movement, and Victoria Menzies will discuss her research on the history of pain management in American nursing.

Dr. Arlene Keeling, CNHI Fellows Speak at American Association for the History of Medicine Conference

CNHI directors Barbara Brodie and Arlene Keeling joined other historians of medical care at the AAHM conference in Kansas City, which took place April 25-28, 2002. Dr. Keeling spoke on "Blurring the Boundaries Between Medicine and Nursing: Coronary Care Nursing in the 1960s." She discussed the preliminary findings of her National Institute of Nursing-funded work on the history of coronary care nursing in the United States. The Center was also represented by two former research fellows, Cynthia Connolly and Jean Whelan, who presented papers on nursing in early twentieth century children's convalescent hospitals and on the 1930-1950 campaign to reduce the working hours of nurses.

Dr. Arlene Keeling Becomes Center's New Director

On June 1, 2002 Arlene Keeling PhD, RN steps into the directorship of the Center. One of the original founders of the Center in 1991, Arlene has served as an Associate Director for almost a dozen years. During this time her leadership and scholarly activities have helped shape the Center and advanced the field of nursing history. Currently engaged in a three-year federally funded study of the history of coronary care nursing units, Arlene has authored many historical publications and been a frequent presenter at national and international conferences. In addition to directing the Center, Arlene will continue as the Director of the Acute Care Nurse Practitioner Program in the School of Nursing's Master's program.

Barbara Brodie PhD, RN, FAAN, who is retiring from the UVa School of Nursing faculty in December 2002, will continue to be involved in Center activities as the Associate Director. With the appointment of John Kirschgessner RN, MSN, PNP as an Assistant Director of the Center last year, the administrative team remains intact and looking forward to another highly productive decade of activities.

*New CNHI Director
Arlene Keeling, PhD,
RN*



**The Nurse Habitué:
The History of Addiction in Nurses, 1850-1982**
by Barbara Heise, RN, MSN, FNP

*Introduction: The Medical Use of Addictive Substances:
1850-1914*

The power of substances to alter mood has been documented since the beginning of recorded history. In America, addiction became common during the late nineteenth century, an inevitable consequence of widespread use of opium, cocaine, and alcohol as part of a limited armamentarium of drugs used to treat illness. Mood-altering drugs were a part of everyday life as common medications used to cure almost all ills. Not just pharmaceuticals, but soft drinks and spices often contained drugs. Products containing habit-forming substances were widely prescribed, available, advertised, and unregulated.

The 1853 advent of the hypodermic intensified the problem.¹ Many physicians failed to predict that repeated injections of narcotics or repeated use of alcohol, cocaine, or opiates would lead to habituation. The result was substance abuse. People with substance abuse problems were known as "habitués." Because this condition was considered voluntary, habitués were regarded as weak-willed, moral failures.

Women were especially vulnerable to addiction. In the late 1800s women were considered fragile, over-excitable, and beset with nervous complaints and "female problems." Dr. T. Gaillard Thomas, President of the American Gynecological Society, wrote in 1879, "For the relief of pain, the treatment is all summed up in one word, and that is opium. This divine drug overshadows all other anodynes... you can easily educate her to become an Opium-eater, and nothing short of this should be aimed at by the medical attendant."² Over-prescribing of habit-forming drugs to women was the single most important reason for the increase in drug abuse. Women outnumbered men in addiction to narcotics by three to one.³ The general public tolerated addicts, regarding them as weak, but harmless.

The Nurse Habitué

Professional nurse training in America began in 1873, coinciding with the post-Civil War surge of difficulties with opium, alcohol and cocaine addiction. Nursing instruction followed the Florence Nightingale model, which insisted that nurses be professionally trained and, just as important, that they be of good character. Society's tolerance of the "harmless" addict

did not apply to the nursing profession, where Nightingale's strict standards held sway. Annie Hobbs, writing in the 1907 *The Nursing Times*, described the experience of six alcoholic colleagues, worn out from taking care of patients, who used alcohol to aid sleep. Upon discovery, the women were fired, with a "slur on [their] character" that meant professional disrepute.⁴

Nurses were seen to have developed the alcohol or narcotic habit by inadvertently using the substances as medication to treat insomnia, tension, or pain and then succumbing to their influence. Nursing leader Lavinia Dock recognized these dangers, and strongly warned against them:

The author feels impelled by the experience of many years to remind nurses of the subtle dangers of many potent remedies with which they are entrusted, and to urge upon them most gravely never to lose sight of the dreadful possibility of falling under the influence of certain drug habits unfortunately but too easily acquired in accession to the relief offered by drugs in moments of fatigue or nerve exhaustion. Not to prop her failing strength by stimulating drugs is imperative for the nurse.⁵

Dr. Perry Lichtenstein, physician for the City Prison in Manhattan, noted in 1914 that many women habitués came from the "better class," including nurses and actresses. The American Medical Association's Committee on the Narcotic Situation in 1920 specifically notes the overworked, over-stressed nurse as being at "high risk for addiction."⁶

Despite an understanding of the profession's risk for substance abuse, there was little sympathy or available treatment for the nurse habitué. In addition to the fact



that nurses had always been held to higher moral standards, society as a whole was becoming less tolerant of addiction. During the late 1800s and early 1900s health professionals, legislators, and reformers gradually became aware of the dangers of habit-forming drugs. Many newspapers and magazines took up the crusade against addiction, joined by the influential Women's Christian Temperance Union.

Reformers gained increased support from this vocal temperance movement. The linkage of opium, morphine, and cocaine to crime and immoral behavior led to national legislative measures restricting their use. No longer available over the counter, proprietary medicines now required labeling of contents and a physician prescription.⁷ At the same time, international pressure to control drug problems eventually led to the Harrison Narcotic Act of 1914, which marked a pivotal change in narcotic regulation.⁸

Medicalization, then Criminalization of Addiction

Although addiction was now viewed negatively, the addict was generally considered to be a victim of disease rather than a criminal. Many physicians attempted to provide treatment for opiate addicts. In 1920, *American Medicine* confirmed that addiction was "a definite physical disease, characterized by pathologic processes as real as those associated with any other bodily ill."⁹ But treatment of substance abuse as a disease still failed to solve the problem. Addiction was an enigma with no one cause or cure, and relapse was common. By the 1930s and 1940s it became apparent that medical treatment of addiction often did not work. The response shifted to keeping addicts away from drugs as the problem was redefined as an enforcement issue rather than a medical one. As criminalization superseded medicalization, control of addiction was attempted through the legal system. The most severe law, the Narcotic Control Act of 1956, "combined the threat of death with mandatory minimum sentences with the first conviction."¹⁰ Not until the 1960's would medicalization of addiction regain prominence.

Nurses and the Conspiracy of Silence

Women, and especially nurses, continued to suffer. With the closure of drug maintenance clinics by 1923, there was essentially no treatment for addicted women until 1941, when they were allowed to enter one of the two federal narcotic farms for addicted prisoners in Lexington, Kentucky or Fort Worth, Texas. A 1955 study of 120 women at the Lexington facility reported that 79

(69%) were registered nurses, with the remainder in related professions.¹¹

The strong stigma attached to nurses and addiction promoted concealment of any evidence of substance abuse. The dichotomy between the ideal of the disciplined, competent nurse and the old picture of the immoral, untrained nurse led many health professionals and their institutions to look the other way. Solomon Garb, M.D. of Cornell University in New York City studied the extent of addiction among nurses and doctors in the mid-1960s. Contacting all fifty state health departments, he found under-reporting of addiction in nurses and physicians. "We find that they (nurses) have been discharged from as many as six or eight positions for misuse of narcotics without any reports being made to this agency or to the licensing boards."¹² Clearly, a conspiracy of silence existed.

Several studies shed light on the special problem of the nurse addict. Jimmie Poplar, former director of nursing at the Lexington facility, wrote of the characteristics of the nurse addict in 1969. She concluded that the nurse addict used drugs alone rather than with others; started the addiction as an adult; used drugs to escape pain rather than for "kicks;" and obtained drugs through work rather than through shoplifting, prostitution, or the black market. In her study of ninety nurse addict prisoners, Poplar found three major concerns associated with the addicted nurse: whether to advise their employers of their history of addiction, fear of their handling narcotic keys, and support in time of potential relapse.¹³ A 1974 study by Levine, Preston and Lipscomb found that nurses attached degrees of acceptability to drug abuse, from most acceptable (prescription drugs), to intermediate (alcohol, cigarettes), to least acceptable (cocaine, heroin).¹⁴ In 1981 Bissell and Jones found that addicted nurses held responsible, advanced positions and shared the self-medication practices of non-addicted nurses.¹⁵ The problem was one of degree.

Major help for nurses with addictions started in 1980 when the National Nurses Society on Addictions began the impaired nurse committee chaired by Pat Green.¹⁶ In 1982 the American Nurses Association, working closely with NNSA, passed a resolution calling for acknowledgement of the problem and establishment of guidelines for impaired nurse programs.¹⁷ Before 1982, addicted nurses lost their licenses, their source of income, and often went to jail. Now, employers refrained from punitive action and began to make efforts at rehabilitating nurses suspected of addiction rather than firing them.¹⁸ The "throwaway nurse syndrome" had ended at last.

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- ¹⁸ Sullivan, E., Bissell, L. & Williams, E. *Chemical Dependency in Nursing: The Deadly Diversion* (Menlo Park, CA: Addison-Wesley, 1988), 1-22.

**CNHI Historical Research Fellowship
Award for 2003**

The *Center for Nursing Historical Inquiry* Research Fellowship is available for nurses engaged in historical scholarship that opens new knowledge in nursing history. Applications for the \$3,000 award are due on October 15, 2002, and the awardee will be announced in December.

The fellowship award will be based on the scholarly rigor of the investigator's proposal, including clarity of the project's purpose, its rationale and significance, the quality of methodology and questions posed, and potential contribution to the field of nursing. The recipient is required to present a paper based on the project as part of the CNHI History Forum series. Application and curriculum vitae may be sent to:

Arlene Keeling, Director, CNHI
University of Virginia School of Nursing
McLeod Hall, Box 800782,
Charlottesville, Virginia 22908-0782

Questions should be directed to Dr. Keeling at 804-924-5906 or 924-0083, e-mail: awk2z@virginia.edu or FAX (804) 924-1809. Applications and information are available on the Center's Web page at: <http://www.nursing.virginia.edu/centers/cnhi/index.html>

CSHN History of Nursing Research Award

The *Center for The Study of The History of Nursing* at the University of Pennsylvania offers two \$2,500 fellowships for residential study using the Center's collections. The Alice Fisher Society Scholarship is awarded for evidence of, interest in, and aptitude for historical research related to nursing. The scholarships are open to those with master's and doctoral level preparation. The Lillian Sholits Brunner Fellowship award is based on evidence of preparation and/or productivity in historical research related to nursing. Although doctorally prepared candidates are preferred, the fellowships are open to those with pre-doctoral preparation. Applications for the 2003 Fisher and Brunner are due by December 31, 2002, and the winners will be announced on March 1, 2003. For information on how to apply, visit the CSHN Web site at <http://www.nursing.upenn.edu/history/research.htm>.



PEDIATRIC NURSE PRACTITIONERS SHOW STRONG SUPPORT FOR NURSING HISTORY

In the summer of 2001 the papers of the *National Certification Board of Pediatric Nurse Practitioners and Nurses* were transported to their new home at the University of Virginia, to become part of a permanent archives of the organization administered by the *Center for Nursing Historical Inquiry*. Shortly afterward, a fund drive to support the expenses of processing and preserving the papers was begun. The response has been overwhelming, and the NCB archives fund is now over \$11,000! The Center expresses sincere gratitude to all of donors listed below, not only for their financial support, but for the show of pride in their profession and of commitment to preserving its heritage. Thank you, one and all! Future generations of historians will reap the benefits of your foresight and support.

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First Accession of NAPNAP Papers, 1973-1992, Ready for Researchers

After many months of work by the Center archivist, the first major segment of the NAPNAP Papers has been fully processed for scholarly use. The papers have been arranged chronologically in series and placed in archival containers. An extensive finding aid lists box and folder contents and characterizes the types of documents and the major subject areas covered in the papers. This section of the NAPNAP Papers covers the founding and early development of the organization and its evolution into a strong voice for pediatric nurse practitioners. The collection is particularly notable for its information on early struggles to define and to create credentialing for nurse practitioners, and on NAPNAP's involvement in identifying, tracking, and influencing health policy and legislation affecting the welfare of children and the PNP profession. The history of this organization forms a vital part of the story of the nurse practitioner movement in America. The NAPNAP Papers have been, and will continue to be, an important resource for historians of nursing and health care, and scholarly access is now enhanced by the completion of archival processing.

UVA's Claude Moore Health Sciences Library Unveils Yellow Fever Web Site

Beginning in 1937, Philip S. Hench, MD spent over fifteen years accumulating thousands of documents, printed materials, photographs, and artifacts associated with the work of Walter Reed and the US Army Yellow Fever Commission in turn-of-the-century Cuba. Hench intended to write the complete story of the Commission's work, which had proved that the mosquito *Aedes aegypti* was the vector for yellow fever. Although he never completed his book, Hench's papers themselves have a fascinating story to tell – a story now accessible to interested viewers all over the world, thanks to the Health Science Library's Historical Collections and Services Department. In 2000 the Institute for Museum and Library Services awarded \$250,000 to the department to create a Hench/Yellow Fever Web site, and two years later some 5500 images and transcriptions of original documents are online, along with the story of the Yellow Fever Commission and of Hench's research. The site can be found at <http://yellowfever.lib.virginia.edu/>.

INTERNATIONAL NURSING NEWS

Celebration of British Midwives Act

2002 marks the centenary of the first Midwives Act in England and Wales. A conference to recognize this event, "*Birthing and Bureaucracy: The History of Childbirth and Midwifery*," will be held at the School of Nursing and Midwifery at the University of Sheffield on October 11, 2002. For more information contact conference organizer Jane Durell of the University of Sheffield, at: j.durell@sheffield.ac.uk.

Conference Polish Nursing History

An international conference entitled "*Nursing in the Face of Endangered Values, the Centenary of Hanna Chrzanowska's Birth*" will be held in Krakow, Poland on October 11-12, 2002 by the Institute of Nursing of the Jagiellonian University and the Polish Association of Catholic Nurses. Hanna Chrzanowska (1902-1973) helped to professionalize nursing in Poland in the 1920s. A nurse educator, community nurse, and long-time editor of the major Polish nursing journal, she also founded the parish nursing movement in Krakow in 1958. Conference themes will be: threatened values and nursing humanism, professional ethics and nursing ethos, the origins of community nursing, the history of nurse education, and the life and times of Hanna Chrzanowska. More information can be obtained at: instpiel@cm-uj.krakow.pl

Canadian Association for the History of Nursing Annual Conference

The CAHN will hold its annual meeting jointly with the Canadian Society for the History of Medicine at the University of Toronto on May 24-26 2002. Dr. Karen Buhler-Wilkerson, Director of the Center for Nursing History at the University of Pennsylvania will present the Hannah Lecture, speaking on the history of nursing and home care in the United States. Her talk will be followed by a short panel discussion with Canadian scholars who specialize in public health and home care nursing.

SNIPPETS FROM THE PAST

Excerpts from Charlotte Aiken (1930),
Studies in Ethics for Nurses
Philadelphia: W.B. Saunders

Discreetness of speech. A large part of the training for which a nurse must be responsible in herself is the training of her tongue, the cultivation in herself of habits of reticence, ... of refraining from discussing the affairs of patients with people who have no right to be told anything about them... . (p. 79)

Lack of respect for authority. In a hospital a system of semi-military discipline prevails. The rules, regulations and orders are ... passed to nurses through officers or workers higher in rank. The nurse is expected to observe the orders and rules given to those to whom authority has been delegated, whatever her personal feeling toward the individual might be. ... Only thus can an institution achieve its highest success. (p. 87)

Visitors and rules. Perhaps the most difficult part in the nurse's dealings with friends of patients comes when rules have to be enforced regarding hours when [visitors] may come, or must leave, regarding delicacies or foods forbidden, and necessary prohibitions. This is a point at which nurses need tact and judgment and also a stiff spinal column. (p. 120)

Nurse's health The turning of night into day, of working hours into sleeping hours, is never or rarely accomplished without some difficulty in regard to sleep and general health. The general experience of night duty is that it causes physical depression in a greater or lesser degree. For this reason a nurse needs to guard her health even more than when on day duty. Out-of-door recreation taken during the hours of sunshine is imperative if general vitality is to be kept up... (p. 133.)

Nursing instinct. What is it? It is that acute perception of the importance of small things in the comfort of a patient - that sense that prompts a nurse to see a hundred small things that would make him more comfortable ... while another nurse contents herself with doing only what she considers important, and sees nothing further which she might have done. (p. 143)

Making a right start There are several important ethical considerations which a nurse should especially keep in mind ... (1) The public will judge trained nurses .. by the conduct and spirit of individual nurses in their work. (2) A nurse's honor is at stake in many of the problems that will confront her. (3) In her dealing with the sick, or with the public, there are always at least two sides to every question... She must try to see these other sides. A nurse's word should mean something if she ever hopes to attain to any position of trust. (p 259)

Working with men. Whatever organizations a nurse belongs to she should become a member of an organization in which men and women are working together towards a common end. The masculine viewpoint on many problems is well worth having: in many circumstances it is essential to a well-balanced judgment. (p. 329)

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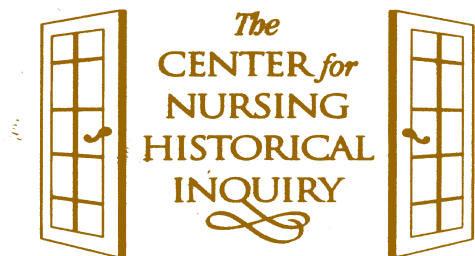
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