

WINDOWS IN TIME

THE NEWSLETTER OF THE UNIVERSITY OF VIRGINIA SCHOOL OF NURSING CENTER FOR NURSING HISTORICAL INQUIRY
VOLUME 20, ISSUE 1 APRIL 2012

FROM THE DIRECTOR

Reflections on "Windows in Time"



Arlene Keeling

TWENTY YEARS AGO, when the CNHI opened for the first time and we were choosing a name for this newsletter, the Center's directors, (then Barbara Brodie, Sylvia Rinker, and myself) decided on "Windows in Time" as the purpose of the publication was to provide readers with a glimpse of the Center's activities at a specific time in its existence. At that time, we arbitrarily chose a traditional square window as our logo.

As you may have noticed, with input from our new graphic designer, this newsletter has changed dramatically in appearance, reflecting the growth and development of our Center, its activities, and its promising future. Our new logo is a classic Jeffersonian Palladian window, reflecting the traditions of both the University of Virginia and the Center for Nursing Historical Inquiry.

Today, our newly renovated Center has a "store front" display window that offers us another tangible way to illustrate our "Windows in Time" tradition. Each semester since the renovation, we have created a display in the window that captures a scene from the past of nurses or nurse-patient interaction. For example, the first scene depicted a nurse from the Frontier Nursing Service in Leslie County, Kentucky, making a prenatal home visit to a poor Appalachian Mountain woman. The next display showed a student nurse, circa 1910, studying in her room. More recently the window portrayed school nursing in the 1920s in Virginia. It showed a Public Health nurse in her traditional gray chambray uniform, assessing the children's vision. The setting was a one room school house, complete with 1920s desks, chalkboard and tin lunch pail, as well as the eye chart and yard stick. The scene was meant to honor both rural nursing (our school has a Center for Rural Nursing Research) and nursing history, as well as entice students into the CNHI to learn more.

Currently, the front display window illustrates the care of African American babies in a segregated ward in the basement of the University of Virginia's hospital in the early 20th century, when Jim Crow laws shaped the black experience. It was created to bring to light this aspect of Southern health care. At UVA, student nurses "crossed the architectural divide" and provided care to these black children as well as to their mothers (maternity wards for blacks were also in the basement).¹ The display was true to its purpose: it intrigued one of our PhD graduate students,

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¹Michael Swanberg and Arlene Keeling, "Crossing the Architectural Thresholds of Exclusion: Gender, Race, and Class at the University of Virginia Medical Center, 1950-1960," (poster presented at the 12th Annual Robert J. Huskey Graduate Research Exhibition, University of Virginia, March 21, 2012).

Care provided for black patients was in fact 'separate,' but not 'equal.' Financial factors facilitated acceptance of integration throughout hospitals in the South. During the 1950s hospital administrators feared that integration would alienate White patients and result in lost revenue, but Hill-Burton funds provided UVA President Colgate Darden with an opportunity to expand the hospital and comply with federal desegregation laws.

The students enrolled at the UVA School of Nursing from 1950 to 1960 crossed the threshold to care for the black patients in the basement as well as the white patients upstairs.

The architecture of the hospital mirrored the complexity of the man who founded the University of Virginia, Thomas Jefferson.



Michael Swanberg, RN, CNMW, probably because it aligned with his dissertation research on maternal/infant mortality among the black community in Charlottesville today. Michael further investigated that phase of Southern health care history and recently presented his results on a poster at the Robert J. Huskey Graduate Research Exhibition here.

To date we have created these displays on a shoestring, scouring local antique stores for artifacts or borrowing furniture and other display items from faculty and friends. Just recently however, we have received two generous gifts: one from the Alumnae to sponsor the space (this one to the Dean for the building renovation fund) and a second from Lucie Kelly, PhD, RN, FAAN, Professor Emerita at Columbia University in New York City and long-time friend of the CNHI, to fund the actual display materials. Thanks to this generous donation to the CNHI, we can now purchase museum quality

mannequins and artifacts, and hopefully employ a graduate student from the Department of Drama to help us with set design.

The ability to visualize scenes from nursing's past helps us attract and entice people who pass the Center's window to learn more about the care that professional nurses have provided the public for over a century. The responses of the students and visitors who have seen the displays confirms that these historical scenes can stimulate the public's interest in what nurses were doing for patients in these different settings. These responses encourage us to continue to promote the public's interest in nurses and to educate them of the role that nurses now and in the past played in shaping the American health care system. ■

Barbara Brodie Nursing History Fellowship 2013

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, 2012, and the recipient will be announced in December, 2012. 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 by email to the Center's Director, Dr. Arlene Keeling, awk2z@virginia.edu. Applications are available on the Center's Web site: www.nursing.virginia.edu/Research/CNHI/Fellowship.

2012 Barbara Brodie Nursing History Fellow

A **NNE Z. COCKERHAM**, PhD, RN, CNMW, WHNP-BC is the 2012 recipient of the Barbara Brodie Nursing History Fellowship.

Dr. Cockerham is on the faculty of Frontier Nursing University and is a nurse-midwife. Her research is entitled "Extending the Work of Nurses: Couriers at the Frontier Nursing Service" and will analyze the role of Frontier Nursing Service (FNS) couriers and their interactions with FNS nurses. The couriers assisted the nurses in many and varied ways allowing the FNS nurses to focus on their professional, skilled care of thousands of patients in remote, mountainous Eastern Kentucky. Data for this study will be obtained from the extensive archival collections of the Frontier Nursing Service Collection at the University of Kentucky Special Collections Library; collections at Berea College and Wendover, the historic home of Mary Breckinridge; and dozens of oral histories of former couriers.

This work will add to the knowledge of the history of nursing "extenders" to support the work of professional nurses. The financial viability of the FNS was tenuous and required creative ways to increase service efficiency at little or no cost. The courier program helped Breckinridge and other FNS leaders meet that goal by using unpaid couriers for non-nursing tasks and by enhancing fundraising connections between the couriers' wealthy families and the FNS.



Anne Cockerham

St. John Fisher College Wegmans School of Nursing, Our New York Connection

Expert Panel Election

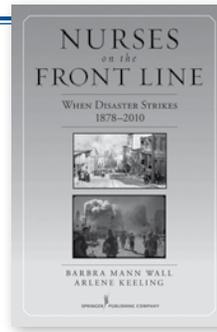
Arlene Keeling was elected a co-chair of the Expert Panel on Nursing and History at the American Academy of Nursing's 38th Annual Meeting and Conference in October 2011. Dr. Keeling joins fellow co-chair Dr. Sandra Lewensen from Pace University. **Barbara Brodie** stepped down in October after serving as co-chair of the panel for 10 years.

OVER THE PAST 18 MONTHS the nursing faculty and undergraduate and graduate students at St. John Fisher College in Rochester, New York, have joined the audience of the Center's monthly Nursing History Forums. Thanks to *Blackboard Collaborate* technology the entire Fisher community has access to the unique perspective that the forums' speakers bring to the nursing profession and America's healthcare history. As the nursing faculty at Fisher begin to update the school's graduate curriculum and integrate the new graduate education criteria set forth by the American Association for the Colleges of Nursing, it is anticipated that the history forums will become an integral part of the curriculum and Fisher faculty and students will take further advantage of the resources the history center has to offer.





Presentations & Publications



STAFF

COCKERHAM, A. "Happily Learning to Space Their Children": Birth Control and the Frontier Nursing Service" (paper presented at the annual meeting of the Southern Association for the History of Medicine and Science, Atlanta, GA, March 2, 2012).

COCKERHAM, A.Z. "Rooted in the Mountains, Reaching to the World: Nursing and Midwifery at Kentucky's Frontier School and Beyond" (paper presentation at the Appalachian Studies Association, Indiana, PA, March 25, 2012).

GIBSON, M., KEELING, A., and KIRCHGESSNER, J.C. "Beyond Henry Street: Nurses and Access to Rural Health Care, Lessons from the Past-School Nursing" (Panel Presentation at the Rural Nurse Organization Bi-Annual International Rural Nursing and Rural Health Conference, Binghamton, NY, October 5-7, 2011).

GIBSON, M. "Untiring Labor for the Suffering Child": Origins of Care for Children with Orthopedic Disabilities in Seattle, 1907" (paper presented at the annual meeting of the Southern Association for the History of Medicine and Science, Atlanta, GA, March 2, 2012).

KEELING, A. Review of *Nursing, the Finest Art*, by M. Patricia Donahue, *Nursing History Review*, 20 (2012): 254-255.

Stuart-Moss, K. and **KEELING, A.** "Ending the Silence: The Voice of the African American Men & Nurse Rivers in the Tuskegee Experiment 1932-1972" (poster presented at the annual conference of the Southern Nursing Research Society, New Orleans, LA, February 22-25, 2012).

DeGuzman, P. and **KEELING, A.** "Addressing Disparities in Access to Care: Lesson from the Kercheval Street Clinic in the 1960s"(poster presented at the annual conference of the Southern Nursing Research Society, New Orleans, LA, February 22-25, 2012).

KEELING, A. Chair, international panel discussion on nursing in World War I: "Nursing during the Influenza epidemic". Paper presented as part of the session: "The Second Line of Defense: Philadelphia Nurses Respond to Pandemic Influenza, 1918" (Medical History of World War One conference, Fort Sam Houston, TX, February 23-25, 2012).

KEELING, A. "An Unusual Degree of Responsibility": Nurses in US Migrant Camps, 1937-1945" (paper presented at the annual meeting of the Southern Association for the History of Medicine and Science, Atlanta, GA, March 3, 2012).

KEELING, A. "The Second Line of Defense": Philadelphia Nurses and the Influenza Epidemic, 1918" (Report of data from the Brunner Fellowship, University of Pennsylvania-Invited—Outcome of Brunner Fellowship, November 2, 2011).

KEELING, A. "The Keystone of Preventive and therapeutic Medical Care": Nurses in U.S. Migrant Camps in the Great Depression, 1937-1945" (panel presentation at the Rural Nurse Organization Bi-Annual International Rural Nursing and Rural Health Conference, Binghamton, NY, October 5-7, 2011).



Uva presents at the Southern Association for the History of Medicine and Science Conference, Atlanta, GA, March, 2012

CLARK, M. "I have always been in horror of this disease": Management of the Diabetic Patient in the 1930s (paper presented at the annual meeting of the Southern Association for the History of Medicine and Science, Atlanta, GA, March 3, 2012).

DEGUZMAN, P. and Keeling, A. "Addressing Disparities in Access to Care: Lesson from the Kercheval Street Clinic in the 1960s"(poster presented at the annual conference of the Southern Nursing Research Society, New Orleans, LA, February 22-25, 2012).

GLEASON, D. "Children with Diabetes: Life, Death, and Technology, 1900-1930" (paper presented at the annual meeting of the Southern Association for the History of Medicine and Science, Atlanta, GA, March 2, 2012).

STUART-MOSS, K. and Keeling, A. "Ending the Silence: The Voice of the African American Men & Nurse Rivers in the Tuskegee Experiment 1932-1972" (poster presented at the annual conference of the Southern Nursing Research Society, New Orleans, LA, February 22-25, 2012).

SWANBERG, M. and Keeling, A. "Crossing the Architectural Thresholds of Exclusion": Gender, race, and class at the University of Virginia Medical Center, 1950-1960 (poster presented at the 12th Annual Robert J. Huskey Graduate Research Exhibition, University of Virginia, March 21, 2012).

STUDENT

BROWN, L. "Nursing Care of Tobacco Mill Workers in Rural North Carolina, 1906-1920"(paper presented at the annual meeting of the Southern Association for the History of Medicine and Science, Atlanta, GA, March 3, 2012).

CRAIG, S. "From First Aid Room Nurse to Safety Officer: Industrial Nurse Training, 1911-1932" (paper presented at the annual meeting of the Southern Association for the History of Medicine and Science, Atlanta, GA, March 3, 2012).

GRANTS RECEIVED

GIBSON, M. and **KEELING, A.** (2012) Jefferson Trust: Interactive Dissemination of Nursing History Resources. The \$20,000 grant was awarded to fund digitization of the Nancy R. Milio Collection and subsequent creation of a website with indexed files and analytical paragraphs about collection themes.

KEELING, A. (2011). ANF Scholar: Nurses Charitable Trust of Greater Miami. "Nursing in the Migrant Camps, 1937-1945."

NEWS & OPPORTUNITIES

IN NURSING AND MEDICAL HISTORY

American Association for the History of Nursing Research Awards

THE AWARDS COMMITTEE of the American Association for the History of Nursing (AAHN) is seeking nominations for outstanding nursing history scholarship. The Association offers four awards for completed research, each presented annually at the Fall Nursing History Conference. The **Teresa E. Christy Award** is to acknowledge the excellence of historical research and writing done while the researcher was a doctoral student. Two of the AAHN awards recognize the work of experienced scholars in nursing history. The **Lavinia L. Dock Award** is presented to the author of a book noted for its outstanding research and writing. The **Mary Adelaide Nutting Award** is conferred on the author of a post-doctoral article in the history of nursing. The purpose of the **Mary M. Roberts Award** is to recognize outstanding original research and writing in an edited book of nursing history. Only AAHN members are eligible to apply for these awards.

The deadline for award application is May 15, 2012.

Please see the AAHN's website for further details related to the awards: www.aahn.org.

Undergraduate Nursing History Award

RECIPIENTS OF THE 2011 Undergraduate Nursing History Award are Lydia Chu, Lindsey Cederholm, Shanique Morrison, and Blair Ross for their research paper entitled *The History of Oncology Nursing*. The award, presented in October during wFamily Weekend, is sponsored by the School of Nursing Alumni Association and recognizes excellence in historical research by undergraduate students.

Marlyn Boyd: Artist, Nurse and Faculty Colleague

THROUGH THE GENEROSITY of Dr. Marlyn Boyd the Center has been granted permission to use a print of her vibrantly-colored painting of the University of Virginia School of Nursing's cap (circa 1970) on our note cards. Marlyn has created a collection of paintings of historical nursing caps from many of the nation's schools of nursing. We thank her for allowing us the use the nursing print on our cards and acknowledge that many have expressed delight in once again seeing a wonderfully depicted white starched nursing cap. Additional information about Boyd's cap collection can be found on her website: fineartamerica.com/profiles/marlyn-boyd.html.

2012 Fall Nursing History Forums

McLeod Hall #5060 12:00–1:00 PM

September 18, 2012

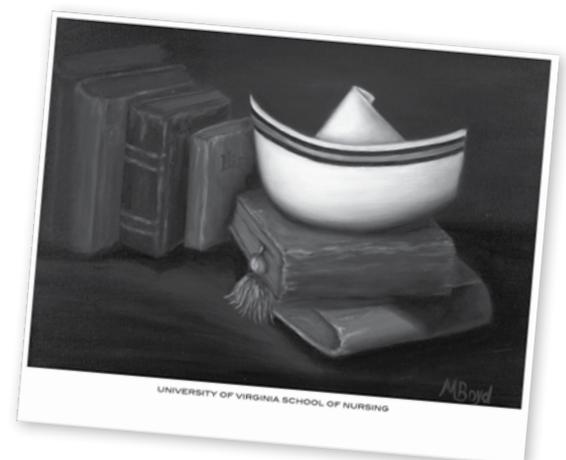
“Untiring labor for the suffering child”: Origins of Care for Disabled Children in Seattle, 1907
Mary E. Gibson, PhD, RN
Assistant Director, CNHI

October 23, 2012

Addressing Health Care Disparities in the Great Depression: Nursing in the Migrant Camps, 1935–1943.
Arlene W. Keeling, PhD, RN, FAAN
Director, The Center for Nursing Historical Inquiry

November 13, 2012

Adventure and Service in Khaki and White: Frontier Nursing Service Couriers, 1928–2010
Anne Z. Cockerham, PhD, RN,
CNMW, WHNP-BC
2012 Brodie Fellow





The Rita K. Chow Papers

HENRY K. SHARP, PH.D.

THE UNITED STATES Public Health Service, an organization tracing its roots back to the Marine Hospitals of the late-eighteenth century, opened its roll of medical corps officers to nurses in 1944. This expansion of the corps made available to nurses civil service careers in health care evaluation, policy development, professional standards review, and educational programming—in addition to the clinical work which had long been the heart of public health nursing practice. Here at the Center, the extensive documentary collection assembled by Rita Kathleen Chow, Ed.D., R.N., throughout—and beyond—her twenty-seven-year career with the U.S. Public Health Service, offers a case study of this important federal role for nursing practice and policy. The papers further highlight Dr. Chow’s personal and professional interests, as contained in notes, correspondence, scholarly writing, photographs, and related materials.

Rita Chow is a first-generation American of Chinese descent, from San Francisco, California. Her father, upon immigrating to the United States from Canton Province, China, apprenticed as a tailor, afterward opening his own shop in the Mission district of San Francisco. Here Chow’s parents raised three children, impressing upon them the values of education, Christian faith, and hard work. In many respects, theirs is a typical immigrant family story. The children worked in the shop, with differing responsibilities according to their ages, then proceeded to become English-language students in the city’s public school system as well as Cantonese- and Mandarin- language students, after hours, at the Cumberland Presbyterian Chinese School. Although the elder Chows had not been able to pursue formal education beyond the high school level, they encouraged their children to advance to college programs.

Chow earned a Bachelor of Science degree at the Stanford University School of Nursing in 1950. She subsequently held instructor and nursing positions at Stanford and at the Fresno State School of Nursing. In 1954, Chow entered the United States Army Nurse Corps, and continued as a reservist until 1968. As an Army nurse she completed a Master of Science in Nursing at the Frances Payne Bolton School of Nursing of Western Reserve University, now known as Case Western Reserve University. She became an Instructor of Nursing at the Wayne State University College



Rita K. Chow

of Nursing in Detroit, then enrolled in the Teachers College of Columbia University where she earned a Doctorate in Education (Ed.D.) in 1968. While pursuing her degree Chow served on the editorial staff of the *American Journal of Nursing*, and organized an innovative cardiovascular nursing research project at Ohio State University Hospital. This study served as the foundation for her well-regarded textbook, *Cardiosurgical Nursing Care: Understandings, Concepts, and Principles for Practice*, published in 1976.

Dr. Chow’s career with the U.S. Public Health Service (U.S.P.H.S.) began in 1968. Initially assigned to offices in the Washington, D.C. area, she undertook many research projects for the Health Service.

In 1983 she completed another graduate degree, a Bachelor of Independent Studies in Public Health at George Mason University. Additional U.S.P.H.S. assignments took her further afield, first to the Indian Health Service Hospital at Rosebud, South Dakota in 1982. She subsequently became Assistant Director of Nursing and Director of Patient Education at the famous National Hansen’s Disease Center in Carville, Louisiana, then Director of Nursing for the Federal Bureau of Prisons Medical Center in Fort Worth, Texas. Here she helped develop one of the first prisoner-run hospice programs in the nation.

Since her official retirement in 1995, Dr. Chow has undertaken consulting projects, traveled extensively for academic conferences, and served as Director of the National Interfaith Coalition on Aging. Dr. Chow’s commitment to life-long learning has found additional expression in her certification as a Holistic Nurse. Among her many extra-curricular activities, she has maintained active interest in the Girl Scout Program, for which she served as a leader in her youth, and membership in the Pilot Club of Arlington, Virginia, a women’s international service organization. Dr. Chow received the Holistic Nurse of the Year award in 2001, and the U.S.P.H.S. Chief Nurse Officer Award in 2003, plus many other testimonials of her service and devotion throughout her career. She is a Fellow of the American Academy of Nursing.

We are delighted to have Dr. Chow’s papers here at the Center for Nursing Historical Inquiry. They reflect a long, productive and diverse professional career. ■

Archivist Henry Sharp





CONGRATULATIONS TO

*Dr. Nena Joyner Patterson
and Dr. Deborah L. Gleason*

WE ARE PLEASED TO ANNOUNCE a successful dissertation defense for Dr. Nena Patterson and Dr. Deborah Gleason.

Nena Joyner Patterson, PhD, RN, defended her dissertation “Protecting America’s Future Citizens’: An Historical Analysis of Nursing Roles within the Emergency Maternity and Infant Care Program (EMIC) of WWII, 1941–1949” on October 27, 2011. Her research used historiographic methods to examine the nursing care provided to wives of enlisted soldiers in World War II. Dr. Patterson is a member of the James Madison University faculty.

Deborah L. Gleason, PhD, RN, CPNP successfully defended her dissertation “The Insulin Odyssey: Nursing Care of Children with Diabetes, 1915–1935” on March 21, 2012. Through the analysis of diaries and other primary records, Dr. Gleason’s research identified and described the nursing care of children before and after the discovery of insulin.

We are delighted to offer our congratulations to both and welcome them into the global network of nurse historians!

**The Second Agnes Dillon Randolph
International Nursing History Conference
at the University of Virginia,
Charlottesville, Virginia
March 15–16, 2013**



IN RECOGNITION OF THE DIVERSITY AND QUALITY of the nursing scholarship across the world, the Center for Nursing Historical Inquiry is hosting the second Agnes Dillon Randolph International Nursing History Research Conference. A variety of nursing history presentations by international researchers will be featured in the conference. Presentations will be held in the University of Virginia School of Nursing and Barbara Brodie PhD, RN, FAAN Professor Emeritus and Randolph Award Recipient will be the keynote speaker.

Abstracts are to be submitted electronically and are due **November 15, 2012**.

Hotel accommodations have been made with Courtyard by Marriott University/Medical Center 1201 West Main Street, Charlottesville, VA. 22903. Further information, including directions for electronic submission, is available on the conference website: <http://www.nursing.virginia.edu/research/cnhi/events/randolph-2013/>.

Conferences

*American Association for the History of Nursing
Annual History of Nursing Conference*
Statesboro, Georgia
September 27–29, 2012
Additional information: www.aahn.org

*Canadian Association for the History of Nursing
25th Anniversary Conference*
Medicine Hat, Alberta
June 15–17, 2012
Additional information: www.cahn-achn.ca

*Southern Association for the History of Medicine and
Science Annual Conference*
Charleston, South Carolina
February 21–23, 2013
Additional information: www.sahms.net

Calls for Abstracts

*The European Association for the History of Medicine and
Health Annual Conference*
Lisbon, Portugal
September 4–7, 2013

“Risk and Disaster in Health and Medicine”
Abstracts due: Dec 1, 2012
Additional information: www.eahmh.net

Nurses' Struggles During the Great Depression: Prelude to Professional Status

BARBARA BRODIE PHD RN, ASSOCIATE DIRECTOR

AFTER THE U.S. STOCK MARKET COLLAPSED in October, 1929, the country's economy spiraled out of control leading to massive business failures, the closing of the nation's banks, social unrest, high unemployment, and increasing poverty among the people. By 1932, the lowest point of the depression, 15,000,000 people (one-third of the country's workers) were without jobs or even the prospect of future jobs. Leaders from government, business, and social agencies struggled to find effective ways to restore the health of the economy and help its citizens survive.

Private duty nurses were among the earliest casualties of these turbulent times because of an over abundance of them and the advances in medicine in the 1920s that had moved patients from their homes to hospitals. Hospitals now offered nursing care given by student nurses whose costs were included in the hospital's bill. This move left too many private duty nurses seeking too few jobs even in the early stages of the depression. As the economy worsened, many more Americans lost their jobs, businesses, homes, and their savings. Soon millions of people who needed medical care found themselves unable to pay for the services of physicians, private duty nurses, or hospitals.

Prior to today's government or private health care insurance coverage, hospitals depended on patients to pay for their care and charitable donations to defray any shortfalls. During the depression, hospitals were forced to devise ways to remain open and operating. They began a series of cost-cutting measures that included closing smaller non-viable ones, cutting their staff and its pay, increasing their collection procedures, and closing their

nursing schools whose nursing students had staffed the hospital. To offset the loss of students, hospitals hired aides and some graduate nurses who were begging for jobs. Unemployed for months or longer, graduate nurses were forced to agree to work

for minimum wages and in some hospitals offered only room, board, and laundry services as wages. These arrangements helped many nurses through the worst of the depression and taught them ways to exist on very little money. Stories abound of the ingenuity of nurses to survive under these conditions, such as taking the left-over soap of a discharged patient for their own use and devising ways to keep their white uniforms, cap, and shoes intact and presentable. For some however, the experience left them bitter because they were not treated as professionals in the hospital and forced to live in substandard housing under the rules of house mothers and the nursing superintendent.

In 1932, at the height of the depression, it was estimated that between 8,000 and 10,000 nurses in the country were searching for work. Some nurses unable to live on their own returned to live with their families and find employment. Others desperate for work traveled to other states in hopes of finding positions as floor nurses. However, so intense was

unemployment in every state that concerned officials of nursing organizations placed notices in the *American Journal of Nursing* warning fellow nurses not to come to their state for a job. "Nurses who are contemplating coming to Binghamton, New York, to work, are advised not to do so as there is not enough work for nurses already here."¹ Because of the lack of jobs for Michigan



Nurse c. 1930

CNH/ BARBARA BRODIE PHOTOGRAPH COLLECTION

Private duty nurses were among the earliest casualties of these turbulent times.

¹"Binghamton is Over-Crowded." *American Journal of Nursing*. Vol 30, January, 1930. 344

A History of Nursing at Mayo Clinic

THE HISTORY OF NURSING at Mayo Clinic will be celebrated in a book to be published in conjunction with Mayo's Sesquicentennial activities in 2014.

In 2011, with the sanction of senior nursing leadership, a multidisciplinary steering committee was established to plan this project. Department of Nursing Members included: Dorothy F. Bell, RN, Adam T. Holland, RN, Kristine (Kris) M. Johnson, RN, Connie

A. Luedtke, RN, Diane Salentiny Wroblewski, RN; Matthew D. Dacy, Department of Development; Renee E. Ziemer of Mayo Historical Unit; ex officio members: Doreen K. Frusti, RN, Chair Emeritus, Department of Nursing, Pamela O. Johnson, RN, Chair, Department of Nursing, Chief Nursing Officer, Mayo Clinic.

In the fall of 2011, the steering committee issued a "Request for Proposals" to prospective authors. From a national

search, Arlene Keeling, PhD, RN, FAAN, was selected as the author. Rebecca Carmel, RN, CRNA, a PhD student at UVA, is providing assistance with data collection.

According to a recent Mayo Clinic press release: "Mayo Clinic Nursing is fortunate to have a distinguished nurse historian and author engaged in the research and writing of the history of nursing at Mayo Clinic."

nurses their State Board of Examiners of Nurses temporarily suspended issuing licenses to out-of-state nurses.²

As soon as the magnitude of the depression was recognized in 1930, health care leaders at both the local and national levels organized to find ways to relieve the hardships of unemployed nurses. State nursing relief groups worked to find nurses jobs and provide them temporary funds. State Nurse Associations and the American Nurses Association worked with hospitals to promote the hiring of more graduate nurses and encouraged hospitals to cut their nursing training programs. They also encouraged hospitals and nurses' employment agencies to adopt an eight-hour working day and to devise ways to pay graduate nurses hourly wages for part-time work. Some of these ideas were partially successful but it took the federal government's relief programs, beginning with the National Relief Act of 1933, to provide employment for nurses and the health services needed by the public. Thousands of nurses applied for positions in these new federally sponsored programs. So destitute were some nurses, they had to be outfitted with new uniforms and shoes before they could take these new positions.³

Bolstered by the federal government's help and the country's recovering economy, hospitals and public health agencies

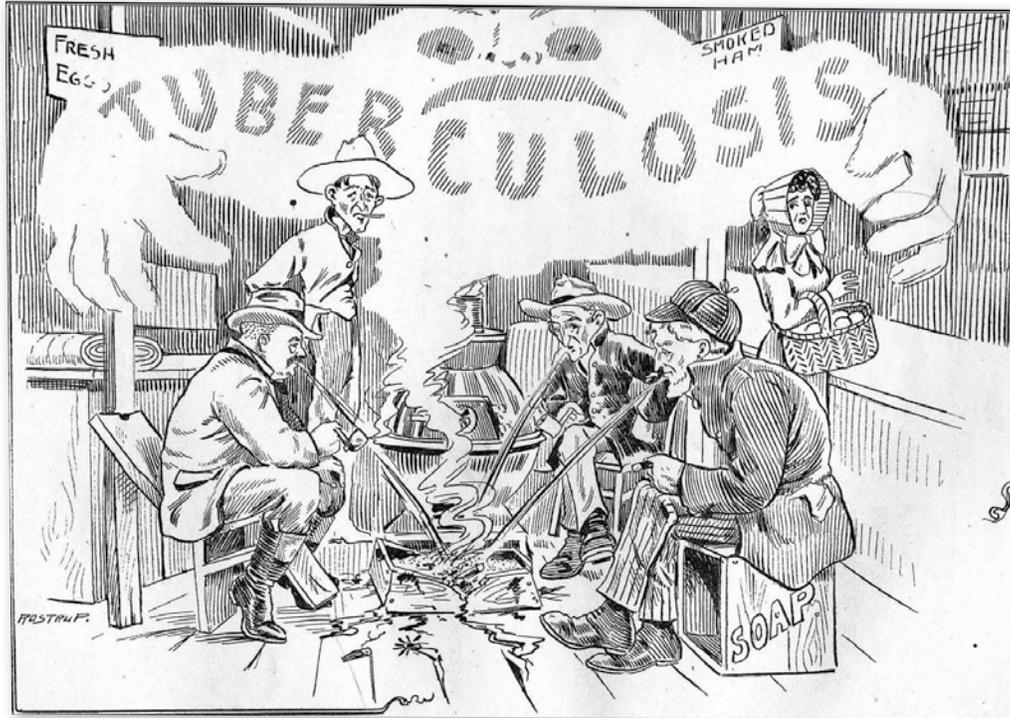
began to add registered nurses to their staffs. At the beginning of the depression, hospitals employed about 4,000 graduate staff nurses—by 1937 the numbers rose to 28,000 and in 1941, 100,000 graduates were employed in staff nurse positions.⁴ From this point on graduate nurses became the mainstay of hospitals' nursing services and nursing students only supplemented their numbers. This growth was due to not only the increasing income of hospitals but more importantly, changes in the hospital had been instituted to provide more medical specialty care with its new technology and clinical diagnostic laboratories. These changes demanded the services of professional nurses to care for patients, support physicians, and to manage the increasing complexity of a modern hospital.

As graduate nurses entered hospitals to assume leadership and clinical positions the profession entered the next crucial phase of its development. The challenges it faced included developing its own clinical domain and autonomy, establishing interdependent relations with physicians, and creating within a rigid hospital system an environment that respected and valued professional nurses—including compensating them with professional wages and allowing them to significantly shape the standards of care provided to hospital patients. ■

²"News", *American Journal of Nursing*, Vol 33, March, 1933. 2873.

³Mary M. Roberts. *American Nursing: Its History and Interpretation* (Macmillan Company: New York: New York, 1954) 223–229.

⁴Susan M. Reverby, *Ordered to Care* (Cambridge University Press; Cambridge, New York, 1987)188.



Virginia's Response to the White Plague

MARY E. GIBSON, PHD, RN

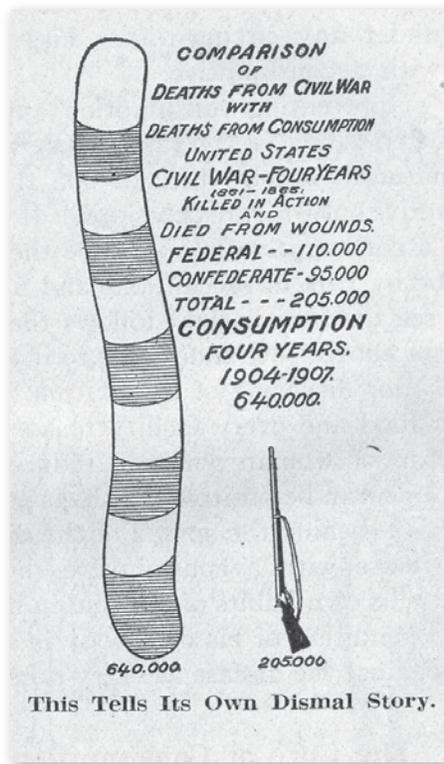
UVA. SCHOOL OF NURSING ASSISTANT PROFESSOR AND
ASSISTANT DIRECTOR OF THE CENTER FOR NURSING HISTORICAL INQUIRY

TUBERCULOSIS

caused greater mortality than any other disease during the nineteenth and early twentieth centuries earning it the moniker “captain of all men of death.” The chart at right illustrates the fact that the number of deaths attributed to tuberculosis the four years from 1904 through 1907 is three times greater than the number of combat fatalities during the four years of the American Civil War.¹ TB accounted for 10% of all deaths, and fully 33% of deaths in the 15–45 year age range around the year 1900.² One Virginia source states, “In 1900, tuberculosis in the state exceeded by 50% all other infectious and contagious diseases. It was the commonest and most fatal disease in Virginia.”³ All classes contracted the disease, but the poor seemed disproportionately affected.⁴

Robert Koch’s discovery of the causative *tubercle bacillus* in 1882 established the germ theory of disease and proved that tuberculosis was a communicable disease. The advent of antibiotics, such as streptomycin and isoniazid that could kill the bacteria would not be discovered for more than a half century, thus the rest cure of the sanatorium was the best hope to arrest the disease.⁵

Dr. Edward Trudeau founded the earliest U.S. sanatorium at Saranac Lake, New York in 1885, before many American physicians had even accepted Koch’s discovery.⁶ “Cure” was a word commonly employed in the discussion of treatment, but in reality the bacteria just became dormant or walled off by the body, permitting the patient to enjoy improved functioning and vitality. Fresh air, rest and good nutrition provided the best hope for recovery.



From *Virginia Health Bulletin*, October, 1908

By the turn of the twentieth century, U.S. public health and medical attention focused on the threat of the “white plague,” so called due to the pallor of its victims. In order to plan for adequate detection and treatment, clear estimates of disease incidence and prevalence were needed. However, many rural areas of the country, including those in Virginia, did not require the recording of deaths or communicable diseases, making the morbidity and mortality numbers imprecise. In Virginia the public health officials requested that physicians voluntarily report tuberculosis deaths to health authorities, but did not mandate such reporting until 1912.⁷

In addition, two types of the bacillus were recognized—the *mycobacterium tuberculosis*, which caused primarily pulmonary manifestations and *mycobacterium bovis*, which caused bone and joint and other manifestations, particularly in children, from drinking milk or eating meat from infected animals.⁸ Pulmonary infection represented ninety percent of cases of tuberculosis in adults.⁹ One caught the disease from contact with those already infected, primarily through sputum or body fluids. Sub-standard environmental situations facilitated the spread of disease, and immigrants and lower classes were reservoirs of tuberculosis. Literature of the period decried the conditions of the poor, their living environments and their tendencies toward poor health. Early in the century, many people still believed in the hereditary spread of the disease, or at least the hereditary predisposition to the disease despite the scientific community’s warnings of the contagion of tuberculosis. Children were the most vulnerable to infection and their protection was encouraged. In efforts to prevent the spread of disease, local and state ordinances prohibited spitting in public and common drinking cups.¹⁰

¹ *Virginia Health Bulletin*, Vol. 1, No 4, Oct. 1908.

² Lillian Brandt, “Social Aspects of Tuberculosis,” *Annals of the American Academy of Political and Social Science*, Vol. 21, May 1903, 65–70.

³ *A Century of Progress in Public Health*, 7, University of Virginia Health Sciences Library Historical Collections.

⁴ Sheila Rothman, *Living in the Shadow of Death*, (New York, Basic Books, 1994), 184.

⁵ Barbara Bates, *Bargaining for Life: a social history of tuberculosis, 1876–1938*, (Philadelphia, University of Pennsylvania Press, 1992) 339.

⁶ Richard Shryock, *National Tuberculosis Association: 1904–1954* (New York, National Tuberculosis Association, 1957).

⁷ *Annual Report of the Health Commissioner to the Governor of Virginia*, Sept 30, 1914.

⁸ Cynthia Connolly, *Saving Sickly Children*, (New Brunswick, NJ, Rutgers University Press, 2008), 5.

⁹ Lillian Brandt, “Social Aspects of Tuberculosis,” *Annals of the American Academy of Political and Social Science* 21 (May 1903) 65–76.

¹⁰ “The Statute Law of Virginia relating to the health of the people,” *Virginia Health Bulletin*, Vol. 1 No. 2, August 1908.

Susceptibility, medical professionals believed, depended to some extent on the reserves of those exposed, and if their health and nutritional status were robust, they were less likely to succumb to the disease.

While tuberculosis was recognized as an urban disease, particularly affecting those living in close and unsanitary conditions, it also affected those in rural areas. Family members and close contacts of tuberculosis patients were very likely to become infected. Susceptibility, medical professionals believed, depended to some extent on the reserves of those exposed, and if their health and nutritional status were robust, they were less likely to succumb to the disease. Lingering beliefs about inherited susceptibility to tuberculosis remained, and racial minorities were thought to have less resistance; thus many believed they were especially susceptible to infection.

In the North, larger cities grappled with overcrowding and the poor living and working conditions that promoted the spread of the disease. Efforts emerged in Pennsylvania and New York through champions such as philanthropist Henry Phipps, and physicians Edward Trudeau, Lawrence Flick and Herman Biggs, to educate the public about how to prevent the spread of tuberculosis, and to establish treatment facilities for victims of pulmonary tuberculosis.¹¹ In 1904, these and other professionals launched the National Tuberculosis Association.¹²

The Virginia Tuberculosis Sanatoriums

Public health efforts in the larger cities in the South developed more slowly than in the North. The Virginia Board of Health, established in 1872, lacked “muscle” and funding which hampered its ability to make an effective effort against tuberculosis or, in fact, any public health threats.¹³ Record of their activity in the years before 1900 is scanty but does document some health progress during the 1890s, particularly related to bovine tuberculosis prevention, separation of the tubercular from the healthy in state in-

stitutions, and smallpox vaccination for school children.¹⁴ Not until 1908, however, did Virginia’s Board of Health receive significant legislative and monetary support to address health threats to Virginians. On March 14, 1908, the Virginia General Assembly passed the “Baker Bill” an act which gave authority to Governor Claude Swanson to appoint a Health Commissioner, a representative State Board of Health, and local boards of health. Also mandated was

construction of a state laboratory. The funding approved for this effort was \$40,000 per year for two years to finance the reorganization of Virginia’s health efforts, and specifically for the construction and maintenance of a sanatorium for the tubercular.¹⁵

Captain William Washington Baker, author of the reorganization bill, was a former Confederate naval officer and longtime member of the Virginia General Assembly. He appealed to the legislature to reorganize the Board of Health largely in order to combat the tuberculosis that took an estimated 5,000 lives in the state each year.¹⁶ Baker lost numerous family members to tuberculosis and was committed to the creation of a sanatorium to treat Virginians who suffered from the disease.¹⁷

On July 30, 1909, the new Catawba Sanatorium, located on four hundred acres in the mountainous Roanoke Red Sulphur Springs area, accepted and began to treat its first patients. An old hotel on the property was refitted as an administration building. Numerous cottages were razed and a lean-to built; this structure and additional tents housed the earliest patients. During its first five months of operation, the Catawba facility treated fifty patients; records show that forty of them were discharged with their disease improved, in six patients the disease was arrested and three remained unimproved. Only one patient was listed as cured, and none died.¹⁸

With the opening of the sanatorium, a State Anti-Tuberculosis Association, sponsored by the Medical Society of Virginia, the Virginia Federation of Women’s Clubs, and the State Board of Charities and Corrections was organized in Richmond. Leaders of the association organized the first Christmas seal campaign to raise money for the care of tubercular Virginians, as well as for prevention efforts against the disease. Even before this inaugural state effort, local efforts were in place to combat tuberculosis. Norfolk (1907) and Richmond (1906) both es-

¹¹ Richard Shryock; Barbara Bates, *Bargaining for Life: a social history of tuberculosis, 1876–1938*, (Philadelphia, University of Pennsylvania Press, 1992).

¹² IBID.

¹³ American Public Health Association, *A Study of Tuberculosis in Virginia*, (New York, APHA, 1952), 3.

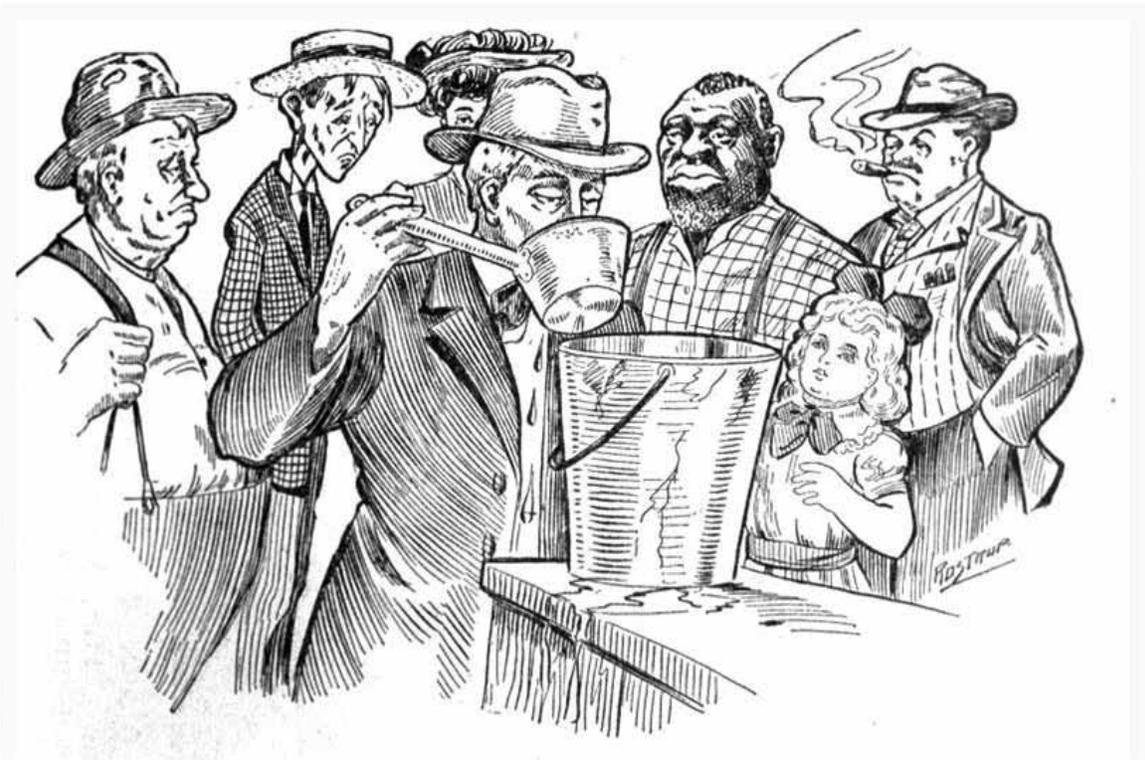
¹⁴ (Virginia) State Board of Health Minutes, 1896–1898, Library of Virginia, BC 1201366 Vol. 1.

¹⁵ IBID, 5.

¹⁶ *Annual Report of the Commissioner of Health to the Governor of Virginia*, December 31, 1909: 10.

¹⁷ *Virginia Health Bulletin*, Vol. 1, No. 5, November 1908: 186–187.

¹⁸ *Annual Report of the Commissioner of Health to the Governor of Virginia*, December 31, 1909: 85.



From *Virginia Health Bulletin*, October, 1908

tablished City Health Departments, and both cities had active Visiting Nurses' Associations. In Norfolk, Dr. Charles Grandy led the establishment of an Anti-Tuberculosis league in 1906, the first continuously active one in the state.¹⁹ Some provisions for tuberculosis care (already) existed in the form of clinics and sanatoriums. In the 1890s, when the law passed segregating the contagious in prisons and publicly funded properties, several initiatives resulted. In Petersburg's segregated Central State Lunatic Asylum,²⁰ for example, the tuberculosis patients were separated from other patients and housed in tents, making this the first documented open air treatment facility in the state.²¹ Likewise by 1908, Norfolk's City Home, formerly the Almshouse, initially erected tents to separate tubercular patients from the healthy, but funds were quickly requested and received to construct an additional building to house these patients, making it the first such city provision.²²

The Instructive Visiting Nurses' Association

The *Virginia Health Bulletin* documented the comparative mortality from tuberculosis for whites and non-whites in Richmond in 1906 (*page 14*), showing the clear recognition of the tuberculosis problem as well as the racial disparities in that city. Indeed, the recorded death rates in Richmond were ranked among the top five in the country.²³ In 1906, the Richmond City Health Department made tuberculosis a reportable disease, and the state followed in 1910, thereby making the counting of morbidity and mortality more accurate in subsequent years.²⁴

In 1900, Nannie Minor and her graduating classmates from the Old Dominion School of Nursing, and their supervisor Sadie Heath Cabaniss, began a settlement house in Richmond, funded by the nurses themselves. This settlement ultimately developed into the Instructive Visiting Nurses' Association (IVNA),²⁵ and it quickly grew into a primary source of care for the sick poor of the city. Around 1905, the IVNA nurses established the first tuberculosis clinic, served by volunteer doctors, to provide sepa-

¹⁹ ALAV Box 16, Folder 1949, "Presidents of VTA," University of Virginia Health Sciences Library Historical Collections.

²⁰ Founded in 1868 under the Federal military governor, Central Lunatic Asylum for the Negro insane opened originally near Richmond but was relocated to better facilities in Petersburg. It was later officially called Central State Hospital. This hospital was run by Dr. William Frances Drewry from 1896–1924, who also organized the State Conference of Charities and Corrections in 1900. Arthur James, *Virginia's Social Awakening*, (Richmond, Garrett and Massie, 1939):149–153.

²¹ Arthur James: 153; APHA: 4–5.

²² William Dughi, "The History of Lake Taylor Hospital 1890–1983," unpublished manuscript, (Old Dominion University, 1993): 25–27.

²³ Steven Hoffman, "Progressive Public Health Administration in the Jim Crow South," *Journal of Social History* 35:1, 175–194.

²⁴ APHA, 5–6

²⁵ Virginia Nursing History, <http://www.library.vcu.edu/tml/speccoll/vnfame/cabaniss.html>

The recorded death rates in Richmond were ranked among the top five in the country.

rate accommodations for black and white patients.²⁶ In addition to the clinic work, all IVNA nurses cared for tuberculosis patients in their homes. Visiting nurses in the 1910s were expected to: “to ascertain the exact conditions in which the patient is living ... ; to improve defective home conditions in every possible way, and to teach hygiene and prophylaxis to the patient and his family ...”²⁷

In 1905, the Richmond City Council appointed Dr. E.C. Levy to head the city’s new bacteriology lab, which offered free sputum examinations.²⁸ The following year Dr. Levy became the head of the newly organized Richmond Health Department, which soon took over the city’s tuberculosis clinics. In a 1908 report, Dr. Levy wrote, “No one factor has contributed more to the success of our tuberculosis campaign thus far than the excellent work done by our nurses ... each one of these homes has been visited by one of our nurses and every effort made to instruct the patient and ... household in preventing the spread of the disease to others.”²⁹ The IVNA nurses continued to staff the clinics until 1910, when the Health Department hired its own corps of nurses.³⁰ A few years later the IVNA hired a black nurse to assist in care of black patients.³¹

In an effort to control tuberculosis, the Association for the Prevention of Tuberculosis was established in Richmond in 1905, but failed and re-emerged in 1909 as the Virginia Anti-Tuberculosis Association, concurrent with the efforts of the Virginia Colored Anti-Tuberculosis League and the Tuberculosis Camp Society.³² One significant result of the anti-tuberculosis work in Richmond was the opening of Pine Camp, a municipal sanatorium in 1910 that initially provided 20 beds for white patients.³³

Norfolk and the City Union of the King’s Daughters

Tuberculosis prevention began in 1906 Norfolk with the establishment of the Anti-Tuberculosis League. Similar to Richmond, Norfolk’s black population died of tuberculosis at more than double the rate of the white. Dr. Charles R. Grandy, following his medical training, returned to his home city and immediately recognized the grave threat of the high rate of tuberculosis. Unlike many professionals of the day, he realized that the increased rate of tuberculosis among the black population was due to the poor sanitation and housing and not due to any racial “weakness.” His main thrust was, “Take care of the child”³⁴ and immediately he established a clinic to care for white and black patients. At the same time the pavilion at the City Home was constructed with municipal funds to care for indigent patients with tuberculosis.³⁵

The City Union of the King’s Daughters (CUKD), a well-organized group of Protestant women whose work sprang from the Social Gospel Movement, founded a Visiting Nurse Service in 1897 and initially hired one nurse to care for the sick poor. The privately funded Visiting Nurse Service staffed the city’s tuberculosis clinic and the CUKD nurses also made home visits to tuberculosis patients. By 1910, the Visiting Nurse Service provided black nurses who cared for black families.³⁶ The Annual Report of the CUKD described patient care for tuberculosis patients,

*The long drawn out tuberculosis cases [are] hopeless, but so needy. To these are given the daily bath and rubbing, orders concerning care and disposal of sputum ... the houses fumigated when the patient is gone. Advanced tuberculosis patients entail hard work, not alone physically, but mentally and morally; it is so hopeless; poverty and neglect have made the iron go in deep.*³⁷

By 1908, Norfolk could lay claim to a clinic, a tuberculosis pavilion, an educational campaign for the public and for school children, all under the League. In addition, by 1912, the League opened a Summer Camp for the Prevention of Tuberculosis opened at Cape Henry for those children identified as contacts to tuberculosis cases and followed by the CUKD nurses.³⁸

²⁶ IVNA Collection, 90/Feb/1:6 and 1:7, Tompkins-McCaw Library, Virginia Commonwealth University; APHA, 4–5; *Virginia Health Bulletin*, Vol. 1, No 5, Nov 1908: 160. Some slight discrepancy in dates—some sources say 1905, others 1907. Elna Green, “Gendering the City Gendering the Welfare State: the nurses’ settlement of Richmond, 1900–1930,” *Virginia Magazine of History and Biography* 113:3, 2005; Grace Erickson, “Southern Initiative in Public Health Nursing: the founding of the nurses’ settlement and IVNA of Richmond Virginia 1900–1910,” *Journal of Nursing History*; 3:1, 17–29.

²⁷ Winifred Allen, Elizabeth Mc Connell, “The Teachableness of the Consumptive Patient,” *The American Journal of Nursing* 15 (October 1914), 25–30 in Karen Buhler-Wilkerson (ed) *Nursing and the Public’s Health*, (New York, Garland Publishing, Inc., 1989).

²⁸ *Virginia Health Bulletin*, Nov. 1908 Vol. I, No. 5, 15; “Virginia Tuberculosis meeting 1910,” and ALAV, Box 80, Folder 9, University of Virginia Health Sciences Library Historical Collections.

²⁹ *Virginia Health Bulletin* Vol. 1, No. 5 (November, 1908), 160.

³⁰ “History of the Nursing Division of the City Health Department,” IVNA collection, 90/Feb./7 1:7, Tompkins McCaw Library, Virginia Commonwealth University.

³¹ IVNA collection Box 8.3, Tompkins McCaw Library, Virginia Commonwealth University.

³² *Ibid.*

³³ Hoffman, 185.

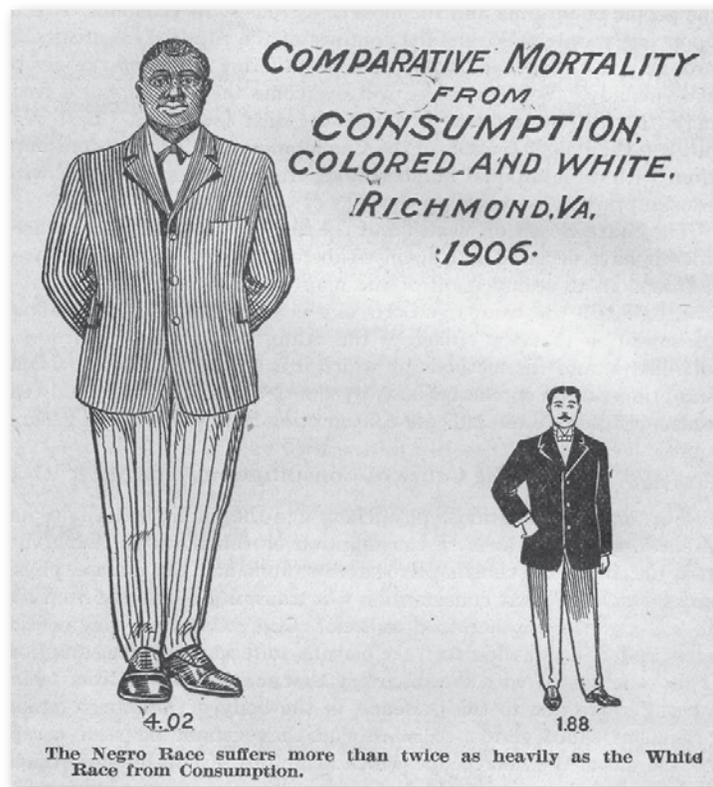
³⁴ ALAV Box 16, Folder 1949, “Presidents of VTA,” University of Virginia Health Sciences Library Historical Collections.

³⁵ *Ibid.*

³⁶ *Annual Reports of the City Union of the King’s Daughters of Norfolk, VA, 1897, 1907 and 1911.* Children’s Hospital of the King’s Daughters, Norfolk, VA.

³⁷ *Annual Report City Union of the King’s Daughters of Norfolk, VA, 1910,17,* Children’s Hospital of the King’s Daughters, Norfolk, VA.

³⁸ “A Summer Camp for the Prevention of Tuberculosis,” *Bulletin of the Virginia Tuberculosis Association, 1922.* ALAV: 16/1949, University of Virginia Health Sciences Library Historical Collections.



From *Virginia Health Bulletin*, October, 1908

State and Local Initiatives for Minorities and Children

Allocation of state funds, in addition to Negro Organization Society [sic] money, provided for the construction of the Piedmont Sanatorium in Burkeville, which opened in 1918.³⁹ This was one of the earliest public sanatoriums for Negro patients in the country. Of interest, the hospital was run by white doctors who offered seminars on tuberculosis to black physicians. Further local initiatives, in addition to the state sanatoriums, included Ironville in Bedford County, a private tuberculosis sanatorium; a nursing home founded by a local doctor at “Birdville” for Negro [sic] tubercular patients in Petersburg; Norfolk’s pavilions at City Home; Pine Camp; Cape Henry summer camp; Lynchburg Tuberculosis Hospital; Mt. Regis Sanatorium, Richmond and Hilltop sanatorium in Danville. Roanoke also opened a local sanatorium, but not until the 1930s.⁴⁰

Health officials considered children especially vulnerable, and racial disparities were obvious. Statistics from the era report-

ed that children of white parents died at a rate of 31.8 per 100,000 population, while non-white children died at the astounding rate of 246/100,000 in 1903.⁴¹ Non-whites died at younger ages and at rates two and one half to four times that of whites. Non-white children less than 5 years old had a mortality rate five times that of white children, a rate that persisted into the 1930s.⁴² Children manifested the disease differently than adults, frequently harboring the germ in growing bones and joints, causing disability. Twenty to 25 percent of joint cases died due to meningitis or late manifestations of disseminated disease.⁴³ In these children’s tubercular disease often resulted in permanent crippling. Additional state programs sought to care for this specific population in the late 1910s.

Further need for tuberculosis care drove the state to fund the Blue Ridge Sanatorium near Charlottesville, which later became associated with the University of Virginia.⁴⁴ This facility opened

⁴¹ Lillian Brandt, p. 71.

⁴² John Gibson, “The Black Man and the Great White Plague,” *Social Forces*, 14: 4, May, 1936, 585–590.

⁴³ DeForest Willard, *Surgery of Childhood Including Orthopaedic Surgery* (Philadelphia: Lippincott, 1910); J.A. Foote, *Diseases of the Bones, Joints, Muscles and Tendons* (New York: D. Appleton 1930): 112.

⁴⁴ (Virginia) State Board of Health Minutes, January 4, 1919, BC 1201367, Library of Virginia.

³⁹ Lindsey D. Gertz, “The Experience of African-Americans in Virginia,” <http://www.faculty.virginia.edu/blueridgesanatorium/piedmont.html>

⁴⁰ APHA, 63.

Statistics from the era reported that children of white parents died at a rate of 31.8 per 100,000 population, while non-white children died at the astounding rate of 246/100,000 in 1903.

in 1920, for the care of white patients. In the early-1920s tubercular children in Virginia were recognized as a significant group requiring care. However, the three state tuberculosis sanatoriums lacked pediatric facilities. In the Health Department Annual Reports to the Governor, sanatorium directors pleaded repeatedly for the addition of children's pavilions. In 1924, Piedmont Sanatorium added a building intended for children, but the need for additional adult beds took precedence, and the children's unit never opened there. Finally, in 1926, facilities were added to provide separate care for white children at the Blue Ridge Sanatorium.⁴⁵

In order to meet the demand for nursing care in the state's sanatoriums, each facility established a nursing school within the first year of their opening.⁴⁶ In the early years of the schools' operation, the students supplemented the tuberculosis work with clinical hours at other hospitals to gain a diploma which made them eligible to become Registered Nurses. After 1926, the degree of Certified Tuberculosis Nurse could be awarded from sanatorium nursing schools. The Piedmont Sanatorium admitted only black nursing students, while the other two schools admitted only white students. Many of the nurses who attended school at these sanatoriums were tuberculosis patients themselves at one time, thus allowing them to fully comprehend the implications of the care they provided. In 1932, the risk for nurses' contracting tubercular disease was placed at five to twelve percent.⁴⁷

Although the important role nurses played in tuberculosis care has been neglected in the tuberculosis literature, nursing care did play a pivotal role in the recovery of health and function for tuberculosis patients. Nurses managed daily routines and medication administration, considered vital to institutional care and critical to recovery. They often supervised tedious prescriptions of exposure time to the sun, dressing changes, special meals, and open air treatments. They facilitated hygiene, bathing and recreation. Through the visiting nursing services, nurses provided

home care as well as instruction in cleanliness and measures to prevent the spread of disease while the patient lived, and fumigation of premises after death. In short, they were central to the care of patients, and indispensable to physicians work.

Nurses who made major contributions in the care of tubercular patients in Virginia included Agnes Dillon Randolph, Nannie Minor, Sadie Heath Cabaniss, and many unnamed tuberculosis nurses who faced threats to their own health every day to provide care to patients, many of whom were poor and who lived in abominable conditions. Randolph, a graduate of Virginia Hospital Training School for Nurses in Richmond, championed the construction of Piedmont Sanatorium and was twice the president of what became the Virginia Nurses' Association. One Richmond journalist described her as "The best lobbyist, male or female, that this generation has seen on Shockoe Hill." She fought for better conditions for patients, both black and white, wrote thousands of letters and promoted the cause of those nurses who contracted tuberculosis during their work with patients.⁴⁸ Minor, following her leadership at the IVNA, became the Director of the State Health Department's Bureau of Public Health Nursing. Cabaniss, a graduate of Johns Hopkins School of Nursing, organized the Old Dominion School of Nursing in the Nightingale model and led the first generation of professional nurses in the state. The public health and tuberculosis hospital nurses created the opportunity for patients to recover and lead successful lives in the face of an in-"curable" disease. As one author suggested in 1915,

Scientific knowledge in scientific terms ... does not greatly increase the popular intelligence regarding the means of prevention of disease. It must be translated into the simplest terms... taught by demonstration; patient, painstaking, oft-repeated demonstration ... Visiting nurses' ... entre is assured, their service is welcome, their friendship is accepted, their advice is trusted, their injunctions are heeded."⁴⁹

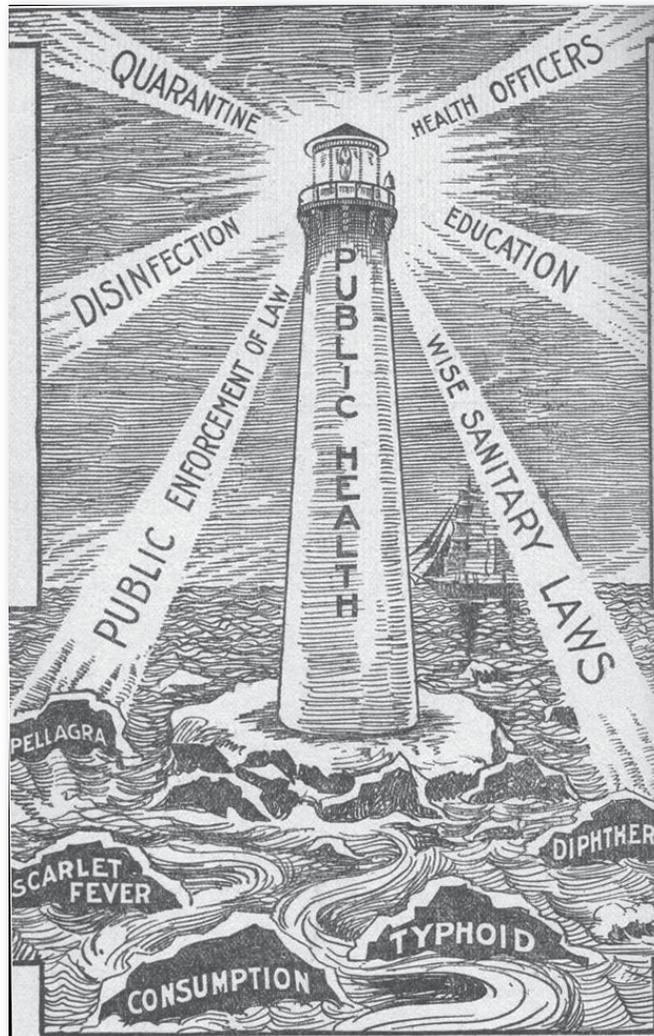
⁴⁵ Cynthia Connolly, Mary Gibson, "The 'White Plague' and color: Children, race, and tuberculosis in Virginia 1900-1935," *Journal of Pediatric Nursing*, 26, 230-238. <http://www.faculty.virginia.edu/blueridgesanatorium/piedmont.html>

⁴⁶ <http://www.library.vcu.edu/tml/speccoll/nursing/schools/diploma.html>

⁴⁷ J.A. Myers and David A. Stewart, "Tuberculosis Among Nurses," *American Journal of Nursing* 32:11 (Nov. 1932): 1159-1168.

⁴⁸ Agnes Dillon Randolph, <http://www.library.vcu.edu/tml/speccoll/vnfame/randolph.html>.

⁴⁹ Ella Crandall, "The Relation of Public Health Nursing to the Public Health Campaign," *American Journal of Public Health* 5, (March 1915) 225-235 in Karen Buhler-Wilkerson (ed.), *Nursing and the Public's Health*, (New York, Garland Publishing, Inc, 1989).



From *Virginia Health Bulletin*, February, 1914

Conclusions

Tuberculosis was an impetus in the development of the Virginia State Health Department and became a factor in the development of additional health initiatives throughout the state. While it did not capture all of the attention, it topped the list of killers of young adults. The urgency of the tuberculosis threat drove Captain William W. Baker’s successful petition of the General Assembly to reinforce all health efforts in the Old Dominion. State health efforts would have eventually come, but because of the immediate advocacy of trusted men such as William Washington Baker, tuberculosis was in the forefront of public health care.

The gospel of public health awareness was a beacon—shedding light on overwhelming threats to the well being of Virginians

(see above).⁵⁰ The advent of new laws, programs and educational campaigns occurred in the context of rapid change in Virginia and the nation. At the same time the Health Department taught about the importance of clean milk, sanitary privies, and sanitary schools and smallpox vaccines. Nurses throughout the state were instrumental in the prevention of the disease and providing care to those who became victims of the “White Plague.” However, despite efforts in providing new opportunities for the “cure” of white patients, many black tuberculosis patients continued to languish in poverty and endure restrictive racial laws and inadequate facilities for their care. ■

⁵⁰ *Virginia Health Bulletin*, Vol. I, Extra No. 1, February 1, 1914.

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2011–2013 **Lisa Zerull, PhD, RN, FCN**

Center Volunteers

Carolyn J. DuVal
Robert C. DuVal
Shirley Gordon-Webbink
Doug Webbink

Windows in Time can be found on EBSCOhost databases.

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RECENT ACQUISITIONS

Arlene W. Keeling items for CNHI displays

Barbara Brodie McDonald, *L. Florence Nightingale: The Crimean War and Florence Nightingale at First Hand.*

Sue C. Bryant nursing texts and publications

Rita K. Chow extensive documentation of her career with the U.S. Public Health Service

Mary Gibson Tubex syringes, History of the International Order of the King's Daughters, DVD: *Army Nurses of World War One*, items for CNHI displays

Shirley Gordon nursing texts

Col. Janet V. Graham (ret) Extensive collection of books, papers, artifacts, photographs and memorabilia related to her service in the Army Nurse Corps

Maureen M. Graham in honor of Ellen P. Chou Nine American Red Cross pins.

Eloise R. Lee black and white photograph of the 1953 class of nursing students at Adelphi University.

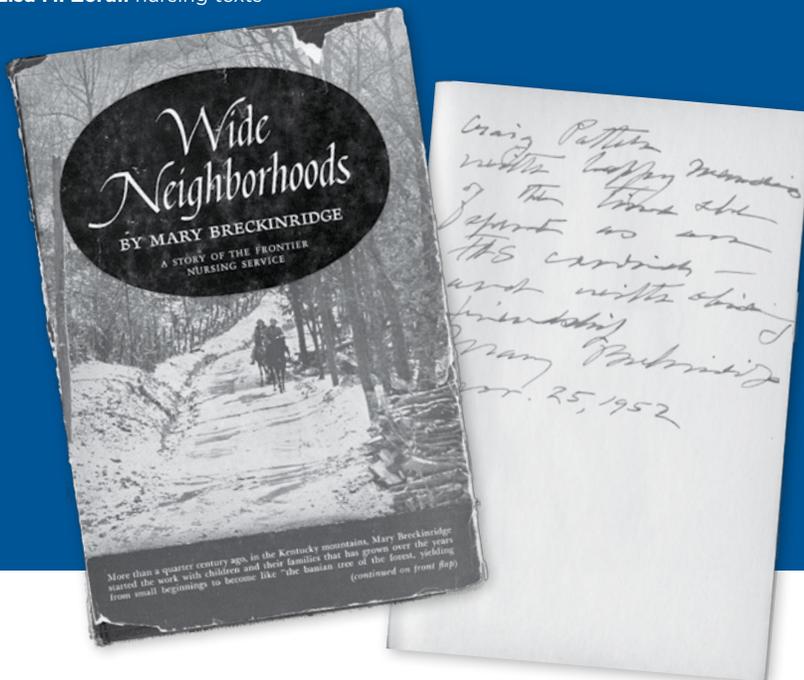
Carole Mutzebaugh DVD: *A Legacy of Innovation: A History of the University of Colorado College of Nursing*

Catherine R. Ratliff nursing and health care books

Jan Stansberry *Wide Neighborhoods: A Story of the Frontier Nursing Service*, inscribed by the author, Mary Breckinridge. Given the Center's emphasis on nursing care in the rural south, this gift is of particular value.

Patricia B. Woodard nursing texts

Lisa M. Zerull nursing texts



- ⌘ In honor of Barbara Brodie, PhD, RN, FAAN
- ❖ In honor of Dean Dorrie Fontaine, PhD, RN, FAAN
- ◆ In honor of Arlene W. Keeling, PhD, RN, FAAN
- ⌘ In honor of Rosemary T. McCarthy, AN (USA), DNS, FAAN
- ◆ In loving memory of Mrs. Virginia Mermel
- ◆ In memory of Alice Leathers Maddex
- ⌘ In memory of Miss Trina Vecchiolla
- ⌘ For archiving the Nancy Milio Collection

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