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Providing Access to Care: An Historical Perspective

Today, as in the past, many United States citizens do not have full access to the medical and nursing care they need. Indeed, despite Congress's recent passage of the Health Care Reform Act, 32 million Americans remain without sufficient insurance and access to health care – a fact that will likely be a reality until the full effects of the bill are realized in 2014.¹ This fact is no more evident than in the recent participation of several hundred Americans in a Remote Area Medical (RAM) clinic held in a Los Angeles Sports Arena, a scene described by John Rogers of the Associate Press as one “that could have been playing out in a third world country” in which people “began arriving before dawn on a cold misty morning. . . all of them seeking the same thing: free medical care.”²


The scene is reminiscent of that in the streets of New York City where Nurse Lillian Wald started a “first aid room” at the turn of the 20th century to provide care for poverty stricken immigrants on the Lower East Side. There, the Henry Street visiting nurses cared for “fresh cuts and bumps, old wounds, eczema, burns, local infections, small accidents and conjunctivitis. . . , cleansing wounds, applying eye ointments, treating burns with salves and bandages, and attending patients with minor illnesses.”³ According to historian Karen Buhler-Wilkerson, “the immigrants poured through the doors: mothers would stop by with children, working people would come by in the evening” – all to receive nursing services “unencumbered by red tape or formality.”⁴

The LA clinic scene is also similar to that outside of a nursing clinic in the 1930s in Appalachia where hundreds of impoverished citizens of Leslie County sought well baby checkups, immunizations, and treatment for cuts and bruises, gun- shot wounds, heart failure, and infectious



Public health nurses making a house call. CNHI Charlottesville/ Albemarle Public Health Nursing collection.

The
CENTER for
NURSING
HISTORICAL
INQUIRY



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. The development of advanced clinical nursing practice, and the clinical specialty organizations that represent the various practices, is a major focus of the Center. The goals of the Center include the collection of materials, the promotion of scholarship, and the dissemination of historical research findings.

(Continued from page 1)

diseases. There, nurses from the Frontier Nursing Service (FNS), established by Mary Breckinridge in 1925, offered access to care to thousands of Scot-Irish, English, and Welsh descendants in one of the poorest and most inaccessible areas of the United States – an area where treacherous mountain terrain coupled with a lack of roads and bridges made access to physicians difficult even for those who could afford their fees.

In both of these historical cases nurses not only ran clinics but also visited patients in their homes: in the city, crossing roof-tops by fire escapes to cut down on stair climbing in the tenements; in Appalachia, fording streams on horseback to reach the mountain cabins. Later in the century public health nurses (like those pictured in Albemarle County, Virginia) also visited patients in their homes, traveling down dirt roads by jeep or car to reach those in rural communities.

Delivering care in remote areas of the country or in the less desirable sections of urban cities is in fact what public health and visiting nurses (with physician supervision, or at the very least with a set of standing orders) have been doing for the past century. Although the care they have provided varied from place to place and from one decade to the next as new treatments became available and new laws controlling the practice of nursing were enacted, nurses have consistently been on the front lines. Much can be learned from these nurses – particularly related to cultural sensitivity and the withholding of judgment about health choices – as nurses work collaboratively with other members of the health care team in RAM clinics where they are providing “the kind of health care Lillian Wald began preaching and practicing in 1893 . . . the kind the people of this country are still crying for. . . .”⁵

Arlene W. Keeling

¹ Karen Tumulty, “Making history: House Passes Health Care Reform,” (March 23, 2010). <http://www.time.com/time/politics/article/0,8599,1973989,00.html> 4/29/2010.

² John Rogers, “Health arena: LA clinic begins giving free care to thousands,” http://www.etaiwannews.com/etn/news_content.php?id=1240284&lang=eng_news&cate_i 4/29/2010.

³ Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States*, (Baltimore: Johns Hopkins University Press, 2001): 109.

⁴ IBID. 47

⁵ No author, “Editorial,” *American Journal of Nursing*, (1971): 53. As cited in Arlene Keeling, *Nursing and the Privilege of Prescription, 1893-2000*. (Ohio State University Press, 2007): 126

Center News

2010 Barbara Brodie Nursing History Fellow



Dr. Christine Hallett, PhD, RN, is the 2010 recipient of the Barbara Brodie Nursing History Fellowship.

Dr. Hallett is a Reader in

Nursing History and is the Director of the UK Centre for the History of Nursing and Midwifery at the University of Manchester, UK. Her research is entitled *Healers, Heroines and Harpies: Literary Nurses of the First World War*. Her project builds on an existing body of research which examined the professional and volunteer work of nurses during the First World War. Her previous book, *Containing Trauma: Nursing Work in the First World War* (Manchester University Press, 2009) examined the meaning nurses gave to their work. Her current research will examine the ways in which nine nurses represented themselves and their work through literature. The 'literary nurses' identified by the project made influential contributions to the way in which nursing was viewed by three subsequent generations.

The anticipated result of her research will be a scholarly, yet accessible, text which will present and critique the works of these nine nurses. The book will highlight the significance of these nurses' contributions to the healing work of the wartime medical services and their contribution to our understanding of that most extraordinary and destructive of modern wars, the First World War.

2010 Nursing History Forums

McLeod Hall Room #5044

12:00-1:00 PM

September 7, 2010

*Giving Birth on the Trail:
The Nursing Care of Mormon Pioneers from 1846-1866.*

Emily C. Evans, RN, MSN

October , 2010

*"Sir, can you help me out?":
An analysis of EMIC program letters, 1943-1947.*

Nena Patterson, RN, MSN
U.Va. SON PhD candidate
Nursing Instructor, James Madison University

November 16, 2010

*Healers, heroines and harpies:
Literary nurses of the First World War*

Christine Hallett, PhD, RN
Director of the UK Centre for the
History of Nursing, and Midwifery,
Senior Lecturer, School of Nursing and Midwifery,
University of Manchester

Center News

Congratulations and Welcome to Dr. Barbara L. Maling & Dr. Lisa M. Zerull

We are pleased to announce that Drs. Barbara Maling and Lisa Zerull have joined the Center as Center Associates.

Barbara Maling, PhD, RN, defended her dissertation "Black Southern Nursing Care Providers in Virginia during the American Civil War, 1861-1865" in December 2009. Her

research used historiographic methods to examine the nursing care provided by black southern women to Confederate and Union soldiers fighting in the Civil War. Dr. Maling is a member of the U.Va. School of Nursing faculty.

Lisa Zerull, PhD, RN, FCN, successfully defended



her dissertation "Nursing out of the Parish: A History of the Baltimore Lutheran Deaconesses, 1893-1911" in February 2010. Through the analysis of diaries and other primary records, Dr. Zerull's research brought to light the contributions



the Lutheran Deaconesses made to health care in Baltimore during the late-nineteenth and early-twentieth centuries. Lisa is the Academic Liaison and Program Manager (Faith Based Initiatives) for Winchester Medical Center/Valley Health, Adjunct Clinical Faculty at Shenandoah University, and Faith Community Nurse (on sabbatical) for Grace Evangelical Lutheran Church in Winchester, VA.

We are delighted to welcome Barbara and Lisa, and we look forward to the unique scholarship they will bring to the Center.

Center Renovation Update

The CNHI renovations continue apace. We anticipate moving into the renovated space in late summer. Please stay tuned for details.

Staff Presentations:

Cockerham, A.Z. "'Bethlehem's Stable': Seeking the Right Place for Birth at the Catholic Maternity Institute, Santa Fe, New Mexico, 1944-1969." Paper presented at the American Association for the History of Nursing Annual Conference, St. Paul, MN. September 26, 2009.

Gibson, M.E. "'The Best Return for Money': School Nursing as an Early Focus for Virginia's Bureau of Public Health Nursing." Paper presented at the American Association for the History of Nursing Annual Conference, St. Paul, MN. September 26, 2009.

Gibson, M.E. "'If the Mother's Milk Does Not Suit': A century of mixed messages about breast feeding." Paper presented at the Southern Association for the History of Medicine and Science Annual Conference, Louisville, KY. March 5-6, 2010.

Keeling, A. "Alert to the Necessities of the Emergency: U. S Nursing during the 1918 Influenza

Center News

Pandemic." The Hershey Lecture, Hershey Medical Center, April 21, 2010.

Keeling, A. "When the City is a Great Field Hospital: Nursing in the 1918 Influenza epidemic." Paper presented at Rockefeller University, A Symposium on the History of Nursing: "Nurses, Evidence, and Discovery: The Rockefeller University Hospital, 1910-2010." April 16, 2010.

Keeling, A. "'When the City is a Great Field Hospital': New York City Nursing Emergency Council, Influenza Epidemic 1918- 1919." Paper presented at the American Association for the History of Nursing Annual Conference, St. Paul, MN. September 26, 2009.

Staff Publications:

Gibson, M.E. "Virginia Laurie," in *Encyclopedia of American Disability History*, ed. Susan Burch. Facts on File Publishing, New York.

Gibson, M.E. Website Review: *Virginia Nursing History*, Joint History Committee of the Virginia Nurses' Association and Virginia League for Nursing. Special Collections and Archives, Virginia Commonwealth University.

Keeling, A, Brodie, B. and Kirchgessner, J. *The Voice of Professional Nursing Education: A 40-Year History of the American Association of Colleges of Nursing*. American Association of Colleges of Nursing, 2010.

Keeling, A. "'Alert to the Necessities of the Emergency': U.S. Nursing During the 1918 Influenza Pandemic." *Public Health Reports*. 125(2010): 105-112.

Student Presentations, Posters, & Publications:

Maling, B. "Chronicles of a Southern Civil War Nurse: Phoebe Yates Pember, 1861-1865." Paper

presented at the American Association for the History of Nursing Annual Conference, St. Paul, MN. September 26, 2009.

Penn, L. & P. Pollitt. "History of Public Health Nursing in Appalachian North Carolina." Paper presented at the Appalachian Studies Conference, Dahlenega, GA. March 19, 2010.

Zerull, L. "Journey of Historical Research." Paper presented at the Nursing Research Conference, Winchester Medical Center, Winchester, VA. February 19, 2010.

Zerull, L.M. "Nursing body and soul: The Baltimore Lutheran deaconess motherhouse and training school in 1898." *American Journal of Nursing*. 109(10): 26-29.

Zerull, L. "The Baltimore Lutheran Deaconess Motherhouse: Defining a German or American Mode in 1895." Paper presented at the American Association for the History of Nursing Annual Conference, St. Paul, MN. September 26, 2009.

Southern Association for the History of Medicine & Science Annual Conference

Paper Presentations, Louisville, KY. March 5-6, 2010.

Craig, S. W. "The Development of ICU Nursing at the University of Virginia Hospital, 1954-1970."

Patterson, N. "Free Maternal and Infant Care: Analysis of Policy and Standards of Care in the Emergency Maternity and Infant Care Program, 1943-1947."

Penn, L. "Health Care for Blacks in the Jim Crow South."

Ruffin, P. "From Nursing Core to Complementary Therapy: The History of Massage in Nurse Training School Curricula, 1861-1945."

In Memoriam

Karen Buhler-Wilkerson, PhD, RN, FAAN

The nursing history community lost a wonderful friend, colleague and mentor on February 13, 2010, when Karen Buhler-Wilkerson, Professor Emerita of Community Health at the University of Pennsylvania, died at age 65. Karen was a strong supporter and a close friend to all of us in the Center for Nursing Historical Inquiry, and we keenly mourn her loss.

Karen is survived by Neville Strumpf, her partner of 17 years, two sons, Jonathan and David Wilkerson, and their wives Kerri Wilkerson and Marie Thoma, two grandchildren, Billy and Sonya, a brother, John Wilkerson and her former husband L. Douglas Wilkerson, MD.

Karen was born in Philadelphia and spent her childhood in Buffalo, N.Y., Atlanta, GA. and Charleston, S.C. She returned to Philadelphia in 1972 and began her distinguished career at University of Pennsylvania School of Nursing. At Penn she earned her Masters and PhD in City Planning with a focus on health care history and policy. Karen authored *No Place Like Home: A History of Nursing and Home Care in the United States* in 2001 and *False Dawn: The Rise and Decline of Public Health Nursing, 1900-1930*, in 1990. Among her many awards, she received the CNHI's Randolph Award in 2000 for her distinguished contributions as a scholar of nursing history.

Karen was instrumental in the establishment of the Living Independently for Elders (L.I.F.E.) program at the University of Pennsylvania School of



Nursing in 1999. This program provides daily care for 500 poor and frail elderly residents of West Philadelphia through an interdisciplinary approach using Medicare and Medicaid funds in a Program of All-inclusive Care for the Elderly (P.A.C.E.). This program remains the only such program in the nation which is owned and operated by a School of Nursing.

Between 1996 and her retirement in 2006, she directed the Barbara Bates Center for the Study of the History of Nursing at the University of Pennsylvania, having been one of

its original founders. In her roles in the Bates Center, Karen was a mentor of many colleagues and fortunate graduate students. Neville Strumpf stated in her eulogy, "Karen set a high bar, without being too serious about it, with her children, with her students and in her dying." She was never pretentious about her many accomplishments and took obvious joy in her many roles, in life itself and courageously faced her own death.

A funeral service was held at Trinity Memorial Church in Philadelphia on February 18, and the church was filled to capacity. Friends, colleagues, students joined together to remember and celebrate a life well-lived. As Rev. Thomas Eoyang stated in his sermon, "The world has been changed forever because of the work she did here, because of the joy she spread here, because of the love she shared here."

“The Fatal Hill is Giving Up Its Dead:” The Monongah Mine Disaster, December 1907

**John C. Kirchgessner, PhD, RN, PNP
CNHI Assistant Director
U.Va. School of Nursing Assistant Professor**

“The fatal hill is giving up its dead.” With this headline *The Fairmont West Virginian* announced the recovery of the bodies of victims of the mine explosion that occurred on December 6, 1907, in Monongah, West Virginia. In recent weeks we have experienced the aftermath of two coal mine disasters, one in China’s Wangjialing coal mine and the other in the Upper Big Branch coal mine in Moncoal, West Virginia. At a time when mine safety and the victims of mine disasters are on the minds of many, we are reminded that American coal miners for over a century have dealt with the harsh conditions of their work place and the ever present danger inherent to their occupation. It is too early to determine unequivocally what precipitated the Upper Big Branch disaster on April 5, 2010. However, it appears that many of the same causes that led to the Monongah mine disaster in December 1907, namely, coal dust, methane gas, equipment, and human error, also contributed to the most recent West Virginia disaster.

Introduction:

The mine explosion that occurred on December 6, 1907, in Monongah, West Virginia, became the deadliest mine disaster in American history. The lives of at least 361 boys and men were lost in the explosion that was thought to have been caused by the ignition of methane gas.¹ The Monongah Mines #6 and #8, owned and operated by the Fairmont Coal Company, were connected underground and contained a total of 475 working rooms that created a large underground network.² A local newspaper the day after the disaster noted that the mines were among the coal company’s safest, most modern, and best equipped. Indeed, they were believed to be among the best mines in the world.³

Many precautions were put in place to help decrease the likelihood of a disaster at the mines. Yet a disaster did happen, and it serves as an excellent case study when analyzing the care provided during early mining disasters. At the same time, it illustrates the influence of native and immigrant cultures found in West Virginia and a “culture of danger” inherent in mining. Significantly, even though class and ethnic differences often created tensions and led to conflicts, sometimes violent ones, those factors were overshadowed in the response to the Monongah disaster.

During the post-Civil War era, labor migrations from the South and Europe transformed the region traditionally known as Appalachia, including the state of West Virginia. The state’s rich natural resources including timber, minerals, and perhaps the best known of the region’s resources, bituminous coal, led to the development of some of America’s largest industries. By 1907, coal had become the sole source of fuel for American railroad and shipping industries, but perhaps more importantly it had become the only source of energy to produce the electricity, iron and steel used to build many of America’s major cities.⁴

Peter and Stanislaus Urban

On December 6, 1907, brothers Peter and Stanislaus Urban trudged through the cold early morning drizzle to begin their work day in the miles of underground tunnels found in Monongah coal Mine #8. The day before, December 5, was St. Nicholas’s Day, a holiday celebrated by many of the region’s Roman Catholic immigrants, and the mines had been closed. The Urban brothers represented the diversity of miners found in the coal fields of northern West

Virginia at the turn of the twentieth century. They were born of Polish decent, and Peter had emigrated from Romania only five months before, in July 1907.⁵ Like many immigrant miners, he spoke little English when he came through Ellis Island, and he had no training in the mining of coal prior to taking the job. Like thousands of other immigrants throughout the nation, Peter and his family came to America hoping for a life of political and economic freedom.

The mining town of Monongah had its own distinct blend of cultures. It was populated mostly by immigrants from Italy, Poland, and Austria-Hungary, with smaller number of Turks, Greeks, and blacks.⁶ Generally, each group of immigrants lived and socialized with members of their respective nationalities, but they often worked together in the mines. Peter Urban, like many of the immigrants who settled in northern West Virginia, was willing to challenge the cultural, class, and vocational barriers facing him in order to live and work in his new country.⁷

When the Urban brothers reached the opening of Monongah Mine #8 on that cold December morning, they had to wait with their fellow miners until the mines' fire boss determined that the mines were safe for entry. The men and boys scheduled for work that morning stood by until the "all clear" sign was given by the night shift fire boss, 21-year-old Lester Emmitt Trader, and the mine foreman opened the gates to the mines.

Trader, young and relatively inexperienced, was responsible for assessing the mines for dangerous conditions during his twelve-hour shift the night of December 5. While walking through the mines' passages, tunnels, and roads, he checked for the accumulation of methane gas, coal dust, and structural changes. In addition, Trader sprinkled water throughout the main passages to help keep the coal dust down. Although safety measures in other West Virginia mines required additional sprinkling of rooms off main passageways, this was not required at the Monongah mines. Thus Trader did not wet down the rooms in which miners used explosives to extract the coal and load the coal cars.⁸

As historian and former U.S. Assistant Secretary for Mine Safety and Health, Davitt McAteer notes, Trader continued on his rounds and noted in his fire boss's book that there were trace amounts of

methane gas in certain locations throughout the mines; areas that were believed to be the only ones in which methane collected.⁹ At the end of his shift, he placed the book with his findings in the fire boss's shed but never reported his findings directly to the mine foreman, as was the custom. Trader was also unaware that methane gas had been discovered in two locations in Mine #6 on December 4, the last day the mine was in operation.¹⁰

The Explosion

After the gates to the mine opened around 6:00 a.m., Peter and Stanislaus went to their designated mine room and began digging coal in Mine #8. By mid-morning the mines were in full operation and coal was being hauled out by the car load. About 10:30 a.m., fourteen cars were being pulled out and up the incline to the mine's tippie by a wire rope; all was going well until a coupling pin on one of the cars snapped.¹¹ At that moment all fourteen cars, each weighing three tons, plunged 1,500 feet back into Mine #6.¹² The next day, the Pittsburgh Dispatch described what witnesses saw in those first few seconds after the cars crashed into the mine: "What at first seemed like distant thunder in a few seconds was transformed into a roar like a thousand Niagaras. Like the eruption of a volcano the blazing gas reached the surface and vomited tongues of red flame and clouds of dust through the two slopes."¹³ The run away coal cars tore out rails and electrical wiring and ripped out the wooden props and partitions that provided the mine's infrastructure.

As the cars tore through the mouth of the mine, they also ripped many of the curtains that were designed to keep methane gas and coal dust from circulating throughout the mines in the event of an accident. The mine's huge ventilating fans were also destroyed - the main sources used to move clean oxygen-rich outside air into the mines. Consequently, coal dust and methane circulated at dangerously high levels and created an atmosphere ripe for disaster.¹⁴ Subsequent cave-ins would also hamper the rescue work that ensued over the next hours and days. The explosion literally spewed tons of equipment, coal, and timber out of the mines. Those living in Monongah immediately knew what had happened.

The human loss inside the mines was even more devastating, and the exact number of lives lost will never be known. Many of those who were working

near the openings of the mines were tragically obliterated as they were spewed out of the mines with the debris. Inside the mine, many men and boys died immediately as a result of traumatic injuries that included decapitation, amputation, burns, crushing and blunt force trauma.¹⁵ There were those, however, who exhibited no physical injuries at all. These were the miners who were working deep in the mine and in rooms off of the main passageways. Rescuers found many of these miners simply remaining where they had last sat down to rest, with no trauma to their bodies at all. They became the victims of another deadly element of the disaster – poisonous gas.

“After damp” and “black damp” are the most common gases produced after a mine explosion. Made up of carbonic acid and nitrogen, and carbon dioxide and nitrogen, respectively, these gases are devoid of one essential element, oxygen.¹⁶ The mines who survived and their rescuers had to contend with these deadly gases that brought about physical complaints and, potentially, death by asphyxiation. In the explosions of Mines #6 and #8, many precautionary devices used to control deadly gases, including trap doors and curtains, were destroyed.

After the citizens of Monongah recovered from the initial jolt, they rushed outside and toward the mines. Chaos and panic soon developed as miners’ families congregated around the mine openings and

the first rescue workers attempted to enter the mines. Wives, mothers, and children of miners, many non-English speaking or limited in their command of the language, were frantically trying to find out whether or not their loved ones were safe.

The Rescue

Rescue work began immediately, with the first party entering Mine #6 approximately twenty-five minutes after the initial explosions. As McAteer notes, there were no organized rescue teams to respond to mine disasters in 1907. Thus, each rescue effort was “an ad hoc affair,” very much dependent upon volunteers.¹⁷ Volunteers came easily, however, as it was part of the unwritten Miners’ Code that no one was left behind, and everything possible was done to rescue fellow miners.¹⁸ The Miners’ Code was even more compelling than the deep-seated class and ethnic conflicts that were imbedded in the diversity of cultures in Appalachian mines. Although cultural tensions sometimes occurred between Americans and foreign-born miners, all cooperated with the rescue organizers.¹⁹ This cooperation illustrates a phenomenon that developed in West Virginian mining communities. Namely, mining carried with it a significant risk for fatalities that resulted in an almost passive acceptance of death and injuries. The acceptance of death and injury and the overall sense of fatalism among miners reflected both the self image and the public’s perception of miners at the turn of the twentieth century.²⁰

Technology contributed heavily to the nation’s mining deaths. As mines like Monongah #6 and #8 became mechanized and extended deeper into the earth, greater amounts of methane gas and coal dust accumulated – all of which potentially created a volatile underground atmosphere that could result in disaster at any given time.

This hazardous environment significantly affected the rescue efforts immediately after the Monongah explosions; all rescue attempts had to wait until ventilation fans were put in place so that oxygen could be restored to the mines. A rescue crew was sent into Mine #8 around 4:00 p.m. after moaning was heard coming from a ventilation shaft. The party found Stanislaus and Peter Urban; Stanislaus was mortally wounded as a result of falling



Coffins with explosion victims. Courtesy the U.S. Dept. of Labor Mine Safety & Health Admin.

when the brothers attempted to escape the explosions. Peter was found protecting his brother. As the rescuers attempted to move the Urbans to safety and care, Stanislaus died.²¹ Peter was brought to the surface and would become the only person known to have been rescued from inside the mines. Dr. F. W. Hill, one of the physicians at the scene, described Peter Urban's initial condition: "At the time he was taken out only sufficiently to find if he was conscious and to send him home... His pulse was very weak and he was not rational. He was in a condition of shock. There did not seem to be any evidence of external injury or violence."²²

Care of the Victims and Rescuers

Among the volunteers to report to the mines within the first hours after the disaster were twelve physicians from Fairmont who were accompanied by nurses. Shortly after arriving at Mine #6, the doctors and nurses established an emergency hospital in the local blacksmith shop to care for the people whom they anticipated would be brought out of the mine over the next several hours and days. They also planned for the street car and railroad companies to transport survivors, once stabilized at the emergency hospital, to hospitals in Fairmont.²³ Within the first twenty-four hours, however, it became apparent that the nurses' and physicians' services would not be needed for any survivors because there were none. Rather, they were needed for the rescuers who battled fatigue and the mines' deadly gases. A second emergency hospital was required to care for the rescuers.²⁴ Rescuers taken from mines were weak and sometimes unconscious, but as noted by the Pittsburgh Dispatch "after being out of the mine a few hours they have fully recovered."²⁵

Some miners did survive and were taken to the West Virginia Miners Hospital #3 in Fairmont for further care or comfort. Two were outside the mine when the explosion occurred. Rescuers took Patrick McDonald and W. C. Bice to the hospital on a special train from Monongah. McDonald, a motor man in Mine #6, was hurled over 100 feet; he was found unconscious with severe burns over his face and chest. Bice was transported to the Miners Hospital with crushing injuries to his chest and



Mine inspectors. Courtesy the U.S. Dept. of Labor Mine Safety & Health Admin.

abdomen. His injuries, however, were so extensive that he died a few hours after admission.²⁶ Both cases illustrate the type of injuries the physicians and nurses treated on a daily basis at the Fairmont Miners Hospital. As a state funded facility that opened in 1901, the hospital was strategically located to be accessible to the Baltimore and Ohio Railroad and the Monongahela Valley Traction Company, thus allowing easy transport of victims of accidents in the surrounding coal region.²⁷

Mine injuries such as those that McDonald and Bice suffered were an ongoing challenge for the nurses and physicians at Miners Hospital #3. Traumatic injuries including burns, crushed limbs, broken backs, lacerations, and fractured skulls were all too common. While surgical methods to repair and stabilize skull and spinal injuries were known at the time, few patients survived. Nursing at Miners Hospital #3 was, at the very least, rigorous and demanding. Many patients who were admitted required amputations, care of fractures, suturing of wounds, and treatment for burns. Few survived amputations, spinal trauma, or head trauma; and patients with major trauma, including massive crushing injuries to the lower limbs, often required intensive post-operative nursing care. Severe hemorrhaging and the resultant shock from many of the injuries were the immediate complications the physicians and nurses had to manage. Some patients were merely cleaned and comforted until they died.²⁸

Many patients who initially survived the traumatic injury later suffered and died from postoperative infections. Burns particularly were problematic with

resultant secondary infections, and they often had poor outcomes. Nurses and physicians used compounds containing mercury, phenol, alcohol, and arsenic to treat infections. They also used mercury compounds, considered some of the most effective germicides of the time, as disinfectants; but these had side effects, and hospital personnel were warned of these in references regarding mercury's use. Nurses also used arsenic in skin infections.²⁹

There is little, if any, mention of psychiatric care provided to the rescuers and the victims. During the early twentieth century, modern psychology and psychiatry were in their infancies; the absence of their mention in disaster response or of the psychological toll mining relentlessly exacted from miners and their families is unsurprising. However, Rakes notes that even by the mid-nineteenth century, physicians began to recognize "the effects of protracted tension among coal miners."³⁰ Later in the twentieth century, the tension and stress that coal miners experienced was recognized as a form of combat fatigue brought on by the continual exposure to danger and the daily uncertainty that accompanied them into the mines.³¹

Relief for Families

As a result of the disaster, two hundred fifty women were widowed and 1,000 children left fatherless; some children became orphans and many survivors were in Europe. For those in West Virginia, winter was literally knocking on the door, and many families were dependent upon the weekly pay the miners brought home. Few had cash reserves, and in a matter of minutes their economic livelihood had been snuffed out.

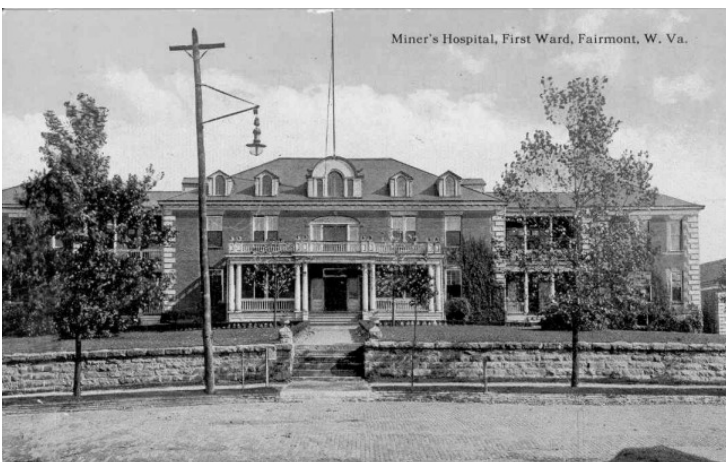
Within the first twenty-four hours, the Fairmont Coal

Company's administrators and the citizens of Monongah began making arrangements to care for the victims' families. As McAteer notes, "The initial support efforts were spontaneous: those with something to contribute did so."³² Each member of the town realized the gravity of the situation.³³ Within the first days several relief committees were organized in both Monongah and Fairmont. For the victims' survivors, the local churches and ladies auxiliaries began to offer aide and solicit donations. The Monongah Mines Relief Committee was established as the central relief organization to assist in providing support to families. The Committee determined that each widow would receive \$300 and each surviving child \$100 for a total of \$175,000 and an additional \$25,000 for aged dependents and unborn infants.³⁴ The Fairmont Coal Company also provided each widow with an additional \$150 and \$75 to each child younger than 16 years old.³⁵

Conclusions

In many ways, Monongah was "the perfect disaster" in the number of contributing factors that came together on December 6, 1907. These factors included human and mechanical error, lack of policy, and the time of year. If perhaps the same factors had come together on a summer day, the event may not have been so cataclysmic. The drying effect of colder air makes coal dust more likely to remain suspended in the mine atmosphere, which can also contribute to an explosion, and likely did on that fatal day.³⁶

As nurse historian Barbra Mann Wall notes, contextual factors including time, place, and economics, help to shape how people interpret and make sense of disasters.³⁷ Many of these factors were evident in how Monongah's citizens responded to the disaster. In particular, their response illustrates the transnational nature of early twentieth century West Virginia as many nationalities comprised the workforce.⁴³⁸ By 1907, the state had moved from a predominantly agrarian-mountaineering culture comprised of native-born Americans to a culture in touch with the world economy through manufacturing industries. This transition influenced every thread of West Virginia's cultural fabric; its economy, religion, language, and customs. In the face of the nation's deadliest mine disaster, however, the citizens of West Virginia responded as one, embodying the resilience of the mountaineers and



Postcard of Miner's Hospital No. 3, Fairmont, W. Va.

miners as they carried out their grim tasks and the Miners' Code.

Notes:

¹ Davitt McAteer, *Monongah: The Tragic Story of the Worst Industrial Accident in US History* (Morgantown, WV: West Virginia University Press, 2007). McAteer was former Assistant Secretary of Labor for Mine Safety and Health.

² *Ibid.*, 63.

³ The Fairmont-West Virginian, December 7, 1907.

⁴ *Ibid.*, 8.

⁵ West Virginia Press Services, "Andrew Urban's Father was Sole Survivor of 1907 Monongah Mine Disaster," *The Times-West Virginian*, August 1, 1991.

⁶ McAteer, *Monongah*, 76.

⁷ Michael E. Watson, "Sadly in Need of Organization": *Labor Relations in the Fairmont Field, 1890 to 1918*. In ed. Jennifer Egolf, Ken Fones-Wolf and Louis C. Martin, *Culture, Class, and Politics in Modern Appalachia*, 2009, Morgantown, WV: West Virginia University Press, p. 142-149.

⁸ McAteer, *Monongah*, 18.

⁹ *Ibid.*, 20; Mark Reutter, "The Historical Context: Coal Mining and Accidents in Northern West Virginia," MakingSteel.com, <http://www.makingsteel.com/CoalandAccidents.html> (accessed May 27, 2009), 2. Reutter notes, "Northern West Virginia coal... gives off large quantities of methane (natural gas) while mined. While not poisonous, methane is flammable, and when mixed with as little as five percent air, becomes highly explosive. ... During the process of extracting coal, part of the coal seam is reduced to a fine dust, which can be just as explosive as methane mixed with air. If coal dust is allowed to accumulate, the smallest spark from a match or a moving machine part in the mine may blow enough of the dust into the air to form an explosive cloud. Unless blocked by seals or other means, the cloud can almost instantaneously penetrate every passageway until the whole mine is devastated by explosions."

¹⁰ McAteer, *Monongah*, 20.

¹¹ Coal mine tipples were, "originally the place where the mine cars were tipped and emptied of their coal, and still used in that sense, although now more generally applied to the surface structures of a mine, including the preparation plant and loading tracks." IRS.gov., <http://www.irs.gov/businesses/small/article/0,,id=139342,00.html#t> (accessed January 5, 2010); "Coupling Pin Snaps, Causing Disaster," *Pittsburgh Dispatch* (Pittsburgh, PA.) December 7, 1907, 1.

¹² McAteer, *Monongah*, 5.

¹³ John P. Cowan, "Roar Like A Thousand Niagaras Tell of Death Underground," *Pittsburgh Dispatch*, December 7, 1907, 1.

¹⁴ *Ibid.*, 116.

¹⁵ Eugene Wolfe, "December 6, 1907: No Christmas at Monongah," *Golden Seal Reprints*, Winter 1993, 33.

¹⁶ McAteer, *Monongah*, 132-133.

¹⁷ McAteer, *Monongah*, 127.

¹⁸ Paul Rakes, "A Combat Scenario: Early Coal Mining and the Culture of Danger," in *Culture, Class and Politics in Modern Appalachia*, ed. Jennifer Egolf, Ken Fones-Wolf, and Louis C. Martin (Morgantown, WV: West Virginia University Press, 2009), 69. Rakes notes, the code was "an informal but sacred code [that] produced a common understanding among workers that, in a disaster, the miners on the surface would work ceaselessly until recovering the last body." Rakes further notes that this was a cultural mandate, not a law of political or industrial nature, which required miners to further risk their lives for fellow miners.

¹⁹ "350 Men Entombed in Mine Explosion," *The New York Times*, (New York, NY) December 7, 1907, 1.

²⁰ *Ibid.*, 69.

²¹ McAteer, *Monongah*, 135; Koon, "Only Known Monongah Mine Disaster Survivor."

²² West Virginia Mine Investigating Committee: Report of Hearings, 239.

²³ "Explosion Causes Great Loss of Life at Monongah," *The Fairmont Times*, December 6, 1907, 1.

²⁴ "Death List Appalling," *The Fairmont West Virginian*, December 7, 1907, 1.

²⁵ "Destruction Greater as Men Work Farther into Wrecked Mines," *Pittsburgh Dispatch*, December 9, 1907, 3.

²⁶ "Death List Appalling."

²⁷ *Fifth Biennial Report of the State Board of Control of West Virginia for the Period July 1, 1916 to July 1, 1918, Volume V, Part I* (Charleston, WV: Tribune Printing Company, 1919), 198, 200.

²⁸ John C. Kirchgessner, "The Miners' Hospitals of West Virginia: Nurses and Healthcare Come to the Coal Fields, 1900-1920," *Nursing History Review*, 8 (2000): 159-164.

²⁹ *Ibid.* See also Clara Weeks Shaw, *A Text-Book of Nursing* (New York: D. Appleton and Company, 1903), 104, 143, 145.

³⁰ Paul Rakes, "A Combat Scenario: Early Coal Mining and the Culture of Danger," 73.

³¹ *Ibid.*

³² McAteer, *Monongah*, 171.

³³ Ibid.

³⁴ "Monongah Mines Relief Committee," *The Fairmont West Virginian*, December 14, 1907.

³⁵ McAteer, *Monongah*, 191.

³⁶ "Colder Weather Brings More Danger to Underground Coal Mining," MSHA.gov. <http://www.msha.gov/MEDIA/PRESS/1996/NR961011.HTM>. (accessed September 20, 2009). The United States Department of Labor Mine Safety and Health Administration notes:

"The greatest explosion hazard in coal mines comes from methane gas. All coal seams contain some methane and when the barometer falls during colder weather, more of that methane migrates into the mine air than normal. Pockets of methane may accumulate in areas of the mine in which gas checks are infrequent. When an ignition source is present in that area, there exists the potential for a deadly explosion. Colder weather can also dry out the air inside a coal mine. During summer, warm air coming into the mine brings moisture that condenses on mine surfaces and traps the coal dust."

³⁷ Barbra Mann Wall, "Healing After Disasters in Early Twentieth-Century Texas," *Advances in Nursing Science*, 31, no. 3 (July-September, 2008): 211-224.

³⁸ "Introduction: Networks Large and Small," in *Transnational West Virginia: Ethnic Communities and Economic Change, 1840-1940*, ed. Ken Fones-Wolf and Ronald L. Lewis (Morgantown, WV: West Virginia University Press, 2002), ix-xiv.

Nursing & Medical History Opportunities

Medical History Conferences

The American Association for the History of Nursing & The European Nursing History Group
London, England

September 14-16, 2010

Extension trip to Turkey

September 17-20, 2010

Additional information: www.aahn.org

Canadian Association for the History of Nursing
Winnipeg, MB, Canada,

June 18-20, 2010

Additional information: www.cahn-achn.ca

Society for the Social History of Medicine
Birmingham, United Kingdom

October 29-30, 2010

Additional information: www.sshm.org

Calls for Abstracts

American Association for the History of Medicine
Philadelphia, Pennsylvania

April 28 – May 2, 2011

Abstracts due September 15, 2010.

Additional information: <http://histmed.org>

Southern Association for the History of
Medicine and Science

March 2011

Abstracts due September 30, 2010

Additional information: www.sahms.net

Snippets from the Past

Nursing in the Transitional 1950s

One of the more interesting surveys done of professional nurses was a 5 years study by the American Nurses Association. It was designed to follow up on a nursing function study with an examination of nurses' perception of their work and their changing relations with physicians and other health personnel. This survey's major historical interest lies in the fact that it provides a rare window on the period when nurses were transferring from being highly dependent on the directions of physicians to becoming more autonomous and knowledgeable in their professional decisions about the care of patients.

Published in 1958, *Twenty thousand nurses tell their story* gives voice to the thinking and feelings of nurses in the 1950s, in a variety of roles: as students, as private duty, staff, clinical specialty, school, and public health nurses, as educators and as administrators.

Student Nurses

Long term ambitions: About 20% expressed ambitions which would take them out of nursing and gainful employment because they sought marriage and motherhood. 40% saw themselves as nurses caring for patients and 40% hoped to become educators, administrators or supervisors. 10% wished to work in surgery or as a physician's office nurse.¹ (Motherhood would account for over 50% of nurses' departure from the profession.)²

Relations with Physicians

Deference to Physicians: While finding a wide range of positions on the subject, the survey found that most held onto customs that denoted a lower status for nurses. 77% of those surveyed agreed that nurses should rise in the presence of doctors, 50% believed that doctors and nurses' dining facilities



Nurse Betty Kobat with patient at Temple University Hospital. CNHI Brodie Photograph Collection.

should be separate, but only 16 % believed nurses need rise in the presence of doctors in social situations.³ A consistent finding in the studies was the irritation and discord among nurses concerning the level of physicians' authority formal and informal, in the organization.⁴

Private Duty Nurses

What was their first job?: A marked shift away from private duty nursing was revealed in the answers of different age nurses to this question.

55% of nurses who graduate before 1940 began as private duty nurses while only 7.5% of nurses who graduated after 1940 began as private duty nurses. 64% of younger nurses' first jobs were as staff nurses or as teachers/administrators.⁵ Clearly the private duty nurse was disappearing from nursing, and by the 1960s they were difficult to find in any hospital.

The study, rich in the voice of actual nurses in clinical situations, concludes with a call for nurses to devise

new directions for the profession and to analyze the ways rapid changes in medicine and nursing would affect patient care. Time would indicate what the next generations of nurses would do with their new knowledge and skills.

Notes:

¹ Hughes, Everett Hughes, Hughes, Helen and Irwin Deutscher (1958) *Twenty thousand nurses tell their stories*. Philadelphia : J.P. Lippincott: p 56

² Ibid., 108.

³ Ibid., 169.

⁴ Ibid., 171.

⁵ Ibid., 252-254.

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Recent Acquisitions

Lorraine Bowers Albrecht – U.Va. student nurse doll.

Bethany M. Coyne – *The Merck Manual*, 16th edition.

Eleanor C. Bjoring – Livermore, *My Story of the*

War, 1888; Barton, *The Red Cross*, 1898;

Edmonds, *Unsexed: or, The Female Soldier*, 1864;

Richards, *Reminiscences of Linda Richards*,

America's First Trained Nurse, 1911;

Nightingale, *Notes on Nursing*, 1856.

Deborah B. Dean – U.Va. Hospital Nursing Procedure Manual, 1966.

Ellen P. Lawson -- U.Va. School of Nursing Class of 1960 memorabilia.

Eloise R. Lee - nursing texts.

Jennifer Newton – Nursing texts and memorabilia of Patricia A. Kendrick, RN, U.Va. School of Nursing Class of 1956.

Janet Palutke – *The Chrysalis*, 1947, Yearbook of the Winchester Memorial Hospital School of Nursing.

Barbara Brodie Nursing History Fellow 2011

The Center for Nursing Historical Inquiry Barbara Brodie Nursing History Fellowship, a postdoctoral award, is open to nurses engaged in historical scholarship that advances the field of nursing history. Applications for the \$3000 award are due October 15, 2010, and the recipient will be announced in December, 2010. The selected Barbara Brodie Nursing History Fellow will present a paper from their research in the Center's History Forum series.

Selection of the fellow will be based on the scholarly quality of the investigator's project including: the clarity of the project's purpose, its rationale and significance, the rigor of its methodology and questions posed, and its potential contributions to the field of nursing.

The application and a curriculum vitae should be sent to Dr. Arlene Keeling, Director, Center for Nursing Historical Inquiry, University of Virginia School of Nursing, PO Box 800782, McLeod Hall, Charlottesville, Virginia 22908. Applications are available on the Center's Web site, at:

www.nursing.virginia.edu/Research/CNHI/Fellowship

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Nurses from the American Red Cross Department of Nursing on home visit near Las Vegas, c. 1921. CNHI Camilla Louise Wills Collection.