

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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Conference participants.

FROM THE DIRECTOR

Global Perspective on Nursing History

On March 15 and 16, the Bjoring Center hosted the Agnes Dillon Randolph 2nd International Nursing History Conference, bringing together more than 70 historians of nursing and health care from around the world to share their work, their ideas and their support for each other. It was an amazing two days, full of energy and enthusiasm for the study of nursing history and its implications for the shaping of health policy today.

The conference, honoring Barbara Brodie for a lifetime of scholarship in nursing history, featured her keynote address on the Chicago Maternity Center in the mid-20th century—a service that provided “a safe spot” for the care of impoverished mothers and their newborns by sending residents, medical students and nurses to their homes. What was made evident through her talk and in other presentations on maternal and infant care in the 20th century is that maternal and infant mortality remains a global problem today.

Other issues discussed during the conference were “access to care,” disaster responses, the diffusion of ideas, and the care of children in the 20th century. From an examination of a colonial and post-colonial agendas in countries throughout Africa, to presentations on culture, place and childbearing women, and early public health initiatives in the United States, to a discussion of the fluid nature of nursing knowledge and core values by our second keynote speaker, Christine Hallet, our speakers provided insight into the

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Pat D'Antonio & Barbara Brodie

“It was an amazing two days, full of energy and enthusiasm for the study of nursing history and its implications for the shaping of health policy today.”

complexities of the development of the profession. And, as Pat D’Antonio and Julie Fairman described it, this new generation of scholars provided us with new analyses and new theoretical perspectives on a wide range of topics, exploring “historical tensions that arose over claims of knowledge, skill and identity when the east met the west, when the colonized met the colonizer, when caregivers in less developed countries met those in more developed ones, or when relatively privileged white women met others of different race and backgrounds.”¹ Indeed the Randolph conference participants each contributed in their own way to “track the global flow of ideas and practices” that inform the state of the science of nursing today.²

Providing opportunities for socializing and connecting with others was, of course, a goal of the conference agenda, and that was accomplished both within and outside the School of Nursing spaces.

The conference dinner, held at the Greencroft Club in Ivy, provided the perfect venue, not only featuring gourmet entrées and a delicious chocolate dessert, but also a lecture on the history of “Chocolate and Health” by Philip Wilson, Director of the Department of Humanities at Penn State College of Medicine.

Finally, a word of thanks! The conference could not have been held without organizing skills of our Center Assistant, Linda Hanson, and help from Center volunteers,



Dinner



Conference participants.

Doug Webbink, Carolyn and Bob Duval, and the numerous graduate students who attended to the details of the classroom technology, the food, and the host responsibilities. Your contributions are essential to us! ■

Arlene W. Keeling

¹ Julie Fairman and Pat D’Antonio, “New Directions for the Global History of Nursing,” Randolph Conference Abstract..

² 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.

2013 Barbara Brodie Nursing History Fellow

Barbara Maling, PhD, RN, AC-NP-BC, MA, MSN is the 2013 recipient of the Barbara Brodie Nursing History Fellowship.

Dr. Maling is on the faculty of the University of Virginia School of Nursing. Her research is entitled "Affectionately, P. Y. Pember: Personal Letters and Memoirs of Phoebe Yates Pember, 1861–1900." Data for this study will be obtained from a large collection of unpublished and generally unstudied letters written by Phoebe Yates Pember (1861–1913). Pember is best known for a series of articles that chronicled her time as a pre-professional Confederate nurse (1862 to 1864) during the American Civil War. She was a prolific writer and left other documentation of her life before and after the War. Her Civil War writings have been published as the book, *A Southern Woman's Story*. A substantial collection of her other writings are housed at the



Wilson Archives, Chapel Hill, North Carolina. Preliminary investigation of these primary documents gives glimpses of an educated single white woman's financial and emotional struggles after the American Civil War. The documents also document the intermittent nursing care that she provided into her later years.

Dr. Maling's research will provide insight into an elite white Southern woman's experiences during the American Civil War and the Reconstruction Period as she entered the workforce to provide nursing care outside of the home.

Cockerham & Keeling's Book Named Book of the Year

The *American Journal of Nursing* has named Anne Cockerham & Arlene Keeling's book, *Rooted in the Mountains, Reaching to the World: Stories of Nursing and Midwifery at Kentucky's Frontier School, 1939–1989*, the 2012 Book of the Year in the category of public interest and creative works.

Digital History Projects

THE ECBCNHI RECENTLY launched the website based on the Center's Caroline Benoist Collection that focuses on Mississippi Public Health Nursing in the 1930s: www.cnhi-benoist.nursing.virginia.edu

Please visit the site and give us feedback on your experience!

The Center's Nancy Milio Collection has been completely scanned and is now being indexed in preparation for creation of on-line display. This project is funded by a Jefferson Trust grant, a competitive UVa internal award.

2012 Undergraduate Nursing History Award

The recipients of the 2012 Undergraduate Nursing History Award are Meredith Arnold, Lauren Connelly, Kathryn Hannum & Tess Martin for their research paper entitled "The Life and Legacy of Margaret Sanger and Her Impact as a Nurse." The award, presented in October during Family Weekend, is sponsored by the School of Nursing Alumni Association and recognizes excellence in historical research by undergraduate students. ■



DAN ADDISON

Arlene Keeling and Nancy Milio

Center Co-hosts Panel: “Addressing Disparities in Access to Care”

On January 29, 2013, the Bjoring Center, the Women’s Center and the Darden School’s Office of Diversity co-sponsored a history forum in celebration of the teachings of Martin Luther King, Jr. The forum, titled “Addressing Disparities in Access to Care: Lessons from the Kercheval Street Clinic in the 1960s” featured Nancy Milio, RN, PhD, FAAN, author of the book, *9226 Kercheval: the Storefront that Did Not Burn*. Present in the auditorium was a gathering of nearly 200 students, faculty, alumni and other health professionals, all mesmerized by Nancy Milio’s experience in inner city Detroit during the race riots of the 1960s. A panel, led by Dr. Joel Anderson and including Drs. Linda Bullock, Cathy Campbell, Pam DeGuzman and Arlene Keeling, commented on the impact of Milio’s work and the importance of her collection of papers and photographs now archived in the Bjoring Center. Milio’s work has implications for today, as the Affordable Care Act has allocated \$1.4 billion for home visiting programs that offer some of the services provided by Milio in her Moms and Tots Clinic in Detroit.¹

¹ <http://news.virginia.edu/content/nursing-forum-explores-what-nancy-milio-s-detroit-mom-and-tots-clinic-did-so-well>. Accessed 3/25/23. See also: Editorial, Windows in Time.

Presentations, Publications & Awards

STAFF

BRODIE, B. “Born in a Safe Spot’: Chicago Maternity Center” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

CLARK, M. “The ‘more regulated diabetic patient’: Management of the Diabetic Patient in the Early Post-Insulin Era” (paper presented at the Southern Association for the History of Medicine and Science conference, Charleston, South Carolina, February 21–23, 2013).

COCKERHAM, A. “No Territory Uncovered and No People Uncared For’: Rural Health Care in the Frontier Nursing Service” (paper presented at the American Association for the History of Nursing Annual Conference, Savannah, Georgia, September 28–30, 2012).

DEGUZMAN, P. “Providing Access to Care: Community-Based Health Care for African Americans in 1960s Detroit” (paper presented at the Southern Association for the History of Medicine and Science conference, Charleston, South Carolina, February 21–23, 2013).

GIBSON, M. University of Virginia School of Nursing 2012 Alumni Excellence in Teaching Award.

GIBSON, M. “He that Receiveth One Such Little Child in My Name Receiveth Me’: The Cause of Suffering Children in Seattle 1907” (paper presented at the American Association for the History of Nursing Annual Conference, Savannah, Georgia, September 28–30, 2012).

GIBSON, M. “Presenting Nursing Archival Resources to the Global Community” (paper presented at the Southern Association for the History of Medicine and Science conference, Charleston, South Carolina, February 21–23, 2013).

GLEASON, D. “The Innocent Children: Pediatric HIV/AIDS, 1983–1994” (paper presented at the Southern Association for the History of Medicine and Science conference, Charleston, South Carolina, February 21–23, 2013).

GLEASON, D. “Without Fault: Children with HIV/AIDS, 1981–1994” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

KEELING, A. “A Cooperative Venture: Nursing Migrants in Belle Glade, Florida, 1933–1945” (paper presented at the Southern Association for the History of Medicine and Science conference, Charleston, South Carolina, February 21–23, 2013).

Brotherton, C.; Taylor, A.; **KEELING, A.** “Fire in the Belly and the Professionalization of Nurses: A Historical Analysis of Crohn’s Disease Care,” 36 (1):21–28. *Gastroenterology Nursing*.

KEELING, A. “Instruction in First-Aid, Hygiene, and Childcare’: Nursing the Migrants in Belle Glade, Florida, 1935–1943” (paper presented at the American Association for the History of Nursing Annual Conference, Savannah, Georgia, September 28–30, 2012).

KEELING, A. (March 28, 2013). “Learning together: Interprofessional Education

in the Presbyterian Coronary Care Unit, 1963,” (paper presented at the Presbyterian Hospital 50th Anniversary Celebration for CCU, Philadelphia, PA, March 28, 2013).

KEELING, A. Invited paper: “Providing Access to Care: Nurses in Migrant Camps in the Great Depression,” (presented at St. John Fisher College, Wegmans School of Nursing. DNP symposium, Rochester, New York, October 5, 2012).

MALING, B. “Caring for Civilians and Soldiers in the South During the American Civil War” (paper presented at the American Association for the History of Nursing Annual Conference pre-conference, Savannah, Georgia, September 27, 2012).

MALING, B., Exhibition & website review [National Library of Medicine, curated by Newmark, J. *Binding Wounds, Pushing Boundaries; African Americans in Civil War Medicine*], *Nursing History Review*, 21, 2013.

POWELL, N. “Babies For Free’: Maternity and Infant Care Under the Emic Program, 1943–1949” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

SNYDER, A. “From the Trunk of a Volkswagen Beetle: A Mobile Nursing Clinic in Appalachia” (paper presented at the American Association for the History of Nursing Annual Conference, Savannah, Georgia, September 28–30, 2012).

SNYDER, A. & Thatcher, E. “Providing Access to Care in Appalachia: One Mobile Nursing Clinic in Appalachia and Remote Area Medical” (paper presented at



U.Va. presenters at the SAHMS conference.

the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

ZERULL, L.M. “The German Lutheran Deaconess Model Transplanted in Two American Cities—Baltimore & Milwaukee in the Late 1800s” (paper presented at Deaconesses in Nursing Care-International Transfer of a Female Model of Life and Work in the 19th and 20th Centuries Invitational Conference to the Kaiserswerth Mutterhaus, Düsseldorf, Germany, March 14–16, 2013).

ZERULL, L.M. “Creating an Infrastructure of Support for Staffing and Sustainability: A History of the Milwaukee Hospital and Lutheran Deaconesses 1863–1911” (poster presented at Showcase for Sharing, Winchester Medical Center, Winchester, Virginia, October 29, 2012).

ZERULL, L.M. HOSA-Future Health Professionals Award for recognition of support and commitment to community youth education, James Wood High School, Winchester, Virginia, February 12, 2013.

ZERULL, L.M. “‘The Motherhouse Made all the Difference’: A History of the Milwaukee Lutheran Deaconesses

1849–1911” (paper presented at the American Association for the History of Nursing Annual Conference, Savannah, Georgia, September 28–30, 2012).

STUDENTS

BARBER, R. “History of Bottle-Feeding Among Southern African American Women, 1890–1950” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

CRAIG, S. “Attention to the Workers and Little Children of the Nation ... the First Lines of Home Defense’: Lillian Wald and the WWI Council of National Defense Sub-Committee on Home Nursing, 1917–1919” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

CRAIG, S. “Nursing on the Home Front: Lillian Wald and the WWI Council of National Defense” (paper presented at the Southern Association for the His-

tory of Medicine and Science conference, Charleston, South Carolina, February 21–23, 2013).

LUAN, B. “The Cornerstone of the Control of Tuberculosis’: Agnes Dillon Randolph’s Contribution in the Fight Against Tuberculosis in Virginia, 1900–1930” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

MARTER, A. “Care for the Human Wreckage’: Nurses’ Caring for Shell Shock Victims Along the Western Front in WWI, 1914–1918” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

MILBURN, J. “A Precious Feather, a Unique Stone’: Mesoamerican Childbirth Culture Prior to the Spanish Conquest of 1521 and its Continuing Influence on Childbirth and Midwifery in Mexico and Central America” (paper presented at the American Association for the History of Nursing Annual Conference, Savannah, Georgia, September 28–30, 2012).

MILBURN, J. “Gathering babies amidst the flowers’: Midwifery in the Mesoamerican Period in Mexico and Central America and its Influence on Hispanic Childbirth Culture Today” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

MURUGESAN, M. “Divine Malady, Demonic Possession or a Neurological Disorder? A History of Epilepsy from Ancient Times to the Twentieth Century” (paper presented at the Southern Association for the History of Medicine and Science conference, Charleston, South Carolina, February 21–23, 2013).



Lisa Zerull represented the Center at an international conference at Kaiserswerth.

RACHMAWATY, R. “It’s Dirty, But We Reuse It!’: Nursing and Technology in Indonesia, 1945–1975” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

SCHMINKEY, D. “A Nurse in a Cabin Must be the Mistress of the Emergency’: The Frontier Nursing Service Management of Antenatal Emergencies and Premature Birth, 1925–1939” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

SCHMINKEY, D. “Their hold on life is a slender one’: Guidelines for Response to Antenatal Emergencies, Frontier Nursing Service, 1925–1939” (paper presented at the Southern Association for the History of Medicine and Science conference, Charleston, South Carolina, February 21–23, 2013).

STUART-MOSS, K. “The Tuskegee Experiment, 1932–1972: The Influence on the African American View of the US

Healthcare System Today” (poster presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

SWANBERG, M. “We are not doing what in good conscience ought to be done’: Race, Class, and Gender at the University of Virginia Hospital from 1950 to 1960” (poster presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

THATCHER, E. “Healthy Profits: Nursing and Health Promotion in a Coal Company Town, 1902–1950” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013).

Snyder, A. & **THATCHER, E.** “Providing Access to Care in Appalachia: One Mobile Nursing Clinic in Appalachia and Remote Area Medical” (paper presented at the Randolph International Nursing History Conference, Charlottesville, Virginia, March 15–16, 2013). ■

NEWS & OPPORTUNITIES

IN NURSING AND MEDICAL HISTORY

Barbara Brodie Nursing History Fellowship

The 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, 2013, and the recipient will be announced in December, 2013. 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 for the History of Nursing
30th Annual History of Nursing Conference
Cleveland Clinic
Cleveland, Ohio
September 26–29, 2013
Additional information:
www.aahn.org

Canadian Association for the History of Nursing
in conjunction with
the Congress for the Social Sciences and Humanities
Victoria, British Columbia
Canada
June 1–3, 2013
Additional information:
www.cahn-achn.ca

Southern Association for the History of Medicine and Science
16th Annual Conference
St. Louis, Missouri
February 27–March 1, 2014
Additional information:
www.sahms.net

The European Association for the History of Medicine and Health
Annual Conference
Lisbon, Portugal
September 4–7, 2013
“Risk and Disaster in Medicine and Health”
Additional information:
www.eahmh.net

Fall Nursing History Forums

McLeod Hall #5060
Noon–1:00 PM

September 17

A Force of Visiting Nurses: Corporate Welfare, Industrial Nursing, and Access to Care in a Southern Textile Mill Village, 1890–1933.

Sarah White Craig, MSN, RN, CCNS, CCRN, UVa PhD Student

October 22

Affectionately, P. Y. Pember: Personal Letters and Memoirs of Phoebe Yates Pember, 1861–1900

Barbara Maling, RN, PhD, ACNP-BC, UVa School of Nursing Assistant Professor
2013 Brodie Fellow

November 4

Practicing Nursing Knowledge: The East Harlem Nursing and Health Service in the Interwar Years

Patricia D'Antonio, PhD, RN, FAAN

Killebrew-Centis Endowed Term Chair in Undergraduate Education Chair,
Department of Family and Community Health,
University of Pennsylvania School of Nursing



Nursing student with pediatric patients, c. 1940.

ECBNHI UVA SCHOOL OF NURSING PHOTOGRAPH COLLECTION

“It Hurts a Little, But You Can Have Ice Cream After the Surgery”:

TONSILLECTOMY/ADENOIDECTOMY, 1900–1955

BARBARA BRODIE, PHD, RN, FAAN

THE UNRAVELING OF THE MYSTERY of how microbial infections entered the body and moved to different sites led to the development of one of the most popular surgeries for children in twentieth-century America—tonsillectomy/adenoidectomy (T&A). The driving force for this surgical procedure was an early twentieth century belief in a focal theory of infection which assumed that focal or localized infections could lead to systemic infections in any part of the body.¹ At a time when little was known about the function of tonsils, except that they often were inflamed and associated with colds, ear, nasal, and throat infections, tonsils came to be viewed as “portals of infection”. It was a logical step for physicians to assume that removing tonsils might resolve or prevent frequent upper respiratory infections or even rheumatic fever in children.

The earliest removal of tonsils dates back to ancient times when enlarged tonsils were excised. It would be the twentieth century, with its advances in medical science, before physicians addressed the question of whether something should be done for children with enlarged or inflamed tonsils that frequently developed into ear, nose and throat problems.² Although still unclear as to the physiological function of tonsils/adenoids many physicians accepted the focal theory of infections and advised parents to consider having their children’s hypertrophic tonsils and adenoids removed as both a therapeutic and prophylactic measure against future infections and some chronic conditions. In spite of a few vocal physician critics expressing serious doubt about the efficacy and wisdom of doing tonsillectomies the claimed benefits of surgery spread among physicians and the general public

through medical journals, public health bulletins and articles in family oriented magazines for many years.³ Removing children’s tonsils was an attractive idea because it allowed parents and public health officials to do something about reducing children’s chances for colds and ear and throat infections that are so common in childhood. By 1920 the rates of tonsillectomies had exploded in the country. In New York state alone 47,000 operations were done in New York City, more were considered necessary, and in the city of Rochester an additional 10,000 children had their tonsils removed under a public health mandate.⁴ So swiftly did the tonsillectomy movement spread that medical authorities found it difficult to accurately tabulate national data on the numbers operations, morbidity, and complications. A study done in York City in 1949 revealed that over 45 percent of the city’s children had had their tonsils removed and this information was considered by public health officials as an underestimation of the actual rates of the procedure.⁵

The Tonsillectomy and the Role of Nurse

Children between the ages of 5 to 12 years were the most likely candidates for a tonsillectomy. Before undergoing the surgery children underwent a routine physical exam and their parents were questioned about whether they experienced bleeding tendencies

¹ Gerald N Grob, “The Rise and Decline of tonsillectomy in Twentieth-Century America” *Journal of the History of Medicine and Allied Sciences*, 2007. 62, 4, 383–421.

² William Osler, *The Principle and Practice of Medicine* 8th ed. (New York: D. Appleton and Company, 1916)

³ James and Rita Akers, “Should Tonsils and Adenoids Come Out?” *Parent’s Magazine*, 9, 1950, 25, 34–37.

Mary J. Tapscott, “Tonsils—Should They Come Out or Not?” *Better Homes and Gardens*. May, 1955. 33. 134–35, 137–39.

⁴ Public Health Committee of the New York Academy of Medicine, “The Tonsil and Adenoid Situation in New York City: Report by the Public Health Committee of the New York Academy of Medicine” *Medical Records*, 1921, 99, 684–85.

⁵ Susie Chow, *The Emergence, Decline and Persistence of Modern Medical Procedures: The Case of Tonsillectomy*: (PhD. Diss. (sociology) University of Pennsylvania, 1992.

such as hemophilia. When the children asked if it hurt to have their tonsils removed the physician, and their parents, usually responded that it hurt a little but they could have all the ice cream they wanted after it was over.

The surgery was a relatively simple operation requiring a surgical field equipped with drugs, sterile equipment, linen and instruments. A physician (general surgeon, otolaryngologist, pediatrician or family physician) preformed this surgical procedure and the anesthetic was administered by a nurse with experience in anesthesia. She put the children to sleep under a light dose of ether. The operation was performed in a variety of settings during the 1900 to the late 1930s—in hospitals, patients' homes, physician's clinics, and in temporary public health clinics set-up in schools or municipal buildings.⁶

In hospitals, nurses were responsible for the operating room, assisting in the surgery, administering the anesthesia and providing post-operative care to patients in their hospital rooms. In non-hospital settings nurses were responsible for preparing an operating area plus a post-operative site which was usually the child's bedroom.⁷ A nurse with experience in anesthesia traveled with the physician to patients' homes to administer the anesthetize and she brought all the necessary operative equipment including emergency supplies

Post-operative care was the nurses' responsibility and the possibility of a child hemorrhaging or aspirating was their greatest concern. Although difficult to determine the national mortality rate from tonsillectomies from 1920 to the 1950s, it ranged from a high of 346 in 1952 to 220 in 1955. The major cause of death was due to hemorrhaging and aspiration pneumonia.⁸

The children were groggy and semi-responsive when they entered the post-op room. Wrapped in warm blankets they were placed on their abdomens with one arm under their head, or on their side to allow any bleeding to flow from their noses/throats to the sheet. These positions provided the nurse with ways to monitor the children's bleeding and provided easy access to their airways if resuscitation was necessary.

The children's vital signs were checked every 15 minutes for two hours and then every 30 minutes till stable. When children



became more aware of their surroundings they expressed apprehension about being away from their mothers and complained of a sore throat and that they were "sick to their stomachs" and feeling nauseous. It was important that the nurse remained close to them and that an ice collar was applied to cut down their pain and bleeding from the operative site. Often the children vomited due to the ether or from swallowed blood. Anti-nausea drugs and soothing syrups such as cola syrup were given and the children were encouraged not to attempt to speak or cough. It was important to control the nausea and apprehension because vomiting/coughing could dislodge the clot on the operative site and it could be aspirated. Aspirin mixed in syrups or in a chewing gum were used to reduce the children's throat pain.⁹

On the children's bedside tables were kept small basins for ice water, sponges for wiping blood from their mouths, styptic pencils, and a rubber spiral mouth gag to be used in the event the child needed his mouth to remain opened during resuscitation. Emergency supplies that might be needed by a physician, such as tonsil clamps, adrenalin sprays, a cauterizer, and instruments to ligate and suture bleeders or to pack a hemorrhaging throat were always on hand.

The children were given ice chips four hours after surgery and then given sherbet, ice cream, and cold milk. Unfortunately, although the promised ice cream was offered many children's throats hurt too much to eat it.¹⁰ Most children's conditions were stabilized, their bleeding stopped and they were sitting up in eight hours but some required another day or so of nursing before they could be discharged.

By the 1940s tonsillectomies were moved to hospitals. To be more efficient, physicians set aside special days for the children's surgery. On these days six to eight children shared a post-operative ward and two nurses would provide them care. By the 1960s most hospitals allowed mothers to remain with their children which helped the children.

One of the hazards for the nurses was the amount of ether that the children exhaled for the first three to four hours after surgery. This "second hand ether" left the nurses groggy, nauseous and with a headache. To relieve these symptoms the nurses often needed to be relieved so that they could leave the room to

⁶ Grace Frances Borah, "A New Field Conquered" *Public Health Nurse*, 19, 9, 1927.

⁷ Hildur Newburg, "Post-operative Care in Surgical Cases in Surgical Cases" *Pacific Coast Journal of Nursing*, 11, 488-90. 10, 1915.

⁸ Gerald Grob, *The Rise and Decline of Tonsillectomy in Twentieth-Century America*. 407.

⁹ Cecil Charles, "Post-Operative Care of Tonsils and Adenoid Cases." *Trained Nurse and Hospital Review*, 19, 2, 87-30, 1927.

¹⁰ Roy H. Parkinson, *Eye, Ear, Nose and Throat Manual for Nurses*. 4th ed., 1939, 23-28.



ECBC/NI BARBARA BRODIE PHOTOGRAPH COLLECTION

Nurse with pediatric patients, Mt. Sinai Hospital School of Nursing, c. 1920.

The children were given ice chips four hours after surgery and then given sherbet, ice cream, and cold milk.

Unfortunately, although the promised ice cream was offered many children's throats hurt too much to eat it.

breathe some fresh air.¹¹

Advances in medicine, began in the 1950s, such as the ability to use penicillin to manage children's bacterial respiratory infections, the waning of belief in the theory of focal infections, and epidemiological studies that revealed the inability of tonsillectomies to reduce colds or ear/throat infections slowly convinced physicians that children's tonsils should not be routinely removed. Pediatricians were especially vocal about this position. However, parents held to society's long held belief that it was in their children's best interest to have their tonsils removed and found otolaryngologists willing to preform tonsillectomies. So entrenched was this belief that in the mid- 1960s tonsillectomies were the most common surgical procedure in the United States and the main reason for the hospitalization of children.¹² From

this time on the use of tonsillectomies as a standard therapeutic intervention began to lose favor among parents and although it is still being done today it is being done very judiciously.

Nurses played an essential role in the care of patients who had tonsillectomies in the twentieth century and it was their ability to emotionally support the children and monitor their vital signs that prevented any signs of hemorrhaging or aspiration that allowed millions of American children to successfully have their tonsils removed. Interestingly, thousands of nurses and physicians as children also had their own tonsils removed and many can clearly remember their experiences and share stories of their time in the hospital. For some this experience helped influence their decision to become a nurse or physician . ■

¹¹ Evanston Community Hospital, (Evanston, Illinois) *Pediatric Nurses Manual*, 1963, 31-32.

¹² Gerald Grob, *The Rise and Decline of Tonsillectomy in Twentieth-Century America*, 415.



Notes from the Archivist

HENRY K. SHARP, PH.D.

Two substantial manuscript donations concerning military nursing have enriched the Bjoring Center collections in the past year. These papers, given by Janet Graham and by the estate of Rosemary McCarthy, are now available to researchers of nursing history.

Colonel Janet Vivian Graham, Ph.D., R.N. initiated her career with the U.S. Navy Nurse Corps in 1967. After a two-year posting in Taiwan and other assignments stateside, she resigned her commission to enter the Graduate School of Social Work at Boston College, where she obtained a master's degree in 1974. Graham subsequently transferred from the Naval reserve to active duty in the Army Nurse Corps, concentrating on nursing methods analysis and medical planning. She obtained a doctorate from Indiana



Colleagues in Korea c. 1955.

ECBCNHI ROSEMARY T. MCCARTHY PAPERS

during her military years reveals some of the difficulties single women faced in this male-dominated environment. After retiring, Graham joined the nursing

Colonel Rosemary Teresa McCarthy, D.N.Sc., R.N. (1926–2012) entered the Army Nurse Corps in 1953. Among McCarthy's initial postings was a tour of duty in Korea, then embroiled in the Korean Conflict. This experience proved critical much later in her career, when President Ronald Reagan appointed McCarthy in 1987 to the Korean War Veterans Memorial Commission. McCarthy was the Commission's only woman member, and the only nurse. Materials related to the Commission—and its difficult task relative to the Memorial design process—are a significant component of the collection. McCarthy's career began with an undergraduate nursing diploma in 1948, followed by a B.S. in Nursing Education from the University of Minnesota in 1957. She completed a Masters in Biology at Boston University in 1967 and continued to a Doctor of Nursing Science degree at the Catholic University of America in 1974. McCarthy's active duty career with the

The personal correspondence Graham saved during her military years reveals some of the difficulties single women faced in this male-dominated environment.

University/Perdue University in 1981, and spent much of the remainder of her twenty-five year career working in the field of health care information systems development, planning, and research. Undertaken at the dawn of the personal computing age, Graham's work stands as an important precursor to the data management and computerized medical records systems of our own era. The personal correspondence Graham saved

faculty of the University of California at Bakersfield for one year, then moved to Arkadelphia, Arkansas, for a position at Henderson State University. Here she coordinated a Russian-American nurses' exchange program and served as interim chair of the Department of Nursing, leading a campaign to prevent closure of the B.S.N. program.

Nurse Corps extended thirty years, from 1953 to 1983. During this time, she followed the lead of Lieutenant Colonel Phyllis J. Verhonick, an early and ardent advocate of nursing research. With Verhonick's support, McCarthy published several important scientific papers based on original research. (A small collection of items related to Verhonick have also come to the Bjoring Center this year.) McCarthy's last active-duty assignment named her the historian of the Army Nurse Corps, and in addition to exercising the responsibilities of her official position, she co-founded the Historical Methodology Research Interest Group in 1979. This gathering of nurse-historians ultimately became the American Association for the History of Nursing (AAHN), for which McCarthy served as president in 1986–88. McCarthy and her peers in the Interest Group and in the AAHN focused the attention of the profession and its friends and allies on the



McCarthy with President Bush, 1998.

relevance of nursing history to the present and future of Nursing. In so doing, they initiated an enduring professional legacy

of education, scholarship, and preservation—the foundational principles of the center which today archives her papers. ■

Comments about the Center's 2012 Holiday Card

Many people sent interesting comments about the illustration we used on our 2012 holiday greeting card that are worth sharing. The illustration, from the cover of a December 25, 1954 *Saturday Evening Post*, was a painting done by George Hughes of a young nurse decorating a small Christmas tree in a children hospital ward. For many it evoked warm memories from

their past when their nurse's uniform also consisted of a white cap, starched white uniform, hose, and shoes! The eight young patients, all in their beds quietly reading books or watching the nurse was familiar but many stated that the children they cared for were far more active and boisterous or sick than these children, and that they never had time when on duty to decorate a tree. Whether the nurse was on duty or not

many told stories of coming to work on their day off to decorate the entire pediatric unit to get ready for this very special day in a child's life. They also shared fond memories of working Christmas morning when one of the physicians, dressed like Santa, visited each child and their family to bring them special Christmas toys. Thanks to all who shared their stories with us. ■

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RECENT ACQUISITIONS

Bill & Lorraine Albrecht—nursing texts and nursing history books.

Jane Black Bales—photos and documents from student nursing experience.

Monika Criman—2 copies of a collection of reflections by members of the UVA SON Class of 2013.

Mary E. Gibson—Lake Saranac print, 1957.

Mary Cook Hodge—UVa School of Nursing student memorabilia, c. 1953.

Arlene Keeling—nurse's uniform, World War II photographs of nurses with children.

Juliane Milburn—book of medical illustrations.

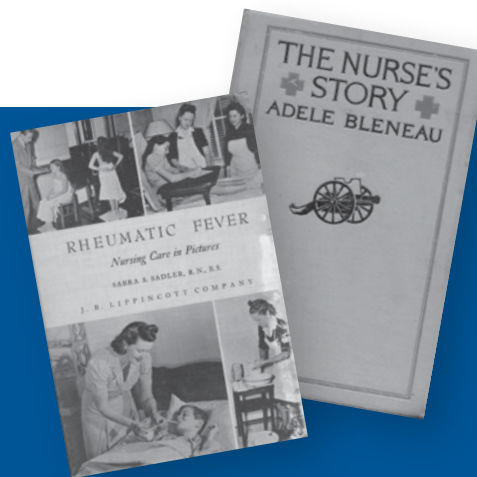
Jeff Miller—nursing student notebooks, 1913.

Kristin Morgan—nursing cape, c. 1930.

Gail Finley Nurre—books and documents from student nurse experience.

UVa Nurses Christian Fellowship—scrapbook.

Patricia M. Quill—NYSCONP correspondence, St. Vincent's Hospital School of Nursing material.



Linda Sabin—fever nurse 1839 replica doll.

Margarete Sandelowski—Beth Israel Hospital School of Nursing materials, c. 1960s.

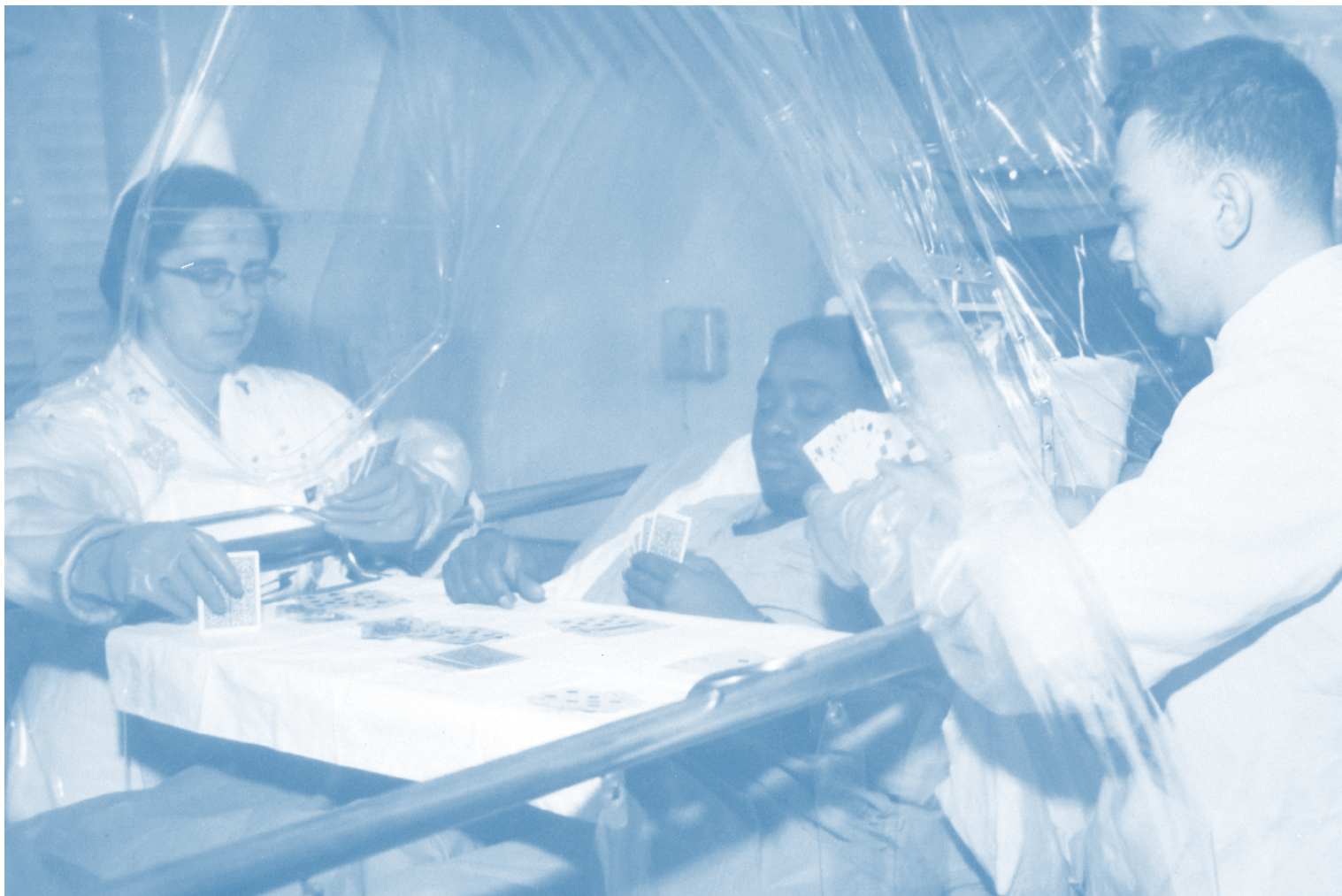
Ester Thatcher—Bleneau, Adele. "The Nurse's Story", 1915.

Florence & Willard Weierbach—Germantown Hospital & School of Nursing Class of 1958 memorabilia.

Herman Wheeler—Sadler, Sabra A. "Rheumatic Fever: Nursing Care in Pictures", 1949.

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Rosemary T. McCarthy with patient and staff member, Walter Reed Hospital, c. 1967.