Celebrating our Success! The Center’s 15th Year!

On November 7th of this year, we will be celebrating the Center’s 15th anniversary – a milestone that I find hard to believe is already upon us. It seems “just yesterday” that Barbara Brodie, Sylvia Rinker and I discussed the possibility of opening a center for the preservation and study of nursing history – an idea that had its origins in the history courses taught by Dr. Brodie in the PhD program. The idea was then nurtured by Joan Lynaugh and her history colleagues at the University of Pennsylvania, Linda Watson and Joan Echtenkamp in the Health Sciences Library, and Dean Jeanette Lancaster, who gave us a room and “start-up funds”--support for which we have been extremely grateful.

Over the past fifteen years, the Center has grown both in collections and in its financial base and has become one of several major centers in the world for the preservation and dissemination of nursing’s history. In cooperation with the Claude Moore Health Sciences Library Historical Collections, it now houses over 300 linear feet of primary manuscripts and photographs that document nursing’s history from its pre-professional roots to the present.

During the semester the Center is rarely “library quiet,” as both graduate and undergraduate students visit frequently to search through books, photographs and manuscript collections to complete class projects and papers. Throughout the year, visiting scholars, alumnæ and journalists spend time exploring our collections, looking for connections between nursing’s past and present. Daily, email messages bring requests for information. Meanwhile, new collections arrive at regular intervals.

Currently, the Center has ties with scholars from centers around the world, including among others, the
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.

Center for the Study of the History of Nursing at the University of Pennsylvania, the Centre for Midwifery in Manchester England, the AMS Nursing History Research Unit in Ottawa, Canada, and the Oral History scholars at St Georges’ Hospital in London. In 2007, the Center hosted the annual conference of the Southern Association for the History of Medicine and Science as well as an international planning group for the American Association for the History of Nursing.

None of this would have been accomplished without Barbara Brodie’s leadership and her commitment to the Center, and I’d like to take this opportunity to thank her for all that she has done. Clearly the Center’s success can be attributed to her enthusiasm for nursing history, her vision for the Center’s mission, and her dedication to its financial stability.

The future is promising. With the completion of the School of Nursing’s Claude Moore Building, the Center is scheduled to move to renovated space on the main floor of McLeod Hall where it will have enhanced visibility and access. Goals for our future include: (1) digitizing the CNHI photographic collections to make them available on the internet; (2) expanding our emphasis to include the study of international nursing history; (3) increasing the number of publications and presentations; (4) continuing to target advanced nursing practice as a focus for our collections; and (5) continuing to ensure that a cohort of nurse scholars are prepared with an understanding of nursing history and have the skills they will need to undertake historical nursing research; and (6) ensuring the future growth of the CNHI by building our financial endowment.

Join us for the Bice lecture and our celebration!

**Bice Lecture**

12:30-1:30, November 7, 2007 — Jordan Hall Auditorium

_Nursing’s Ambivalent Relationship with Money_

Ellen D. Baer PhD, RN, FAAN
Professor Emerita of Nursing, University of Pennsylvania
Visiting Professor of Nursing, Florida Atlantic University
Reception to follow.
Introducing Mary Gibson
Our New Assistant Director

We are pleased to announce that Mary E. Gibson has joined the Center as an assistant director. Mary is returning to the School of Nursing after five years of doctoral study at the University of Pennsylvania. She received her doctorate in May. Her research interest is the history of nursing and healthcare with a focus on child health in the South during the early-20th century. Mary’s dissertation was entitled, *From Charity to an Able Body: The Care and Treatment of Disabled Children in Virginia, 1910-1935.* We are delighted to welcome Mary and look forward to the unique scholarship she will bring to the Center.

2007-2008 History Forums

McLeod Hall Room 5044
12:00-1:00 PM

September 18, 2007

"Licks the joints but bites the heart" of children: *Rheumatic Fever.*
Barbara Brodie PhD, RN, FAAN
Madge Jones Professor Emerita

October 16, 2007

*History Matters: Reclaiming and Reframing China’s Missionary Nursing Past*
Sonya Grypma PhD, RN
Assistant Professor, School of Health Sciences
University of Lethbridge
2006 Brodie Research Fellow

January 22, 2008

*A Qualitative Analysis of the Letters of a Child with Diabetes: Before and After the Discovery of Insulin, 1921-1922.*
Debbie Gleason-Morgan MSN, RN, CPNP
UVA School of Nursing Doctoral Student

February 19, 2008

*Poverty and Southern Child Health in the Early 20th Century South*
Mary E. Gibson PhD, RN
CNHI Assistant Director
Center News

Publications & Presentations:


Keeling, A. (paper). “Under the Supervision of the Red Cross”: The American Response to the Influenza Epidemic, 1918-1919.” The American Association for the History of Medicine annual conference, Montreal, Quebec


Kirchgessner, J (July, 2007) “Professional Nursing Shortages Past and Present, Local Insight into Global Issues: Staffing the University of Virginia Hospital, 1945-1965.” Sigma Theta Tau International 18th International Nursing Research Congress, Vienna, Austria

Grants:

Keeling, A. (2007, summer) School of Nursing Intramural Award: “Nurses’ work in Philadelphia during the Influenza Pandemic, 1918,” ($5000).

Congratulations!

Both Ann Cockerham and Lisa Zurell, our doctoral students doing historical dissertations, passed their comprehensive examinations!

Notes from the Archivist: The SON Alumni Collection

As an archivist I have learned that it is during processing that the meaning of a collection becomes apparent; the contents convey identity, activities, and values. Presently, I am processing the papers of the School of Nursing Alumni Association. In between a multiplicity of staples and yellowed manila folders, I have found a deeper understanding and appreciation of the Alumni Association. Here is a sampling of what their papers have revealed thus far:

The Association is a robust and vital voice heard at the School of Nursing, comprised of committees, councils, and planning groups for initiatives and advising the school’s administration and faculty.

The organization’s members watch over those who follow them, as evidenced by a long history of “gifts” and scholarships that reflect their generosity and commitment to nursing education at the University of Virginia. The Association also recognizes and rewards the talent and hard work of faculty and students.

Each individual member of the Association is valued. Considerable time and resources are expended to find “lost classmates.” Card, letters, and gifts are sent to members in need.

The Association’s members love to meet at Alumni reunions, teas, and luncheons.

As I continue to process this vast collection, I am looking forward to sharing with you further examples of the dedication demonstrated by the Association’s members and additional contributions they have made to the School of Nursing.
The Catholic Maternity Institute (CMI) was a nurse-midwifery service in Santa Fe, New Mexico, operated from 1944 through 1968 by the Society of Catholic Medical Missionaries—popularly known as the Medical Mission Sisters (MMS). CMI was one of the earliest nurse-midwifery services in the United States and one of the first in the Western United States. While most historical nurse-midwifery literature focuses on Mary Breckinridge’s Frontier Nursing Service in Eastern Kentucky and the Maternity Center Association in New York City, little historical scholarship has focused on the Catholic Maternity Institute.

The Medical Mission Sisters, an international medical mission order, was able to integrate its organizational needs with the needs of its patients at CMI. Despite the fact that the Catholic Maternity Institute was located in Santa Fe, New Mexico instead of in an international setting, CMI fit perfectly within the Medical Mission Sisters’ mission, values and priorities. In addition to religion-based maternity care of poor, Hispanic patients, the MMS used the Santa Fe service for purposes that were consistent with the organization’s international focus. CMI was: (1) a way to serve an international need at home; (2) a demonstration project to show individuals from around the world how CMI’s maternity care system could be replicated in their countries; and (3) a school in which to educate nurse-midwives before they were sent abroad.

CMI Served an International Need at Home

Northern New Mexico provided the Medical Mission Sisters with an opportunity to serve patients using resources that were comparable to the environments in which they were accustomed to serving abroad. The maternity patients that the Sisters were called to serve in Santa Fe were predominantly Spanish-speaking and had few governmental resources available to them. At the time, Santa Fe was an impoverished area with few professional health care resources and deplorable health statistics—similar in many ways to the Medical Mission Sisters’ international missions.

To address these challenges, leaders of the Archdiocese of Santa Fe and Medical Mission Sisters and New Mexico public health authorities had begun, in the early 1940s, to investigate the possibility of employing MMS nurse-midwives to help provide professional prenatal, intrapartum, postpartum, and newborn care and thereby decrease the startlingly high infant mortality rate in New Mexico. It was believed by many public health
authorities that the lack of professional maternity care was responsible for the unacceptably high number of babies who died each year.\(^4\) In 1929, the first year that New Mexico qualified as a Birth and Death registration state, 140 per 1,000 live born babies died before their first birthdays—more than double the national rate of 68 per 1,000.\(^5\) This deplorable situation was called “the slaughter of the innocents” by New Mexico’s Director of Public Health in 1932.\(^6\)

The Medical Mission Sisters were available to consider this call to a domestic mission in the early 1940s because the realities of curtailed travel during World War II dictated that international medical missionaries find another way to continue their work. Anna Dengel, MMS foundress and Superior General, wrote in 1942 to the Apostolic Delegate to the United States in Washington, DC: “As we are not able under present circumstance to go to India or other foreign mission countries, we are anxious to undertake some work in keeping with the purpose of our Society in this country....”\(^7\)

A former CMI student recalled that it seemed natural for an international order to serve in Northern New Mexico:

...the [Medical Mission Sisters] was a community that was very used to working with limited resources given their history of working in Africa and Latin America...There were so few resources, overall, and the [MMS] were very willing and able to do that kind of care.\(^8\)

The third-world nature of Northern New Mexico was highlighted, also, by some of the nursing care, including nutrition strategies, used by the CMI nurse-midwives. Irene Matousek, a former student and staff member, recalled:

We were able to obtain a food supplement powder that the World Health Organization distributed in third world countries but not in the United States. They kind of made a blind exception for us. It was like a flour but it was a very high protein, high vitamin mixture. As soon as the people could add that to their diet—they added it to the rice and beans—we saw big changes in their health.\(^9\)

There is evidence that CMI’s care did, in fact, result in positive outcomes. In 1957, the Institute’s infant mortality rate was 23.5 per 1,000 live births. For comparison, the infant mortality rate for the same year in New Mexico was 39.4 per 1,000 live births.\(^10\)
CMI was an International Demonstration Project

The Catholic Maternity Institute served as a demonstration project to show foreign individuals, as well as Catholic medical missionaries from MMS and other orders, how the Institute’s system could be replicated in other countries. Irene Matousek remembered visits from interested foreign individuals:

…we had people from the World Health Organization that came through very regularly… We had many people who visited CMI because it was…known internationally and a lot of big-name people came to visit and see what we were doing….We had people who were particularly interested in doing midwifery in missionary settings that were going to be caring for third-world [people] and they felt that the preparation there was closer to the reality that they would face when they went to some of the poorer countries.

Sister Catherine Shean, a CMI school alumna who later became Institute director also recalled:

We often had [foreign] visitors who had come to observe our work because it was a type of service that they could duplicate in their own countries… we had a number of students who were Sisters…and many of them were being prepared to work in the foreign missions…and one of our students had gone to Ghana and West Africa and she set up a maternity service using a lot of the techniques that we were using because they were simple.

A 1962 graduate of the CMI nurse-midwifery school recalled that “the safe and sterile techniques, to promote a safe and clean delivery, learned…at CMI, became the foundation for midwifery practice in the Gold Coast and other African countries.” This was recognized by community members, also: An article in the local newspaper noted, “CMI’s influence helped spirit a maternity program in Lima, Peru, run by a group of Dominican Sisters who have practically duplicated the CMI formula.”

CMI Educated Nurse-Midwives for International Service

Among the work the CMI nurse-midwives did, there was a great deal of emphasis placed on the midwifery school portion of the Institute, particularly in preparing students for international work. From its inception, this seemed to have been a major goal. In 1942, Mother Anna Dengel wrote to the Apostolic Delegate to the United:

Needless to say, we wish to remain definitely foreign missionaries…A limited amount of missionary work at home might be an advantage for our work in the foreign missions later—to test and train the Sisters before they go far away.

The experiences of Canadian-born CMI graduate, Sister Rosemarie Leier, seem typical. She not only valued her own education but highlighted that her CMI education set off a chain of international midwifery education, thereby potentially benefiting a large number of people in many countries:

After [graduation], I was assigned to Karachi, Pakistan. At Holy Family Hospital, I put the skills I learned at CMI to good use…The program at CMI prepared me for this mission, and I was grateful for having had the course. Later on I taught midwifery in Holy Family Hospital, Bandra and Bombay, India and at Karachi, Pakistan. I was able to impart to student midwives what I learned in
Santa Fe and many of the students after their graduation have contributed significantly in the field of Maternal/Child nursing in their respective countries.\textsuperscript{18}

Indeed, the education of students to work in other countries was a valued indirect contribution to international medical missionary work and was an accomplishment of which CMI leaders were proud. In a letter to New Mexico Congressman Manuel Lujan in which CMI Director Sister Catherine Shean requested federal funding to keep the Institute open, Sister Catherine highlighted the Institute’s contribution to international work:

We have already demonstrated the need and value of CMI. While our operation is small, we have about 80 of our nurse-midwife graduates working outside of this country. In our small way, we have our impact not only on this community and state, but on the world.\textsuperscript{19}

Conclusion

The Medical Mission Sisters were able to integrate the maternity health care needs of the Santa Fe, New Mexico Hispanic population with the goals and values of their organization. While working to improve maternal and infant mortality rates in Northern New Mexico, the Catholic Maternity Institute served as a way for the MMS to serve an international need in the United States, as a demonstration project to replicate in international settings, and as a pathway for the education of nurse-midwives service overseas. Because professional maternity care was sorely needed in Santa Fe, CMI was successful in mutually meeting the needs of the patients and families that they served as well as the needs of the Medical Mission Sisters.

Notes


2. American Indians had the benefit of assistance from the federal government, while Hispanic patients generally did not.


12. OH-IM, p. 11.


17. Mother Anna Dengel. Letter to Most Reverend Amleto Cicognani, 9 October 1942. MMSA, CMIC, Folder # 129.

18. Sister Rosemary Leier in Rita Kroska and Catherine Shean, eds., CMI Graduates and Faculty Remember Nurse-Midwifery in Santa Fe, New Mexico: 33.

Prior to the advent of modern medicine, therapy was based on the belief that diseases were the result of an imbalance of the body’s four humors (blood, salvia, urine and feces). Treatment was directed to ways of removing the excess of the humor that was out of balance. Although this theory was replaced by a better understanding of the body’s physiology and the germ theory one of the humor methods of treatment was retained into the 20th century; the use of counter-irritants. Counter-irritants were used to draw through the skin toxic wastes generated by a disease process. Below are directions to children’s nurses on how to prepare and administer such treatments.

“Mustard Plaster. Take 1 part of powdered mustard and 6 parts of wheat flour, mix with white of egg, and spread between 2 layers of old linen or muslin. In pulmonary diseases the mustard plaster should cover the entire chest, and in heart failure it should cover the entire trunk. The plaster is held in place by cloth strips and applied for 1/2 hour. The mustard drew out the toxic waste and stimulated the heart.”

Variations on Mustard Plasters included mustard poultices, baths, and bodily packs which were wrapped around the child’s entire body.

“Turpentine Stupes. A teaspoon of turpentine is mixed in a pint of boiling oil. A flannel cloth is dipped into the solution and wrung out tightly. It is then applied to the part affected and covered with oiled silk or wax paper. A thick layer of cotton should be placed over all, to retain the heat.”

“Cupping. The edges of small medicine glasses were oiled and, into each 2 drops of alcohol were swished around their inner surfaces. The alcohol is lighted, and, [quickly] after burning, the glass is inverted and the mouth held firmly against the skin. The skin will be sucked up into the glass on account of the vacuum, and the cup will be firmly in place. They are allowed to remain for 15 to 30 minutes.” After removing the glass the blister found on the skin was cut to allow drainage.


Barbara Brodie RN, PhD, FAAN
Madge M. Jones Professor of Nursing Emerita
CNHI Associate Director

-- Center Acquisitions --

Lorraine Albrecht – nursing books.
Cindi Allen: Florence Nightingale recording from 1890, restored and digitized.
Barbara Brodie – healthcare history books.
Michael M. Foreman, given in memory of his mother, Hazel Evans Foreman, RN: nursing school yearbooks.
Nancy Lackey – nursing books.
Jeanette Lancaster – book: The Soul of Leadership
Kathryn Start – DVD.
Ellen Stout: carved UVA Hospital plaque.
Sharon Utz – nursing books.
Judy Williams – Nursing books and personal papers.
Nursing and Medical History Opportunities

Calls for Abstracts
The American Association for the History of Nursing and the School of Nursing, University of Pennsylvania, conference co-sponsors.
Philadelphia, Pennsylvania
Additional information: www.aahn.org

Canadian Association for the History of Nursing
Toronto, Canada
June 5-7, 2008
Abstracts due November 15, 2007. Some financial assistance is available for students who present papers.

Medical History Conferences
The American Association for the History of Medicine
Rochester, New York
April 10-13, 2008
Additional information: www.histmed.org

Barbara Brodie Nursing History Fellow 2008
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, 2007, and the recipient will be announced in December, 2007. 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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September 2006-August 2007

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