

WINDOWS IN TIME

THE NEWSLETTER OF THE UNIVERSITY OF VIRGINIA SCHOOL OF NURSING ELEANOR CROWDER BJORING CENTER FOR NURSING HISTORICAL INQUIRY

VOLUME 25, ISSUE 1 APRIL 2017



Beth Hundt, Victoria Tucker, and Trina Kumodzi

FROM THE DIRECTOR

An Excellent Year

BARBRA MANN WALL, PHD, RN, FAAN

The University of Virginia Eleanor Crowder Bjoring Center for Nursing Historical Inquiry (ECBCNHI) has had an excellent year, and in this edition of *Windows in Time*, I want to focus on the students. Three recent students successfully defended their dissertations: Rosalind Renee Barber, who studied black women's decisions to breast- or bottle-feed; Gwyneth Mibrath, who studied nurses at Pearl Harbor; and Bridget Houlahan, who focused on school nursing.

I am pleased to report that several students went to Myrtle Beach, South Carolina, in March to the Southern Association for the History of Medicine and Science conference. Lourdes Carhuapoma, Victoria Tucker, Trina Kumodzi, Rosalind Renee Barber, Beth Hundt, Gwyneth Milbrath, and Caitlin Dreisbach represented the ECBCNHI as students; and Drs. Arlene Keeling, Mary Gibson, Sarah Craig, and Michelle Hehman presented as faculty.

In the fall of 2016, we welcomed Dr. Cindy Connolly as Visiting Professor. Dr. Connolly met with our "GNUR 8230: Historical Inquiry in Nursing" PhD students (nine of them), and they had the opportunity to discuss a variety of (continued on page 2)

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2016–2018 **Winifred C. Connerton, PhD, CNM**

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Windows in Time can be found on EBSCOhost and Gale Group, Inc. databases.

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(From the Director, continued from page 1)

conceptual and philosophical issues regarding historical research with her. Some were able to meet with Dr. Connolly individually. In their papers for the course, the students made the following historical topics in nursing much more visible: nursing in Thailand, nurses' roles in the Sheppard Towner Act, the contentious debates over the Shafer Commission and cannabis, the controversial role of a nurse in the infamous *Buck v. Bell* Supreme Court decision that legalized sterilization, a historical perspective on informing cancer patients, the history of psychiatric nursing and neurological nursing, and the debates over inter-professional conflicts among physicians and nurses. Students examined the larger historical forces behind these topics and the important task of the historian as they wrote about them.

PhD students had the opportunity to discuss a variety of conceptual and philosophical issues regarding historical research.

Finally, our students are involved in several collaborations across Grounds at UVA. Victoria Tucker and Franklin Hickey are part of the Religion/Politics/Conflict interdisciplinary dialogue on Grounds. Beth Hundt continues her work with architectural history. Lourdes Carhuapoma and Trina Kumodzi are working on the clinical topics of trauma nursing and neurological intensive care units. In collaboration with the Women and Gender Studies Department at UVA, Victoria Tucker has played an active role in the organization of the Global History of Black Girlhood Conference, which the ECBCNHI is helping to support.

We are very proud of our students and the great faculty and donors who support them, and we thank all of you! ■

Barbra Mann Wall



The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry (ECBCNHI), 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.

2017 Barbara Brodie Nursing History Fellow

Tommy Dickinson, PhD, RN is the 2017 recipient of the Barbara Brodie Nursing History Fellowship.

Dr. Dickinson is Senior Lecturer on the Florence Nightingale Faculty of Nursing and Midwifery, King's College, London. His research is entitled "Nursing People with HIV/AIDS, 1981–1996". The purpose of his study is to investigate a hitherto neglected area of nursing history by looking in detail at United Kingdom (UK) nurses' perspectives on providing care to people with HIV/AIDS from 1981 to 1996. Dr. Dickinson's study begins in 1981, with the first AIDS case in the UK, and continues until 1996, when the evidence base for antiviral medication became explicit, shifting HIV/AIDS from a terminal illness to a manageable chronic disease.

This study aims to redress the lack of nurses' voices in the UK's AIDS history, and to add to the small body of existing knowledge. The study will offer a fresh understanding of the draw of HIV/AIDS nursing to queer nurses and supplement



Dr. Dickinson's previous work regarding queer life within mental hospitals, and seminal work regarding gay life at sea and within the military during World War Two. It will explore an important area of nursing ethics and socialization by analyzing how nurses made decisions about what was professionally right and wrong in the context of ambiguity, frustration and conflict in their immediate personal and professional lives and at a broader political level. Dr. Dickinson's research will make an important contribution to the documented history of clinicians' experiences and constructions of the care of individuals belonging to stigmatized groups. ■

Tommy Dickinson, PhD, RN

AAHN

American Association for the History of Nursing

WANT TO LEARN MORE about the history of nursing? Connect with other nurses, scholars and archivists exploring the fascinating history of our healthcare system? Curious about the historical roots of current health policy and clinical practice? Join the American Association for the History of Nursing today!

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BARBARA BRODIE NURSING HISTORY FELLOWSHIP

The Eleanor Crowder Bjoring 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, 2017, and the recipient will be announced in December, 2017. The selected Barbara Brodie Nursing History Fellow will present a paper from their research in the Center's Nursing 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. Barbara Mann Wall, bmw8y@virginia.edu. Applications are available on the Center's Web site: www.nursing.virginia.edu/Research/CNHI/Fellowship ■

Presentations, Publications & Awards

FACULTY

Cockerham, A.Z., & J.L. Engstrom. “Getting a ‘soon start’ on the Doctor of Nursing Practice: Mary Breckinridge, leading the way for the DNP Essentials.” Paper presented at the American Association for the History of Nursing Annual Conference, Chicago, IL, September 23, 2016.

Gibson, M.E. Chapter 3: “School Nursing: A Challenging Strategy in Rural Health Care in the U.S.” In *Nursing History for Contemporary Role Development*, edited by S. Lewenson, A. McAllister, and K. Smith. New York: Springer Publishing Company, 2016.

Gibson, M.E., M. Sherrod, & S.E. Perry. “Consumer, Provider or Science-Driven? A Century of Change: Labor Pain, C-Sections, Breast Milk and Neonatal Transport.” Panel presentation at the American Association for the History of Nursing Annual Conference, Chicago, IL, September 24, 2016.

Wall, B.M., K. Rogers, & A. Kutney-Lee. “The North vs. the South: Conditions at Civil War Hospitals.” *The Southern Quarterly*, 53, no.3/4 (2016), 37–55.

McAllister, A., **B.M. Wall,** & D. Tobbell. “Transforming Nursing Education after World War II.” Panel presentation at the American Association for the History of Nursing Annual Conference, Chicago, IL, September 24, 2016.

STUDENTS

Beard, G. “Nursing Involvement in Physician Bedside Rounding in the United States, 1873–1973.” Paper presented at the American Association for the History of Nursing Annual Conference, Chicago, IL, September 23, 2016.

Houlahan, B. “Beyond the Reach of the Medical Inspector’: School Nursing in Rural Virginia, 1900–1925.” Paper presented at the American

Association for the History of Nursing Annual Conference, Chicago, IL, September 24, 2016.

Hundt, B. “‘No Neutral Ground in this Contest’: The Government Hospital for the Insane During the American Civil War.” Paper presented at the American Association for the History of Nursing Annual Conference, Chicago, IL, September 23, 2016.

Kumodzi, T. “‘The Force Behind the Vision’: A Historical Perspective of Trauma Nursing.” Paper presented at the American Association for the History of Nursing Annual Conference, Chicago, IL, September 24, 2016.

Milbrath, G.R. “‘The Bravest of Brave’: Nurses at Tripler General Hospital, Pearl Harbor, 1941.” Paper presented at the American Association for the History of Nursing Annual Conference, Chicago, IL, September 24, 2016.

AWARDS

Congratulations to Center Director **Barbra Mann Wall,** PhD, RN, FAAN who is recipient of the 2016 *American Journal of Nursing* award for Book of the Year for History and Public Policy for her book, *Into Africa: A Transnational History of Catholic Medical Missions and Social Change*. ■



Left: Barbra Wall, Gwyneth Milbrath, and Beth Hundt at the AAHN Conference in Chicago.



Claire Chatterton

AGNES DILLON RANDOLPH AWARD

The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry Agnes Dillon Randolph Award and Lectureship, named in honor of one of Virginia's early nursing leaders, is given annually to an individual who has made a significant contribution to the field of nursing history. **Claire Chatterton, PhD, RGN, RMN** has been selected as the 2017 recipient of the Randolph Award for her research on the history of women in mental health nursing and on nursing care of men with psychological trauma during World War One. Dr. Chatterton is Staff Tutor/Lecturer at the Open University in the North West's School of Health, Wellbeing and Social Care in Manchester, UK. On March 14, 2017, Dr. Chatterton was presented the Randolph Award and gave a talk on her work. ■

Congratulations to Our New PhDs!

On October 27, 2016, **Rosalind Renee Barber** successfully defended her dissertation, *From Breast to Bottle: Nurse Role in the History of Bottle-Feeding among African American Mothers in North Carolina, 1900–1950*. Dr. Barber's research explored the influences on black women's decisions to breast- or bottle-feed. Traditionally, black mothers breastfed their infants, but by the mid-20th century they began to bottle-feed. Dr. Barber's findings revealed that nurses working within federal maternal health programs gave black mothers access to maternal education and hospital services, which influenced their transition to bottle-feeding. In addition, World War II war factories provided mothers with employment beyond domestic and agricultural work. Bottle-feeding provided infant nutrition while freeing these mothers to work, which in turn identified them with modern society and elevated their social status.

On December 8, 2016, **Bridget A. Houlahan** successfully defended her dissertation, *A History of School Nursing: From Its Origins in New York to Implementation in Virginia, 1900–1925*. Dr. Houlahan examined how, in only a few years, school nursing made its way from New York City to the rural areas of Virginia and other locations in the South. School nursing at the turn of the twentieth century was perceived as a means of social health reform. Dr. Houlahan also examined the relationships among nursing leaders of the time and their influence on the school nurse movement. Findings suggested that school nurses encountered tremendous challenges and took measures to provide care for thousands of school children and their families who would have otherwise gone without, and in doing so reduced absenteeism to improve educational opportunities.

On December 7, 2016, **Gwyneth Rhiannon Milbrath** successfully defended her dissertation, *The Nurses of Pearl Harbor: December 1941*. Dr. Milbrath's research documented nurses' response in the immediate hours following the December 7, 1941 attack on Pearl Harbor and their work in three hospitals on Oahu over the following weeks. Critical to her findings was her analysis of their role in disaster triage. Collaboration and teamwork among the nurses, physicians and volunteers was pivotal to the prompt and adequate care of the wounded. Although triage was outside the skill set of nursing at that time, the nurses successfully utilized principles and techniques of triage to prioritize the nursing care and first-aid they were able to provide. In disaster situations, traditional boundaries between race, class, and gender can be redrawn, and practice boundaries between physicians and nurses are blurred. ■

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COURTESY THE MUSEUM OF HISTORY AND INDUSTRY, SHS18884

Anna Clise

Seeds of Grief

Children's Orthopedic Hospital, 1907–1915

MARY E. GIBSON, PHD, RN

ASSISTANT DIRECTOR, ELEANOR CROWDER BJORING CENTER FOR NURSING HISTORICAL INQUIRY

Women at the turn of the twentieth century sought ways to cross the domestic boundaries of their homes and entered public life creating institutions for the betterment of their communities. My research on care for children with disabilities during this time reveals that in many cases, in addition to having financial

resources, energy, and motivation to improve their communities, women entered the public sphere and chose causes based on their personal histories. Such was the case of the origins of the Children's Orthopedic Hospital in Seattle, Washington.

Willis Clise, the five-year-old son of Seattle elites Anna and James Clise, was gravely ill; he would not survive the inflammatory rheumatic disease that plagued him. In 1898 he died, leaving a distraught Anna to find meaning in his death.¹ In Seattle, where the Clises lived at the turn of the 20th century, there were no resources for children with orthopedic or chronic conditions. Willis' death would spur Anna's emerging progressive drive and ultimately create care opportunities for subsequent generations of ailing children in the region.

Anna, originally of Pennsylvania Mennonite stock, looked beyond her own boy's death and recognized and responded to the existing health care deficits for less fortunate children.

¹ *Seattle Post-Intelligencer*, Obituary of Willis Herr Clise, March 20, 1898, p.17 and March 21, 1898, p. 12



COURTESY OF THE SEATTLE CHILDREN'S HOSPITAL

Patients at Seattle General Hospital, 1907

Seattle's hospital facilities at that time were limited and largely served adults; religious sisters provided charity care, and there was a hospital for county indigents and a pest house for contagious cases.² This left no designated place for children whose surgical and orthopedic needs went unmet. Children lacked care for crippling disorders such as tuberculosis of the bone and joint, congenital abnormalities, infantile paralysis, rickets, and other deformities.³ Without designated providers who had the knowledge and skill to treat them, these children would never meet their full potential as productive citizens.

Anna, originally of Pennsylvania Mennonite stock, looked beyond her own boy's death and recognized and responded to the existing health care deficits for less fortunate children. During a journey to deliver her oldest child to a school near Philadelphia in 1906, Anna visited her cousin Dr. John Musser, then president of the AMA, who introduced her to the Children's Hospital of Philadelphia. There she observed sick children cared for by qualified doctors and nurses who specialized in childhood conditions. Before returning to Seattle, she also visited the

Syracuse Hospital for Women and Children and its nurse training school, which had been established some twenty years earlier by concerned, wealthy women.⁴ No doubt, these cumulative experiences planted a seed.

The seed planted by her son's unmet need for specialized care and the concurrent need of less fortunate children in Seattle germinated. Anna wasted no time in formalizing her idea of providing surgical care for poor children, and by early 1907 she and a group of her prominent friends had filed for incorporation of the Children's Orthopedic Hospital Association (COH). The women that Anna drew to her cause, including her friend Harriet Stimson, had time and money, and they were known for hard work. Many of them had improved the frontier town through libraries, schools, and the arts. Furthermore, the maternalist nature of the work made their efforts quite acceptable for women of their stature, and women constituted the fabric and leadership of the organization. These women recognized and attempted to fill the needs that local government and services did not address.⁵ Anna

⁴ Crowley & Wilma, *Hope on the Hill*, p. 13.

⁵ For a fuller discussion of the power of women's organizations see Sklar, K.K., "Two Political Cultures in the Progressive Era" in Kerber, L., Kessler-Harris, A., Sklar, K.K., (eds.) *US History as Women's History*, (Chapel Hill, UNC Press, 1995); A.F. Scott, "Women's Voluntary Associations: from Charity to Reform" in K. McCarthy, (ed) *Lady Bountiful Revisited: Women, Philanthropy and Power*, (New Brunswick, Rutgers University Press, 1990) pp. 35-54.

² W. Crowley & D. Wilma, *Hope on the Hill: the First Century of Seattle Children's Hospital*, (Seattle, University of Washington Press, 2010) p. 15.

³ Children's Orthopedic Hospital Collection, Box 10, *Annual Report of the Children's Orthopedic Hospital 1909*, p. 24. University of Washington, Allen Library, Special Collections.

and her husband, James Clise, and nineteen other prominent Seattle couples set aside a nest egg for the beginnings of charitable hospital and convalescent care for Washington's children.⁶

Since the COH was an entity without a structure, the immediate task of the Association was to find providers and facilities to fill out the vision of a hospital for children. The Board examined the existing options and accepted Seattle General Hospital's offer of seven beds at the charge of \$7 per week for each bed, including nursing care, meals and free use of the operating room. Dr. Caspar Wistar Sharples, an internist and surgeon trained in Philadelphia, agreed to provide surgical care for the children and recruited two additional physicians and, within a short time, dozens more including Dr. George McCulloch, a pediatrician.⁷ In conjunction with their physician colleagues, the board resolved not to accept contagious cases, including pulmonary tuberculosis or diphtheria, but tuberculosis of bones and joints was not considered contagious unless there was wound or sinus drainage.

⁶ Crowley & Wilma, *Hope on the Hill*, p. 16; F.A. Groff, "Ceres in Seattle," *Sunset Magazine*: 30, 1913, pp. 198–200.

⁷ Children's Orthopedic Hospital and Medical Center collection, Box 1 Accession #3530, University of Washington, Seattle, Allen Library Special Collections; Crowley & Wilma, *Hope on the Hill*. Pediatricians were rare in the country at this time—even more so in the remote West.

Children were actively sought and accepted for care regardless of race, religion or the parents' ability to pay. A selection committee (from the Board) interviewed parents to determine if they had the resources for their child's care; if so, they were obliged to pay all or part of the care provided; if not, they were awarded free care.⁸ This committee made the assessment of both social and economic resources, thus ascertaining if the family was deserving of charity care. In effect, they were differentiating the worthy from the unworthy poor, and preempting habitual dependence on charity.⁹ The Selection Committee cleared young patients with the physicians for admission.

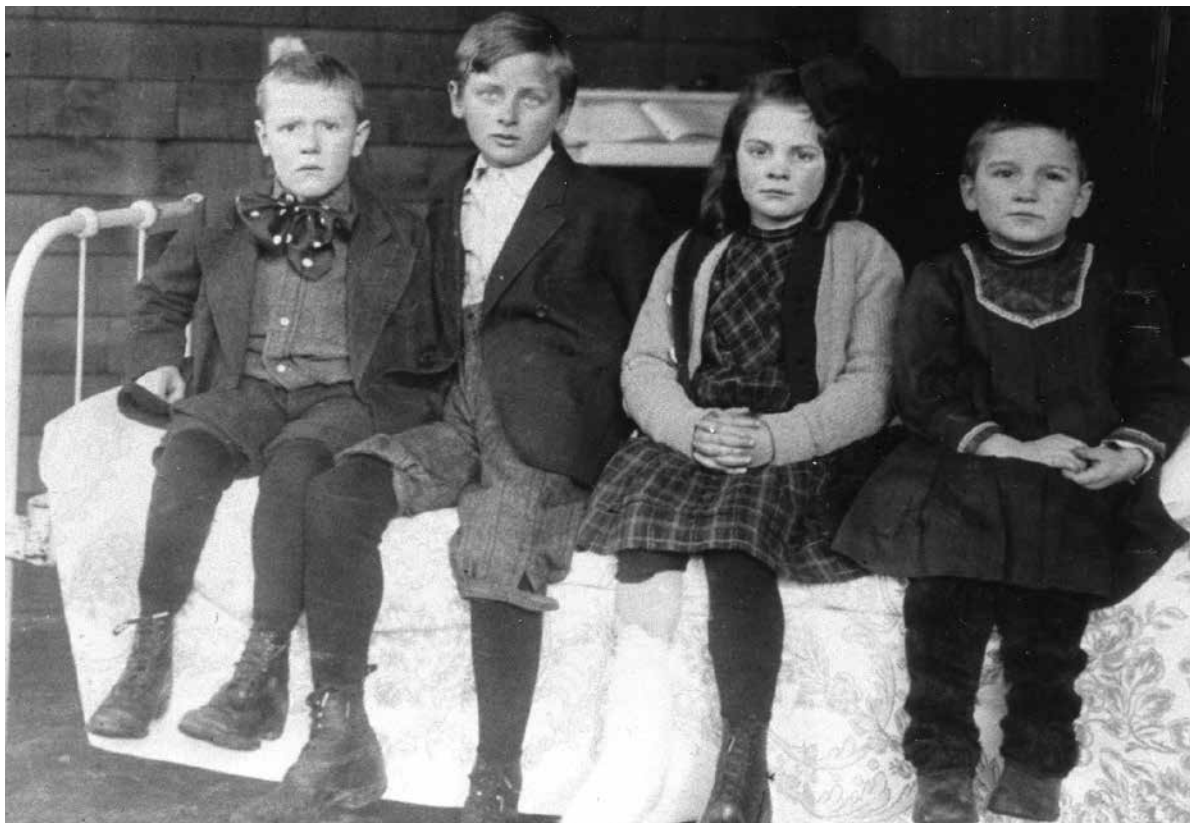
There was no shortage of needy patients. The first was a 9-year-old girl named Mary who had a paralyzing tubercular abscess. The child's mother was initially unwilling to take her child back after 12 days of care, so she was sent to the Orphan's home. The board offered to provide for her there and encouraged her to be permanently taken from her mother's care, indicating their willingness to intervene in patients' social welfare issues.¹⁰ Another early patient, Madeline, a 14-year-old black girl, had

⁸ Crowley & Wilma, *Hope on the Hill*.

⁹ See M. Katz. 1995, *Improving Poor People*, (Princeton: Princeton University Press, 1995), pp. 66–69 for a description of worthy and unworthy poor.

¹⁰ Children's Orthopedic Hospital and Medical Center collection, Box 1, COH Board meeting minutes June and July, 1907. University of Washington, Allen Library, Special Collections

Patients at Children's Orthopedic Hospital, c. 1908



COURTESY OF THE SEATTLE CHILDREN'S HOSPITAL

tuberculosis of the knee, and the Dorcas Society (a black women's group) and the COH shared the expenses for her six months of care. Successful care of children like Madeline required long hospitalization and convalescence involving immobilization, good food and nursing care. That first year thirteen children were given care at a cost of \$1,000; diseases treated were osteomyelitis, tuberculosis of the bone and spine, congenital deformities, trauma, and broken bones.¹¹ Before long, children from all over the region, and as far away as Alaska arrived by rail, automobile, and steamer. Since patients needed care for months and often years, the need for a convalescent site was acute.¹²

By the following summer of 1908, the board had purchased a parcel of land on Queen Anne Hill and built a Fresh Air Home where children discharged from Seattle General could recuperate. The cottage provided eight beds, a kitchen (where the table doubled as an operating or treatment table when needed), two sleeping porches, professional areas and rooms for nurses.¹³ Within 18 months of existence, the COH provided hospital and surgical care at Seattle General, convalescent care under trained nurses and specialized doctors at the Fresh Air Cottage, and follow up from a visiting nurse. In addition, that fall, school classes began at the cottage.¹⁴ However, the vision of the Board was not complete.

In the pursuit of funds for a fully equipped hospital dedicated to children, women of the Board appealed to churches and the public. Local farmers donated surplus fresh fruits and vegetables, and the Board held "pound parties," where all guests invited to tea would bring a pound of flour or some provision, combining a social event with fundraising. The Board established guilds throughout the city, advertised that donations could support honorary beds and raised money through an annual gala called a Kirmess, which earned over \$26,000 towards the new hospital. The guilds were neighborhood clubs dedicated to the cause, and members contributed \$5 a year and filled such needs as making bandages, children's clothes, providing bedding and jams and canned goods.¹⁵ A wide range of fundraising activities ensued in the following years, and soon the Board raised enough money to break ground for the architect designed hospital in 1910, to be built alongside the cottage.



Moore Theatre Program, July 28, 1915

In anticipation of the new hospital opening, Miss Carter, COH nurse superintendent, and a colleague, Miss Connell, travelled East for two months on paid leave to Boston and New York to learn and prepare for the duties they would undertake. The COH supported this trip which clearly identifies the importance the Board placed on quality nursing care and administration in its new hospital.¹⁶

When the new state of the art hospital opened in September, 1911 with a capacity for 40 patients, the Mayor congratulated this "achievement of womanhood."¹⁷ Three nurses, assisted by pupil nurses from local training schools, managed the

new hospital wards, and care was available for paying and charity patients. The boys' ward was named for Willis Clise. By 1913, patients came from British Columbia and 60 Washington towns, in addition to four other states and territories.¹⁸

The Board leadership switched back and forth between Anna Clise and Harriet Stimson until 1915, when Anna Clise resigned from the board when she lost her sight following a surgical procedure. Upon doctor's recommendation, she moved with her husband to California, but not before she was named "Founder and Honorary Trustee" of COH.¹⁹ Lillian Carter, the superintendent from 1909 to 1915, resigned to take a job in Atlanta, and some other

staff members followed suit. Longstanding Board leader Harriet Stimson capably assumed the Board presidency, and competent nurse supervisors came and went during the turbulent war years.²⁰

Though Anna was no longer involved in the day to day affairs of the hospital, Harriet Stimson served a long tenure as President of the Board, later succeeded by her daughter. The hospital survived the loss of its founder and ultimately flourished through many more revisions and building campaigns. What began with the devastating loss of Anna's son, Willis, resulted in the beginnings of the first children's hospital in the West. Nurses today at Seattle Children's Hospital sustain state of the art care, and the children of the Northwest continue to receive care, which began as as result of the seed planted by Willis' unfortunate death. ■

¹¹ Children's Orthopedic Hospital and Medical Center collection, Box 2, University of Washington, Seattle, Allen Library Special Collections

¹² Crowley & Wilma, *Hope on the Hill*.

¹³ Crowley & Wilma, *Hope on the Hill*.

¹⁴ Children's Orthopedic Hospital and Medical Center collection, Box 1 Accession #3530, University of Washington, Seattle, Allen Library Special Collections

¹⁵ Crowley & Wilma, *Hope on the Hill*.

¹⁶ Children's Orthopedic Hospital and Medical Center collection, Box 2, (Board meeting minutes June 10, 1910) University of Washington, Seattle, Allen Library Special Collections.

¹⁷ Crowley & Wilma, *Hope on the Hill*, p. 30.

¹⁸ Children's Orthopedic Hospital and Medical Center collection, Box 2 Board meeting minutes (June 7, 1910, July 14, 1911 and Feb 7, 1913), University of Washington, Seattle, Allen Library Special Collections

¹⁹ Crowley & Wilma, *Hope on the Hill*, p. 34.

²⁰ Crowley & Wilma, *Hope on the Hill*.

NEWS & OPPORTUNITIES IN NURSING AND MEDICAL HISTORY

Call for Applications

The American Association for the History of Nursing (AAHN) offers four awards for completed research, each presented annually at the Fall Nursing History Conference. Only AAHN members are eligible to apply for these awards. Deadline for award submissions is May 15 of each year.

■ **Teresa E. Christy Award** to encourage new nursing history investigators, and to recognize excellence of historical research and writing done while the researcher was in a student status.

■ **Lavinia L. Dock Award** to recognize outstanding research and writing produced by an experienced scholar in nursing history who submits a book.

■ **Mary Adelaide Nutting Award** to recognize outstanding research and writing produced by an experienced scholar in nursing history who submits, most often, a post-doctoral research manuscript or article.

■ **Mary M. Roberts Award** to recognize outstanding original research and writing in an edited book of nursing history.

Additional information: <http://www.aahn.org/awards.html>.

Conferences

■ **American Association of the History of Medicine 90th Annual Meeting**
Nashville, Tennessee
May 4–7, 2017
www.histmed.org

■ **From Far and Wide: the Next 150 Canadian Association for the History of Nursing and Canadian Society for the History of Medicine Annual Conference**
Toronto, Canada
May 27–29, 2017
www.cahn-achn.ca

■ **Critical Stories Association for Medical Humanities Annual Conference**
Keele University
Staffordshire, UK
June 28–30, 2017
medicalhumanities.mla.hcommons.org

■ **University of Exeter Postgraduate Medical Humanities Conference**
Exeter, UK
June 29–30, 2017
<http://humanities.exeter.ac.uk/>

■ **Health, Medicine, and Society: Challenge and Change 15th Biennial Conference, Melbourne**
Melbourne, Australia
July 11–15, 2017
www.dccconferences.com.au/hom2017

■ **The Body Politic: States in the History of Medicine and Health European Association for the History of Medicine and Health Biennial Conference**
Bucharest, Romania
August 30–September 2, 2017
<http://www.birmingham.ac.uk/research/activity/mds/centres/eahmh/conferences>

■ **American Association for the History of Nursing 34th Annual Nursing & Healthcare History Conference**
Co-Sponsored by the St. John Fisher College Wegmans School of Nursing
Rochester, NY
September 7–10, 2017
www.aahn.org

■ **British Society for the History of Medicine 27th Congress**
Edinburgh, UK
September 13–16, 2017
bshm.org.uk/

Fall 2017 NURSING HISTORY FORUMS

McLeod Hall #5060 Noon–1 p.m.

September 19
TBA

October 17
TBA

October 31
“Nursing People with HIV/AIDS, 1981–1996”
2017 Brodie Fellow
Tommy Dickinson, PhD, RN
Senior Lecturer, Florence Nightingale Faculty of Nursing, King’s College, London

November 14
Panel Presentation: “A History of Professional Nursing in the United States”
Arlene Keeling, PhD, RN, FAAN,
Michelle Hehman, PhD, RN, and
John Kirchgessner, PhD, RN, PNP ■

SNIPPETS FROM THE PAST

Bloodletting Then and Now

ISABELLA PICCININNI

Blood is a vital bodily component necessary for survival. An excessive amount of blood loss can lead to shock and even death. However, in earlier historical periods, the removal of blood, or bloodletting, was used as a therapeutic measure.

Bloodletting's origins lie in the "humoral theory," which purported that bodily health depended on a balance of humors, consisting of phlegm, blood, yellow bile, and black bile.¹ An imbalance in the naturally present humors associated with illness, fever, or inflammation, was treated with forms of evacuation such as starvation, purging, vomiting, or bloodletting.² Bloodletting became a standard procedure and default remedy for almost every illness. Prominent American physicians, such as Benjamin Rush, embraced bloodletting, as it was believed to return the bodily humors to balance.³

The idea of "tainted" or "bad blood" and the need for its removal through bloodletting began thousands of years ago and continued into the 20th century.⁴ Early bloodletting instruments, including sharp horns, roots, fish teeth, and sharpened stones, were amongst the earliest versions of tools used to extract blood.⁵

There were five main bloodletting methods: venesection, arteriotomy, scarification, cupping, and leeches. Each was used for specific conditions.⁶ *Venesection* was a practice intended for the system at large in which a vein was opened with a thumb lancet (broad blade) or spring lancet.⁷ *Arteriotomy* involved letting blood from the temporal artery or its anterior branch with a complete cut using a bistoury (a surgical knife with a long, narrow, straight or curved blade) or a lancet. *Scarification* created multiple short and shallow incisions at the site of inflammation with the use of a lancet, bistoury, or scarificator (an instrument consisting of numerous blades). *Cupping* was performed with the use of small glasses.⁸ In dry cupping, no blood was actually extracted; the heated cup was drained of air and upon application, the skin would swell. The formation of the raised blister from swelling allowed wet cupping in which incisions were made, and blood and fluid were removed.⁹ *Leeching* employed fresh-water parasitic

invertebrates and was amongst the most popular techniques because of the leech's ability to latch onto almost any part of the anatomy.¹⁰

Early in the American Civil War (1861–1865), Union as well as Confederate medical units started to denounce deliberate bloodletting as a medical practice and began to restrict its use to exceptional cases only.¹¹ Nonetheless, many military doctors, overwhelmed and unable to cope with widespread disease and infection, continued to bleed soldiers and civilians in hopes of curing a multitude of maladies.¹² While bloodletting for a majority of illnesses



Artifacts from the American Civil War include instruments used for bloodletting. Artifacts 01282 (case with 4 lancets), 01325 (single lancet), & 01104 (4 bladed fleam)

HISTORICAL COLLECTIONS, CLAUDE MOORE HEALTH SCIENCES LIBRARY

¹ Audrey Davis and Toby Appel, *Bloodletting Instruments in the National Museum of History and Technology* (Washington, DC: Smithsonian Institution Press, 1979).

² Ibid.

³ Ralph G. DePalma, Virginia W. Hayes, and Leo R. Zacharski, "Bloodletting: Past and Present," *Journal of the American College of Surgeons* 205, no. 1 (2007): 132–144; Ira M. Rutkow, *Bleeding Blue and Gray: Civil War Surgery and the Evolution of American Medicine* (New York: Random House, 2005).

⁴ Gordon Dammann, *Pictorial Encyclopedia of Civil War Medical Instruments and Equipment*, vol. 1 (Pictorial Histories Publishing Company, 1983); DePalma et al., "Bloodletting."

⁵ Davis and Appel, *Bloodletting Instruments*.

⁶ Gerry Greenstone, "The History of Bloodletting," *BC Medical Journal* 52, no. 1 (2010): 12–14.

⁷ John Hooker Packard, *A Manual of Minor Surgery* (Philadelphia: Lippincott, 1863).

⁸ Ibid.

⁹ Davis and Appel, *Bloodletting Instruments*.

¹⁰ Ibid.

¹¹ George Worthington Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (New York: Henry Schuman, Inc., 1952).

¹² Liakat Ali Parapia, "History of Bloodletting by Phlebotomy," *British Journal of Haematology* 143, no. 4 (2008): 490–495.

In Memoriam

Lorraine Bowers Albrecht

declined throughout the nineteenth century, physicians continued to advocate its use for treating apoplexy, pneumonia, and pulmonary edema.¹³ Bloodletting was recommended as a treatment for pneumonia as late as 1930 in Osler's *Principles and Practice of Medicine*.¹⁴

Though discredited as a standard therapy, bloodletting is now being reconsidered to treat specific disorders.¹⁵ Phlebotomy is the primary method of bloodletting used in western medicine for conditions in which patients have too much iron stored in their bodies and for polycythemia.¹⁶ Cupping therapy has become a trend among athletes and others, but medical verification of benefit is slim. Leeches have also made a comeback in reducing venous congestion and tissue necrosis in certain cases. Our understanding of pathophysiology is based on verification and acceptance of new scientific theories that replace disproved ones, like the humoral theory. It is primarily through scientific evidence, building upon previous knowledge and practice, that advances in medicine and science occur. ■

Isabella Piccininni is a fourth year nursing student in the BSN program at the University of Virginia. She comes from Midlothian, Virginia. Following graduation she hopes to travel, pass the NCLEX, and pursue a nursing career working in critical care.

¹³ Davis and Appel, *Bloodletting Instruments*.

¹⁴ William Osler and Thomas McCrae, *The Principles and Practice of Medicine*, 11th ed. (New York: D. Appleton and Company, 1930).

¹⁵ Greenstone, "The History of Bloodletting."

¹⁶ DePalma et al., "Bloodletting."

With sorrow and fond memories the Center's faculty and staff announce the passing of Mrs. Lorraine Albrecht, a long-time friend and supporter of our Center. Lorraine was member of the UVA School of Nursing BSN Class of 1951 and continued her nursing career in several hospitals, ending her nursing career in Michigan at Lansing Community College, where she served as a clinical instructor. According to Dr. Arlene Keeling, "I will never forget the enthusiasm and interest in nursing history that Lorraine demonstrated when we first met. I had just given an Alumnae event talk about nursing on the Overland



Lorraine Bowers Albrecht, Jeanette Lancaster, William H. Albrecht, and Arlene Keeling, 2006

Trail during the great migration west in the mid-19th century, and Lorraine approached me afterwards to express her delight with the speech. Since that time, Lorraine and her husband Bill were a constant presence at our history center presentations and receptions. Together they expressed their support through generous gifts to the Center from its inception, and we are deeply grateful. Neither will be forgotten."



Jean Whelan, March 2016

Jean C. Whelan, PhD, RN

It is with a very heavy heart that we must share news of the passing of Dr. Jean C. Whelan, the American Association of the History of Nursing's past president, long-time nursing history advocate, and beloved friend and mentor to colleagues, friends of nursing history, and students. Dr. Whelan is survived by her husband, Dr. Mark Gilbert and son, Paul Gilbert; sisters Anne Whelan, Mary-Jo

Whelan Karpov, Tishi Mann; and brother John Whelan. In addition to her organizational work, Dr. Whelan's many academic accomplishments include her scholarship on the history of the nursing workforce. She also was a leader in doing digital history and consulted with us on our work here at the Bjoring Center. Dr. Whelan will be greatly missed, and her legacy to nursing will be great and lasting. Contributions in her memory may be made to American Association for the History of Nursing (www.aahn.org). ■

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We would like to extend sincere thanks to each of our contributors.

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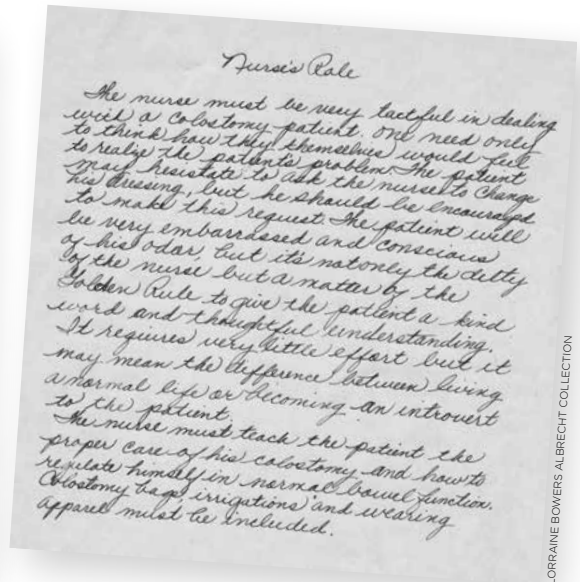
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The Lorraine Bowers Albrecht Collection

REBECCA A. COFFIN, PHD, RN

Mrs. Lorraine Bowers Albrecht graduated from University of Virginia School of Nursing in 1951. Albrecht taught for years at the Lansing Community College in Michigan before retiring from nursing in 1993. She generously donated her collection to the Center in September of 2007.

The collection begins chronologically with items pertaining to Albrecht's days as a nursing student. Photos of Albrecht and her peers in their nursing uniforms are reminiscent of the period. Albrecht included original "case studies" of patients she cared for while in clinical; one case study discusses care of the patient undergoing a colostomy. Another

case study begins to describe a middle-aged housewife initially presenting with sinusitis, but develops into a deeper review of the patient's psychosocial problems. These hand-written case studies differ from contemporary nursing care plans and concept maps used in nursing education, and serve as excellent artifacts to showcase aspects of nursing clinical education in the late 1940s and early 1950s. Artifacts adding to the scope of this collection include a nursing cap, surgical cap, surgical brush, and scissors.

Medical illustrations and the curriculum that Albrecht taught while she was an instructor at Lansing Community College are also included in the collection.

Four nursing manuals from Albrecht's curriculum plus a Health Assessment Handbook from 1989 can be found here. The curriculum manuals provide instruction on fundamental nursing procedures, such as handwashing and bed baths. A plaque honoring Albrecht's commitment to nursing was given to her at her retirement in 1993, and this is also part of the collection. Artifacts from Albrecht's days as student and teacher can inform historians interested in the broader field of nursing education.

Perhaps of special interest to UVA students and alumni are clippings from various newspapers regarding the building and dedication of the Josephine McLeod Nursing Education Building, as well as the 1972 building dedication program. The contents of a scrapbook containing newspaper clippings, programs, publications, and graduation information about UVA School of Nursing are also in this collection. ■

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Joseph Daniel Brown, III antique baby scale

June Welsh Echols University of Cincinnati School of Nursing material, c. 1950s

Mary Fisher public health nurse bag, obstetrical stethoscope, bulb syringe c. 1960s

Dianne Gagliano additions to the Gagliano Collection relating to her experience as a flight nurse in Vietnam

Patricia Quill St. Vincent's Hospital School of Nursing memorabilia, and additions to the New York State Coalition of Nurse Practitioners Collection ■

Above, Lorraine Albrecht as a first-year student, 1949, and her hand-written case study of a patient undergoing a colostomy.

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