

Windows in Time

A Newsletter from *The Center for Nursing Historical Inquiry*

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October 2008

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The Center: New Space & Increased Visibility

“Making nursing’s history visible” is a phrase one commonly encounters on reviewing grant proposals for the study of nursing history. The primary investigator usually makes the argument that “to date, others have overlooked nurses’ role” in some major historical event, for example: the Civil War, the 1918 influenza pandemic, parish nursing in the early 20th century, on a remote island in the Pacific during World War II, etc. To make nursing history visible is a noteworthy goal and the starting point for any research topic – usually followed by a reviewer’s encouragement to “go beyond the narrative” in a critical analysis of the subject. Nonetheless, unless nursing’s history is visible, it cannot be disseminated or understood.

So it is with our Center. For fifteen years, the Center has been actively working, yet hidden away – first, in a 200 square foot room on the second floor of McLeod Hall, and for over ten years on the third floor. In fact, the Center has had more visibility **outside** the University, at the national and international level, than it has been recognized by our students and faculty colleagues. This summer that changed, as the Center moved from cramped quarters in an out-of-the way location to its current prominent place off the main lobby of McLeod Hall. After countless hours of cleaning, sorting, filing, hanging and arranging, and numerous trips up and down the elevators, our administrative assistant, Linda Hanson and our archivist, Maureen Spokes (with some help from the Center’s directors) managed to settle the CNHI into its new home.

The Center’s current space affords better visibility and three times the square footage as it had previously. As



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)

students returned this fall, they found the Center's books and collections neatly stored and more accessible in a comfortable, open, well-lit setting. Students now have



computer access to the Center's collections at a separate student/researcher terminal. The conference room is available for meetings as well as dissertation defenses, and the processing room is well

organized and spacious, with shelving to house numerous collections as they are processed.



Although further renovations to the Center will occur over the next twelve to eighteen months, we finally have achieved the

visibility and sophisticated "Center look" necessary to reflect our standing as one of the primary centers in the United States dedicated to the preservation and dissemination of nursing history. We invite everyone to visit us and look forward to showing you the Center when you come for the first Randolph International Conference in March!

Alex W. Keeling



Center News

2008/09 History Forums

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

October 21, 2008

*Experiences from the 1942 Coconut Grove
Night Club Disaster*

Dr. Patricia Connor Ballard, PhD, APRN-BC.
Director, Inova Learning Network
Fairfax, Va.

November 11, 2008

*In Pursuit of the Great White Plague: The Experience
of Tuberculosis Nursing in Chicago, 1915 - 1970*

Karen Egenes, EdD, RN
Associate Professor of Nursing,
Loyola University of Chicago

February 17, 2009

*"When the City is a Great Field Hospital":
Lillian Wald and the Influenza Epidemic
in New York City, 1918.*

Arlene W. Keeling, PhD, RN
Director, Center for Nursing Historical Inquiry

American Association of Neuroscience Nurses Collection

On behalf of the University of Virginia School of Nursing Center for Nursing Historical Inquiry, Dr. Arlene W. Keeling accepted the historical papers of the American Association of Neuroscience Nurses (AANN). The March 31, 2008 reception and recognition event took place in Nashville as part of the AANN's annual conference and in celebration of their 40th Anniversary. The AANN papers date back to the establishment of the organization in 1968. The American Association of Neuroscience Nurses (AANN) is committed to the advancement of neuroscience nursing as a specialty through the development and support of nurses as a means of promoting excellence in patient care.

Congratulations, Doctoral Candidates!

Barbara Maling successfully defended her dissertation proposal entitled "Southern Blacks Providing Nursing Care in Virginia during the American Civil War, 1861-1865."

Lisa Zerull successfully defended her dissertation proposal entitled "Nursing Out of the Parish: A History of the Baltimore Lutheran Deaconesses, 1890-1913."

— CONGRATULATIONS —

DR. ANNE ZSCHOE COCKERHAM

Congratulations to Anne Cockerham who successfully defended her dissertation "A Mission for Mothers: Nurse-Midwifery and the Society of Catholic Medical Missionaries in Santa Fe, New Mexico, 1943-1969" on September 12, 2008. Anne's research, based on data from archives in New Mexico and in the Sisters of Catholic Medical Missionaries in New York, is an interesting study of the obstetrical care the sisters gave to the poor Spanish American families in Santa Fe. Dr. Cockerham is currently employed as a faculty member of Shenandoah University, where she teaches maternal-child nursing, and as a nurse midwife.

Center News

Staff Presentations & Publications:

Brodie, B. Book Review [Silber, Nina. *Daughters of the Union: Northern Women Fight the Civil War*. Cambridge, MA: Harvard University Press, 2005], *Nursing History Review*, 16, 2008. 241-242.

Brodie, B. "In Memoriam: Vern Bullough 1928-2006." *Nursing History Review*, 16, 2008. 215-216.

Brodie, B. (Sept, 2008) "From Nursery Maids to Professional Pediatric Nurse Clinicians, Practitioners and Researchers." Keynote Address, American Association for the History of Nursing Conference, Philadelphia, PA. (AAHN Conference).

Gibson, M. (Sept, 2008) "'In His Name': Norfolk's City Union of the King's Daughters, Virginia's First Program of Visiting Nursing." AAHN Conference.

Keeling, A. (2008). Book Review [Mame Warren, Ed. *Our Shared Legacy: Nursing Education at Johns Hopkins Hospital 1889-2006*. Baltimore: The Johns Hopkins University Press, 2006]. *The Journal of the History of Medicine and Allied Sciences*. 63, 279-281.

Keeling, A. (2008). "A Brief History of Advanced Practice Nursing in the United States." In Hamric, AB., Spross, JA, and Hanson, CM., *Advanced Nursing Practice, 4th edition*. Philadelphia, Saunders Publishing. p. 1-56.

Keeling, A. (Feb, 2008). "'Splendid cooperation and almost perfect coordination': Physicians, Nurses, the United States Public Health Service, and the American Red Cross during the Influenza pandemic, 1918-19." The Southern Association for the History of Medicine and Science, Gainesville, FL.

Keeling, A. (March, 2008). "The Voice of Nursing in the 20th Century," National Institute of Health Research Roundtable, invited presentation.

Keeling, A. (March, 2008). "'The Ghetto was a Hotbed of Influenza and Pneumonia': District Nursing during the Influenza Epidemic, 1918-19. The Institute for the History of Medicine of the Robert Bosch foundation, Stuttgart, Germany.

Keeling, A. (April, 2008). "'In direct violation of all public health ethics': Field Nursing among the Navajo, 1925-1955." Member of invited panel, Siegrist Society. The American Association for the History of Medicine, Rochester, NY.

Keeling, A. (June, 2008). "Crossing Borders: The Influenza Pandemic of 1918 and the American Nursing Response." Canadian Association for the History of Nursing/ACHN International Nursing History Conference, University of Toronto, Canada.

Kirchgessner, J. (March, 2008) "Nurses as Income Generators: A Financial Reappraisal of Nursing Services at the University of Virginia Hospital, 1945-1965." The Institute for the History of Medicine of the Robert Bosch foundation, Stuttgart, Germany.

Student Presentations, Posters, & Publications:

Borden, C. (Sept, 2008) Poster: "'A Difficult task with Pitiabile Results': Early Burn Treatment, 1900-1939." American Association of the History of Nursing Conference (AAHN Conference).

Cockerham, A. Z. (Sept, 2008) "How Best to Improve Maternal Health in Santa Fe? The Intersection of Catholic Nurse-Midwives and a Margaret Sanger Clinic, 1937-1968." AAHN Conference.

Gleason-Morgan, D. (June, 2008) "Insulin is 'unspeakably wonderful': Nursing Care of Children with Diabetes, 1920-1930." Canadian Association for the History of Nursing/ACHN International Nursing History Conference, Toronto, Canada.

Gleason-Morgan, D. (Sept, 2008) "'The Most Wonderful Case of Diabetes': Nursing Care of Children With Diabetes, 1920-1930." AAHN Conference.

Zerull, LM, Near, K. (May, 2008) "Connecting Congregations: Access to Online Health Information for Parish Nurses in Virginia." U.Va. School of Nursing, Charlottesville, VA.

Center News

In Memoriam: Mary Elizabeth Carnegie, DPA, RN, FAAN

April 19, 1916 – February 20, 2008

Mary Elizabeth Carnegie, known for her leadership within the nursing profession, died earlier this year at the age of 91. Dr. Carnegie was a prolific writer and lecturer throughout her long career. As a nursing history scholar, she brought to life the contributions that African American nurses made to the nursing profession. Dr. Carnegie was honored as a recipient of the CNHI's Agnes Dillon Randolph Award in 1995 for her contributions to nursing history.



BARBARA BRODIE NURSING HISTORY FELLOW 2009

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 November 15, 2008, and the recipient will be announced in December, 2008. 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

The Agnes Dillon Randolph Inaugural International Nursing History Conference

*Historical Roads Traveled,
New Paths to Explore*

The U.Va. School of Nursing
Center for Nursing Historical Inquiry
Charlottesville, VA

March 20-21, 2009

Keynote Speaker: Joan Lynaugh, PhD, RN, FAAN,
Professor Emerita, University of Pennsylvania
School of Nursing

In recognition of the growing diversity and quality of the nursing scholarship appearing across the world, The Center for Nursing Historical Inquiry is inaugurating the Agnes Dillon Randolph International Nursing History Conference.

Call for Abstracts and additional information:

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

International Conference on Nursing History

In March, Drs. Keeling and Kirchgessner participated in the Second International Conference on Nursing History sponsored by the Institute for the History of Medicine of the Robert Bosch Foundation. The conference's primary theme was nurses' work and was held in Stuttgart, Germany, March 12-14. Historians from Austria, Germany, Great Britain, Norway, the United States, and Switzerland participated. Dr. Keeling presented her research findings on the influenza pandemic of 1918 entitled: *"The Ghetto was a hotbed of influenza and pneumonia": district nursing during the influenza epidemic, 1918-1919*. Dr. Kirchgessner's presentation, entitled *Nurses as Income Generators: A Financial Reappraisal of Nursing Services at the University of Virginia Hospital, 1945-1965*, focused on income generation by hospital nursing services during the post-World War II era.



Center Acquisitions

- Lorraine Bowers Albrecht – U.Va. School of Nursing (SON) 1951 Scrapbook.
- JoAnn Beman – U.Va. School of Medicine Class of 1958 memorabilia.
- Bob Bixler – DVD.
- Kae E. Brown – 1951-1953 U.Va. nursing arts book.
- Karen Donckers Doherty – Class of 1963 photos.
- Leah Fechtmann – B-D Yale syringe outfit.
- Janet Garrison – uniform buttons.
- Barbara A. Graham – nursing books.
- Florence Hauser – operating room photos.
- Peggy Hutchinson -- nursing textbooks.
- Catherine Kane – psychiatric nursing text.
- Arlene Keeling – nursing books.
- Muriel H. Koeller – nursing texts and uniform.
- Jeannette Lancaster – personal papers and nursing administration texts.
- Mary Faber Masloff – U.Va. SON 1957-58 student handbook, 1901 nursing textbook.
- Beth Merwin – nursing research book.
- Robin Morris – Florence Nightingale drawing.
- Barbara Parker – nursing and women's health books.
- V. Andrea Parodi – DVD of Navy Nurse Corps history.
- Frances Marshall Purcell – public health nursing caps and pin.
- Beverley Beachum Smith – U.Va. SON Diploma Class of 1963 photos and class notes.
- Ann Taylor – immunology texts and lab equipment.
- Sue Childers Taylor – Student uniforms and official laundry bag issued June, 1966.
- Agnes M. Walker – papers and memorabilia related to the American Association of Neuroscience Nurses collection.

A “Cure” for the Privileged: The Impact of Insulin on Nursing Care of Children with Diabetes

**Deborah Gleason-Morgan, RN, MSN, CPNP
dlg7b@virginia.edu**

Introduction

Diabetes has been known to exist since antiquity but it wasn't until the second century A.D. that a Greek physician, Aretaeus, noted that “Diabetes is a mysterious disease . . . [in which] the flesh and limbs melt into the urine.” The term ‘diabetes’ is from the Greek word for ‘siphon’, and it describes the continuous flow of fluids and food in and out of a diabetic’s body that leaves him constantly thirsty, copiously voiding urine and severely emaciated. In 1674, English physician Thomas Willis noted that the urine of diabetics possessed a sweetness, like honey or sugar. Unclear as to how they should treat the disease, physicians prescribed a variety of diets that restricted the patients’ intake of proteins, carbohydrates and fats and left them in a semistarved state of health. These diets helped prolong the diabetics’ lives, but within a short period of time they would die either in a coma, from a severe infection or from starvation. Unfortunately, most diabetics died within 3- 6 years.¹

Diabetes Care in the 1900s

By the early-20th century, physicians had learned much more about human physiology, especially metabolism, and they were able to offer better treatment for diabetes which was now considered a chronic condition. Dr. Elliott Joslin, a Boston diabetes physician of the era, illustrates medicine’s changing attitude toward the disease:

It is perfectly true that diabetes is a chronic disease, but unlike rheumatism and cancer, it is painless; unlike tuberculosis, it is clean and

not contagious, and in contrast to many diseases of the skin, it is not unsightly. Moreover, it is susceptible to treatment, and the downward course of a patient can usually be checked. Treatment, however, is by diet and not by drugs, and the patients who know the most, conditions being equal, can live the longest.”²

Prior to the discovery of insulin, diabetic children rarely survived more than 3 years. As a result, little was written specifically about their care in the early 1900s. The following passage from an early textbook illustrates just how little was known about caring for children with diabetes.

In former years these cases were regarded as practically hopeless. With early recognition and very strict treatment many of the cases in early life do surprisingly well, and some undoubted cures have taken place, although . . . the outlook is still very gloomy. The diet is along the same line as adults, and fasting may be conducted along the same lines and with much less difficulty than would be anticipated. Children are very prone to acidosis and require special care on this account. The nurse in charge of a case of diabetes in a child should learn how to test urine for diacetic acid with the ferric chloride solution and to recognize the odor of acetone which occurs in the breath. Any unusual drowsiness or sluggishness should lead to an immediate examination of the urine and the physician can be notified in case of acidosis or any doubt of it. Diabetic

children are exercised much the same as adults.³

During this time, nutrition and fresh air were the treatments of choice, and the daily measuring of the child's urine for glucose levels became a way of life for them. The child's diet, however, was the true focus of diabetes management. Each child's diet was carefully prescribed by the physician, based on the amount of glucose in the urine. The strict monitoring of carbohydrates, fats, and proteins became the only way to prolong their lives. These restrictive diets, however, often resulted in extremely emaciated children who were plagued by chronic fatigue and were at risk of numerous complications.

Nursing played a role in the management of diabetes both before and after the discovery of insulin. Nurses carefully carried out the physicians' orders, documenting results of urine testing, assessing the patients, and educating the family. The following illustrates the importance of nursing care to patients and their families:

The nurse should bear in mind several things when she is dealing with diabetes. . . . She should supplement the efforts of the physician to secure the complete cooperation of the patient. The success of modern treatment of diabetes can be very largely measured by the strictness with which the diet and other regulations are carried out, especially in the early part of the disease, or otherwise irreparable injury may be done and the case prove rapidly hopeless or fatal. If the patient is under the care of a physician who understands the study of metabolism of a diabetic patient the nurse's notes will be of primary importance and these will include a record of the foods taken and actually consumed at the different meals, and the diet sheets much in use contain simple directions, so that the nurse can figure out the food values

of what has been taken, so that the physician can see the exact amounts of fat, carbohydrate, and protein that have been consumed, through which can be figured the total caloric value of the foods, and from the protein the approximate amount of nitrogen ingested. The notes [should] also include the record of the amount of urine passed.⁴

In his book, *Bittersweet: Diabetes, Insulin, and the Transformation of Illness*, pediatrician and historian Chris Feudtner discusses the effects of insulin on the lives of diabetic children.⁵ To illustrate the lives of children before and after the discovery of insulin, he introduces Elizabeth Hughes, a young girl who was diagnosed with diabetes in 1919 and was one of the first children to receive insulin. She was privileged to be under the care of physicians knowledgeable in diabetes and to have a private, live-in nurse who closely monitored her diabetes care.

Elizabeth Evans Hughes

Elizabeth Evans Hughes, diagnosed with diabetes at age 11, was the daughter of prominent Washington, D.C. attorney Charles Evans Hughes. Mr. Hughes subsequently became the Secretary of State in 1920, and the Chief Justice of the United States in 1930. Elizabeth was initially treated by Dr. Frederick Allen in New Jersey and was maintained on a very strict diet. At diagnosis she was a mere 75 pounds. Two years later, her weight had



Elizabeth Evans Hughes

fallen to 52 pounds, and her life had become more restricted and centered around nutrition, fasts, urine testing, rest, and exercise.

Elizabeth and her family struggled with her diet. The amount and type of food that she could eat was regulated based on her health and the amount of sugar found in her urine. In a letter to her mother from the Adirondack Mountains, she stated:

I'm doing just what I'm expected to do . . . as you can see, an out-of-door life and it's already doing me good. I do feel so well here, and my diet seems to be going finely now, and we are slowly increasing my carbohydrate . . . I'm actually on 12 grams today and I haven't been on that for ages, you know!⁶

Shortly after Elizabeth's diagnosis, the Hughes employed Blanche Burgess, a "trained" diabetes nurse. Burgess lived with the family for several years, during which time she carefully managed Elizabeth's diet and ensured the appropriate amounts of exercise and rest. Burgess even accompanied Elizabeth to Upstate New York to escape the heat of the summer and to Bermuda during the cold winter.

During the summer of 1921, as Elizabeth struggled with her diet and weight, researchers in Toronto, Canada were focusing their efforts on a promising new treatment of diabetes, insulin. Officially discovered in 1922 and originally known as pancreatic extract, insulin was so effective that it was quickly labeled by many as a "cure" for diabetes.

In August 1922, with presumed assistance from Dr. Allen, Elizabeth's mother and a family friend, Dr. Lewellys Barker, convinced the Toronto researchers to allow Elizabeth to receive insulin.⁷ Once on insulin, Elizabeth's life changed dramatically. Although her diet continued to be an important part of her care, the insulin dose, timing, and her carbohydrates became its focus. She was able to eat

more, gained weight and had more energy. A short time after beginning insulin, Elizabeth wrote to her mother:

As you know I am simply bursting to see you and can hardly wait for you to actually see with your own eyes what I'm eating nowadays, for if you didn't I declare you'd think it was a fairy tale. I know you will hardly know me as your weak, thin daughter, for I look entirely different everybody says, and I can even see it myself. . . . I have gained a little over ten pounds weighing 60 ½ in my skin, and when I arrived I weighed just 49 lbs.⁸

Blanche Burgess lived with and cared for Elizabeth in Toronto during her early insulin treatment. She was instrumental in teaching Elizabeth how to care for herself, and prior to leaving Canada, Elizabeth was able to administer her own insulin, test her urine and monitor her diet. In December, 1922 Burgess returned to Washington, DC, with a healthy Elizabeth. After returning to Washington, and despite pleas from the Hughes family to stay, Burgess resigned her position to marry. It was Burgess' excellent care and teaching that provided Elizabeth with the skills to manage her diabetes and convinced her family that the hiring of another private nurse was unnecessary.

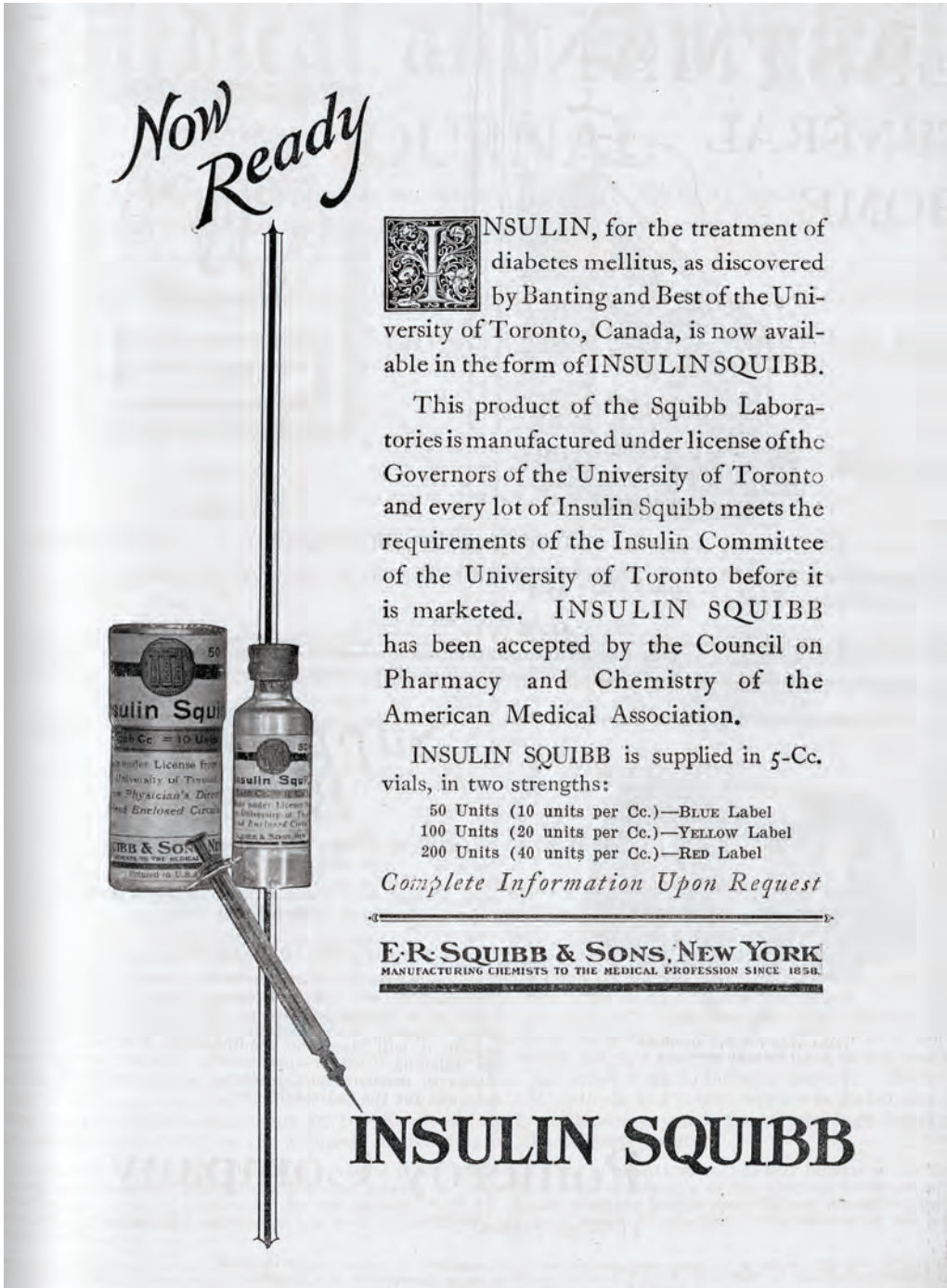
Other children who received insulin soon after its discovery were from families with similar backgrounds to the Hughes'. Teddy Ryder, a 5 year old from New Jersey whose father was an engineer, was in Toronto at the same time as Elizabeth.⁹ Another child, James Havens, whose father was an executive for Eastman Kodak, was the first child to receive insulin in the United States.¹⁰ His insulin had been "secretly smuggled across the border between Canada and the United States. . . ." ¹¹ These children shared the privilege of receiving insulin and diabetic care.

Nurses continued to play an important role in the care of children with diabetes even after insulin was discovered. The families who had the resources to employ private duty nurses for long periods of time continued to rely heavily upon them to manage their child's care and to teach the child how to handle some of their own care. Families without private nurses learned to care for their diabetic child by going to classes held at local hospitals or, later (1927), by using a "wandering diabetes nurse" who worked closely with diabetic physicians.¹² In most cases, the children who received insulin soon after its discovery lived longer, had more energy and gained more weight than those who did not receive the medicine. Nurses played a very large part in the care, education, and training of the families and children with diabetes.

Conclusion

As a result of receiving both insulin and excellent medical and nursing care, Elizabeth Hughes lived a long and productive life. She graduated from college, married, had three children, and died in 1981 after living almost 60 years with diabetes. James Havens married in 1927, had two children, worked as an artist, and lived until the age of 59 when he

succumbed to cancer.¹³ Teddy Ryder lived over 70 years on insulin.¹⁴ The lives of Elizabeth Hughes and her contemporaries suggest that children whose families had the education, knowledge, and foresight, as well as the social or economic status to acquire insulin soon after its discovery were better able to manage their diabetes and live long and productive lives.



Now Ready

INSULIN, for the treatment of diabetes mellitus, as discovered by Banting and Best of the University of Toronto, Canada, is now available in the form of INSULIN SQUIBB.

This product of the Squibb Laboratories is manufactured under license of the Governors of the University of Toronto and every lot of Insulin Squibb meets the requirements of the Insulin Committee of the University of Toronto before it is marketed. INSULIN SQUIBB has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

INSULIN SQUIBB is supplied in 5-Cc. vials, in two strengths:

- 50 Units (10 units per Cc.)—BLUE Label
- 100 Units (20 units per Cc.)—YELLOW Label
- 200 Units (40 units per Cc.)—RED Label

Complete Information Upon Request

E-R-SQUIBB & SONS, NEW YORK
 MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

INSULIN SQUIBB

Boston Medical and Surgical Journal, February, 1925, courtesy the U.Va. Claude Moore Health Sciences Library Historical Collections.

Notes

1. Chris Feudtner, *Bittersweet: Diabetes, Insulin, and the Transformation of Illness* (Chapel Hill: The University of North Carolina Press, 2003).
2. Elliott Joslin, MD, *A Diabetic Manual for the Mutual Use of Doctor and Patient*, 2nd ed. (Philadelphia: Lea & Febiger, 1919), 18.
3. Julius Friedenwald & Jon Ruhrah, *Dietetics for Nurses*, Fourth Ed. (Philadelphia: W.B. Saunders Company, 1918), 333.
4. *Ibid.*, 328.
5. Chris Feudtner, *Bittersweet: Diabetes, Insulin, and the Transformation of Illness*.
6. Elizabeth Hughes Collection (Hereafter referred to as EHC), The Thomas Fisher Rare Book Library (Hereafter referred to as TFRBL), University of Toronto (Hereafter referred to as UT), MS COLL 334, Box 1, Folder 33, Digital ID: L10099. Retrieved March 7, 2007.
7. Michael Bliss, *The Discovery of Insulin* (Chicago: The University of Chicago Press, 1982), 151.
8. EHC, TFRBL, UT, MS COLL 334, Box 1, Folder 36, Digital ID: L10007 Retrieved March 7, 2007.
9. Chris Feudtner, *Bittersweet*, 201.
10. Michael Bliss, *The Discovery of Insulin*, 135.
11. Chris Feudtner, *Bittersweet*, 52.
12. Lovilla E. Winterbottom, R.N., "A Wandering Diabetic Nurse" *AJN*, 31(8): 957-958.
13. Michael Bliss, *The Discovery of Insulin*, 243
14. Michael Bliss, *The Discovery of Insulin*, (Chicago: The University of Chicago Press, 25th Anniversary Edition, 2007), 244.

Nursing & Medical History Opportunities

Medical History Grants

Jack D. Pressman-Burroughs Wellcome Fund Career Development Award

This award and stipend of \$1,000 is given yearly for outstanding work in twentieth-century history of medicine or medicinal science, as demonstrated by the completion of the Ph.D. and a proposal to turn the dissertation into a published monograph. The application must be postmarked by December 31, 2008. Additional information: www.histmed.org

Shryock Medal Essay Contest

Graduate students in the United States and Canada are invited to enter this contest. The award is given for an outstanding unpublished essay by a single author on any topic on the history of medicine. Essays must be postmarked no later than January 15, 2009. Complete information: www.histmed.org

Medical History Conferences

The Southern Association for the History of Medicine and Science

Birmingham, Alabama, March 6-7, 2009
More information: www.sahms.net

The American Association for the History of Medicine

Cleveland, Ohio, April 23-26, 2009
More information: www.histmed.org

Calls for Abstracts

American Association for the History of Nursing

Minneapolis, Minnesota
September 24-29, 2009
Abstracts due January 15, 2009
More information: www.aahn.org

Snippets from the Past

In reviewing the medical care of children in the 1900's, I was struck by how little was known about the diseases that killed so many of them. The science of bacteriology was just beginning to reveal the bacterial etiology of many of these diseases including pneumonia, measles, scarlet fever, and diphtheria. Just as enlightening were the pharmacological agents used by physicians to treat sick children.

Children's drugs were modified versions of adult drugs but given in smaller doses to infants and increased as children grew older. Physicians attempted to avoid drugs that irritated a child's stomach and employed sweeteners to make bitter drugs more palatable. Below are some of the common medicines and therapies used at the turn of the twentieth century.

Antipyretics - phenacetine and antipyrine were given to reduce fevers, make the children more comfortable, and to induce sleep. The application of cold using ice caps, sponging, or baths was considered more effective and desirable than drugs.

Stimulants - alcohol in the form of brandy, whisky, wine or Champagne was well tolerated and effective in treating a weak thready pulse, and general physical depression and prostration. Diluted with water for infants and given frequently in small amounts, the dosage was raised according



to the age of the child. Strychnine was often used as a heart stimulant.

Tonics - were frequently administered to invigorate the general condition of children, especially after an illness or during the winter months when sickness was more common. Cod liver oil was the first choice followed by iron and arsenic preparations. Alcohol, sherry or wine, in combination with bitter preparations, was given to relieve anemia and general malaise.

Opiates and Anodynes - to manage pain and restlessness included paregoric, morphine, codeine, chloral, belladonna and mercurial com-

pounds such as calomel.

L. Emmett Holt. **Diseases of Infancy and Childhood**, "Therapeutics", New York: D. Appleton Company. 1902, p 45-52.

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

Randolph International Nursing History Conference Registration Form

March 20-21, 2009

Name: _____

Credentials (PhD, RN, etc.): _____

Affiliation(s): _____

Preferred Address:

Street: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Email: _____ (please print clearly!)

Do you require special assistance because of a disability or have any dietary restrictions? If so, please describe:

Registration Fees:

_____ Participant \$225

_____ Student \$100 with verification of status

_____ **Additional** Rotunda Dinner Guest \$70

_____ Total Registration Fees

Rotunda Dinner (included in registration fee)

Menu Choice:

Participant: chicken____ vegetarian____

Guest: chicken____ vegetarian____

Payment is required with registration and must be received by March 6, 2009. You will receive email confirmation upon receipt of your payment. Please make check or money order payable in U.S. dollars to "the Center for Nursing Historical Inquiry." Please note "Conference" on your check. Credit card payments are not possible.

Send Registrations to:

The U.Va. School of Nursing
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P.O. Box 800782
Charlottesville, VA, 22908-0782.

Center Contributors September 2007-September 2008

Randolph Society

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George E. & Linda R. Davies
Pauline and Albert Dessertine
Barbara H. Dunn
Janet L. Fickeissen
Annette Gibbs
Robert S. & Mary Eckenrode
Gibson
Julie and Kal Howard
Arlene W. Keeling
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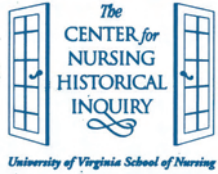
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