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Nursing in Massachusetts

During

The Roaring Twenties

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Modern nursing began during the Crimean War (1854-1856), in the filthy hospitals at Scutari, Koulali, and Balaklava. Nuns, nurses, and ladies introduced female nursing into the military. But they and the military orderlies made little difference, as cholera, typhus, typhoid, and dysentery decimated the British army. Thanks to her social prominence and loving biographers, Florence Nightingale is usually given credit for the birth of nursing. But Florence Nightingale was not alone, nor was she first. Many nineteenth century women were eager for a world larger than their parlors. Others focused on the injustices arising from the industrial revolution, where incredible wealth coexisted with appalling poverty. The needs of the poor gave ladies the courage to step over their thresholds into the world. Modern nursing evolved out of this urge for freedom and justice that characterized the nineteenth century's female-led humanitarian movement.

At the leading edge of the humanitarian movement was Catherine McAuley (1778-1841), who spent her fortune to care for sick, ignorant, and homeless women. Long before Nightingale took up her post at the Harley Street Institution for Distressed Gentlewomen, McAuley's Irish Sisters of Mercy were caring for

the sick, educating girls, and providing shelter for women of good character. Other women of Florence Nightingale's social stature, Mary Stanley and Fanny Taylor among them, also visited the sick. When the call for nurses came during the Crimean War, they raced to Scutari. The Crimean War provided these women with a world full of injustice and a sphere for action. A society grateful for the care given to its men resulted in the creation of the Nightingale Fund, which after the war endowed the school of nursing at St. Thomas Hospital, in London. Opening in 1860, the school preceded by one year the American woman's race to help during the American Civil War (1861-1865). The "war between the states" was like the Crimean War in that it added impetus to the exodus of women from the home.

In the United States, Massachusetts women led the way. Dorothea Lynde Dix (1802-1887) was at the end of a long career in reforming the care of the mentally ill when she accepted the position as superintendent of Civil War nurses. Louisa May Alcott (1832-1888) left her writing desk in Concord and went to Washington, D.C., to nurse at the Potomac Hospital. Clara Barton (1821-1912), from Oxford, nursed soldiers during the war, and after it was over, she located their graves, tried to locate the men who were missing, wrote to their families, and helped find the graves of those who had died. Mary Livermore (1820-1905), of Boston, worked with the United States Sanitary Commission, which was established by President Abraham Lincoln. The nursing sisterhoods — the Irish Sisters of Mercy and the Daughters of Charity — also responded to Lincoln's call for nursing help.

As in the Crimean War, infectious diseases claimed many more lives than did war wounds. Still, new surgical techniques were created, as morphine and surgery under anesthesia became commonplace. After the war, this technology was introduced into civilian hospitals. Primitive though they were by present-day standards, they foreshadowed the technological revolution that transformed hospitals from charitable institutions into places where science-based medicine would be practiced. Women of the social elite introduced the new nursing into the civilian hospitals. They chose two tasks. The first was to introduce the reforms that began in the military hospitals into the civilian hospitals. The second was to create a profession for young women. With the latter, they hoped to prevent the young women who came to the cities looking for work from falling victim to prostitution or other occupations on the underside of society.

By 1873, the society ladies had established "Nightingale" schools in New York, New Haven, and Boston. The Boston Training School at the Massachusetts General Hospital opened in November of that year, a month after Linda Richards graduated from the feminist showplace in Roxbury, the New England Hospital for Women and Children. The first in the class of five to complete the one-year nursing program, Linda Richards became enshrined in nursing folklore as "America's first trained nurse."

Twenty years later, in 1893, there were thousands of "trained nurses" and hundreds of "training schools." Almost from the beginning, nursing schools reverted to service institutions, with education, when it occurred, taking a second place. None of the schools remained autonomous, as Florence Nightingale had proposed. They were swiftly placed under the control of the hospitals. Nursing students replaced the ward maids who had preceded them, and the salary of the maid became the educational stipend of the student. Once grafted onto the domestic sphere of the hospitals, nursing education became subordinate to the needs of the hospitals.

John Shaw Billings, of the newly developed Johns Hopkins University Hospital, discounted Nightingale's insistence on autonomy. There would be no female hierarchies at Hopkins, though its administrator, Henry Hurd, insisted that nursing, like medicine, was a learned profession.¹ As much as Billings abhorred female separatism, he shared the spotlight given to medicine and hospitals at the Chicago World's Fair of 1893. There, nursing made its official debut at the Hospitals, Dispensaries, and Nursing section of one of the congresses. Lavinia Dock, who would become nursing's historian par excellence, spoke from her experience as second in command at the Johns Hopkins School of Nursing. The clear thinking and passionate feminist knew then what others would soon realize, that autonomy was necessary to all schools, even the one at Hopkins, if nursing was to become a profession.²

Nurses presented papers that celebrated what the new trained nurse had accomplished, and that indicated their

1. Ethel Johns and Blanche Pfefferkorn, The Johns Hopkins Hospital School of Nursing (Baltimore, 1954), p. 55.

2. Lavinia L. Dock, "The Relation of Training Schools to Hospitals," pp. 86-98 in John Shaw Billings and Henry M. Hurd, eds., Hospitals, Dispensaries, and Nursing (Baltimore, 1894).

aspirations for the future. A paper from Florence Nightingale gave prestige to the proceedings. Another paper by Linda Richards spoke of her missionary work in Japan from 1885 to 1890, and acknowledged the Boston women who had established in 1868 the Women's Mission Board of the American Board of Commissioners of Foreign Missions.

Before they left the fair, the nurses organized nursing's leaders into the American Society of Superintendents of Training Schools for Nurses, which was to be the precursor to the National League for Nursing Education, later to become the National League for Nursing.³ In 1896, these superintendents gathered the graduate nurses into an organization which was called the Associated Alumnae of the United States and Canada, which was to be the precursor of the American Nurses Association. Once the superintendents and graduates were organized, they established the *American Journal of Nursing*, which published its first issue in October of 1900. Sophia F. Palmer and Mary E. P. Davis, former students of Linda Richards at the Boston Training School, were the *Journal's* editor and business manager. These organizations, and the *Journal*, were intended to unite the nursing profession, which was geographically scattered around the country, as well as to continue the process of education and professional development.

At the time when the number of medical schools was being reduced, the number of nursing schools was rapidly expanding, paralleling the growing number of hospitals. Nursing schools provided a cheap and abundant supply of labor, as the hospital wards became classrooms for the new kind of medical student. At the same bedside, an increasingly educated and elite medical student received his education, while the student nurse exchanged her labor for whatever knowledge she could pick up on the job. With the nursing department filled with students, there was little need for graduate nurses, so the graduates left the hospitals for nursing in private homes. Before long, the supply of graduate nurses far exceeded the demand for nursing services. In 1910, for example, there were 82,327 nurses. Within ten years, these numbers increased by 83 percent, to 149,128, which represented one nurse for every 700 persons in the United States.⁴

3. Helen W. Munson, The Story of the National League for Nursing Education (Philadelphia, 1934).

4. [Josephine Goldmark], Nursing and Nursing Education in the United States (New York, 1923), p. 13.

Some nurses freed themselves from the bedside and joined the public health movement. Others joined the war effort in 1917, as their predecessors had done during the Crimean War, the Civil War, and the Spanish-American War. At the first convention following World War I, the president of the American Nurses Association evaluated the profession. She envisioned a vast army of nurses pledged to "the highest type of service that a woman [could] enter."⁵ She acknowledged the human costs of the recent war, and paid tribute to the 296 nurses who had died. These nurses belonged now to the hallowed past, with other military nurses — Florence Nightingale of the Crimean War (1854-1856), and Louisa May Alcott, Dorothea Lynde Dix, and Clara Barton of the American Civil War (1861-1864).

Even as Clara Noyes celebrated nursing and its heroines, she faced the fact that nursing did not attract young people. Women were not applying to nursing schools in large numbers, and those who were already in the profession were leaving. Some took up lucrative business positions. Others took advantage of land grants in the western states. Still others opted for work in offices which were newly transformed by the use of telephones, typewriters, and the telegraph. Finally, the traditional option of marriage continued to be available as an alternative. These "deflections from the straight path of nursing" depleted the ranks, said Noyes. The scarcity of pupils further complicated the exodus from nursing.⁶

Young women resisted nursing's idealistic appeals and promises of profession. Aiding suffering humanity in peacetime lacked the drama of military nursing. There was little glamor in treating patients before and after surgery, and insane or alcoholic patients were not much more appealing to young women of any generation than those suffering from tuberculosis, syphilis, and other infectious diseases. But more than the fear or threat of disease deterred young women from entering the nursing profession. The drudgery of nursing was apparent to those who looked beyond the rhetoric.

The best of the training schools exploited student nurses far more than they educated them. Sally Johnson, at the prestigious Massachusetts General Hospital asked

5. Clara Noyes, in Lyndia Flanagan, One Strong Voice: The Story of the American Nurses Association (Kansas City, 1976), p. 422.

6. *Ibid.*, p. 424.

Why do the nurses who are so badly needed by the patients have to do all the cleaning — why can't someone else do it? . . . No hospital trustees nor hospital superintendents worthy of their trust are consciously exploiting pupil nurses. . . . But isn't it exploitation when pupil nurses are used to perform work which has no educational value and which rightly belongs to a domestic. If the pupil is not relieved from this work because it costs money, isn't it exploitation?⁷

Throughout the decade of the 1920s, nurses were educated almost exclusively in training schools in general hospitals and specialty hospitals. Commonly, only two years of high school were required for admission, although the National League for Nursing Education recommended the recruitment of better qualified students.⁸ Students did not pay for their training. Often they received room and board, and sometimes uniforms. After the probationary period, they might receive a stipend.

Helen Wood, who was then the acting Superintendent of Nurses at the Massachusetts General Hospital, emphasized the need for teaching the nursing students in the hospital's wards. She suggested taking the "pupil" nurses from the classroom to the patient. And rather interestingly, Wood claimed that the physician was the most appropriate clinical instructor. "In some instances," she said, "a doctor may not be available for these classes. Then this system of clinical instruction can be carried on by the nurse instructor, although a doctor with his wider knowledge of medicine and surgery is preferable."⁹ Wood's deference to the physician suggests the status of nursing in 1920.

Training varied widely from hospital to hospital, in spite of the "Standard Curriculum" which had been established by the nursing superintendents. Some like Helen Wood had nursing arts

7. Sally Johnson, "Readjustment in Practical Training of Student Nurses," in Twenty-Sixth Annual Report of the National League for Nursing Education (Baltimore, 1920), pp. 106-110.

8. Curriculum for Schools of Nursing, National League of Nursing Education (New York, 1917).

9. Helen Wood, "Value of the Clinical Method of Teaching in Nursing Schools," American Journal of Nursing, January 1920, XX: 8-12.

laboratories, where students practiced procedures on the Chase doll. Good training schools had lectures and textbooks, in addition to practical experience in the wards. At the Waltham Training School, as at the Massachusetts General, doctors gave theoretical instruction to student nurses in medical, surgical, and obstetrical nursing. The principal of the school gave practical lessons in nursing in the hospital wards and "in the district," which meant in the community. Today, this is called public health nursing. She also instructed them in taking obstetrical call, which meant that the nurses went out with physicians, to help women deliver their babies in their own homes. Finally, she instructed them in private duty nursing.¹⁰

Schools without a resident teacher had to depend on visiting teachers. Lucretia S. Smart, who had been the superintendent of Jordan Hospital, in Plymouth, travelled each week to several schools in New Hampshire. Elizabeth Eleanor Sullivan was a visiting instructor at the Faulkner Hospital, in Jamaica Plain, and at the Anna Jacques Hospital, in Newburyport. During this same time, Sullivan taught sociology at Boston College. Nursing students could certainly benefit from these instructors. The fact that their own schools did not have teachers of the same caliber reflects the makeshift character of early nursing education, and the limitations of the budget.

And many physicians and hospital administrators preferred it that way. Alfred Worcester, a graduate of the Harvard Medical School, led the male medical establishment against autonomy for nurses. His Waltham Training School violated every principle of the emerging nursing profession. The general hospital, baby hospital, and district visiting nurse service which was created soon after the training school was opened, all used students to provide care in the community, and the fees reverted to the hospital. All was well with that arrangement, according to Worcester, "until graduates of the Hospital Schools obtained the political and legislative control of nursing education."¹¹

Nursing leaders in Massachusetts had won that power only by vigorously contesting the control by Worcester and the

10. Annette Fiske, First Fifty Years of the Waltham Training School for Nurses (Boston, 1949).

11. Alfred Worcester, "The Shortage of Nurses. Reminiscences of Alfred Worcester '83," Harvard Medical Alumni Bulletin (April, 1949), p. 68.

physicians that he represented. The opposition to legislation was "formidable, not abusive and vulgar . . . but astute and skillful."¹² From 1904 to 1910, nurses worked with legislators to introduce into the state legislature their bill, "An Act to Regulate the Practice of Professional Nursing of the Sick." The bill called for a board of nursing, composed of five Massachusetts nurses who had graduated from a training school with at least a two year course of study in a general hospital, and at least eight years of additional experience in the practice of nursing. The bill progressed from being ignored, to getting a hearing at the committee level, to being defeated after a virulent debate that indicated the sexist feelings of many members of the legislature. Dr. Richard Cabot, of the Massachusetts General Hospital, encouraged the nurses to "keep at it," while another physician, Dr. Frank Billings, opposed the bill in the *Boston Evening Transcript*, stating that it would create "a veritable nurses' trade union." In 1910, a compromise bill was passed and signed into law by the governor. Only three slots on the board were for nurses; the other two were for physicians. Dr. Charles A. Drew of the Worcester City Hospital refused the chairmanship of the board, saying that it should go to the president of the Massachusetts Nurses Association, Mary Riddle. But the presence of Dr. Edwin Harvey, of medicine's board of registration, insured that there would be a strong medical influence on the decisions that would be made.

By 1920, a new generation of leaders took up the struggle to establish nursing as a profession which was free from medical domination. As the superintendent of the school of nursing at the Massachusetts General Hospital, Sally Johnson led the way.¹³ She followed the example of predecessors such as Linda Richards, who had rescued the floundering school in 1875, Sara Parsons, who led the school from 1910 to 1920, and Mary E. P. Davis, another alumna who had almost single-handedly led nursing in Massachusetts. Johnson had able instructors in Helen Wood, Annabelle McCrae, and Nellie Hawkinson.

Charlotte Macleod was superintendent at the Waltham Training School, and Mary Riddle, who had worked with Lucy Lincoln Drown at the Boston City Hospital, now led nursing at the

 12. Lavinia L. Dock, A History of Nursing: From the Earliest Time to the Present Day with Special Reference to the Work of the Past Thirty Years (New York, 1912), III: 182-184.

13. Perkins, Centennial Review, p. 93.

Newton Hospital. Martha Ruth Smith had just left her position as supervisor at the Peter Bent Brigham, and Rose McNaught was head nurse at the Holyoke Hospital. This third generation of leaders cut new paths as collegiate preparation in nursing emerged. Massachusetts continued to be in the forefront, especially at Simmons College, in the Fenway section of Boston, where Ann Hervey Strong was director of the School of Public Health Nursing.¹⁴

At the same time that nurses tried to set boundaries around their profession, they had to deal with the expansion of nursing into specialty areas. They developed post-graduate courses in public health nursing, obstetrical nursing, pediatric nursing, and anesthesia nursing. They advertised these courses on the back covers of the *American Journal of Nursing*, *Public Health Nurse*, and *Trained Nurse*. These early efforts were the roots of the graduate programs which emerged in the 1950s. They bridged the gap between the early training schools and the formal degree-granting educational programs that emerged after World War II. Nurses flocked to Boston for these post-graduate offerings, making it necessary for the certificate-granting institutions to consider the housing needs of the out-of-state students. The Instructive District Nurses Association of Boston purchased a house at 561 Massachusetts Avenue, for classrooms and sleeping space for the students.¹⁵ The Boston Lying-in Hospital had its house on Kent Street in Brookline.

At the same time that nursing was expanding into new clinical fields, standards for basic nursing education remained insecure. The Massachusetts State Nurses Association tried an exclusionary tactic when it voted on January 3, 1920, that membership was contingent on graduation from a school approved by the Board of Registration in Nursing.¹⁶ Because neither a nurse's school nor lack of membership in the Massachusetts State Nurses Association affected earning power, the standards set by nursing leaders could be ignored. The Association also tried persuasion, when it urged members to attend the meeting where

14. Martin Kaufman, Joellen W. Hawkins, Loretta P. Higgins, and Alice H. Friedman, eds., *Dictionary of American Nursing Biography* (New York, 1988), pp. 352-353.

15. *American Journal of Nursing*, XX (August 1920): 909.

16. *Ibid.*, XX (February 1920): 425.

the Committee on Minimum Requirements of the Training School for Admission to the State Association would submit its report.¹⁷

Registration remained a privilege rather than compulsory, but it did protect the title "registered nurse" from use by anyone who was not officially registered. It did not require that the training schools be approved by the Board.¹⁸ Training schools were able to function without the approval of the Board of Registration in Nursing, though the best schools of nursing, of course, were approved.

Nursing schools in Boston's hospitals met professional standards. The medical and scientific revolution that had made Boston the medical center of the world attracted students. But nursing remained ancillary in medicine's workshop. Hospitals continued to contain the cost of patient care by using student nurses to staff their nursing departments. Nursing education was servitude and not scholarship, and nurses were neither autonomous nor truly educated professionals. Nurses shared in the triumphs of Massachusetts' medicine, but they were trapped in patriarchal hospitals, where they exchanged the rule of fathers, brothers, and husbands for that of male hospital administrators and doctors.¹⁹ The hospitals established and run by the nursing sisterhoods, such as St. Elizabeth's in Brighton, the Bon Secours in Methuen, St. Margaret's and the Carney in Dorchester, were no exceptions. They, too, deferred to physicians, and most depended on the labor of the student nurses.

There was a shortage of nurses during the war, and the influenza pandemic was exacerbated by the shortage of applicants to nursing schools. Public health nursing was still another drain of nurses away from the hospitals. The early public health nurses were the elite in the nursing profession. While hospitals and their nursing schools emphasized submission, obedience, drill, and

17. *Ibid.*, XX (November 1920): 166.

18. Anna Roth, A Review of the First Fifty Years of the Massachusetts State Nurses Association, 1903-1953 (Boston, 1953), p. 2.

19. Janet Wilson James, "Isabel Hampton and the Professionalization of Nursing in the 1890s," in Morris J. Vogel and Charles E. Rosenberg, eds., The Therapeutic Revolution: Essays in the Social History of American Medicine (Philadelphia, 1979), pp. 201-223.

discipline, visiting nurses and other public health nurses practiced with autonomy.²⁰

The Instructive District Nurses Association described the ideal nurse as "one who with a high sense of her vocation will go into the poor tenement and with her quick eye and ready tact will discern not only how the present emergency of children can be met but also how the whole status of the family can be permanently improved."²¹ The visiting nurse had to be competent in "making inquiry," in "shrewd identification of evidence," and she had to be persistent, able to help "others to help themselves." She had to be able to teach, explain, and demonstrate, even to the point of showing a young mother how to organize the household in such a way as to "knit the family."²²

Founded in 1886 by Phebe G. Adam and Abbie C. Howes, and sponsored by the Women's Education Association and the Boston Dispensary, the work of the Instructive District Nurses Association was Boston philanthropy at its best. Brahmin philanthropy was a personal matter between Bostonians and their God. Unable to stop the influx of immigration to "their" city, they used the services of the visiting nurse to teach American ways to the immigrants. Moreover, since they believed that sin and illness sprang from a common root, if these new Bostonians remained healthy, the Brahmins believed that immorality and crime could be prevented. Except for a male treasurer, the Instructive District Nurses Association was a woman's operation. While the nurses visited the home, female philanthropists ran the board. Amelia Hodgkiss, a graduate of the New England Hospital for Women and Children, made the first home visit in February of 1886. In April, another nurse, Celia Somerville, joined the staff.

20. Joyce Zerwekh, "Public Health Nursing Legacy: Historical Practical Wisdom," *Nursing & Health Care*, XIII (February 1992): 84.

21. "75 Years of the Visiting Nurses Association of Boston: An Anniversary Report," in Visiting Nurse Association of Boston Collection, Mugar Library, Boston University, box 5, folder 1; see also "The District Nurse and Her Patients," 34th anniversary of the Instructive District Nursing Association: Commemorative of its One Third Century of Service, 1886-1945, in box 5, folder 3.

22. Zerwekh, "Public Health Nursing Legacy," p. 85.

By 1888, the Association was incorporated as an independent voluntary agency.²³



Visiting nurses from the New England Baptist Hospital, c. 1920

The influenza pandemic of 1918 severely tested the power of the Association, but under Mary Beard's skillful leadership, it met the moment. Beard, a minister's daughter from Connecticut, had the character and professional requirements to head the Association. She provided stability as well as leadership throughout her tenure as superintendent (1906-1924). She oversaw fourteen branches and the central house at 561 Massachusetts Avenue.²⁴ She supervised 125 visiting nurses who went every weekday into homes "to nurse the sick, to care for and encourage

 23. Mary Ellen Doona, "Gertrude Weld Peabody: Unsung Patron of Public Health Nursing," *Nursing and Health Care*, XV (February, 1994): 88-94; Catherine Tinkham and Eleanor Voorhies, *Community Health Nursing: Evolution and Process* (New York, 1972), p. 19.

24. Ruth Farrisey, "Materials on the History of the Boston Visiting Nurses Association," in Visiting Nurse Association of Boston Collection, Mugar Library, Boston University.

chronic patients, to instruct expectant mothers, [and] to teach people to keep well."²⁵

The visiting nurse was a teacher as well as a nurse. She instructed her clients in the principles of hygiene and simple nursing care. She also was a liaison between immigrants and their new lives. Crowded together in poorly ventilated tenements, the urban poor were more apt to contract infectious diseases than were the members of the middle or the upper classes. Illness prevented women and men from working, thus making a decided impact on the region's economy, on the ability of the family to pay their rent, and to have a decent supply of food and clothing. And the future labor force was endangered when illnesses kept the children home from school, where they learned the skills needed in the modern American society.

The Instructive District Nurses Association focused on reducing infant and maternal deaths and disease. Bertha Irons, a nurse with advanced training in obstetrics, consulted with the visiting nurses. She helped mothers deliver their babies at home, and then instructed them in caring for themselves and their infants. The statistics indicate the value of the contribution provided by Bertha Irons. The Chief of Field Work for the Boston School of Public Health Nursing reported that the nursing provided by the Instructive District Nurses Association directly resulted in a sixty percent reduction in infant deaths, and a 44.5 percent decrease in stillbirths.²⁶

In March of 1920, Winifred Rowe, director of the Boston Baby Hygiene Association, was appointed as chairman of the Committee on Nursery and Social Work of the American Child Hygiene Association. Boston's Baby Hygiene Association, since 1909 a special program within the mission of the Instructive District Nurses Association, addressed the problems of childhood illness and death. Nurses visited homes, cared for mothers and babies, and explained the treatments ordered by the physicians. Nurses also taught the mothers how to guard against the winter sicknesses of their children, educated them about nutrition, and cautioned them against contact with people with colds and

25. "The District Nurse and Her Patients."

26. Bertha E. Irons, "Pre-Natal Nursing," The Public Health Nurse, XII (July 1920): 594-603.

pneumonia. Donations from philanthropists paid for these services.²⁷

Boston's Instructive District Nurses Association was the example that was copied by Springfield's Visiting Nurse Association. In 1920, nearly one-half of the 33,178 visits made by visiting nurses in Springfield were made to provide care and services to babies. Another 1,926 visits were made to pregnant women. Prenatal and infant care were provided by the Visiting Nurse Association, and care for the school-age child was overseen by the board of health. The Visiting Nurse Association spoke out for the needs of the two to six year-old child who fell between the infant and the school-age child. Often, the visiting nurse found that the pre-school child was totally unsupervised.²⁸

Public health nurses had been caring for the state's school-age children since 1906. The town of Canton had a school doctor and nurse since 1908, to care for the school-age children of that town. Seventeen years later, in 1923, it established its first baby clinic.²⁹ Dedham hired a second nurse in 1914, because of the increased number of cases of infantile paralysis (poliomyelitis), and led all other towns in the state, when it organized an Infantile Paralysis Clinic.³⁰

Infectious diseases ranked first among the causes of death in 1920. At the end of World War I, the incidence of tuberculosis increased throughout the state. There was no cure for the disease, at that point in time, and prevention was a major concern of public health officials of the various cities and towns. The Needham Visiting Nurse Association sold Christmas "seals" for the first time in 1920. Dedham used its Christmas seal funds to buy milk for pretubercular and undernourished children.³¹

Influenza broke out again in 1920, alerting the United States Public Health Service to the need for an emergency strategy.

27. Baby Hygiene Agency, in *Visiting Nurse Association of Boston Collection*, box 5, folder 2, in Mugar Library; "Nursing News and Announcements," in *American Journal of Nursing*, XX (March 1920): 513.

28. "Notes from the Field," in *The Public Health Nurse*, XII (July 1920): 643.

29. Stephanie Price Murphy, *A Century of Caring: 1891-1991. Visiting Nurse Association of Dedham, Massachusetts* (Dedham, 1991), p. 23.

30. *Ibid.*

31. *Ibid.*, pp. 21-22.

The Red Cross surveyed local resources, to determine what needed to be in place for relief work. The Instructive District Nurses Association and the public health service of the Red Cross had worked together during the pandemic. That collaboration was strengthened in May, when Bernice Billings, a public health nurse with the Boston Baby Hygiene Association and the Massachusetts State Department of Health, became the director of the department of nursing of the New England Red Cross.³²

Less dramatic than tuberculosis and the influenza pandemics, but just as life-threatening, were ordinary communicable diseases such as pneumonia, measles, and whooping cough. Venereal diseases became more prevalent following the war, so much so that the Department of Nursing and Health at the Columbia University Teachers' College, in collaboration with Bellevue Hospital, began a special course to prepare nurses for the care of persons with venereal diseases.³³ Although public health and visiting nursing agencies handled much of the public's health, agencies specific to a disease were common. These agencies raised money and enlisted volunteers, a task more easily done in 1920 because people had more disposable income as a result of an economy stimulated by industrial and technological developments.

Simmons College, in the Fenway section of Boston, created a special course, with the cooperation of the Bureau of Home Hygiene and Care of the Sick. In August of 1920, the Massachusetts State Nurses Association let its membership know about the course. This was nothing new, however, for since 1912 Simmons College had been providing a four-month course and instructions to public health nurses who were employed by the Instructive District Nurses Association.³⁴

Most towns in New England supported a nurse to provide services, especially intending to prevent the spread of communicable diseases and to safeguard the health of mothers and

32. American Journal of Nursing, XX (May 1920): 647.

33. Lavinia L. Dock and Isabel Maitland Stewart, A Short History of Nursing, 2d ed., (New York, 1929), p. 325; Barbara Gutmann Rosenkrantz, Public Health and the State: Changing Views in Massachusetts, 1842-1936 (Cambridge, 1972).

34. Annie M. Brainard, The Evolution of Public Health Nursing (Philadelphia, 1922), p. 320.

children.³⁵ By 1920, Massachusetts had one public health nurse for every four or five thousand people, far below the standard of one public health nurse for every one to two thousand people, suggested by Yale professor C. E. A. Winslow. The Massachusetts Department of Public Health had only thirteen nurses, eight of whom assisted district health officers, and the other five worked in child welfare investigations and provided lectures and health exhibits.³⁶

Much of the responsibility for public health nursing in 1920 rested with the visiting nurse associations in the various cities and towns. These associations and their nurses promoted public health nursing itself, and tried to persuade county officials to allocate funds for a county health program for public health nursing. Although they did not meet the theoretical standards of the Yale professor, they far surpassed those of many other states.³⁷

Massachusetts' burgeoning industries required healthy workers. And the insurance companies, which played the actuarial game, needed policyholders to remain alive if their companies were to show a profit. As a result, the Metropolitan Life Insurance Company funded the Instructive District Nurses Association to provide nursing services and health care instructions for its policyholders. Other associations had similar agreements with the insurance company. Canton's district nurses, for example, gave nursing care to policyholders, for a predetermined rate per hour.³⁸ Metropolitan reported that this was a successful endeavour. Policyholders showed a decrease in the prevalence of such diseases as tuberculosis, typhoid fever, measles, whooping cough, and diseases of the heart and kidneys, and they even had fewer diarrheal complaints. Rather interestingly, there was also a decline in the accident rate of the policyholders.³⁹

35. Melanie Dreher, "District Nursing: The Cost Benefits of a Population-Based Practice," American Journal of Public Health, LXXIV (October 1984): 1107.

36. "State Recognition of Public Health Nursing," in The Public Health Nurse, XII (October 1920): 853.

37. "Notes from the Field," in The Public Health Nurse, XII (February 1920): 183.

38. Murphy, A Century of Caring, p. 14.

39. "Notes from the Field: Some Results of Public Health Efforts," in The Public Health Nurse, XII (February 1920): 183.

Industrial nursing, which began in New England, kept people healthy at work. The New England Nurses' Industrial Association reported its meetings in the *American Journal of Nursing*.⁴⁰ In industrial nursing, as in other aspects of nursing, Massachusetts' women held leadership positions. Mary MacCarthy of the Carter Ink Company in Cambridge was president, Jane Williams of the Hood Rubber Company in Watertown and Hazel T. MacCullough Monroe, of the Holtzer Cabot Company of Roxbury were the vice presidents, and the secretary was Evelyn L. Coolidge, of Lever Brothers in Cambridge. Nurses established a Factory Nurses' Conference, and created the Industrial Nurses' Guild of the Massachusetts State Nurses Association. The latter held its first general meeting on February 21, 1920, at Boston University. That April, Catherine Cartwright, the nurse at Crocker, Burbank & Company of Fitchburg, was elected secretary of the Guild. These nurses discussed labor bills, and measures which were coming before the state legislature. The Guild directed the industrial nurse to "assume the duties of an industrial inspector . . . [use] efforts to 'clean up' health hazards, and prevent accidents by educating both employer and employee and thus keep well people well and whole bodies whole."⁴¹

Public health nurses recognized the need to educate industrial nurses. In November of 1920, the *American Journal of Nursing* reported that the College of Business Administration of Boston University was offering a course in industrial services for nurses. This program, under the direction of Mrs. William McNamara, ran for ten weeks, two times a week, and provided two weeks of field experience. The director of the program, members of Boston University's economics department, representatives of various Massachusetts state departments, services directors, and a factory physician lectured to the nurses.⁴²

Public health nurses practiced the art and science of nursing in homes, schools, and industry. They were free of the constraints known by their colleagues who worked in hospitals.

40. "Nursing Notes and Announcements," in American Journal of Nursing, XX (February 1920): 425-426.

41. N. Meyers, "The Public Health Nurse as an Industrial Inspector," in The Public Health Nurse, XII (April 1920): 316-320.

42. "Nursing News and Announcements," American Journal of Nursing XX (November 1920): 121.

Indeed, they were nurses on the move. "For all practical purposes, the early visiting nurses lived out of their suitcases . . . or at most, supplies were cozily housed in the nurses' own boarding places."⁴³ They travelled on foot, by bicycle, railway, and horse and buggy. In 1916, nurses in Norwood began to travel by automobile. In 1919, nurses in the Dedham Visiting Nurses Association were able to do the same.⁴⁴ Public health nurses joined the motor age, and went wherever their clients were located.

Public health nursing was affected more by practices in society than by the advances in medical and surgical practice. Boston, as the home of the nation's oldest and best hospitals and the Harvard Medical School, was on the forefront of developments in scientific medicine. As a result, nursing practice changed. Shortly after its discovery, the Free Hospital for Women used radium in cancer cases, which required new methods of nursing.⁴⁵ By 1920, maternity nursing, pediatric nursing, anesthesia nursing, and medical and surgical nursing followed the increase of specialization of medical care, and the growth of the various medical specialties. The Boston Lying-in Hospital and the Children's Hospital had been in existence for decades by 1920, when the Salvation Army opened a new obstetrical hospital in the former "Home for Little Wanderers." The Army planned to offer either a postgraduate course in maternity nursing, or to arrange for affiliations with a nursing school, thereby providing experiences for training school students.⁴⁶ That same year, the Boston Floating Hospital, which took sick children out into Boston Harbor each summer, opened an "On Shore Department," to extend its work with sick babies throughout the year. Psychiatric nursing gained new prestige at the Boston Psychopathic Hospital, where constructive nursing had replaced vigilance nursing.⁴⁷ If the

43. Murphy, A Century of Caring, p. 15.

44. *Ibid.*, p. 19.

45. Elmer Osgood Cappers, History of the Free Hospital for Women, 1875-1975 (Boston, 1975), p. 57.

46. American Journal of Nursing, XX (November 1920): 165.

47. Mary L. Guerin, "Impressions of a General Hospital Nurse Beginning Work in the Psychopathic Hospital," Boston Medical and Surgical Journal CLXXI (September 24, 1914): 483-485.

shortage of nurses was acute in general hospitals, the situation was worse in the psychiatric hospitals.

Then, as now, economics was at the heart of the nursing shortage. Even the Massachusetts State Nurses Association overlooked the relationship between working conditions and nursing's "march" to professionalism. A fifty-six hour work week, the paternalistic hospital world, and the exploitation of the student nurse discouraged independent thought and behavior. By 1920, some Massachusetts women's rights advocates had begun to examine the position of women as a whole, and they recognized that especially on labor and suffrage issues, women were still "outsiders."⁴⁸ Money was a major issue of the day, but nurses did not come forward to claim their rights to a reasonable income, nor did they raise questions about the severity of their working conditions. Finally, in 1928, the nursing profession itself studied the serious problems of the day, as they affected the nurse.⁴⁹

As much as the nursing leaders insisted that nursing was a profession, most nurses were more loyal to their hospitals and agencies than they were to the profession. Public health nurses, visiting nurses, industrial nurses, and hospital nurses gave their allegiance to whoever paid their salaries. Each group had its own priorities, organizations, and leaders. Training school administrators, teachers, and supervisors pledged their allegiance to the hospital organization. The greatest number of nurses, the private duty nurses, were independent practitioners in private homes, and they were separated from those who worked in the hospital. Many private duty nurses depended on the drugstore clerk to refer cases to them. Others worked out of medical directories, such as the one at the Boston Medical Library, which used the fees paid by the nurses to reduce the debt of the library. The divisions among the nurses served to make collective action impossible, for there was no commonality of economic concerns. Nurses had no "one strong voice."

Student nurses made up the hospital's nursing force. Graduates became independent practitioners, and nursed in the homes of their patients. Each year, the number of private duty nurses increased, while the need for their services either decreased

48. See Mary J. Oates, "Women in Massachusetts History Before 1920," in Martin Kaufman, John W. Ifkovic, and Joseph Carvalho, eds., A Guide to the History of Massachusetts (Westport, Conn., 1988), pp. 151-178.

49. May Ayres Burgess, Nurses, Patients and Pocketbooks (New York, 1928), p. 43.

or remained the same. Sara Parsons tried to clarify the issue when she addressed the problem of pay at the seventeenth annual convention of the Massachusetts State Nurses Association, in 1920. "One does," she said,

hesitate to talk about pay because we do not want to seem commercial and I do not think there is any other body of women who talk so little about pay as nurses, but after all we are grown up, aren't we? We are making a living. . . . We are not, those of us who are doing private duty work and nursing rich people, doing it as philanthropy.⁵⁰

Nurses are not so much over-charging. . . . They never over-charged. Can you think of any other profession or business where the person puts in the same amount of time in preparation, deals with such serious problems, takes such enormous responsibilities, and at the end a seamstress, a dressmaker, a cook gets almost as much an hour as the nurse gets for a twelve hour day, which is the shortest day I know of that a nurse works?⁵¹

Apparent here, though ephemerally, is nursing's shift away from the nineteenth century concept of female duty, and towards a public world of paid work and independence.⁵² As director of the nurses' registry, a listing of private duty nurses, Parsons also argued against the payment of a flat rate for private duty nurses, which meant that a beginning nurse would receive the same compensation as the most experienced nurse. Why could not the nurse with experience command a larger fee than the neophyte nurse, asked Parsons.

The answer, of course, was that nurses did not publicly discuss wages in 1920, because they had been trained as ladies. What is more, nursing was a vocation — a calling to do works of

50. Proceedings of the Seventeenth Annual Meeting of the Massachusetts State Nurses Association, June 7 and 8, 1920 (Boston, 1920), p. 7.

51. *Ibid.*, p. 20.

52. Barbara Melosh, "Skilled Hands, Cool Heads and Warm Hearts: Nurses and Nursing," Ph.D. dissertation, Brown University, 1979, p. 123.

mercy. That was the rhetoric of the day. The brochures of one training school, for example, promised applicants that their careers in nursing would bring them "respect, recognition, and appreciation." Another training school stressed the "pride, fulfillment, and joys" that come from serving others. The rhetoric skipped over payment for services rendered, or any other financial reward.⁵³ At the time, private duty nurses at the Beth Israel Hospital earned \$42 a week. Executive nurses, like the director of the department of nursing, earned \$100 a month, plus living expenses. The visiting nurse who worked from 9:00 a.m. to 5:00 p.m. earned \$100 each month.⁵⁴

As hard as they might try, nurses could not free themselves from the economics of the hospital wards, that kept them ensnared. From the start, when the trained nurse replaced the ward maid in the hospital's wards, nursing was mixed with domestic service. Nursing education remained secondary to the demands of clinical care. Though they claimed professional status, lack of endowments for their schools, the lack of tuition fees, and little freedom from ward duties, indicated that nurses were not really professionals. Student nurses exchanged their free labor for training. They worked a ten to twelve hour shift, even in the best of schools, at a time when an eight hour day was the usual practice for other workers.

Eight schools in Massachusetts had established an eight hour day for nursing students. Some schools reported that they were working towards that ideal. But most had much longer days. One had students working fifty-two hours a week; that is five eight hour days, and two six hour days. Still others reported that they could not change, because there were not enough "pupil" nurses to provide the required coverage of the various wards.⁵⁵ The Board of Registration in Nursing considered "that an average of fifty-two hours per week has been all that could reasonably be required of nurses. . . . Further study has shown that all except

53. Your Future Depends Largely on How Well You Plan For It -- Today, Northampton, 1930 [published by the Cooley Dickinson Hospital School for Nursing].

54. Arthur J. Linenthal, First a Dream: The History of Boston's Jewish Hospital (Boston, 1990), p. 167.

55. Massachusetts State League for Nursing Education, June 8, 1920 (Boston, 1920), p. 22.

the largest hospitals would find it difficult to comply with this requirement so long as the present shortage of nurses continues, and this rule will be suspended for the present."⁵⁶

A delegate to the 1920 convention summarized the nursing problem. She said:

I think . . . that more or less, schools are moving in a vicious circle. . . . I think shorter hours for nurses is one thing we must insist on because I think we are losing good applicants who will not come in on account of longer hours. Yet it is hard to introduce shorter hours with the shortage of help. Perhaps it might be arranged as in the schools in the west by paying graduate attendants to help out. But I am sure that mothers are refusing to let their girls come in because of the longer hours of work.⁵⁷

The fact that the nursing leaders, in hospitals, on the Board, and at conventions, were not protective of their charges suggests that their own positions were precarious, and that they lacked power to make the necessary changes.

But among the many women who used nursing as a path toward independence was Agnes McIsaac Haverty, a 1921 graduate of the Carney Hospital School of Nursing. She travelled from Nova Scotia to the hospital, which was then located in South Boston. Although we may conclude as historians that the life of the student nurse was most difficult and most unhappy, she recalled those student days as some of "the happiest of her life." She remembered the joys of skating at the Boston Skating Club, sailing in Boston Harbor, and during that time she occasionally went dancing, and she enjoyed the camaraderie of good friends.⁵⁸

While nursing continued to lower its standards and increase the number of students, by 1920 medicine had reformed

56. Annual Report of the Board of Registration in Nursing for the Year Ending November 30, 1920 (Boston, 1920), p. 9.

57. Proceedings, Seventeenth Annual Meeting, p. 20.

58. Daughters of Charity: One Hundred Years of Health Care Education (Dorchester, 1993, published by the Laboure College), p. 16.

by doing the opposite. Medicine became an academic discipline subject to the demands of research and publication.



Agnes McIsaac Haverty, 1921 Carney Hospital graduate. From the Carney Hospital archives.

Increasingly, hospital wards became the classrooms of the new medical student. With the four year baccalaureate degree now a prerequisite to a medical education, those who were unable to afford college were excluded from the profession. In Boston, the medical elite was also Boston's social elite. Nursing's avid supporter, Richard Cabot, for example, traced his roots in medicine at the Massachusetts General Hospital to illustrious forebears, as could the doctors Bigelow, Shattuck, and Jackson. If there were no twentieth century representatives of some of these dynasties when the Massachusetts General Hospital celebrated its centennial, their ghosts and those of dynasties in the making pervaded the original building designed by Charles Bulfinch. Names of streets and buildings in Boston memorialized Boylston, Parkman, Bowditch, Codman, Homans, Richardson, and Wyman.⁵⁹

59. Morris J. Vogel, Invention of the Modern Hospital: Boston, 1870-1930 (Chicago, 1980), p. 17.

Sophia Palmer, one of the few nurses with a comparable background was almost disowned by her Milton family when she entered the nursing school at the Massachusetts General Hospital.

If medicine's past was rich, its present was more so. Harvard's new medical school on Longwood Avenue concretely testified as much to medicine's new era as a scientific discipline as it did to the support by Morgan, Rockefeller, and Huntington fortunes. The Peter Bent Brigham Hospital, and the Thorndike Memorial Laboratory at the Boston City Hospital emphasized that research was wedded to practice. One must wonder whether America's nurses were aware of the developing relationship between medicine and corporate philanthropy, and of how it would reshape American medicine. But nurses were well aware that the study of medical education which was completed by Abraham Flexner signified the transformation of the education of future generations of American physicians. Some nurses wanted a similar study of their profession, but their proposals to the Carnegie Foundation in 1911 and then to the Rockefeller Foundation were rejected.

In many ways, the Massachusetts' social and medical elite worked against the nurses in their quest for autonomy, increased educational standards, and protective legislation. Those same forces worked for nurses in finally gaining the attention of the Rockefeller Foundation. Gertrude Weld Peabody (1877-1938), daughter of a Harvard professor, sister of a Boston physician, and niece of a Harvard president, brought together nursing and the Rockefeller Foundation.

Miss Peabody's interest in nursing sprang naturally from her philanthropic work with the Boston Instructive District Nurses Association. From 1902 until she died, Gertrude Peabody travelled from her home at the edge of the Harvard campus to the Boston office of the visiting nurse service. There, she served on its board, and on committees, and there she learned about nurses and their work. Her knowledge of nurses, and her family's connections, made Gertrude Peabody the perfect intermediary between nursing and the Rockefeller Foundation.⁶⁰ Once Gertrude Peabody corresponded directly with John D. Rockefeller, Jr., who was a friend of her family, he directed the Rockefeller Foundation to consider nursing's requests for support. By 1919, a

60. Doona, "Gertrude Weld Peabody."

comprehensive study of nursing and nursing education, funded by the Rockefeller Foundation, was well underway.

Mary Beard, of the Boston Instructive District Nurses Association, was one of the seven members of the "proposal" committee that decided which issues related to public health nursing would be addressed. Beard continued as the proposal committee evolved into the Committee for the Study of Public Health Nursing Education, and when it expanded its focus to include all of nursing. When the study was completed, and published, Beard was appointed to the Rockefeller Foundation in 1924, and she served in various capacities until 1938.

Massachusetts was well represented at all of these meetings, by nurses who had once trained in Massachusetts schools, and by others who at some time during their careers had worked in Massachusetts hospitals. Anna Maxwell was one of them; she was at that time a nursing leader at the Presbyterian Hospital in New York City. She had once studied with Linda Richards at the Boston City Hospital, and she had been superintendent of the Massachusetts General Hospital School of Nursing. Clara Noyes, of the American Red Cross, had led the New England Hospital for Women and Children during the century's first decade, and she followed that with six years at St. Luke's Hospital in New Bedford. She would be president of the American Nurses' Association when the study's recommendations were released. Ida Cannon was director of social services at the Massachusetts General Hospital, where she worked with Richard Cabot. Anne Hervey Strong, of Simmons College, gave her best judgment on public health nursing to the committee, as she had to numerous students at Columbia University Teachers' College, and at Simmons College.

A Boston Brahmin, Mrs. William Lowell Putnam, who was devoted to the health of women and infants, was disappointed that so many old "Canutes" were selected for the new look at nursing.⁶¹ Annie Goodrich addressed Harvard's power, saying that it had only to establish a nursing school and the standards of all nursing education everywhere would be raised.⁶² Harvard resisted this notion, as it had resisted entangling its medical school

61. Mrs. William Lowell Putnam to George Vincent, January 9, 1919, in Embree Diaries, Rockefeller Archive Center, Pocantico Hills, New York.

62. Rockefeller Foundation Historical Source Material, VIII: 2101, in Rockefeller Archive Center.

with reforms sponsored or initiated by the Rockefeller Foundation. It kept its independence, but in the person of the dean of its medical school, David Edsall, it joined the committee when the study added bedside nursing in hospitals to the original study of public health nursing. Dean Edsall had a vested interest in bedside nursing, in the Harvard-affiliated hospitals. The education of medical students and research depended on a stable nursing staff.

William H. Welch of the Johns Hopkins Medical School, which had benefitted greatly from the Rockefeller Foundation, pinpointed the problem on which the study should focus.

Let us keep the name of nurse and extend conception of [its] scope; no educational institution sends out graduates fully trained to apply knowledge to action; fortunate if we have certain fundamentals; how can we link on to any existing institution for training? No one knows the potentialities of training school because none has been free to develop; the whole question is linked up with the question of the very radical reform in present system; [the] nurse at present [is a] very essential part of [the] machinery of running a hospital; [it is] out of the question from a financial side and as regards whole management to make adequate provision in training schools for this public health training.⁶³

The chairman of the committee, Yale's C. E. A. Winslow, exhorted the committee members to "make up [their] minds to want the best thing; [they] must have women who are both nurses and public health workers. . . . [It was] essential," he added, "that training schools should be run by educational authorities primarily, not by hospitals; [the schools] must have independent endowments."⁶⁴

Mrs. William Lowell Putnam echoed the sentiments of the men and asserted that the "nursing profession should be released

63. William Welch statement, in Committee for Study of Nursing Education records, Box 121, folder 1494, Rockefeller Archive Center.

64. C. E. A. Winslow, statement in Committee for Study of Nursing Education papers, Box 121, folder 1494, in Rockefeller Archive Center.

for its best."⁶⁵ Lillian Wald stressed an insider's view, and tried to link the new public health nurse to the conception that Florence Nightingale had had of nurses, as "health missionaries." More realistically, she remarked that what was needed was to "get the hospitals off the backs of the nurses, [and] give them a chance to show [the] public what can be done through the nurse."⁶⁶

The study selected twenty-three representative schools from the more than eighteen hundred then in existence. The sample contained large and small schools, public and private schools, and those situated in general and specialty hospitals in various parts of the United States. The data collectors, a nursing expert and a non-nursing education expert, visited each of the twenty-three schools. On December 9 and 10, 1919, they visited the Peter Bent Brigham Hospital and the Massachusetts General Hospital. Carrie Hall outlined the nursing curriculum at the Peter Bent Brigham Hospital, which comprised "four months of preliminary work in anatomy and physiology, chemistry, bacteriology, and practice in handling demonstration patients; two months probation work in wards; eighteen months in rotation in medical and surgical wards and twelve months in special services, pediatrics, obstetrics, etc."⁶⁷

The next day, from two o'clock in the afternoon to six o'clock in the evening, the visitors were at the Massachusetts General Hospital, where Dr. Frederick Washburn outlined the hospital's organization and its relationship with the Harvard Medical School. Then, Sara Parsons spoke on the training school, which not surprisingly given the fact that she was the mentor of Carrie Hall, was "quite similar in scope" to that at the Peter Bent Brigham Hospital.⁶⁸

Parsons interrupted her presentation to express the "great desire" that the Rockefeller Foundation or some other agency establish "a real nurse training school. . . . No one knows the time nor the methods by which nurses may be trained if they were free

65. Mrs. William Lowell Putnam, Statement in Committee for Study of Nursing Education papers, Box 121, folder 1494, in Rockefeller Archive Center.

66. Lillian Wald, in *ibid.*

67. Embree Diaries, December 9 and 10, 1919, pp. 93-96, in Rockefeller Archive Center.

68. *Ibid.*, p. 94.

from the demands of even the best hospitals." More than likely, this was self-referential, for then, as now, the nursing department of the Massachusetts General Hospital was one of the best. She lauded the Rockefeller Foundation study as the "greatest contribution to nurse training in the past fifty years." Parsons seized the moment to hope out loud that the Rockefeller Foundation would appoint a committee to study bedside nursing.⁶⁹

The visitors from the Rockefeller Foundation dined that evening with Dr. and Mrs. William T. Sedgwick, and then spent time at the Massachusetts chapter of the American Academy of Arts and Sciences. During some time that evening, the relations between the Rockefeller Foundation, Harvard, and Boston, were discussed. No nurses are recorded to have been at the dinner or at the meeting, nor were any mentioned in the meeting between the Rockefeller visitors and Harvard's School of Public Health, earlier that day.

The next week, in Baltimore, Embree called attention to the requests of Adelaide Nutting and Sara Parsons for the reorganization of the training schools. The two nurses may well have been working in tandem. Parsons, who had worked in Baltimore at the Sheppard and Enoch Pratt Hospital, earlier in her career, looked up to Nutting and credited the Hopkins leader as her mentor. Welch agreed with Nutting and Parsons, stating that "nurses training has been made [a] matter for exploitation by hospitals." Nurses received "very inferior education, comprising much longer courses than is justifiable." Welch went on to say that nurse training was "an important phase of medical service and one which should receive careful consideration." Rockefeller Foundation funds, he thought, could be used to good effect, to perfect nursing by substantially improving the quality of nursing education. Welch referred to the previous year's conference on the training of the public health nurse, and he said that he would welcome a similar conference on bedside nurse training.⁷⁰ Three months later, in March of 1920, George Vincent, president of the Rockefeller Foundation, directed Winslow to expand the public health nursing survey to include all of nursing. It was at this point that the membership of the commission was expanded, to

69. *Ibid.*, pp. 94-95.

70. *Ibid.*, p. 97.

include two medical superintendents of hospitals, two nursing superintendents of training schools, and one clinician.

Two years later, on June 15, 1922, the committee transmitted its report to the president of the Rockefeller Foundation. The study, *Nursing and Nursing Education in the United States*, was published in 1923, as American nursing reached its fiftieth year. The report, so the nurses thought, would change nursing as the Carnegie Foundation's survey, *Medical Education in the United States and Canada*, known as the Flexner Report, had transformed medicine. Nursing would change, it was hoped, from an empirical occupation into a scientific profession. In addition, it was hoped that nursing would be freed from the domination of the hospital. None of this was to occur, though the nurses could not know that at that point in time.

The National League for Nursing Education's Seattle convention eagerly awaited the findings. Anna Jamme, a Johns Hopkins graduate who was well-known to the Massachusetts nurses because of her work at the New England Hospital for Women and Children from 1901 to 1905, presided over the convention. On Wednesday evening, June 21, 1922, Annie Goodrich read the recommendations. The ten recommendations of the study could be summarized as follows: maintain the standards established by nursing leaders and legislation, shorten and intensify the educational program, establish a subsidiary worker, expect advanced education for supervisors and faculty, and endow the various nursing schools.

Some nurses claimed that there was nothing new in the report.⁷¹ Officials of the Rockefeller Foundation were disappointed with the nurses' initial response to the report. They summarized the September conference on nurses' training based on Goldmark's findings, as a "general discussion with discouraging absence of ideas."⁷² Still, nursing had the study it had sought since the 1911 convention in Boston. Nurses were confident that the recommendations of the study would further the advance of nursing education, so that, as they declared, "we may render a greater service."⁷³

71. Twenty-eighth Annual Report of the National League of Nursing Education (Baltimore, 1923), pp. 174-183.

72. Embree diaries, Sept. 27, 1922, in Rockefeller Archive Center.

73. Twenty-eighth Annual Report.

The next year, the national nurses' convention was held in Swampscott, Massachusetts. The eighty-two year-old Linda Richards, though very lame, came from Foxboro, Massachusetts, to speak to the new generation of nurses. Lucy Lincoln Drown, the former superintendent of the Boston City Hospital, and Miss Richards' successor when she left for Japan, represented the second generation of nursing leaders. Annie Goodrich, on the edge of the future, led the tributes to the pioneers. Nurses rose as one, in a standing ovation. Mary E. P. Davis, the stalwart leader who deserved the kudos more than others, was sick and had to send her greetings from her home in Norwood. In 1903, she had tried to establish nursing at the collegiate level, at Simmons College, in Boston's Fenway section. Perhaps she was happy that nursing was finally established at a university, even though the center of nursing leadership had moved from Boston to New Haven.

Before the Rockefeller Foundation took definite action on the nursing study, its officials spoke with Dean David Edsall at the Harvard Medical School.⁷⁴ Only then did the Rockefeller Foundation establish a School of Nursing at Yale, to "test" the recommendations of the study. Annie Goodrich, who had attended the invitational meeting and who announced the outcome of the study to the nurses who attended the Seattle convention, was named its dean. Grants-in-aid were given to the school, and after a period of nearly five years, the Rockefeller Foundation capitalized the grant and endowed the school with one million dollars. At this point, the Rockefeller Foundation wrote to President Angell that it "felt no further obligation for the development of nursing education at Yale [and had] no intention of contributing further in the future."⁷⁵ In keeping with its strategy of avoiding long-term relationships with its projects, the Yale School of Nursing was the Rockefeller Foundation's parting gift to nursing.

74. Rockefeller Foundation Historical Source Materials, VIII: 2137, in Rockefeller Archive Center.

75. G. E. Vincent to J. R. Angell, November 12, 1928, ms. in Yale School of Nursing file, Rockefeller Archive Center.

The Rockefeller Foundation "never expected to do for nursing education what [it had] done for medical education."⁷⁶ Although it saw nursing as an "ancillary" service, by 1930 the Foundation had given to nursing schools in the south, and to nursing throughout the world, a total of \$2,679,933.80. In contrast, Rockefeller gifts to its Institute for Medical Research by 1928 totalled 65 million dollars.⁷⁷ Medical education received another 79 million dollars from the Rockefeller's General Education Board. By 1938, support from all foundations to medicine exceeded 150 million dollars.⁷⁸

Unfortunately, the study done by the Rockefeller Foundation had little impact on nursing. Except for a few islands of excellence, nursing continued as it had before. Foremost among the reasons why, was that student nurses remained an economic necessity to the hospitals. The fact that the men running the hospitals, and the men practicing medicine and surgery within them, went along with the exploitation of young women speaks to their concentration on their own self-interest, and their unthinking acceptance of established practices. But male oppression does not fully explain the nursing situation. It was far more complex than that. The fact that so many nurses allowed young women to be exploited indicates how little power women had in the society. Confounding gender issues was the fact that very few nurses had sufficient political savvy to do anything about the situation.

Still another factor was that nursing's leaders continued to choose inspirational rhetoric over confronting concrete reality. Throughout the decade of the 1920s, nursing's leaders imitated the physicians, and tried to professionalize their discipline. At the same time, ordinary nurses tried to earn a living in an increasingly precarious economic environment. Medicine followed the imperatives of science and technology, and prospered. Nursing, at the same time, struggled, and long before the stock market crash in October of 1929, nurses were unemployed. Like the country itself, the nursing situation remained depressed until December 7,

76. Rockefeller Foundation Historical Source Materials, VIII: 2077, in Rockefeller Archive Center.

77. E. Richard Brown, Rockefeller Medicine Men: Medicine and Capitalism in America (Berkeley, 1979), p. 105.

78. *Ibid.*, p. 155.

1941, and the surprise attack on Pearl Harbor. The Crimean War had introduced females into military nursing, and World War II, almost a century later, showed nurses and the country just how essential nursing was to a modern society. After the war, Congress enacted legislation that recognized the value of the nurse, and provided funding that put nursing education in the university.

In 1920, Massachusetts nursing was at the forefront of the evolving profession. Linda Richards, who had graduated from the New England Hospital for Women and Children in 1873, and was the first American to earn a nursing diploma, was its chosen symbol. Sophia Palmer and Mary E. P. Davis, both students of Richards at the Boston Training School, edited and managed the *American Journal of Nursing*. Lucy Lincoln Drown had been treasurer of the American Society of Superintendents of Training Schools for Nurses, which was founded in 1893, the precursor to the National League for Nursing. Other Massachusetts nurses served as presidents of the Society of Superintendents, and of the Associated Alumnae of the United States and Canada, the precursor of the American Nurses Association. And Mary Eliza Mahoney, America's first black nurse, graduated from the New England Hospital for Women and Children.

These, and the generation that followed, were the magnets that drew the national nursing organizations to Boston for their joint conventions. Graduates of the nursing schools at the New England Hospital for Women and Children, the Massachusetts General Hospital, and the Boston City Hospital assumed leadership roles throughout the Commonwealth of Massachusetts, the United States, and the world. While they had power and prestige within the sphere of the nursing profession, when considered in the larger world of transforming health care and academic medicine, nurses had very little influence. They succeeded in establishing standards and obtaining the passage of laws that regulated nursing practice, but it was mostly a moral victory. Hospitals continued to generate nursing schools and to use students as free laborers. Male oppression was the least of the dynamics at work. Nurses clung tightly to a female gentility that their more liberated sisters had started to cast off. The leaders spoke to the ideals of a profession, but most nurses practiced in a reality where domestic chores took precedence over patient care.

Nursing was unsuccessful in gaining the attention of corporate philanthropy, until Gertrude Weld Peabody used her significant influence with John D. Rockefeller, Jr. The

Rockefeller Foundation conducted its study of nursing and nursing education, established a school of nursing at Yale University, and in 1928 endowed the school as its parting gift to the nursing profession. Except for a few islands of excellence, nursing continued to deteriorate throughout the decade of the 1920s. Many more years were to pass before labor laws shaped by the excesses of capitalism had an effect on nursing and nursing education. In the interim, nursing failed to attract students in the number and quality that it should have, indicating a failure of the hospital as the established avenue to the profession.⁷⁹ Long before the economy of the country collapsed in the Great Depression, the surplus supply of training school graduates overwhelmed the demand for their services. With the rest of the country, nurses faced the depression that the exhilaration of the "Jazz Age" had merely postponed. It was World War II, rather than winning the right to vote in 1920 and/or corporate philanthropy, that restored nursing to a place where its ideals could be realized.

79. [Josephine Goldmark], Nursing and Nursing Education (New York, 1923).