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MESSAGE FROM THE DIRECTOR

For most of the readers of this newsletter, October is not only the month in which we enjoy crisp autumn weather and the brilliant colors of changing fall foliage, but also the month in which we are made aware of society's commitment to wipe out a destroyer of women and men -breast cancer. I was again reminded of the seriousness of the disease when one of our doctoral students selected it to be the topic of her history paper, and asked where she might find information on the role nurses played in the care of patients with the disease. It was with pleasure I could point to a new collection that has just been added to the Center's collection. Since it is "Breast Cancer Awareness month, I'd like to highlight for our readers the content of the Virginia Dericks collection.

Virginia Dericks received her nursing diploma from St. Joseph's Hospital School of Nursing in 1939, and completed both a BA and MA at Teachers College Columbia University by 1947. Her collection contains multiple documents on a broad range of medical and surgical nursing topics, one of which is the care and treatment of women with breast cancer in the 1950s. These papers provide a fascinating snapshot of patients' mastectomy and rehabilitation experiences. The collection includes notes from a nursing research study conducted by Dericks, as well as a compilation of her data, lecture notes from her teaching files (1943 to 1962), a mastectomy care plan circa 1950, and minutes of a hospital committee on mastectomy care. In addition, the collection contains a variety of pamphlets on breast cancer surgery, hospitalization and the recovery and rehabilitation process. What becomes readily apparent, even in this small collection, is the importance of the nurse-patient relationship during the patients' hospitalization and rehabilitation.

According to the introduction to a "Plan of Care for Patients Undergoing Radical Mastectomy" at New York Hospital, October 1957, written by Dericks and her committee:



Books and pamphlets on Cancer 1923 to 2003.

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 in the United States. The history of nursing in the South is especially emphasized as a focus of inquiry. The goals of the Center include the collection of materials, the promotion of scholarship, and the dissemination of historical research findings.

(Continued from page 1)

"... because most nurses are women, the help they can give from this standpoint, as well as that of [being] the nurse, is ... an advantage in providing total patient care ..."

Derrick's lecture notes cover, for the most part, information about the physical care of the patient in the post-operative period following mastectomy. But in the fine print, the need for psychological support, understanding and individualization of care is apparent. More importantly, nurses are encouraged always to provide their patients a sense of hope about the disease. In the introduction to the booklet *How to Nurse Cancer Patients* one finds:

"Investigation is going on all the time, and who can say when the cause of cancer may be revealed, and when the cause is found a cure will follow..." (Barton, 1923, p. xiv).

Today, seventy years later, these sentiments persist as scientists and health care professionals continue their search to find a cure for the disease.

Arlene W Keeling

BARBARA BRODIE NURSING HISTORY FELLOW
2004-2005

The Center for Nursing Historical Inquiry Barbara Brodie Nursing History Fellowship is open to nurses engaged in historical scholarship that advances the field of nursing history. Applications for the \$3000 award are due, October 15, 2004 and the recipient will be announced in December, 2004. The new Barbara Brodie Nursing History Fellow will present a paper from their study 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 22908-0782. Applications are available on the Center's Web site, at

<http://www.nursing.virginia.edu/centers/cnhi/hrfellowship.html>.

THE CENTER'S CALENDAR OF EVENTS

**FALL 2003
HISTORY FORUMS**
McLeod Hall Room 5044
12:00 - 1:00 PM

September 23, 2003

Sandra L. Annan, RN, MSN,
UVa Doctoral Student

"Making Do with So Little"
Emergency Room Nursing, 1940-1950

October 21, 2003

Barbra Mann Wall, PhD, RN
Assistant Professor, Purdue University
2002 Center Fellow

"Balancing Markets and Missions"
Nursing Sisters in the U.S.
1865-1930

November 18, 2003

Brigid Lusk, PhD, RN
Assistant Professor,
Northern Illinois University
2003 Brodie Nursing History Fellow

*"Uncovering Nursing Care in
Cancer Nursing,"*
1880 to 1950



BRODIE FELLOW VISITS CENTER

Brigid Lusk, PhD, RN, recipient of the 2003 Barbara Brodie Nursing History Fellowship, spent a week in July at the Center researching the history of cancer nursing. The major aim of Lusk's project is to document the nursing care of patients with cancer between 1880 and 1950. Cancer, prior to the advent of chemotherapy, required a range of nursing activities and services, and studying it provides a suitable vantage point to examine nurses' work. In addition, her work will document the emergence of cancer nursing as a specialty field. Dr. Lusk plans to address nurses' integral involvement in the history of U.S. cancer care, an area, to date, largely untouched by historians.

Dr. Lusk will be presenting *"Uncovering Nursing Care in Cancer Nursing," 1880-1950* November 18, 2003, as part of the CNHI History Forum Series.

All are welcome to attend.

CENTER ACTIVITIES AND AWARDS

NOTES FROM ABROAD

Joy Buck, MSN, RN
NRSA Pre-Doctoral Fellow
University of Virginia School of Nursing

One of the benefits of federal funding for nursing research is the financial freedom it allows to travel to historical sites. In April, I had the opportunity to spend a month in the UK to interview Dame Cicely Saunders, attend a week long international multidisciplinary palliative care course at St. Christopher's Hospice in London, and work with scholars from the Hospice History Project at the University of Sheffield. At St. Christopher's I spent a week with professionals from 23 countries discussing the various models of palliative care, the challenges of health care delivery, the HIV/AIDS pandemic, the role of nursing, and health care policy. It was fascinating to compare and contrast the evolution of hospice/palliative care nursing internationally. Although the foundations of the modern hospice movement are universal, differences

in professional roles, health care economics, and public policy have created striking differences in how hospice and palliative medicine have evolved in the U.S. and U.K.

The Hospice History Project was initiated at the University of Sheffield in 1995, and is led by Professor David Clark. The current project team contains staff from the university and collaborating colleagues from other countries. The primary aims of the project are to: undertake and foster academic study in the history of hospices; catalog/safeguard archival records relevant to the development of hospice in Britain and Ireland; and, establish a hospice and palliative care digital archive. David Clark has done extensive work with Dame Cicely and her papers. The Cicely archival collection is currently housed at the University of Sheffield

(Notes from Abroad continued on page 11)

**SPECIAL
EVENT!**

**THE 11TH ANNUAL
AGNES DILLON RANDOLPH AWARD/**



Julie Fairman, RN, PhD, FAAN
Associate Professor
University of Pennsylvania School of Nursing

All are
Welcome!

**Triangulating Nursing
The ANA, AAP, and Nurse Practitioner, 1970-1985**

TUESDAY, MARCH 23, 2004 4:00-5:30 PM
MCLEOD HALL AUDITORIUM
RECEPTION SPONSORED BY
BETA KAPPA CHAPTER OF SIGMA THETA TAU,
INTERNATIONAL

Snippets from the Past

A 19TH CENTURY VIEW OF A TEACHING HOSPITAL

“... I ask how many families ... would send their husbands, wives, or children to a hospital in sickness ----- to be attended by nurses hardened by habit against the feelings of pity, to lie in public rooms harassed by cries and sufferings of disease under every form, alarmed by the groans of the dying, exposed as a corpse, to be lectured over by a clinical professor, to be crowded and handled by students, to hear their cases learnedly explained to them, its threatening symptoms developed and it's probable termination foreboded.”

Thomas Jefferson
(May 16, 1824)
Letter to Joseph Cabel

Garry Wills (2002), *Mr. Jefferson's University* (Washington, DC: National Geographic Society), p. 37.

ARCHIVES REPORT RECENT ACQUISITIONS

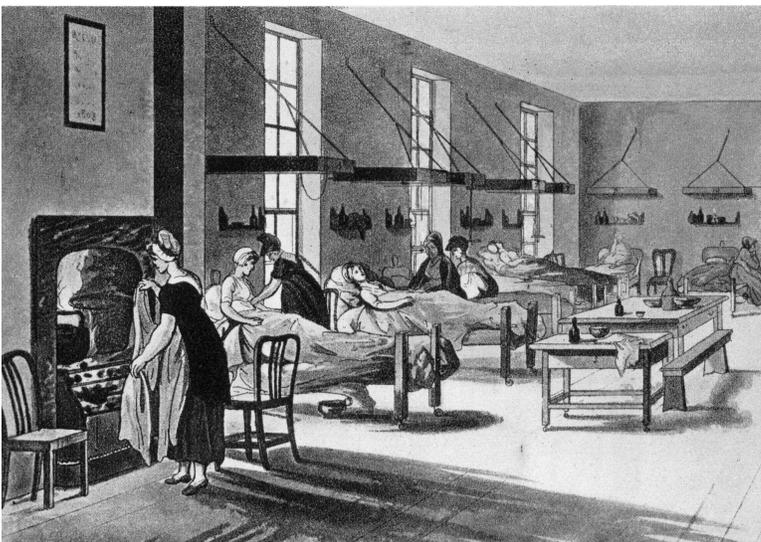
The following items and documents were donated to the Center:

- Papers of Edith Miller and Roy Beazley; gift of Lucy Bucholz
- Historic nursing images; gift of Suzi Burns
- Papers of Virginia Dericks; gift of Virginia Dericks
- 1960 *Chrysalis* yearbook, nursing diploma from City Hospital Training School for Nurses, Martinsburg, West Virginia and R.N. license of Ann Love Suddith James; gift of Michael Foreman in memory of his mother Hazel Evans Foreman
- WWI Red Cross nursing illustration, nursing history calendar; gift of Clay Hysell
- Book: *Side by Side-A Photographic History of American Women in War*; gift of Arlene Keeling
- Book: *Getting Ready to Be a Mother*; gift of Sylvia Rinker
- 1950s nursing photographs; gift of Shelby M. Senell
- Book: *Clara Barton, Angel of the Battlefield*; gift of Sharon Utz
- Papers of C. Benoist, R.N. gift of Jeanette Waits
- Letters and papers of Camilla Louise Wills, gift of Lucy Pegau

ON-GOING PROJECTS

Collections continuing to be processed.

- **National Organization for Nurse Practitioner Faculties**; processed by Doctoral Student and Graduate Assistant Sandra Annan
- **Camilla Louise Wills Collection**; processed by Doctoral Student Jennifer Casavant
- **Rita Chow Collection**; processed by Archives Volunteer Aurelie Knapik
- **World War II Oral History of Dorothy Sandridge** is being transcribed by undergraduate volunteer Andi Schippert
- **National Certification Board of Pediatric Nurse Practitioner and Associates Collection**; processed by Betsy Johnson-Whitten, Archivist



Hospital interior 1808

HERBAL MEDICINES IN THE KENTUCKY MOUNTAINS: THE FRONTIER NURSING SERVICE, 1925-1950

ARLENE KEELING, RN, PHD

This excerpt is part of a larger historical research project, funded by the National Library of Medicine, investigating the history of nursing and prescriptive authority in the United States from 1900 to the present. It includes some of the preliminary findings of research into the work of the Frontier Nursing Service (FNS) in rural Kentucky 1925 through the 1950s. The below article specifically discusses how nurses employed herbs (referred to by the local community as "yarbs.") in their care.

What are considered "complimentary and alternative therapies" today were an historic reality in the work of the Frontier Nursing Service (FNS), founded by Mary Breckenridge in 1925. Working out of eight clinics scattered throughout 700 square miles of the remote mountainous region of southeastern Leslie County, Kentucky, the FNS nurses provided, for much of the 20th century, primary care to hundreds of poverty-stricken Appalachian citizens. In addition to medications prescribed by physicians, the FNS nurses used herbs to treat a variety of illnesses and health problems (Rand, 1929; Summers 1941).

Mary Breckinridge, director of the FNS and editor of the FNS *Quarterly Bulletin*, wrote, with her staff, about the commonly used medicinal herbs including identifying their constituents, where found and how they were used. She noted "We are including every wild and growing thing ... used medicinally, whether tree, vine, shrub or plant. Our object is to preserve from extinction the Kentucky Mountain name and medicinal uses of the wild things" (Breckinridge, 1959, p. 3). The wild herbs included: ginseng, Indian Arrowwood, horehound, pleurisy root, Black Cohosh, nettles, cloves, grindelia, potash, Deadly Night Shade, plantains, Blue John, Goose Grass, and poke root. A review of the "standing orders"

or "Medical Routine", written by the FNS medical advisory committee authorizing the nurses' medical actions, provides valuable information about how herbal therapies were incorporated into the standard treatment plans of the era (*Medical Routines, 1928, 1936, 1948*).

One of the herbs used was the ginseng root. Ginseng root, growing in dense shade, poor ground and dry soil, was steeped into a tea and given to babies for colic, and to young girls for menstrual pain. Another homemade remedy was arrowwood. The bark of the arrowwood shrub was skinned, boiled and made into cough syrup mixed with honey (Breckenridge, 1959, p. 7). Arrowwood and horehound, combined with ipecac and honey, were used as antitussives¹, and the 1936 edition of the *FNS Medical Routines* provides the following directions for its preparation

A temporary cough accompanying a heavy cold may be alleviated by the following homemade cough syrup: Put three tablespoons of dried or fresh horehound leaves and stalks in 1 ½ pints of water. Boil about ½ hours and strain. Add ½ pint honey. If unable to get honey, use brown sugar, ½ lb and boil ½ hour. Add ipecac in the proportion of 2 tsp to 1 ounce of the above mixture. Give 1 teaspoon every three hours for an adult patient. (Horehound is grown in the country and can be obtained from the patients).... (*FNS Medical Routines, 1936, p. 13*).

The nurses also used pleurisy root (*Asclepias tuberosa*), commonly known as milkweed or butterfly weed. Steeped into a tea, this root was administered for "side pleurisy." To stop pain

and regulate the excessive flow of young girls' menstruations, Black Cohash, or "Rattle Weed" were used. Black Cohosh was "drunk by expectant mothers to strengthen the muscles that help in child birth. . . . The whole cohosh root was boiled in water for twenty minutes and the excessive water drained off." Patients were told to drink, twice a day, about half a cup of this tea (Breckenridge, 1959, p. 12).

A commonly used herb to relieve the pain of rheumatism and skin conditions was **Nettles** (*Urticaria dioica*). Nurses prepared it as follows:

"The root, steeped into a strong tea is drunk by the cupful several times a day. It is used for hives, whelps, and knots" (Breckenridge, 1959, p. 17).

Household spices were also frequently employed as medications. Cloves, a common cooking



FNS Nurse in Kentucky Cabin
 photograph courtesy of Special Collections,
 University of Louisville, Ekstrom Library

spice, were used to treat a toothache. Note the following physician's direction: "if both heat and cold cause pain, the condition is an acute pulpitis, and oil of cloves should be dropped into the [tooth]cavity" (*FNS Medical Routines*, 1930, p. 9).

A review of the 1928 *Medical Routines* reveals that the nurses used grindelia and potash to treat poison ivy. According to the manual, the nurse should: "paint parts with fluid extract of grindelia, or scrub area open with soap and water, using sterile brush and apply permanganate of potash strength, 1 to 1,000 ..." (*FNS Medical Routines*, 1928, p. 5). Breckenridge noted that the plant "Deadly Night Shade," was also used as a remedy for poison ivy. Preparations to use this plant included: "Beat up the leaves with sweet milk until the mixture is "right green" and apply externally for poison ivy. Wash the bad places and then wrap them up. Never use internally because Deadly Night Shade is a poison" (Breckenridge, 1941, p. 12).

Per the advice of the medical advisory committee, the nurse might have to treat boils in the absence of the physician. If so, she was advised that it was "better for her to avoid opening them with a knife if this is possible." Instead she should use "such local treatments as ichthyol, antiphlogistin, and home made poultices of corn meal etc" (*FNS Medical Routines*, 1928 p 6). The use of the leaf of plantains might also be used as a home-made poultice (Breckenridge, 1959, p. 16).

Diarrhea, locally known as the "running-off, flux or bloody flux," was especially prevalent among babies and young children in this poverty stricken area. A tea made of "Blue John," a little vine found around barns, could be "drunk for diarrhea" (Breckenridge, 1959, p. 8). "Goose Grass," another small vine, could be boiled "into a strong tea, cooled and drunk three times a day for 'flux'" (Breckenridge, 1959, p. 15).

In addition to these herbal teas, nurses used the herbs as external treatments. Roasted poke root was externally applied to treat “any kind of pain” but particularly “rheumatism.” The root was roasted, split open, and bound directly to the site. An alternative was to administer a drink of poke berries mixed with whiskey (Breckenridge, 1959, p. 17).

Today, many of these simple herbal remedies are still in use. For example, **American ginseng** is used as a tonic for “invigoration and fortification in times of fatigue and debility” (Blumenthal, 1998, p. 138), and **Deadly Night Shade**, more commonly known as belladonna leaf, is applied externally to treat colic pain and spasms of the gastrointestinal tract. Indeed, the nurses were correct in noting that the leaf was poisonous, as it contains the alkaloids of scopolamine and atropine (Blumenthal, 1998, p. 87).

Today, **Black Cohosh**, is given for the treatment of dysmenorrhea and the painful symptoms of menopause, premenstrual syndrome, rheumatoid arthritis, and fibromyalgia. (Blumenthal, 1998 p. 90). Known for its anti-inflammatory properties, **Poke** (*Phytolacca decandra*) has traditionally been used to treat inflammatory conditions of the upper respiratory tract, including laryngitis, tonsillitis, and mumps. Topically it can be used to treat skin and glandular disorders, while **Stinging nettle root** relieves the symptoms of benign prostate hypertrophy (PBH), and nettles are used to assuage the pain of osteo- and rheumatoid arthritis. **Cloves** continue to be used as topical anesthetics in dentistry, while plantains are applied externally to treat inflammatory skin conditions (Blumenthal, 1998). Today, **Pleurisy root** (*Asclepias tuberosa*) is given to treat upper respiratory infections, bronchial irritation and pneumonia. It is considered to be an effective expectorant tonic, anti-inflammatory, and antitussive therapy (Mills and Bone, 2000, p. 216).

At the present time, there is a resurgence of interest in herbal medicines, remedies that have long been used by a variety of civilizations, including the Chinese, Greeks, Romans, Native

Americans, and Western Europeans. Less than 40 years ago, FNS nurses, sensitive to the cultural heritage of the community and preferences of their patients, carefully learned what local herbs “yarbs” were effective in healing medical conditions, and used them, in conjunction with pharmaceutical drugs, in their care of patients. Guided by the standing orders provided by their medical advisory committee, the nurses used commonly accepted herbal remedies to alleviate the itch of poison ivy, treat the throb of a toothache or the ache of arthritis, reduce skin inflammation or suppress a cough. Using what was available, nurses provided a natural form of health care that is increasingly sought after today.

References:

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- FNS, Price List of Drugs for the use of the Frontier Nursing Service, Inc. Box 53, Folder 12, University of Kentucky FNS Collection*
- Mills, S. & Bone, K. (2000). *Principles and Practice of Phytotherapy*. New York: Churchill Livingstone
- Rand, W. (1929). “Impressions of a Public Health Nursing Service in the Kentucky Mountains.” *American Journal of Nursing, 29*, (5), 527-530.
- Summers, V. (1941). “Saddle-bag and Log Cabin Technique.” *Quarterly Bulletin of the FNS, 17*, 1.

¹ According to a price list of drugs for FNS nurses, 1 oz of horehound and honey with ipecac cough syrup cost 2 cents (University of Kentucky Archives, Box 53, Folder 12, no date).

THE SOUTHERN ASSOCIATION FOR THE
HISTORY OF MEDICINE AND SCIENCE
ANNUAL MEETING

The SAHMS annual meeting meeting is February 27-28, 2004 in Augusta Georgia. The SAHMS meeting will be co-hosted by the Medical college of Georgia and the Center for the Study of Georgia History, Augusta State University. For complete meeting and registration information contact:

Robert Nesbitt at rnesbitt@mail.mcg.edu or
Wendy Turner at wturner@aug.edu

CANADIAN ASSOCIATION
FOR THE
HISTORY OF NURSING
16TH ANNUAL CONFERENCE
JUNE 11-13, 2004

The CAHN invites abstracts for papers on any topic in the history of nursing. Papers must represent original work not already published or in the press. We are seeking papers from community scholars, students, full-time researchers and academics. Papers should be 20 minutes in length. The program committee welcomes proposals for symposiums. These sessions should include three 20 minute papers, a 20 minute comment from the chairman or moderator, plus another 20 minutes for questions and discussion from the audience. Abstracts should be 250 words in length, can be in either French or English, and may be submitted by e-mail, please use either WordPerfect or Microsoft Word. The abstract should include a complete title, the author's name, address, and institutional affiliation if he/she has one. Please also include contact details: telephone, email, fax, and full postal address. Deadline for submission is on or before January 15, 2004.

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CALL FOR ABSTRACTS
AAHN 21ST ANNUAL
HISTORY OF NURSING
CONFERENCE
CHARLESTON, SOUTH CAROLINA
OCTOBER 1-3, 2004

Please submit six copies of your abstract. One copy must state complete title, author(s), address, institutional affiliation, phone number/e-mail address/fax number, and indicate whether it is for a paper, poster or panel presentation. If more than one author is listed, indicate which one is the contact person. Abstracts will be selected on the basis of merit through blind review.

Abstracts must include purpose of the study, rationale and significance, description of methodology, identification of major primary and secondary sources, findings and conclusions. Each section of the abstract should be clearly identified.

Abstracts are to be received no later than January 14, 2004

See www.aahn.org/abstract.html for complete preparation guidelines.

Mail to:
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ATONEMENT
BY IAN MCEWAN

For those readers who enjoy a good read, I suggest they pick-up Ian Mc Ewan's 2002 novel, *Atonement*. A compelling story of three young English youngsters entering adulthood in the late 1930s, it tells the tale of a young British girl who unjustly accuses a young man of a foul deed that drastically alters both of their lives. Seeking to atone for her cruelty, the young woman enters nurses training in a London hospital during WWII. Working as a probationary student with injured army survivors from the battle of Dunkirk, McEwan allows us to see the horrors of war through her eyes. The narrative power of McEwan to capture and convey her feelings of fear, disgust and compassion, as she struggles to care for these men, is extraordinary. As a nurse, I could only give thanks that I didn't have to face this situation when I was a beginning young student nurse!

To gather material for the book, McEwan used the Imperial War Museum's archival collection of letters, journals and reminiscences of soldiers/nurses from WWII. Clearly, in the hands of an award winning British author, archival material can become an evocative human story.

-Barbara Brodie

Notes from Abroad continued



Cicely Saunders c.1940

until it is transferred, in approximately two years, to its permanent home at King's College. (*Information about the project, please visit their website at <http://www.hospice-history.org.uk/main.htm>*)

My stay in England allowed me to develop new insights into the hospice movement. Moreover, I gained a greater appreciation of a remarkable relationship that developed between two hospice leaders: Dame Cicely and Florence Wald. Indeed, Dame Cicely profoundly influenced the American hospice movement, and yet, in the correspondence between these two visionaries, it was obvious that the flow of influence was clearly not unidirectional.

