

WINDOWS IN TIME

THE NEWSLETTER OF THE UNIVERSITY OF VIRGINIA SCHOOL OF NURSING ELEANOR CROWDER BJORING CENTER FOR NURSING HISTORICAL INQUIRY
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Immigrants arriving at Ellis Island.

FROM THE DIRECTOR

REFLECTIONS ON IMMIGRATION *The Nurses of Ellis Island*

With thousands of undocumented and unaccompanied children entering the United States across the southern border this past summer, the nation's attention was once again focused on "the immigration problem." As photograph after photograph—of mothers holding crying babies, bedraggled young children peering through chain-linked fences, and unaccompanied teenagers sleeping under Red Cross blankets—appeared in the news, my thoughts turned to our nation's long history of immigration. After all, we are a nation of immigrants; many of our ancestors sought religious freedom, freedom from persecution, or simply a better life in the land of opportunity. Of course, the current situation is different than that of a century ago: the summer's immigrants were entering the country illegally. Nonetheless, they were fleeing danger in Central America and seeking a better life in the United States.

Another difference was striking. Recalling historian Barbara Brodie's presentations on nurses' work with immigrants entering the country through Ellis Island at the turn of the 20th century,



Ellis Island nurse Lillian Wheeler giving a child a bath.

IN THIS ISSUE:

1 FROM THE DIRECTOR

*Reflections on Immigration:
The Nurses of Ellis Island*
Arlene W. Keeling, PhD, RN, FAAN

4 CENTER NEWS

6 NEWS & OPPORTUNITIES IN NURSING AND MEDICAL HISTORY

8 FEATURE

*"We Just Had to Line Them Up":
Monica Conter, Army Nurse Corps*
Gwyneth Rhiannon Milbrath, MSN RN

12 SNIPPETS FROM THE PAST

*Florence Nightingale and the Institution
of Kaiserswerth on the Rhine*
Lisa M. Zerull, PhD, RN

14 CENTER CONTRIBUTORS

15 THE ARCHIVIST

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

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The ECBCNHI display window features a United States Public Health Service nurse and an Italian immigrant family circa 1900.

I could not help but wonder about the absence of Public Health nurses at the Texas and Arizona borders. News reports showed that instead of nurses, border patrol guards were providing the basics of care, sometimes feeding infants, sometimes changing diapers and at other times, distributing food and water. In all cases, they carried guns. What the country needed at the border, I thought, were nurses. Experienced nurses could triage those who were sick and needed care, separating them from others who needed only food and water. Nurses could recognize the signs and symptoms of dehydration before simply handing out Pedialyte to everyone the way volunteers were. Nurses could give compassionate, culturally sensitive care, providing not only physical care but also psychological support to terrified and exhausted families who had just made a long and treacherous journey. So where were the nurses?

More than a century ago, in the federal immigration station on Ellis Island, U.S. Public Health Service nurses

Nurses could give compassionate, culturally sensitive care, providing not only physical care but also psychological support to terrified and exhausted families who had just made a long and treacherous journey.

were essential players in the systematic process of screening and welcoming European immigrants—and in some cases, denying entry for those who were deemed unfit, or quarantining those with communicable diseases. In 1913, there were more than 25 nurses, both male and female, employed in the government hospitals on the island. They

bathed babies, fed children, cared for those who were sick, and comforted little ones whose mothers were not allowed access to the isolation wards. It was a huge undertaking: thousands passed through the Great Hall every day. As one immigrant described the scene: “They got off the boat and then they walked in, in a parade, up those stairs into the building... Many of them came through with all of their bedding and belongings. And they looked pretty bad.”¹ Few spoke English. Between 1880 and 1924, 23.5 million immigrants arrived in the United States, largely from countries in southern and eastern Europe but also in smaller numbers from China, Japan, Mexico and Canada.²

Care on Ellis Island was far from perfect; nonetheless, there was a spirit of hope and acceptance, amid the growing tide of concern for the spread of communicable diseases. That attitude came from the top of the organization. Early on, President Theodore Roosevelt had appointed William Williams, a lawyer and a veteran of the Spanish American War, as commissioner. Williams had insisted on a milieu of compassion and respect, writing in his first directive: “Immigrants shall be treated with kindness and civility by everyone at Ellis Island. Neither harsh language nor rough handling will be tolerated.”

¹ Lorie Conway, *Forgotten Ellis Island*, (New York: Harper Collins), electronic book, n.p.

² Alan M. Kraut, “Plagues and Prejudice: Nativism’s construction of Disease in 19th and 20th Century New York City.” Part I in *Hives of Sickness* (David Rossner, Editor), (New Brunswick: Rutgers University Press, 1995), p. 68.



A detail of the ECBCNHI display window.

Nurses were key to making this caring environment a reality. Immigrants with contagious diseases—many of whom were children with measles, scarlet fever, trachoma, ringworm, mumps or chicken pox—were admitted to the general hospital, under the care of the nurses. In 1912, Dr. Grover Kempf of the USPHS described the importance of the tender, loving care they provided: “There were quite a number of babies involved and one became attached to them even if you couldn’t speak their language! It was not necessary ... all that was necessary was gentle and kind treatment.”³ In 1904, the *New York Times* reported the children’s improvement,

³ Lorie Conway, *Forgotten Ellis Island*, n.p.

“The nurses, the ladies in white, we used to call them. They were very nice. They talked to the children. They stroked their hair, and they touched their cheeks and held our hands.”⁵

—Elizabeth Martin,
a Hungarian immigrant,
described the nurses (1920)

noting: “There are usually from six to twelve children in the Ellis Island Hospital. As a rule, they are stunted in growth and bear traces of unwholesome nurture, but they pick up under the skillful treatment of doctors and nurses, and the breezes from a beautiful harbor bring a tinge of color into their wan faces.”⁴

For more on this topic, please see the Center’s window display in the main lobby: *The Nurses of Ellis Island*. Designed by Dr. Barbara Brodie, the display captures a tender moment between a United States Public Health Service nurse and an Italian immigrant mother and her children, circa 1900. ■

⁴ *IBID*, *New York Times* article excerpt, 1904.

⁵ *IBID*



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.

National Humanities Medal Honoree

BARBARA BRODIE, PHD, RN, FAAN.

On July 25, 2014 Dr. Darlene Clark Hine was awarded a National Humanities Medal in a ceremony in the White House. Currently a Board of Trustees Professor of African

She examined the powerful influence of one's gender, race and status to tell the story of black nurses' struggle to gain their rightful place in the nursing profession.

American Studies and Professor of History at Northwestern University, Hine was recognized for her prolific historical scholarship and leadership which has enriched the nation's understanding of the African American' experience, especially of the struggles and successes of African American woman who helped shape the nation.

In addition to authoring and editing

more than a dozen books and numerous articles, Dr. Hine has garnered many honors. These include serving as the President of the Organization of American Historians and as a Fellow to the American Academy of Arts and Sciences.

Included in the list of Dr. Hine's impressive scholarship is a book that is especially important to the history of the American nursing profession. In *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (1989) she examined the powerful influence of one's gender, race and status to tell the story of black nurses' struggle to gain their rightful place in the nursing profession.

The book serves as a blueprint of the competing priorities of nursing's elite leaders, who believed that nursing had first to gain autonomy and independence from physicians before any consideration

could be given to the integration of minorities into the nursing profession.

Uncovering lost archival information on black nurses' paths to secure adequate nursing education, state licensure and jobs, Hine weaves an engrossing story of the struggles of both the working black nurses and the highly competent and courageous black nurse leaders who banded together to demand their rightful place in the nursing profession.

In honor and appreciation of her seminal scholarship on African American nurses Dr. Hine was awarded the University of Virginia Center for Nursing Historical Inquiry Agnes Dillon Randolph Award in 1995. Her visit to the University of Virginia in March of that year confirmed our belief that she is an insightful scholar and a gracious and engaging colleague.

We delight in her honor and congratulate Dr. Darlene Clark Hine for being awarded a 2014 National Humanities Medal. We wish her continued success in revealing the power of gender, race and class to shape the world and people about us.

News from the United States Navy Bureau of Medicine and Surgery

The Medical Heritage Library website now includes the following resource from the US Navy's Bureau of Medicine and Surgery: "A Series of Reports to the Nursing Division of the activities of the Nurse Corps Officers serving aboard the U.S. Naval Hospital in the Repose." The reports include communication between Commanders Angelica Vitillo and M.T. Kovacevich with Captain Ruth Erickson, Director of the Navy Nurse Corps, and her successor CAPT Veronica Bulshefski from 8 November 1965 to 2 December 1966. The excerpt here is representative:

"Death claimed the life of a very young man who had extensive chest wounds on Monday, the seventh and a thirty three year old arm amputee with other extensive wounds on Tuesday the eighth. Some of our young nurses are feeling these losses acutely."
(9 March 1966)

<https://archive.org/details/USSReposeSeriesOfReportsToTheNursingDivisionOfTheActivitiesOfTheNurseCorpsOffice>



Presentations, Publications & Awards

PRESENTATIONS

COCKERHAM, A. Z., M. Collins, **A. KEELING**, **J. KIRCHGESSNER** & M. Sherrod. "Nursing Rural America, 1900-1950." Panel presentation at the International Rural Health and Rural Nursing Research Conference, Montana State University, Bozeman, MT, July 2014.



Mary Collins, EdD, RN, FAAN, Arlene W. Keeling, PhD, RN, FAAN, and John Kirchgessner, PhD, RN, PNP at the July launch of their new book, *Nursing Rural America*.

COFFIN, R., A. KEELING, J. Anderson. "Compassionate Care in the Japanese-American Internment Camps, WWII." Panel discussion at the University of Virginia School of Nursing McLeod Hall Auditorium, Charlottesville, VA, January 2014.

KEELING, A. "The Nurses of Mayo Clinic: Caring Healers." Book launch presentation during Nurses' Week, Mayo Clinic, Rochester, MN, May 2014.

KEELING, A. "The Nurses of Mayo Clinic in World War II." Paper presented at the Medicine in World War II Conference, Army Medical History Museum, San Antonio, TX, March 7, 2014.

KEELING, A. "Reclaiming our Heritage: Nursing Leadership in Global Health, 1854-2014." Paper presented at the Nursing Leadership in Global Health Conference, Vanderbilt University, Nashville, TN, February 2014.

PUBLICATIONS

COCKERHAM, A.Z. *Unbridled Service: Growing Up and Giving Back as a Frontier Nursing Service Courier, 1928-2010*. Louisville, KY: Butler Books, 2014.

COCKERHAM, A.Z. "Mary Breckinridge and the Frontier Nursing Service: Saddlebags and Swinging Bridges." In *Nursing Rural America: Perspectives From the Early 20th Century*, edited by J. Kirchgessner & A. Keeling, 83-101. New York, NY: Springer Publishing Company, 2014.

COCKERHAM, A.Z., & T. King. (2014). "One hundred years of progress in nurse-midwifery: with women, then and now." *Journal of Midwifery and Women's Health* 59 (2014): 3-7.

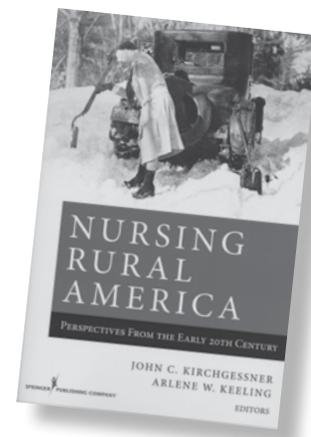
CRAIG, S. "Nursing in Schoolfield Mill Village: Cotton and Welfare." In *Nursing Rural America: Perspectives From the Early 20th Century*, edited by J. Kirchgessner & A. Keeling, 83-101. New York, NY: Springer Publishing Company, 2014.

DEGUZMAN, P B., Donna L. Schminkey, and Emily A. Koyen. "Civil Unrest Does Not Stop Ovulation": Women's Prenatal and Family Planning Services in a 1960s Detroit Neighborhood Clinic." *Family & Community Health* 37, no. 3 (2014): 199-211.

GIBSON, M. E. & A. KEELING, issue eds. *Family & Community Health: The Journal of Health Promotion & Maintenance* 37, no. 3 (2014).

KEELING, A. *Caring Healers: The Nurses of Mayo Clinic*. Rochester, MN: Mayo Foundation for Medical Education and Research, 2014.

KIRCHGESSNER, J. and **A. KEELING**, eds. *Nursing Rural America: Perspectives From the Early 20th Century*. New York, NY: Springer Publishing Company, 2014.



POWELL, N. J. The Fort Lewis maternity care project: A pioneering program for enlisted military families in a prewar Washington State Community. *Family & Community Health* 37, no. 3 (2014): 179-187.

FUNDING RECEIVED

CRAIG, S. (June 2014) American Association for the History of Nursing (AAHN) H-31 Pre-doctoral Research Grant Recipient (\$2,000).

DeValpine, M., **D. GLEASON** and **A. KEELING**. (January 2014) "A collaborative course redesign combining online delivery methods with historic nursing research at two Virginia Universities," 4 VA course redesign grant (\$5,000).

KEELING, A. and M. Childress. (January 2014). University of Virginia Clay Buckner Endowment for the Humanities grant to host an international symposium with UVA Schools of Architecture, Medicine and Nursing, November 4-5, 2014: "A Nod to Nightingale: Architecture and Health Environments" (\$6,000).

KEELING, A. (February 2014) University of Virginia Global Activities Grant—"Nurses and Global Disasters: An Historical Perspective" (\$1,500).

NEWS & OPPORTUNITIES

IN NURSING AND MEDICAL HISTORY

Fall Nursing History Forums

Eleanor Crowder Bjoring Center for Nursing Historical Inquiry Events
University of Virginia School of Nursing
McLeod Hall #5060, Noon–12:50

September 9, 2014

Nursing Rural America: Perspectives from the Early 20th Century

Panel Presentation & Book Signing

Bjoring Center for Nursing Historical Inquiry Directors

John Kirchgessner, PhD, RN, PNP; Arlene W. Keeling, PhD, RN, FAAN;

Mary E. Gibson, PhD, RN; and Sarah White Craig PhD, RN, CCNS

Reception & Book Signing to follow in the Bjoring Center for Nursing Historical Inquiry.

October 21, 2014

A Profession Without Borders: International Nursing in the Early Twentieth Century

Jonathan Hagood, PhD

Assistant Professor of History

Hope College Department of History

2014 Brodie Nursing History Fellow

Reception to follow in the Bjoring Center for Nursing Historical Inquiry.

November 11, 2014

A Salute to Military Nurses: A Veterans Day Panel Presentation

The panel will feature veterans from Vietnam, Iraq and Afghanistan.

Reception to follow in the Bjoring Center for Nursing Historical Inquiry.

March 20, 2015

Transnational Health Care: Women and Religious Change in Sub-Saharan Africa, 1945–1985

Barbra Mann Wall, PhD, RN, FAAN

2015 Randolph Award Recipient

Associate Professor, Evan C. Thompson

Endowed Term Chair for Excellence in Teaching,

Associate Director, Barbara Bates Center for the Study of the History of Nursing,

University of Pennsylvania School of Nursing

Reception to follow in the Bjoring Center for Nursing Historical Inquiry.

2015 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, 2014, and the recipient will be announced in December, 2014. The selected Barbara Brodie Nursing History Fellow will present a paper from their research in the Center's History Forum series.

Selection of the fellow will be based on the scholarly quality of the investigator's project including: the clarity of the project's purpose, its rationale and significance, the rigor of its methodology and questions posed, and its potential contributions to the field of nursing.

The application and a curriculum vitae should be sent by email to the Center's Director, Dr. Arlene Keeling, awk2z@virginia.edu. Applications are available on the Center's Web site: www.nursing.virginia.edu/Research/CNHI/Fellowship.



Conferences

American Association of the History of Medicine
New Haven, Connecticut
April 30–May 3, 2015
Additional information: www.histmed.org

*The Southern Association for the History of
Medicine and Science*
Jackson, Mississippi
February 27–March 12–14, 2015
Additional information: www.sahms.net

The University of Toronto's Health History Group
The Public's Health: a symposium on public health histories
Toronto, Ontario, Canada
March 6–7, 2015
Additional information: <http://torontohealthhistory.ca>

Calls for Abstracts

American Association for the History of Nursing
Dublin, Ireland
September 17–20, 2015
Additional information: www.aahn.org

Victorian Studies Association of Western Canada
2015 Conference
“Victorian Bodies”
April 10–11, 2015
Kelowna, British Columbia, Canada
Additional information:
<http://web.uvic.ca/vsawc/vsawc-conferences/2015-conference>

Call for Applications

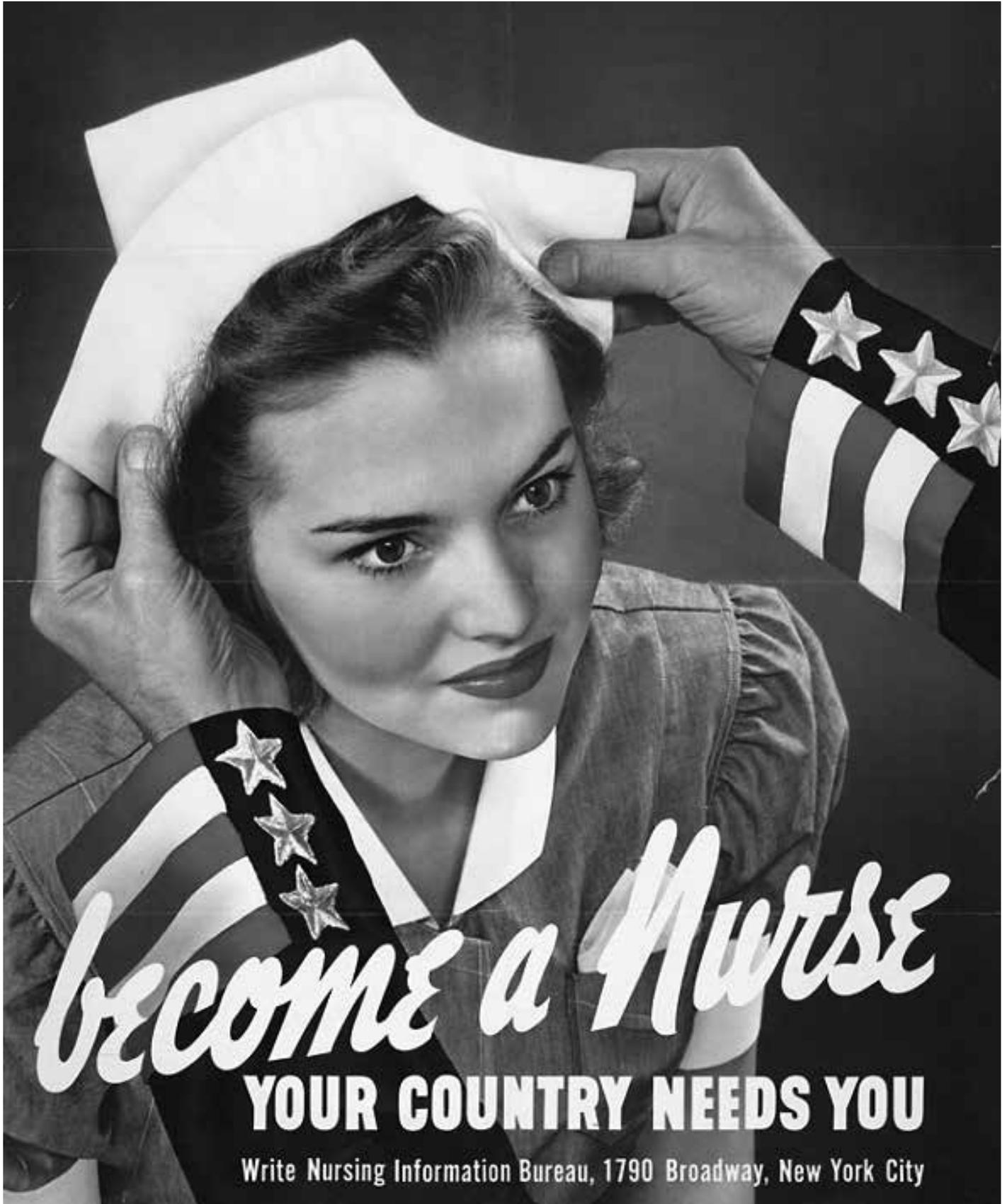
The American Association for the History of Nursing (AAHN) offers four awards for completed research, each presented annually at the Fall Nursing History Conference. Only AAHN members are eligible to apply for these awards. Deadline for award submissions is May 15 of each year.

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>



U.S. Public Health Service recruiting poster, c. 1930s.

“We Just Had to Line Them Up:” Monica Conter, Army Nurse Corps

GWYNETH RHIANNON MILBRATH, MSN, RN
UVA DOCTORAL STUDENT

Monday December 1, 1941

This war situation is really something. We have been on alert for a week now and don't [know] when we are coming off. It looks quite "bad" at times.... Tonight (Wed) I am going to Hickam Club with Lt. Andrews. Tomorrow (Thurs) I am going to Ft. Shafter Club with Lt.... from Georgia. Friday dinner and dancing with Lt. Benning. Saturday dinner and dancing with Lt. Benning. I have a New Year's Eve date with Lt. Benning too. My bedroom is fixed up so pretty. All in blue. Wish you could see it. All for now—write soon to—your loving daughter Monica.¹

In a letter home to her parents, Lieutenant Monica Conter (Benning) describes her life as a member of the Army Nurse Corps (ANC) stationed in Pearl Harbor, Hawaii in late 1941. The referenced state of “alert” at the base did not prevent Monica, or many other young nurses, officers, and their wives from enjoying the beautiful diversions the island of Hawaii had to offer. The

“alert” was lifted on December 6, 1941.² The events that followed on December 7, 1941 would drastically alter the course of the lives of millions of young people around the world, including the nurses stationed at Pearl Harbor.

Monica Conter (Benning) started her Army career at Walter Reed Hospital in Washington, D.C.³ While in Washington, Lt. Conter was chosen to be pictured in the “Uncle Sam Needs Nurses” campaign and was featured in posters and movies.⁴ In a 1982 interview, she recalled her role as the official model for the Army Nurse Corps during the 1930s and 40s: “My picture appeared all over the country when the first reserve nurse was called into active duty. I got to meet all of these famous people at a lawn party at the White House. It was very exciting... [But at the time] I was dying to get overseas, and I kept bugging them about when I was going to get to Hawaii, the Island.”⁵ Conter travelled

² Monica Conter Benning, Interview by Patricia Slone, US Army, 26 May 1982. Transcript available in AMEDD. Repeated citations: Conter Benning, (1982): AMEDD

³ Conter Benning, (1982): AMEDD; see also Mary (Kathleen) Coberly Finn, interviewed by Colonel Eileen Bonner, US Army, 24 May 1982. Transcript available in AMEDD. Repeated citations: Coberly Finn, (1982): AMEDD.

⁴ Ed Unser, “Nurse at Pearl Harbor Recounts the peril”, Gannett Satellite Information Network, December 6, 2007, <http://archive.news-press.com/article/20071206/NEWS01/312060001/Nurse-Pearl-Harbor-recounts-peril>.

⁵ Conter Benning, (1982): AMEDD.

¹ Monica Conter Benning Letters, (December 1, 1941). Available from the US Army Medical Department Center of History and Heritage. Hereinafter cited as AMEDD. Repeated Citations: Conter Benning Letters, (date).

on the *USS Mariposa* from San Francisco to Hawaii with a large group of Army personnel.⁶

Arriving in Hawaii on July 11, 1941, Conter was eventually transferred from the main Army hospital, Tripler Hospital, to the brand new, 30-bed Hickam Field Hospital when it opened November 17, 1941.⁷ Hickam Hospital was located only three blocks away from the flight line, the area where the aircraft were parked and serviced, and next to the headquarters building. It stood three stories high and was constructed with reinforced



Hospital at Hickam Field, Oahu, US Territory of Hawaii, as seen from the base water tower, 1941.

concrete.⁸ The ground floor was primarily home to administrative offices, whereas the second floor housed the operating theater and clinic, and the patient wards were on the third floor.⁹ Screened porches wrapped around most of the hospital to allow the tropical Hawaiian breeze to flow through the building.¹⁰

Although Lt. Conter enjoyed working at Hickam, she also thoroughly enjoyed the time spent away from Hickam Hospital. All registered nurses in the ANC were considered officers and therefore were able to mingle with other officers. In fact, on December 6th, 1941, Conter had a date at the Pearl Harbor Officer's Club.¹¹ Monica Conter and her date decided to walk to the harbor shortly after arriving at the club. She remembered, "It was the most beautiful sight I've ever seen. All the battleships and the lights with the reflection on the water. We were just overwhelmed. I'll just never forget it."¹²

At 6:00AM on the morning of December 7, 1941, six Japanese carriers stationed 200 miles north of Oahu launched the first wave of 181 planes set to destroy Pearl Harbor.¹³ Lt. Conter and fellow nurse Irene Boyd went on duty at Hickam Field Hospital at 7:00AM that morning to care for the dozen or so patients recovering from minor illness including cellulitis and pneumonia. Conter remembered hearing a plane overhead losing altitude and feared it might crash. According to her, she "ran out on the porch overlooking the [airfield] ... about that time, all broke loose ... I saw the rising sun on these planes that were flying low, and I said, 'My God, Irene. It's the Japs.'"¹⁴ After confirming the attack with her commanding officer, she began to evacuate the patients from the third floor to the first floor where they believed they would be safer. The Japanese arrived flying around 150 feet over Pearl Harbor, guns blazing, a few minutes before 8:00am that Sunday morning.¹⁵ While others were relocating patients using the elevator, the electricity went out; all of the clocks stopped at 7:55AM.¹⁶

The wounded started streaming in approximately 10 minutes after the start of the raid. Conter was downstairs on the main level trying to triage the seemingly endless influx of the critically wounded.¹⁷ "All of these patients were coming in, and we were putting them all out on the porch. There were some who were killed, and we were putting them out in the back yard behind the hospital. They were just beginning to stack up and the noise was terrible. I can't tell you how terrible the noise was."¹⁸ Without warning, a terrifyingly loud 500-pound bomb exploded on the front lawn of the Hickam hospital, about 60 or 70 feet from the building.¹⁹ Luckily, the hospital did not suffer any major damage during the bombing; however, its patients and staff were severely shaken. Many had never anticipated being in a battle zone. The aerial assault on Pearl Harbor was the first time in US history that Army nurses had been on the front line of battle; in the past they were always in hospitals at least ten miles away from the battlefield.²⁰

The small team of doctors and nurses equipped to care for about 30 patients at a time was soon overwhelmed by the number of casualties dropped on the hospital doorstep. Nurses filled 10cc syringes with morphine and administer analgesic

⁶ Coberly Finn, (1982): AMEDD.

⁷ Coberly Finn, (1982): AMEDD; see also Sarnecky, *Army Nurse Corps*, 175

⁸ Alan Clark, "7 December 1941: The Air Force Story: Chapter V, HyperWar Foundation, last accessed May 1, 2014, <http://www.ibiblio.org/hyperwar/AAF/7Dec41/7Dec41-5.html>. Repeated Citations: "The Air Force Story," (2014).

⁹ Conter Benning, (1982): AMEDD.

¹⁰ "The Air Force Story," (2014).

¹¹ Conter Benning, (1982): AMEDD; see also Coberly Finn, (1982): AMEDD.

¹² Conter Benning, (1982): AMEDD.

¹³ "A Grateful Nation Remembers," (1991).

¹⁴ Conter Benning, (1982): AMEDD.

¹⁵ "A Grateful Nation Remembers," (1991).

¹⁶ Conter Benning, (1982): AMEDD.

¹⁷ Conter Benning, (1982): AMEDD.

¹⁸ Conter Benning, (1982): AMEDD.

¹⁹ "The Air Force Story," (2014).

²⁰ "The Air Force Story," (2014).

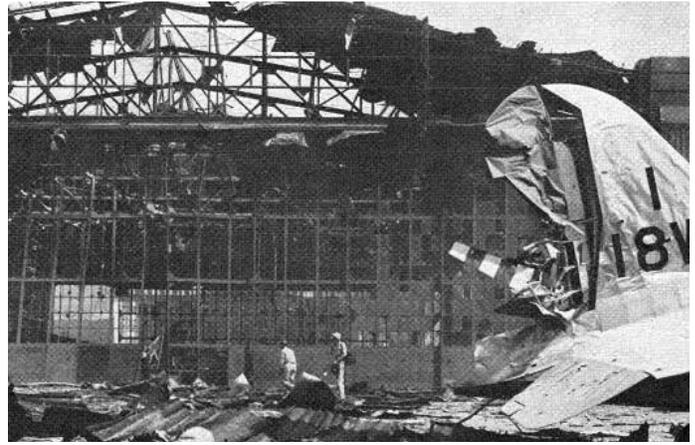
Without warning, a terrifyingly loud 500-pound bomb exploded on the front lawn of the Hickam hospital, about 60 or 70 feet from the building.

injections, working their way through the wounded and suffering. The nurses lacked supplies and electricity, and sterility and cleanliness were not a luxury afforded the six nurses trying to help hundreds of dying soldiers. The team refocused their efforts, and converted into an evacuation hospital, transferring all critical cases to Tripler General Hospital or the civilian Queen's Hospital in Honolulu. Hickam hospital became a revolving door for many of the injured soldiers as the nurses and doctors quickly triaged, bandaged, and medicated the injured, then arranged transportation to a larger facility.

As patients continued to stream into the hospital on chairs, doors, or anything else rescuers could use to transport the wounded, additional volunteers arrived to assist the Hickam nurses. Officer's wives who had some civilian nursing experience arrived at the hospital and were set to making bandages, alongside other patients and volunteers²¹. Monica Conter described her memory of that day:

*All of these people were bleeding and covered with the dust where the building and the floors in the barracks caved in. One man, with his leg terrible mangled, had a tourniquet made by one of the medics. There was another guy who came up to me and said, 'Oh, nurse, come to my first Sergeant. I think he's dying.' I went over, and he was already dead. I said, 'It's too late.' Of course, there was complete chaos... [the patients were] coming in with limbs off, practically dead from having hemorrhaged. There was just all kinds of wounds and blood and dust from the building that exploded on them. Some had machine gun and bomb fragment wounds. They were just butchered... We just had to line them up.*²²

During the bombing, all patients were kept on the hospital's first floor. With each exploding bomb in the harbor and the gunfire raining down on the air base, nurses and patients alike would drop to the floor to protect themselves. As the bombs got louder and louder, one exploded so close to the hospital that the building shook.²³ Shortly afterward, the noxious fumes from the explosives filled the air inside the hospital, and a number of



Destruction at Hickam Field. Medical Department, United States Army.

people yelled "Gas! Gas!" adding to the panic and confusion.²⁴ They feared that gases from the bombs might also be lethal, and used moist towels as makeshift gas masks until actual gas masks and helmets were distributed later that day. After one of these close calls, Lt. Conter turned to fellow nurse Kathleen Coberly and asked, "do you suppose they know back in Apalachicola, FL where I'm from that we're at war?" [Kathleen responded], "Monica, the whole world knows we're at war."²⁵

The casualties of the "day that would live in infamy" included 21 of 90 ships anchored in the harbor; 157 damaged and 188 destroyed aircraft; 2,403 dead and 1,178 wounded Americans, including both civilians and military personnel.²⁶ Hickam Field suffered the majority of the airfield casualties and property damage. The attack on Hickam Field resulted in 139 casualties and 303 wounded, most likely due to the Japanese strike to the barracks and the numerous targeted bombings.²⁷ The heroic and collaborative actions of the medical corpsmen, physicians, and six nurses saved hundreds of lives and eased the suffering of the mortally wounded. The quick decision to evacuate patients to the larger Tripler General Hospital most likely saved hundreds of lives and allowed nurses to focus on pain management, triage, and controlling bleeding.

During World War II, more than 59,000 American nurses served in the Army Nurse Corps. These nurses were closer to the front lines than in previous modern wars. While under fire nurses cared for soldiers in field and evacuation hospitals, on hospital trains and ships, and as flight nurses on medical transport planes. The skill and dedication of these nurses contributed to the low post-injury mortality rate among American military forces in every theater of the war. Overall, fewer than four percent of the American soldiers who received medical care in the field or underwent evacuation died from wounds or disease.²⁸ ■

²⁴"The Air Force Story," (2014).

²⁵Conter Benning, (1982): AMEDD.

²⁶Bureau of Medicine and Surgery (1946).

²⁷Hawaii Aviation. "Hickam Field." *Hickam AFB History Office*, Accessed May 1, 2014. Available from <http://hawaii.gov/hawaiiaviation/hawaii-airfields-airports/oahu-pre-world-war-ii/hickam-field-air-force-base/>. Repeat citations: "Hickam Field," (2014).

²⁸"Bellafaire, "Army Nurse Corps."

²¹Conter Benning, (1982): AMEDD.

²²Conter Benning, (1982): AMEDD.

²³Coberly Finn, (1982): AMEDD.



Florence Nightingale and The Institution of Kaiserswerth on the Rhine

LISA M. ZERULL, PHD, RN
CENTER ASSOCIATE

Dear Sir—I send the task which you gave me to do, having altered what you desired ... As I have undertaken this little exercise in obedience to your wishes, I must be allowed to stipulate that my name may never be mentioned in connexion [sic] with it—and particularly that the Sisters may never know of it. Should I ever come among them again, it might make them feel shy of me.¹

*I am yours ever gratefully & devotedly Florence Nightingale
(Hotel de Flandre Gand, 19 August 1850)*

Accompanying her letter addressed to Theodor Fliedner, Florence Nightingale submits an article titled *The Institution of Kaiserswerth On the Rhine, For the Practical Training of Deaconesses*. The work was written at Fliedner's

invitation following Nightingale's fortnight visit to Kaiserswerth 31 July—13 August 1850 and published soon after in 1851. It is interesting to note that Nightingale requested this work remain anonymous. The "why" is explained by her plans to return to Kaiserswerth once again 6 July to 7 October 1851. It was during this second visit that Nightingale joined other young women eager to learn from the deaconesses while also cultivating her ideas about nursing.

In the Kaiserswerth article, Nightingale provides brief descriptions of the deaconess work and subtly provides invitation for young women to join in the work where "more labourers are wanted ... if they may be instructed how to become the active 'handmaids of the Lord,' what life can they desire more? ... The harvest is ripe. Let those women of England, who sit in busy idleness, look at Germany. There are your sisters all at work."²

Further, she instructed Fliedner that the article be "published as cheap as possible ... if the Lower Classes are to read it in England."³³ Thus, appealing to a larger audience of English women seeking meaningful work.

Opening the work with a historical accounting of women's work in the Christian church, Nightingale organized the article under four headings to introduce the various branches of the German deaconess work. Section I describes the hospital and motherhouse—its organizational and administrative structure; an overview of the education requirements; descriptions of the hospital wards divided by gender and age; and simple case study examples of deaconess nurse care. Nightingale purposefully points out that young women training to become deaconesses are "never held fast to conclude the term of years.



Kaiserswerth Institutions, c. 1900.

¹ Florence Nightingale, *The Institution of Kaiserswerth On the Rhine, for the Practical Training of Deaconesses, Under the Direction of the Rev. Pastor Fliedner, Embracing the Support and Care of a Hospital, Infant and Industrial Schools and a Female Penitentiary*. (London: London Ragged Colonial Training School, 1851), 33.

² *Ibid.*, 32.

³ *Ibid.*, 33.



Florence Nightingale.

Section II speaks to the asylum for females released from prison. A maximum number of 15 women voluntarily stay in a house kept “quite separate from the rest of the Institutions.”⁴ All are tasked with caring for a large garden along with other assigned employment for each week such as care of the kitchen, the laundry, or the livestock and poultry. This branch of the Kaiserswerth Institution is meant to offer “a place of transition between the prison and social life, where they may qualify themselves for service, and prove and strengthen their desire of reformation.”⁵ Nightingale carefully concludes with the caution that no one is ever received a second time into the asylum, “which they all know.”⁶

Parish deaconess work is introduced in section III. Nightingale describes the parish deaconess as one who visits well⁷ in family homes and the community after considerable education in Kaiserswerth’s “Hospital, its School, the Asylum and the Household ... [where] they learn the wants of the poor, the wants in themselves, and how to treat them. It is beautiful to see the accomplished Parish Deaconess visiting.”⁸ Nightingale posits that nurses must *learn* to visit and must be qualified to *teach* the parents and the children. In this way the parish deaconess “wins sufficient confidence” to perform her tasks and “ask her advice” on household matters.⁹ “How often lady visitors sigh to be able to render such assistance!”¹⁰

In section IV, Nightingale provides short descriptions of the various schools at Kaiserswerth—the Normal and Infant Schools and the Orphan Asylum, “because this subject is better understood in England.”¹¹ Nightingale points out that of the four branches of deaconess work at Kaiserswerth, Pastor Fliedner

provides a great amount of his time training the young female candidates learning to teach the children.

In Nightingale’s final remarks, she provides an accounting of the Kaiserswerth Institutions financial support over the past year showing its “economy and self-denial practiced by the conductors.”¹² She implores the reader “When we see how much good may be done here with how little money, does it not act as an inducement to go and do likewise?”¹³ Why indeed! Nightingale would soon build upon the fundamental knowledge, skills, and experience gained at Kaiserswerth to organize her own school of nursing complete with a regular system of instruction and final examination. ■

⁴ Ibid., 25.

⁵ Ibid., 28.

⁶ Ibid., 28.

⁷ Ibid., 7.

⁸ Ibid., 29.

⁹ Ibid., 29.

¹⁰ Ibid., 29.

¹¹ Ibid., 30.

¹² Ibid., 31.

¹³ Ibid., 32.

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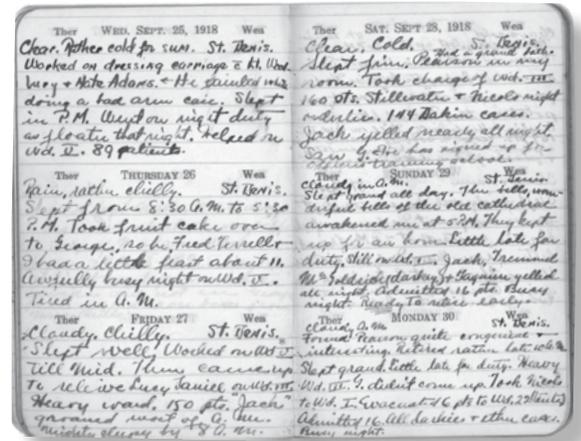
HENRY K. SHARP, PH.D.

The most dramatic change—and challenge—to confront archive collections in the last fifteen years is the creation, transfer, and storage of digital media. Digitization is the word of the day, and the process of digitization produces scanned images of manuscript pages and photographs. These can make collections available to researchers the world over, wherever an internet connection is available. It's an absolutely breathtaking expansion of access to historical materials, formerly available only to researchers able to visit the archive reading room.

In 2013, the Bjoring Center acquired a very high capacity server for digital image storage, and as funds permit, we are undertaking digitization of some of the materials in our collections. It is a slow and expensive process, as grant funds and donations become available, but we are convinced the results will help revolutionize scholarship in the history of nursing, as digitization has more generally transformed access to and analysis of health data for today's practitioners.

This year, nursing student Lauren Livesay has been at work scanning papers and images from the Camilla Wills Collection, an important record of World War One nursing activities at Base Hospital 41, established by University of Virginia physicians and nurses at Saint Denis, France, just outside of Paris, in 1918. Lauren and other students have also scanned the Nancy Milio Papers, a collection detailing the creation and operation of a collaborative health clinic in inner-city Detroit in the mid-1960s, materials with important lessons for contemporary public health policy.

These static images, however, are not alone on our new server. The recent donation of items from the estate of Agnes Marshall-Walker, co-founder of the American Association of Neurological Nurses (AANN), included a collection of cassette audio tapes. A selection of AANN annual convention keynote addresses, session meetings, and lectures are now preserved in digital format and will soon be available for online listening. In addition, Patricia Messmer, Ph.D., R.N., F.A.A.N., a longtime colleague and friend of pioneering nursing researcher Imogene King, M.S.N., Ed.D., has given the Bjoring Center audio and video tapes of a series of interviews she conducted with King, as well as lectures and a seminar presentation. Our era's rapid technological evolution will soon make it quite difficult to consult these items in their original format. With the digitization project underway, we are pleased to insure the continued preservation and diffusion of these important components of nursing history. ■



Pages from Camilla Wills' diary. ECBCNHI Camilla Wills Collection.

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