# A History of School Nursing:

# From its Origin in New York City to Implementation in Virginia,

# 1900 – 1925

Bridget A. Houlahan
Charlottesville, Virginia

BSN, Ohio Wesleyan University, 1989
MSN, Kent State University, 1995

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## Abstract

Both the National Institutes of Health and the Centers for Disease Control and Prevention have endorsed the role of a nurse in the schools. However, school nurses today continue to struggle with advocacy and funding of their role. To date, no comprehensive study has examined the origins of school nursing in New York City and its subsequent diaspora across the United States. Understanding the history of school nursing may provide insight into solving the ongoing difficulties school nurses face in the promotion of their role.

The purpose of this study was to identify, describe and analyze the origins and evolving role of the school nurse from New York City to the rural counties of Virginia from 1900 – 1925. A particular focus was set on investigating how place, race, class, culture, and socio-economic status affected the development and practice of school nursing across the country.

This study examined Lillian Wald, her political and social connections and her relationship to the school nurse movement. Also examined was the role of Lina Rogers Struthers as the first school nurse, the scope of school nursing practice, the role of the school nurse in home visitations, and determinants of success in the school nurses' role in New York City at the turn of the twentieth century.

This research also investigated the diaspora of school nursing from New York City to Richmond, Virginia at the turn of the twentieth century. The relationships among nursing leaders of the time and their influence on the school nurse movement were analyzed from a social history perspective. Also examined were the convergence of social movements during the Progressive Era such as the establishment of settlement houses, the professionalization of nursing and public health reform initiatives and their effect on the advancement and spread of school nursing practice.

Included in this study was also the developing role of the rural school nurse in the Commonwealth of Virginia. In particular, this research investigated how the influences of place, race, class, culture and socio-economic status affected the Commonwealth of Virginia's attempts to develop and provide school nursing throughout the diverse rural counties across the state.

Traditional historical methods with a social history framework were used in this investigation. Critical analysis of social, political, and economic context as well as the state of the science of medicine and nursing was also performed. Primary source data was identified, collected and analyzed from numerous sources. These included the following: The Lillian D. Wald Papers from the New York City Public Library, The Lillian D. Wald Papers from Columbia University Rare Books and Manuscripts Library, The Instructive Visiting Nurse Association Papers located in the Special Collections and Archives at the Tompkins-McCaw Library at the Virginia Commonwealth University, The Johns Hopkins School of Nursing Archives from the Alan Mason Chesney Medical Archives, Annual Reports from the Commissioner of Health to the Governor of Virginia, 1900 – 1926, Annual Reports from the Superintendent of Education to the Governor of Virginia, A Sanitary Survey of the Schools of Orange County, Virginia, The Virginia Health Bulletin, The Virginia Journal of Education, Biography of the Richmond Professional Institute, historical newspaper accounts, and numerous texts and journal articles written by leaders in public health in the early twentieth century. Secondary sources included published books, government websites, nursing, history, and public health journals.

Findings suggested that at the turn of the twentieth century, school nurses encountered tremendous challenges and demonstrated heroic measures to provide care for thousands of school children and their families who would have otherwise gone without. School nurses provided access to care for school children and in doing so reduced absenteeism to improve

educational opportunities. Identified problems impeding the development of the role of the school nurse included difficulties in securing financial support, lack of knowledge regarding benefits of the role, racial and cultural concerns, poor pay and scarcity of appropriately trained nurses.

School nurses today continue to face the same struggles as the first school nurses in the early 1900s. It is a different time and society; yet similar problems, particularly as they relate to place, race, class, culture and socio-economic status remain much the same. Children's health concerns have changed across the century, but the objectives of the school nurse remain the same. Funding and advocacy persist as challenges. Core fundamental concepts of school nursing steadfastly provide a framework for providing much needed health services to school-aged children today. Thus, just as the first school nurses demonstrated heroic measures in identifying and attempting to meet the needs of school-aged children and their families at the turn of the twentieth century, today's school nurses must demonstrate knowledge, persistence, and creative ingenuity in doing the same.

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## Dedication

It is with great humility that I dedicate this dissertation to my family.

For my husband Scott who has lovingly, patiently and faithfully supported me in this endeavor

And to my sweet boys, Timmy and John who have taught me more than anything I have ever learned during my Ph.D. program.

Scott, Timmy, and John, I thank God every day for you. Without you, nothing else I do has meaning.

**Acknowledgements**

I'm often asked what prompted me to pursue a Ph.D. in Nursing. I laugh and think back that it all began in Disney World. While waiting in lines for attractions, everyone we met commented that "they used to live up North but they moved South because of the weather." Providence was at work. The day we flew back to Cleveland from Orlando could not have been more miserable or dreary, and it was June. The seed had been planted. The search for a lovely new place to live converged with my pursuit to earn a Ph.D. in Nursing and I found myself in Charlottesville attending the University of Virginia.

I can't begin to thank my advisor and dissertation committee chair Dr. Arlene Keeling for her mentorship, encouragement, skillful editing and patient kindness. Kindness cannot be overstated. I remember first meeting Dr. Keeling when I interviewed for admission to the Ph.D. program at the University of Virginia. My initial impression of Dr. Keeling was that "she didn't suffer too many fools," and I hoped she didn't think I was one of them. Ironically, she was the only faculty member that made me nervous on that interview day. Now, the memory makes me laugh. What I then mistook for "tough" was in fact strength, conviction and commitment to excellence. I am grateful she was willing "to take me on" for this arduous journey. On that note, I would like to thank Dr. Ann Taylor, who with cat-like reflexes tracked down Dr. Keeling in an archive in California. Before I had even pulled into my driveway at home, Dr. Taylor had Dr. Keeling set up to become my new advisor. I'm not entirely sure where I'd be right now without their help; and also the assistance of Dr. Karen Rose, the then Director of the Ph.D. program. But, I am certain that I wouldn't be writing this acknowledgment for my dissertation.

My committee has also been very helpful and supportive. Dr. Mary Gibson has been especially generous with her time. She has shared with me her own research, knowledge, and

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Personally, there are so many people who have helped me along my way. I can't possibly express my appreciation to the friars at St. Thomas Aquinas Catholic Church. Thank you to Father Joseph, Father Jerome, Father Luke, Father Mario, Father Antonitis and Father Stephen. You helped me to hang on to my faith when I was so sick and ready to give up. Although Scott's

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I have learned much from my parents. I especially thank them for teaching me the importance of faith, hope, humility and resilience.

Finally, I wish to thank my family. The Lord knows the past five years have been an adventure filled with surprises. Some surprises have brought tremendous joy, others, not so much. And yet, I know without a doubt that we are all better off for it. I'm so grateful you have taken this adventure with me. To my husband Scott, of twenty-two years, you are the best. Thank you for always believing in us and having the courage to "jump" with me. To Timmy, I am so proud of the young man you are becoming. Thank you for your tender heart and understanding over the past five years; most especially when I was so sick. John, my little Biscuit, you are wise beyond your ten years. You are an example of true faith. You have shown such patience while on numerous occasions you waited for me "to type just one more thing…" I love you all very much. You are God's greatest gifts to me and every day you help me to become the best version of myself.

# Chapter 1: Introduction and Methods

## Introduction

School nursing began in 1902 as an innovative project stemming from the Henry Street Settlement established in 1893 by Lillian Wald, a progressive nurse activist. Wald established Henry Street Settlement to provide visiting home nursing services to the immigrant poor on the Lower East Side of New York City. While working in the tenement district, Wald met Louis, a twelve-year-old boy, illiterate and ashamed because he was not allowed to attend school due to his "bad head", a treatable case of eczema.[1] This exchange with Louis greatly affected Wald. During their home visits, she and her colleague began to keep a list of children who had been excluded from school for medical reasons. Wald identified a multitude of problems that affected school-aged children that prevented them from attending school. As a result, she began a one-month school nurse experiment. It was deemed so successful that nurses were immediately placed into the New York City Schools.[2]

Thus, the story of the origins of school nursing in New York City is quite clear. However, historical analysis of how school nursing became a national sensation is less clear. How, in only a few years, did school nursing make its way from the sophisticated North; the urban mecca of New York City, to the rural areas of Virginia and other locations in the South? What was the allure of school nursing as a means of social health reform?

That history is important. School nurses today face issues of funding, advocacy, public confusion of the role and the need for evidence-based research to support their role. Additionally, school nurses today attend to multiple student health issues which include contagious disease, culture and language barriers, poverty, children with chronic needs, environmental health, safety and nutritional concerns.[3] Understanding how school nurses met similar challenges from the

past can inform the practice of school nurses in the present.

This historical research study examines the history of school nursing from its origins in New York City to its implementation in the Commonwealth of Virginia. The study provides a body of historical work to shed light on school health issues today from a historical perspective. Findings from this study fill a gap in nursing knowledge by analyzing the role of the network of leaders in nursing in the late nineteenth and early twentieth century, and the diaspora of ideas from Henry Street Settlement to rural Virginia. Understanding the emergence of community support for the role of the school nurse from a historical perspective can inform current policy on advocacy for the role of the school nurse today. The intent of this study is to produce a comprehensive historical analysis of school nursing at the turn of the twentieth century, in order to provide a historical framework to support the work of school nurses today. According to historian Minnie Goodnow:

> History tends to make us humble. It often shows us that what we think original is only repetition of what has been done before. It shows us how our predecessors struggled with problems almost exactly like those which we meet. It lets us see that the conditions under which they worked are often like those of today; that their methods were not wholly unlike ours; and that even their results resembled ours, and were no less conspicuous than those which we laud as remarkable.[4]

Significance of the Study for Contemporary School Nurses

The primary challenge facing school nurses today is funding. Specifically, the National Association of School Nurses (NASN) founded in 1968, emphasizes the number one priority as "advocating for appropriate and sustainable funding for all of the roles of the school nurse."[5]

School nurses are in the difficult position of proving their worth to the Departments of Education and legislative bodies that allocate funding for school nurses. As such, the NASN notes that it is paramount that the public and the nursing profession understand that not all states require school nurses in all schools across the country. State legislatures determine the law, and in the Commonwealth of Virginia, schools are not mandated to provide a nurse. The primary reason for this is a lack of funding and the legislature's focus on outcomes of standardized tests of learning. Schools are evaluated on students' standardized test scores, not the degree of health of the school children. However, unhealthy children cannot learn. Moreover, absenteeism precludes learning. History has shown us that school nurses can have an impact on learning and attendance. Given this situation, advocacy for the role of the school nurse is imperative.[6]

Furthermore, unless specified by law, schools may interpret "school nurse" as they deem appropriate. Some districts employ RNs or LPNs but many employ EMTs or clinic aides. This issue is critical from a public relations standpoint. *School nurses may not actually be nurses* and from the public's perspective, this information is often not known.[7] Only the federal mandate, the Individuals with Disabilities Education Act (IDEA), supersedes state law and demands schools must provide a school nurse if a child requires a nurse to attend school.[8]

School nursing research priorities include supporting evidence for the above challenges. According to the NASN, the critical priorities are areas where robust research evidence does not exist and/or additional research is needed to identify the best practices and cost effectiveness of school nursing practice. Current gaps in knowledge as noted by the NASN are as follows: (1) Determine the impact school nurse interventions have on students managing their chronic conditions. (2) Determine the impact of school nurse interventions on identified school nurse sensitive indicators (attendance, seat time, early dismissal, health office visits, medication

administration accuracy, and immunization rates). (3) Conduct cost-benefits analysis of various school nurse interventions (care coordination, student safety, prevention services, and ER/911 visits). (4) Evaluate current models of school nurse practice (i.e. RN per school or RN-supervised health extenders covering multiple schools) and their impact on various outcomes (student safety, student physical and mental health, academics, access to care).[9]

Today, school nurses provide for the poor, underserved, and children with chronic medical needs. According to the Centers for Disease Control's Summary Health Statistics for US Children 2012, school-aged children encounter tremendous health challenges affecting their school attendance and performance. Four percent of all U.S. children missed 11 or more days of school due to an illness or injury and children from poor, single-parent families were twice as likely to have been absent from school due to illness or injury.[10] Understanding how school nurses from the past worked to address similar concerns can shed light on solutions for current practice problems.

This study is important to nursing practice and research as it fills a gap in nursing knowledge by analyzing the historic role school nurses have played in school health. Findings from this study can inform our understanding of how nurses dealt with school health problems in the past. Historic solutions may be recycled to meet the health needs of school children today.

## Review of Current Literature

Importantly noted by the National Association of School Nurses, in their *Comprehensive Text of School Nursing, 2012*, limited historical research has been done in the area of school nursing. A review of the literature revealed a paucity of secondary literature analyzing the role of school nurses at the turn of the twentieth century. Numerous primary source journal

articles depicting the development, role and ensuing difficulties in school nursing early 1900s exist, yet there is no historical analysis of these reports.[11]

Historians Hawkins, Hayes, and Corliss, 1994, provide a historical review in their article; "School Nursing in America from 1902 – 1994: A Return to Public Health Nursing" in *Public Health Nursing*. Their primary objective was to examine the evolution of school nursing as it exemplified the development of a public health nurse specialty. This eight-page journal publication provides an excellent account of the origins and evolution of school nursing throughout the twentieth century, but it barely scratches the surface in analyzing why, how, and what was the impact school nurses provided in the coordination and implementation of school health services.[12]

Likewise, in 1991, Marlene Woodfill and Mary Beyrer wrote a historical work examining school nursing. This book, published in cooperation with the American School Health Association, was based on a study that was prepared in partial fulfillment of the degree of Doctor of Philosophy in the School of Health, Physical Education, and Recreation at The Ohio State University.[13]

Woodfill and Beyrer's, *The Role of the Nurse in the School Setting: A Historical Perspective* provides a very broad historical chronology of school nursing. Although of interest, the authors attempt to address too many variables of school nursing across a great span of time. This fifty-four-page document discusses the historical foundations of school nursing, the professional preparation of the school nurse, functions and responsibilities of the school nurse, school nurses as teachers and interpersonal relationships within the school nurse's practice from 1902 through 1982. Hence, this work provides very limited breadth and depth of the subject and does not use any archival data. Rather than a historical analysis of school nursing, the authors describe their

work as a “narrative depicting the role of the nurse in the school.”[14]

However, Woodfill and Beyrer’s book does contribute to the body of historical knowledge on school nursing. The bibliography of this book notes 289 published works related to the historic perspectives of the role of the nurse in the school setting. To this researcher’s knowledge, no other publication reflects as extensive a bibliography illuminating the historic role of the school nurse. Yet, due to the limitations of the text, a gap in the literature exists in corroborating and understanding the historical perspectives of school nurses in the early 1900s.

Only two historians have studied school health in the recent past. Those researchers are Rima Apple, Ph.D., and Richard Meckel, Ph.D. Apple presented her research findings in spring 2015 at The Midwest Nursing History Center in Chicago. Her presentation, “School Health is Community Health: The Origins of School Nursing in the Early Twentieth Century,” is now in manuscript form awaiting a 2017 publication in *History of Education Review*.

Apple’s work examines the origins and growth of school nursing throughout the twentieth century in the United States. She suggests that “the evolution of school nursing affords the critical background for understanding the confusion over the role of school nurse and the continuing challenges faced by the profession.”[15] She provides an excellent, critical analysis of the changing role of the school nurse and how those changes have affected the school nurse’s ability to provide school health services to children today.

Apple’s findings report that “the concept of school nursing as community nursing” was widely accepted during its infancy. Early school nurses defined their role within the community they served to meet specific community needs. Once the school nurse became an employee of the school and no longer engaged as a community nurse, confusion of the role prevailed. Apple provides compelling evidence that three specific factors contributed to the confusion of the

school nurse's role, and subsequent lack of support for the role. These factors include the rejection of progressivism in order to separate from "Germanic" practice after WWI, changes in models of school health and public health from "nurse provider" to "nurse teacher" models and lack of finances with the onset of the Great Depression.

Apple's work provides a historic framework to understand the changing and often confusing role of the school nurse. She suggests that over time, "school nurses lacked a broad-based political structure to demand on-going support for their work." She concludes that recent studies demonstrating the significance of the school nurse's work are neither "robust enough nor have they been presented persuasively enough to create the groundswell of public and political support needed" to embolden the role.[16] More research is needed to build upon Apple's conclusions in order to support the role of the school nurse today.

Richard Meckel, Ph.D. very recently published *Classroom and Clinics; Urban Schools and the Protection and Promotion of Child Health 1870 – 1930.* Although Meckel's work primarily focuses on school hygiene and urban settings, as he only references school nursing a handful of times in his book, his research sheds light on the significance of the subject matter. He identifies that at present, "there remains no over-arching and comprehensive description and analysis of both the origin and evolution of school hygiene and its location within the critically formative national negotiation of the early twentieth centuries that established the boundaries between public health and private practice and between state and parental responsibility for children's health."[17]

Thus, how the school nurse, the community health nurse, and the nursing profession contributed to providing school health services to the nation's children remains unclear. Understanding the historical context with respect to how schools became a means of providing

health services and nursing's role in that movement can shed light on the issues today. As noted by historian Meckel, "Schools were where the children were and thus where healthcare providers could have access to them. Parents have to send their children to schools; they do not have to take them to private physicians' and dentists' offices or to public clinics."[18]

Furthermore, Meckel also indicates that untreated diseases contributed to absenteeism, distraction, dysfunctional behavior and other causes of poor academic performance. Thus, schools had a vested interest in facilitating better health care for their students. Understanding how school nurses may have provided solutions to these concerns is important.

Meckel's research provides an excellent foundation for understanding the history of school hygiene for urban schools and the most recent work in this subject matter in the past twenty years, but more research needs to be done. He spends little time investigating the role of school nurses in the school health movement. Specifically, further research needs to examine the historical role of the school nurse in providing school health services. Likewise, examining the historical role of meeting the health needs of *rural* children remains largely untapped. This study includes a focus on nurses' role in *rural* Virginia.

In 2014, Heather Furnace, Ph.D. completed a dissertation examining the origins and role of school nursing based on a study that was prepared in partial fulfillment of the degree of Doctor of Philosophy in History at Cornell University. The title, *Nurses as Neighbors: Community Health and the Origins of School Nursing*, is somewhat misleading. Furnace does discuss the origins of school nursing but does so in a very limited fashion describing it as an outgrowth of progressive reform. She provides an excellent and detailed account of the inception of Henry Street Settlement and school nursing, which certainly adds to the body of nursing knowledge, but she spends much of her research examining "the various movements and strains of thought that

came together during the Progressive Era to allow for the creation of school nursing as a vehicle for reform."[19]

Furnace's dissertation provides a collective biography infused with stories of progressive female reformers of the time including their personal political agendas and their influence upon school nursing. Included are nurses Lillian Wald and Lina Rogers Struthers, photographer Jessie Tarbox Beals, and physician Dr. Josephine Baker. However, findings are limited regarding only school nurses serving the Lower East Side of New York City; namely Lina Rogers Struthers. Very little is analyzed regarding school nursing as a new profession and the diaspora of practice across the country. She did not address school nurses' great appeal to the general public which was eventually replicated in other cities across the country. More research is needed to understand how school nursing moved from New York City to rural areas of the United States like rural Virginia.

Furnace's first chapter discusses the impetus and origins of Wald's Visiting Nurse Service of Henry Street Settlement and that school nursing was an extension of Wald's mission to provide health care to all families. Furnace notes, "although visiting nurses performed many of the same duties in the homes of families that school nurses later performed, the school nurse indicated a change in responsibility: while settlement houses were funded by benefactors, nurses and doctors in the schools were paid for by the city."[20] While this statement in and of itself is true, it bears further investigation.

Furnace's predominant argument is that progressive reformers "wanted to expand the government's role in public health" and this was done through school nursing. She examines school nursing as a case study to set the stage for national reform. Furnace charges that "progressive nurses believed that health, like education, should be in the realm of government."[21]

However, school nurses were not the only nurses eventually paid from government funds. So too were maternal-infant nurses, occupational nurses, tuberculosis nurses and generalist community public health nurses; all of which fell under the auspices of the Division of Public Health Nursing in the New York City Division of Public Health.[22] At the turn of the twentieth century, school nursing and its funding sources were often creative and unstable and not always readily funded by municipal efforts.[23] More research is needed to understand the developing and ensuing role of the school nurse beyond a vehicle for progressive reform.

Furnace describes a new concept for consideration in the comparative analysis of medical inspection of immigrants on Ellis Island and the medical inspection of schools and school children. Furnace notes for immigrants, the passing of the Ellis Island medical inspection became the core basis for their sense of inclusion in America. Immigrants deemed unwell or unfit were not admitted to America. Furnace suggests that the exclusionary nature of the practice of medical inspection of school children may have been seen by immigrants as alarming, similar to the Ellis Island medical inspections. She identifies the significance of the school nurse's role in maintaining inclusion of students attending school. At the turn of the twentieth century, in the wake of school medical inspection, whether school nurses were viewed by immigrants as friend or foe remains in question. More research needs to be done in this area.[24]

As noted in the *Comprehensive Text of School Nursing (2012),* promoted by the National Association of School Nurses, school nursing began in 1902 in New York City as a one-month experiment to address the exclusionary nature of medical inspections of schools and school children. This summary is what is most available in textbooks: an account of Lillian Wald as the genius behind the development of school nursing and Lina Rogers as the first school nurse in the United States. However, historical analysis of the origins and evolution of school nursing with its

expansion across the country is simply described. School nursing has not been thoroughly examined through the lens of traditional historical methodologies within a social history framework.

This study is an attempt to provide insight into the history of school nursing through analysis of historical primary accounts. The study examines demands, implementations and obstacles to the work of school nurses in the past. It also explores solutions to those obstacles and illuminates how early school nurses treated school children and their families at the turn of the twentieth century. Findings from this study may add to the body of nursing knowledge to help us understand the work of school nurses in meeting the health needs of school children today.

## Study Purpose and Research Questions

The purpose of this study was to identify, describe and analyze the history of school nursing at the turn of the twentieth century, 1900 – 1925. Traditional historical research methods with a social history framework were used for the development of research questions, data collection, and data synthesis. School nursing was examined from a national and state level. A detailed analysis of the inception of school nursing in New York City and its later implementation in the Commonwealth of Virginia was explored. The influence of place, race, class, culture and socio-economic status were analyzed regarding their effect on the developing role of the school nurse. This study expanded upon the significance of Lillian Wald as the architect of school nursing and the role of Lina Rogers Struthers as the first school nurse. It also investigated whether relationships among nursing leaders of the time promoted a translation of knowledge from the Henry Street Settlement to Richmond, Virginia. It scrutinized the New York City influences on the development of the Nurses Settlement in Richmond and subsequently school nursing in the

Commonwealth of Virginia. Additionally, the role of the Virginia State Board of Health in the development of school nursing across the state was reviewed. Significant emphasis was placed on the school nurse's role in working with children living in rural areas of Virginia, as well as challenges to the school nurse movement.

The following research questions were addressed: (1) What factors influenced the origin of school nursing in New York City? (2) How did the school nurse influence access to medical care for the school children in New York City? (3) How did school nursing make its way from New York City to Richmond, Virginia? (3) What factors influenced the origin of school nursing in Virginia? (4) How did Virginia develop and provide school nursing throughout the diverse rural counties across the state?

## Research Design and Methodology

Traditional historical methods with a social history framework were used for the development of research questions, data collection, and data synthesis. Research findings were analyzed accordingly. The process of internal and external criticism was applied to data to determine its authenticity and validity. Data were analyzed in historical context. The researcher's familiarity with school nursing was noted. Ongoing discussion with committee members about emerging themes as data was analyzed took place.

## Strengths and Weaknesses of the Proposed Study

Several strengths include the fact that, since limited research exists regarding the historical significance of school nursing, this study fills a gap in the history of school nursing. One potential weakness of the study was based on the fact that existing archived data was from those

individuals who implemented the role of the school nurse. Thus, documents were carefully analyzed to determine writer's bias. The researcher's own experience as a pediatric nurse is both a strength and a potential weakness as it may introduce an element of bias in favor of school nursing both past and present.

### Data Management and Analysis

Data collection was completed using traditional historical methods. The researcher employed a software application, CamScanner, which linked to the camera function on the iPhone. CamScanner allowed the researcher to scan, store and sync collected data across devices including phones, tablets, and computers. This application provided for automatic detection and cropping of scanned images, enhancement of documents, the ability to convert documents to PDF or Jpeg files, and to search for texts in document images using highlighted key words. CamScanner also allowed for e-mailing of documents to Microsoft OneNote.

As data were collected, they were organized, categorized and labeled according to the archive, subject order, box number, and folder number. Any additional clarifying information was included. After data was compiled, OneNote, a software program that resembled a paper notebook, provided organization of all data by subject. Once the data was thoroughly reviewed, a comprehensive analysis of the data took place and a narrative was written with supporting evidence from the primary sources. Data analysis included conceptualization of the derived concepts in addressing the research questions regarding the origins and ongoing development of the role of school nursing in New York City and the Commonwealth of Virginia. Analysis of data included a review of results with nurse historians at the University of Virginia.

## Ethical Conduct of Research: Protection of Human Subjects

Request for institutional review board approval included an application to the University of Virginia's Social and Behavioral Sciences Review Board (SBS) committee. The SBS committee approved this study considering it "exempt." All data were collected from archival resources that were available to the public. No oral interviews or human subjects took place in this study. This researcher completed a graduate level course in Research Ethics and CITI training.

## Inclusion of Women, Children and Minorities

This study did include women, children, and minorities. Given that this research examined school nursing from 1900 – 1925, women dominated the nursing profession during that time period. Additionally, inherent to the role of school nurses, care was provided to school children. Thus, children were included in this study. Accordingly, the role of school nursing in caring for all children was explored and as such the study examined issues related to race, particularly in the Commonwealth of Virginia, which at that time had school segregation laws in place for blacks and whites. No specific identity of children was noted.

## Data Sources

Because there was a paucity of data in the secondary literature discussing the significance of the work of early school nurses, this research principally used primary sources. For the purpose of this study, extensive primary source data was collected from public and private, state and local archives.

Archival Sources Included:

1. The Lillian D. Wald Papers, 1889-1957. New York Public Library, Humanities and

Social Sciences Library, Manuscripts and Archives Division. 50 boxes total. Collection is available on microfilm; 37 reels.

a. Series I. Biographical Information, 1917-1957
b. Series II. Correspondence, 1889-1940
c. Series III. Writings and Speeches, 1894-1939
d. Series IV. Collateral material, 1907-1939
e. Series V. Miscellany, 1908-1939

2. Lillian D. Wald Papers, 1895-1936. Columbia University Rare Books and Manuscripts Library. Physical description 30,000 items, 96 boxes. Collection has been published on microfilm and comprises 112 reels.
   a. Series I: Cataloged Correspondence
   b. Series II: Arranged Correspondence
   c. Series III: General Subjects
   d. Series IV: Children
   e. Series V: Henry Street Settlement
   f. Series VI: Labor Relations
   g. Series VII: Nursing
   h. Series VIII: Peace Movement
   i. Series IX: Public Health
   j. Series X: Russia
   k. Series XI: Settlements (other than Henry Street)
3. The Instructive Visiting Nurse Association of Richmond Archives 1902-1999. Special Collections and Archives, Tompkins-McCaw Library, Virginia Commonwealth

University.

a. Series 1, History, contains two handwritten speeches by Miss Nannie Minor. One is thought to be her 1902 speech given to the Women's Club of Richmond: the other is her 1910 report to the Board of Trustees. There are histories of the IVNA, written various persons.
b. Series 2, the Board of Trustees, contains Board minutes for 1902-1997. Also included annual reports for 1903, 1906, 1910 - 1911, 1916 - 1982. Annual reports for the years 1907, 1909 - 1923, 1928 - 1942 may be found within the minutes for those years. This series includes correspondence; financial audits for the years 1924-1945, 1947-1948, 1951, 1954-1964, 1966-1972; and miscellaneous committee reports. The monthly minutes kept by the Board of Trustees contain information about the role of women in Richmond's community life. The reports by the Director or Chief Nurse, to the Board of Trustees, include information about the range of problems nurses faced, particularly during the early twentieth century.
c. Series 3, Legal, contains correspondence, legal records, contracts, wills, constitutions and by-laws and legal complaints against the IVNA. Most of the correspondence is with the IVNA's long time legal representative Thomas Gay.
d. Series 4, Organization and Staff of the IVNA, contain a staff manual, date unknown, and information about the work performed by the director and nurses. Information about the IVNA - City Health Department combined services and separation are included. Also included is information about the South Richmond Community Nursing Service, a precursor to the combined services. Series 5,

Photographs, consists of photographs and snapshots of organizational activities and its members. Some of the photographs have been identified; most range in size from 2"x 3" to 9" x 12". Series 5 has not been arranged.

e. Series 6, Miscellany, contains scrapbooks, morbidity statistics, and newspaper clippings.

4. The Johns Hopkins School of Nursing Archives, Alan Mason Chesney Medical Archives, Johns Hopkins Medical Institutions. Relevant available archived information:
    a. Sadie Heath Cabaniss: Index of the Johns Hopkins Nurses Alumnae Magazine, 1901-2003 contains 31 catalog results. Serial Volume 1, Johns Hopkins Nurses Alumnae Magazine (1901-1902) *The Nurses Settlement in Richmond*
    b. The Lavinia Dock Collection
    c. Isabel Hampton Robb Collection
    d. Adelaide Nutting Collection

Other Primary Source Data

1. The published works of nursing leaders at the turn of the twentieth century will be reviewed to ascertain the origins and developing role of the school nurse in New York City and Virginia. These nurse leaders include *Lillian Wald, Lina Rogers Struthers, Sadie Heath Cabaniss, Nannie J. Minor, Lavinia Dock, Isabel Hampton Rob* and *Adelaide Nutting*. Mamy of their early writings were published in the *American Journal of Nursing* circa 1900. Also included in this review of the literature is Wald's book, *The House on Henry Street*, (1915) and Lina Roger's textbook; *The School Nurse: A Survey of the Duties and Responsibilities of the Nurse in the Maintenance of Health and Physical Perfection and the Prevention of Disease Among School Children,* (1917).

2. *Handbook of Settlements, 1911*. Edited by Robert A. Woods and Albert J. Kennedy. New York: Charities publications.
3. Annual Reports from the Commissioner of Health to the Governor of Virginia, 1900 – 1925, Alderman Library, University of Virginia
4. Annual Reports from the Superintendent of Education to the Governor of Virginia, 1900-1925, Alderman Library, University of Virginia
5. *A Sanitary Survey of the Schools of Orange County, Virginia,* Alderman Library, University of Virginia
6. "The Virginia Health Bulletins", 1900 – 1925, Alderman Library, University of Virginia
7. *The Virginia Journal of Education,* 1900 – 1925, Alderman Library, University of Virginia
8. *The History of the Richmond Professional Institute,* Biography of Dr. Henry Hibbs and the Richmond Professional Institute – University of Virginia Special Collections Library
9. Ennion Williams *Medical Address,* University of Virginia, Special Collections Library
10. Local county health department documents of public health school nurses specifically for rural counties in Virginia, 1900 - 1925.
11. *A Handbook for School Nurses, 1918*. Textbook. Helen Winifred Kelly and Mabel C. Bradshaw, The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry
12. *Organization of Public Health Nursing, 1919.* Textbook, Annie M. Brainard
13. *The Evolution of Public Health Nursing, 1922*. Textbook, Annie M. Brainard
14. *Public Health Nursing* Text, 1913 – 1916. Mary Sewall Gardner, President of the National Organization for Public Health Nursing. Forward by Adelaide Nutting
15. *Health and the Schools, 1913.* Textbook. Frances Williston Burkes and Jesse D. Burkes

16. Primary source journal articles written by leaders in public health in the early 20th century

Select Primary Source Newspapers and Journals

1. *The American Journal of Nursing*
2. *The Public Health Nurse*
3. *The New York Times*
4. *The Richmond Dispatch, The Richmond Times, The Richmond Planet*
5. *Visiting Nurse Quarterly*
6. *Charities and the Commons*

Secondary Sources

Secondary sources also included published books, government websites, nursing, history and public health journals and textbooks.

Chapter Overview

Chapter 1: Introduction and Methods

This chapter provides a brief overview of the research study. It includes the significance of the study, a review of current literature, the study purpose, identified research questions, methodology, data and archival sources. A summary of each chapter is described.

Chapter 2: Historical Context 1900 – 1925

Chapter two provides the historical context of the convergence of factors that influenced the development of school nursing at the turn of the twentieth century. These factors include issues of place, race, class, culture and socio-economic status. Chapter two includes discussion of the Progressive Era, the changing role of women during the Progressive Era and the relevance of

immigration and industrialization on the development of school nursing in America. This chapter also briefly examines the state of the science in medicine; including the development of the germ theory, school hygiene and sanitation and its effect on the development of school nursing. Additionally, the state of the science of nursing at the turn of the twentieth century is explored within the context of organized efforts toward professionalization and standards of practice. This chapter also discusses the origins of district nursing and the establishment of settlement houses from which school nursing later emerged. Finally, this chapter examines government legislation and public policy that affected the development of school nursing. Some of these policy influences include legislation of child labor laws, compulsory education laws, segregation and federal programs such as the Children's Bureau.

Chapter 3: New York City and School Nursing 1900 – 1925

Chapter three examines the origins and ongoing development of school nursing in New York City. Influences of place, race, class, culture and socio-economic status are analyzed. Research includes data from the Lillian Wald Papers, New York City Library and Columbia University as well as written texts by both Wald and Lina Rogers Struthers. The prominence of Lillian Wald and her nursing, political and social connections are discussed in relation to the school nurse movement. Additionally, exploration of Lina Rogers Struthers as the first school nurse to include her scope of nursing practice, home visitations, and outcome measures of school and child health is considered.

Chapter 4: From Settlement to Settlement and into the Schools: School Nursing from New York to Virginia

Chapter four investigates whether relationships among nursing leaders of the time promoted a translation of knowledge from the Henry Street Settlement to Richmond, Virginia that influenced the development of the Nurses Settlement in Richmond. A brief discussion of the origins of the Nurses' Settlement of Richmond that later became known as the Instructive Virginia Nurses Association (IVNA) are included. Chapter four also examines the diaspora of school nursing from New York City to Richmond, Virginia. Additionally, early school nurse initiatives in Richmond, Virginia are explored.

Chapter 5: The Commonwealth of Virginia and School Nursing 1900 – 1925

This chapter identifies, describes and analyzes the origins and evolving role of the school nurse in the rural counties of Virginia from 1900 – 1925. Additionally, the role of the Virginia State Board of Health in the development of school nursing across the state is reviewed. A particular focus is set on investigating how place, race, class, culture and socio-economic status affected the Commonwealth of Virginia's attempts to develop and provide school nursing throughout the diverse rural counties across the state. Specific influences, both affirmative and dissenting, as well as innovative proposed solutions, are discussed.

Chapter 6: Analysis and Conclusions

Chapter six discusses conclusions based on findings from the previous chapters. Over-arching themes include the school nurse's role in overcoming disparities to provide access to care and translation of knowledge among nurses to improve the health of school children and their families. This chapter also identifies obstacles to the role such as ongoing problems of funding, advocacy, and challenges to sustain a broad-based foundation of community support for their

work for the role. Finally, the identified core fundamental concepts of school nursing from the past are used to support school nursing today.

## Notes: Chapter 1

[1] Lillian Wald, *The House on Henry Street* (NY: Henry Holt and Company, 1915), 47.

[2] Ibid., 46 – 53.

[3] Linda Wolfe, "The Profession of School Nursing," Chapter 2, in *School Nursing A Comprehensive Text, Second Edition*, Edited by Janice Selekman (Philadelphia: FA Davis Company, 2013), 25-47. See also the National Association of School Nurses, http:// www .nasn.org/.

[4] Minnie Goodnow, *Nursing History,* 8th Ed. Philadelphia: WB Saunders Co; 1948.

[5] Wolfe, "The Profession of School Nursing," 22. National Association of School Nurses, http://www.nasn.org/.

[6] National Association of School Nurses, http://www.nasn.org.; The Virginia Code: http://law.lis.virginia.gov/vacode/title22.1/chapter14.

[7] Ibid.

[8] Individuals with Disabilities Education Act, The United States Department of Education. www.idea.ed.gov.

[9] National Association of School Nurses, http://www.nasn.org.

[10] Centers for Disease Control, "*Summary Health Statistics for U.S. Children: National Health Interview Survey, 2012,"* Vital and Health Statistics, Series 10, Number 258, December 2013.

[11] Donna Zaiger, "Historical Perspectives of School Nursing," Chapter 1, in *School Nursing A Comprehensive Text, Second Edition*, ed. Janice Selekman (Philadelphia: FA Davis Company, 2013), 25-47.

[12] Joellen Hawkins, Evelyn Hayes, Padovano Corliss, "School Nursing in America – 1902-1994: A Return to Public Health Nursing," *Public Health Nursing* 11, no. 6 (December 1994): 416 – 25.

[13] Marlene Woodfill and Mary Beyrer, *The Role of the Nurse in the School Setting: A Historical Perspective* (American School Health Association, 1991).

[14] Ibid.

[15] Rima Apple, "School Health is Community Health: The Origins of School Nursing in the Early Twentieth Century." Presented at The Midwest Nursing History Center in Chicago, University of Illinois, Chicago College of Nursing, spring 2015. Her presentation is now in manuscript form awaiting a 2017 publication in *History of Education Review*. Details of publication are not as yet available to the public.

[16] Ibid.

[17] Richard Meckel, *Classrooms and Clinics; Urban Schools and the Protection and Promotion of Child Health: 1870 -1930* (NJ: Rutgers University Press, 2013), 4.

[18] Ibid., 4.

[19] Heather Janell Furnace, "Nurses as Neighbors: Community Health and the Origins of School Nursing" (PhD dissertation, Cornell University, 2014), 23.

[20] Ibid.

[21] Ibid.

[22] Wald, *The House on Henry Street*, 46.

[23] Apple, "School Health is Community Health."

[24] Furnace, "Nurses as Neighbors," 87-100.

## Chapter 2: Historical Context

The Progressive Era

In order to understand the history of school nursing in the United States, it is important to understand the setting in which it originated and spread. The Progressive Era, a period of expansive social activism and political reform across the United States from the 1890s to the 1920s, was a significant factor in the promotion of school nursing. It was during this time that American society was transformed by new knowledge and changes in social views. Tremendous shifts occurred socially, politically and economically. They spurred the emergence of innovations in science and technology, industrial productivity, vast communication, improved health and living standards, revision in gender roles and alterations in views of government.[1] These advancements empowered progressive reformers to change society and they did so by merging the creation of the public health movement with legislative enactments.

Generally speaking, progressive reformers saw the government as a means of protecting the well-being of all through a check and balance of individual rights. This was a new political philosophy. Prior to the Progressive Era, since the Revolutionary War, personal property was considered sacred and immune to government regulation.[2] However, economic strife precipitated by the industrial depression of 1893 became an accelerating force that motivated progressives towards reform movements.[3] According to historian William Reese, Ph.D., "Numerous urban progressives traced their initial concerns with reform to the way in which this economic catastrophe altered their social views."[4]

Most Americans at the end of the nineteenth century believed that an individual's sinfulness resulted in destitution. However, the depression of 1893 placed an estimate of 2.5 million Americans out of work and into "abject poverty." Progressive reformers began to view poverty

as a social problem rather than a moral examination. The depression also deposited scores of child laborers, who previously didn't attend school in order to financially support their family, out of work and into the already overburdened schools. Of even greater concern was the discovery that hundreds of children were kept home from school because of insufficient clothing.[5] The devastation created by the depression elicited a sense of social responsibility to assist the poor through community action. It could be argued that it was out of this obligation to meet the needs of the *now deserving poor* that prompted the public health movement and subsequently school nursing.

Furthermore, progressives sought to improve society through the preservation of the family. Historian Gwendoline Alphonso, Ph.D. notes, progressives surmised that the well-being of a family was partially based on the economic status of the family whereby "impoverished economic conditions produce and reproduce family dysfunction."[6] Progressives sought to change government policy through regulation of health and living standards in order to remedy what they deemed to be dysfunctional families. These changes in government policy included the development of school nursing.

Previously, families were largely agricultural, living on wages provided by the father while the mother took care of the household. Children relied on their parents and participated in the work of the family while at home. During the Progressive Era, work and living environments changed from rural agricultural to urban industrial. Work became a dangerous place. Safety and labor laws did not exist. Scores of fathers were injured or killed and mothers and minor children were forced to work outside of the home, in atrocious conditions, due to changing demands in the labor market.[7]

The 1900 census revealed that 2 million children were working in mills, mines, fields,

factories, stores and on city streets in the United States. Progressives attempted to safeguard society by preserving the family, especially the welfare of children. Reformers petitioned for child labor and compulsory education laws. Thus, it could be debated that school nurses were seen as part of a solution to a larger social and economic problem.[8]

In order for progressives to meet the plight of the poor and preserve the family unit, the public health movement required the government to step into a new territory of challenging individual rights for the common good. It was this government regulation that promulgated school health reform and supported and encouraged the development of school nursing. Other examples of government regulation during the Progressive Era included legislation of the eight-hour work day, child labor laws, compulsory education laws, standards ensuring food safety, immunizations and housing.[9]

The acceptance of the use of government regulation, at the loss of personal rights to protect the public, crossed over social classes. Although many reforms were instituted for the protection of the poor, wealthy citizens also recognized benefits for themselves. Historians Markel and Stern discuss the persistent association of immigrants and disease in the American society. They note that "foreigners were consistently associated with germs and contagion" and "immigrants have been stigmatized as the etiology of a wide variety of physical and societal ills."[10] Wealthy landlords may not have wanted to spend their money on cleaning up tenements because of new regulations in sanitation and housing, but they embraced the reforms as a means to protect themselves against what were considered to be the diseases of the verminous, immigrant poor.[11] It didn't necessarily matter why the reforms were initiated if individuals were able to recognize benefits for themselves. This presumption of the general public that new reforms meant obtaining personal safety empowered the progressive social activists with their reform agenda to

include school health reform and school nursing.

Within the context of school health reform, children as students were no longer viewed as individuals but components of schools that were now deemed public domain. Health reform legislation, including medical inspection of schools, control and treatment of contagious disease and mandatory immunizations, was enacted. Not only did children have to attend school for a prescribed amount of time but they had to be free of disease in order to do so.[12] Progressive proponents of social and school health reform advocated that individuals sacrifice some personal rights to ensure both public and personal protection. This included school children and their families. Historian Richard Meckel, Ph.D., suggests that progressives concurred that "especially among its immigrant and native-born poor, many families were inadequately performing their traditional mission of caring for and rearing a new generation of productive workers and responsible citizens."[13] Progressives turned to the schools as a means to correct the shortcomings of families to ensure the young were educated, nurtured and appropriately socialized.[14]

The "child savers" of the Progressive Era have been accused of attempting to create a white, American, middle-class standard of family life leaving no room for personal ethnicity, culture or identity.[15] The reason for such criticism was that established health reforms were directed at marginalized families; uneducated and poor. Many of these were immigrants or minorities. As noted by Alphonso, "Progressives' engagement with the family was by no means acultural; instead, intervention into family economics often also implied the imposition of a racist, classist, and gendered social-cultural system on immigrant, ethnic, and other minority families."[16] Progressive reformers defended their interference based on the destitute conditions of families. They valued economic stability as more important than cultural foundations.[17]

Progressives saw their social reforms necessary; not independent to specific families but

rather in relation to the greater good for the nation. Reformers worked within political streams and affected issues such as temperance, women's suffrage, racial inequalities, and work place safety and child labor. They lobbied Congress to enact laws concerning personal family life to include regulation of education, health and welfare of children, living conditions, housing, wages and parental rights.[18] It was this belief of working for the "greater good" that eventually promoted the development of school nursing.

## Maternalism

At the turn of the twentieth century, wealthy, well-bred society women, less encumbered by social restrictions limiting their public work, were now able to engage in charitable endeavors. Women harnessed this new found freedom with their need to demonstrate Christian benevolence and created organizations to provide financial support, relief services and guidance to remedy social concerns. This revision of gender roles in the Progressive Era empowered women's participation in social reform and women became an authoritative force regarding problems affecting women and children. This movement known as "Maternalism," laid the foundation for school nursing.

Historian Molly Ladd-Taylor, Ph.D., defines the term Maternalism as an ideology rooted in the understanding "(1) that there is a uniquely feminine value system based on care and nurturance, (2) that mothers perform a service to the state by raising citizen workers, (3) that women are united across class, race, and nation by their common capacity for motherhood and therefore share a responsibility for all the world's children; and (4) that ideally men should earn a family wage to support their 'dependent' wives and children at home."[19] School nursing emerged from this ideology.

Maternalism evolved from changes in the economic status of the Anglo-American middle class. During this time, women were eager to seize opportunities to put their newly acquired educations and skills to good use. According to Reese, the availability of new "labor-saving devices used by the middle and upper classes, provided many women with the leisure time required for participation outside the home in mothers' clubs, child-study groups, and women's organizations."[20] From this perspective developed "maternalism"; notably, women and mothers who were progressives but who also "had special and innate sensitivity to and understanding of the needs of women and children."[21] In this manner, under the progressive movement, women pursued a volunteer, non-political endeavor on the behalf of families, children, and communities and in doing so created civic leagues, settlement houses and school and community health clinics. Thus, by expanding their maternal duty into solving public problems, "maternalism" as it came to be known, could provide social works and avoid entanglement in political, business and racial concerns to move their agenda forward.[22]

As such, "taking the ideology of motherhood and domesticity," women began to view their social reform role as one of "municipal housekeeping" which included the mobilization of clubwomen and reformers to sweep the streets clean from poverty, sickness, and suffering. It was generally believed that women were "biologically fitted for social reform activities."[23] Thus, plied with an inherent sense of altruism, women were best able to "tidy up the man's world" from unsightly elements.[24] Maternalism, or municipal housekeeping, provided women the forum to become housekeepers and mothers to the nation, a role to which they were already accustomed. Suggested by Reese, "If individual families could not provide adequate dental, medical, and educational care for their children, then municipal housekeepers would establish free milk stations, vacation schools, playgrounds, and daycare centers for neighborhood parents

and school children."[25]

Building on this movement, women across the country became a powerful force in educational reform and school sanitation. As early as 1890, multiple parent organizations, mostly dominated by women, were preoccupied with the relationship between home and school on the local level. Reese notes that white, middle-class women who participated in mother's organizations and women's clubs believed "that the ideal school was really an extension of an ideal American home."[26] These women affirmed the schools should be a reflection of their own well-kept, nurturing home and sought opportunities to rectify what they deemed unacceptable. Schools could only be like home if the classrooms and restrooms were clean and free of disease. One well-cited account of maternalism noted that:

> Home is not contained within the four walls of an individual home. Home is the community. The city full of people is the Family. The public school is the real Nursery. And badly do the Home and the Family and the Nursery need their mother.[27]

As a result, women promoted the efforts of school health and reform which included school nursing.

The women's suffrage movement further empowered women as activists in their struggle to gain women the right to vote. In 1890 the National American Women Suffrage Association was formed as a parent organization that supported the formation of local coalitions that campaigned for the women's right to vote. This movement banded women together across the country revolutionizing the female personification from meek to tenacious with emergence from private into public arenas. In this manner, the suffrage movement sanctioned the role of women as a powerful force for change to include social reforms.[28]

However, it was the change in gender roles that most affected the development of school nursing. The Progressive Era promoted women's activism in the development of social welfare programs including the Henry Street Settlement in New York City and the Nurses' Settlement in Richmond (later known as the Instructive Visiting Nurses Association of Richmond (IVNA).) These visiting nursing services provided a framework for the establishment of school nursing. Women reformers were instrumental in the expansion of public health works. According to historian Elna Green, Ph.D., "Progressivism stressed the importance of the people against the interests by making it possible for political activism to take nonpartisan forms" and paved the way for "localized voluntary efforts" including school nursing.[29] In such a manner, Lillian Wald of the Henry Street Settlement and Sadie Heath Cabaniss of the Instructive Visiting Nurses Association of Richmond (IVNA) successfully created the role of school nursing, carefully side-stepping political agendas and maintaining their projects as all for the good of the children.

Immigration

One of the main social issues in the early twentieth century in urban America contributing to the need for school nursing was the great influx of immigrants into America between 1880 and 1920. The "Great Immigration" brought thousands of Polish, Irish, Italian, Jewish and Russian immigrants into the tenement slums of New York City. They were uneducated, illiterate, non-English speaking and looking for a better life in America. Many were already ill and malnourished barely surviving the journey, passing contagious diseases throughout the city and compounding an already over-burdened health system. In New York City at the turn of the century, it was estimated that 2.3 million people lived in 90,000 tenement houses.[30] Such tenement houses were veritable breeding ground for contagious disease including small pox,

typhoid, scarlet fever, diphtheria, and tuberculosis. Such persons; poor, sick and unaware of medical resources, had no knowledge or means of seeking medical treatment when needed.[31]

Immigrants often lived in crowded tenements without indoor plumbing and sometimes with vermin. Because housing was expensive, entire families shared tiny apartments with no ventilation, often without adequate drainage and sewer systems. Streets lined with trash provided the only place for children to play. Often, both parents and children worked for long hours in sweat shops for little pay in horrid conditions. Historian Arlene Keeling, Ph.D., suggests, "Racism, the rise of big business, and the distribution of wealth into the hands of a few spawned numerous social problems."[32] The great number of immigrants living in such miserable conditions, complicated by illness, poverty and ignorance of health services, established the need for public health works. These public health works logically extended into the schools to provide care for the children and families most in need of it.

At the turn of the twentieth century, many native-born Americans were alarmed about the enormous faction of immigrants arriving daily at Ellis Island. This rapid influx of immigrants left middle and upper-class Americans reeling in fear of anticipated crime, disease, disorder and the inevitable breakdown of the white Anglo-American family.[33] The study of bacteriology provided for the understanding of disease transmission and immigrants were blamed for all sorts of contagious disease and epidemics. Historian Alan Kraut, Ph.D., writes that malnourished and pale, many "nativists" deduced "that it was unlikely the foreign-born could ever prove the physical equals of America's pioneering breed," and feared allowing them to stay would dilute the native strength.[34]

Many called for the total exclusion of immigrants. Others preferred the approach of assimilation; molding immigrants into an acceptable version of themselves. Progressive

reformers sided with the idea of assimilation versus total exclusion. As native-born white birth rates dwindled and immigrant birth rates soared, progressives looked to education as the solution. Primarily, that Anglo-American women and mothers teach immigrants the American family way of life.[35] According to Kraut, they believed "health education in schools and preventive care in the communities could remake outsiders into insiders…healthy members of the American life."[36] From this perspective, support for the school nurse emerged.

Immigrant families understood that their entrance to America was hinged upon the affirmation of their good health by a medical inspector immediately arriving on American soil. The passage of the Immigration Act of 1891 provided for the government's regulation of entry. Thus, immigrants could be denied entry and sent back to their country of origin if a medical inspector deemed they were ill or harboring disease. They quickly learned the lessons that "healthy" equals inclusion and "unhealthy" exclusion. Kraut reports that "between January 1, 1892, and November 29, 1954, over twelve million immigrants were inspected and interrogated and finally told whether or not they were fit enough for America."[37]

This understanding of health and exclusion was quickly translated from Ellis Island to the medical inspection of children in schools. Children were inspected by physicians and if determined to be ill, sent home until returned to good health. However, until the development of school nursing, families were not provided medical assistance in returning the children to school. Thus, school nursing became an entry point into the immigrant's homes and a means of providing health services and academic inclusion.[38]

State of the Science of Medicine and School Hygiene

In 1847, the American Medical Association was established. A foundational element of the

organization was to examine concerns of sanitation and its relationship to health. A hygiene committee was formed to conduct sanitary surveys. "The Shattuck Report," published in 1850 by the Massachusetts Sanitary Commission, identified numerous health concerns steeped in sanitation problems. Findings included dangers with the environment and food safety and contagious disease management. The report recommended the "establishment of a state health department and local health boards in every town; sanitary surveys, collection of vital statistics, environmental sanitation and food, drug and communicable disease control."[39] Although identified, the problems were not addressed in Massachusetts until 1869 and much later for other areas in the country.

The American Public Health Association was established in 1872 as an inter-professional effort to apply standards of disease prevention to the greater community. Meckel discusses that public health professionals recognized that "the social condition of urban populations could be vastly improved if the principals of scientific hygiene could be applied to the urban environment."[40]

In the late 1800s, health minded professionals began questioning the role of schools and public education to the demise of school-aged children's health. It was suggested that the regulation of compulsory education, coupled with the tremendous increase in primary school attendance with extended school days and longer school years, prompted examinations of schools as mechanisms of disease. Sanitary reform, including the inspection and regulation of the sanitary conditions of public gathering places such as factories and schools, were the initial strategies in the school hygiene movement.[41]

During this time, the prevailing belief was that illness was caused by "vitiated air," poisonous air doused in chemicals. It was believed that too little air movement depleted the atmosphere in

which those breathing it would become drained of health and vitality. Thus, the term "school diseases" was categorized and the dangers of attending school for the school child determined. Initially, it was believed the schools themselves were the cause of the school children's ailments which included poor vision, skin rashes, fevers, purulent eyes and ears to name a few. Further issues prompted additional complications such as over-crowding, poor fitting furniture and poor lighting. Physicians determined children's bodies were subjected to limited activity that promoted nervous conditions. Meckel writes, "visitors described being overwhelmed and nauseated on entering classrooms and of being able to smell a school from some distance away."[42]

However, the turn of the century brought with it a broader acceptance of the germ theory within the scientific community. Scientific advances in epidemiology, laboratory advances, and disease transmission assisted in understanding how preventive health strategies could reduce illness and contagious disease. Public health reformers in schools redefined their focus on the schools as the exclusive cause of illness. While maintaining firm on the need for environmental sanitation and inspections, the focus was placed on the school children themselves as the vectors of disease transmission. This variable created a direct need for the role of the school nurse to include assessment, treatment, and health promotion education.[43]

## State of Professional Nursing

The role of professional nursing in the United States also set the stage for the introduction of school nursing in the early twentieth century. Prior to 1870, nursing was not considered a profession but rather an assumed obligation as part of a woman's duty to her family and community. Nursing of the sick took place in the home and was the responsibility of the women

of the family or if necessary, relatives, neighbors or hired help. At this time hospitals were institutions primarily for the sick poor and homeless. With the exception of Catholic Sisters and Lutheran Deaconesses, hospital-based nursing care was done by an uneducated, lower-class of women further reinforcing contempt of the role and practice of nursing care. Hospitals were willing to hire almost anyone who was willing to do the difficult work.[44]

During the late 1800s, society embraced the concept of the professionally trained nurse based mostly on Nightingale's success. The origins of professional nursing in America stemmed from the work of Florence Nightingale in nineteenth century Europe. At this time, wealthy social reformers became disturbed about dreadful nursing care provided for the poor in almshouses and hospitals by uneducated nurses. They seized upon this opportunity to promote satisfactory nursing care through hospital reform and educated, respectable and properly trained women.[45]

During the 1800s, the Industrial Revolution gave rise to expanding urbanization and new opportunities for women's employment. Educated women became teachers and secretaries; uneducated women worked in factories. As noted by historian Susan Reverby, Ph.D., it was during this time that "the link between hospitals and nursing was forged in the context of post-Civil War social-welfare reform."[46] Urban growth, improvements in medical practice, regulations in medical education and economic necessity and opportunity led to the development of hospitals as a marketplace allowing for the purchase of medical and nursing care. Uneducated lower class women no longer met the objectives of the "new" hospital in providing nursing care for the more respectable patients.[47]

The convergence of urbanization with industrialization brought together native-born families migrating to cities seeking employment. Without family support, hospitals became the only means of receiving health services rather than the previously assumed home-based care.

Additionally, native-born women now living in the cities sought respectable employment. In an attempt to re-organize the hospitals and provide suitable employment for respectable women, nurses' training programs based on the Nightingale model were introduced in 1873.[48]

In order to develop an educated, professional status of nursing, formal training schools were developed and their validity of excellence deemed by the designation of using the Florence Nightingale model of nursing practice. In October of 1873, three notable training schools for nursing were established: the Connecticut Training School, the Boston Training School and the Bellevue Hospital Training School in New York City. These training schools accepted only woman of approved stature and these nursing students were to be separate from other hospital workers who provided the domestic work of cleaning and laundry. According to Reverby, "In 1873, elite social reformers, concerned with finding respectable service work for the daughters of the middling classes, and with improving the hospitals, introduced the first hospital-based training schools."[49] This solution provided hospitals with an economic motivation to buy and sell medical and nursing care to those with the means to afford it. Likewise, these nursing schools provided middle-class young women educational advancement and hospitals with inexpensive labor.

By 1900, Americans accepted the "trained" professional nurse. Because these schools of nursing were based on the Florence Nightingale model of nursing education and practice, a shift in public opinion of nursing changed from contempt to admiration and trust in the role. Reverby suggests that these "good" young women "were to become disciplined soldiers in the war against disease and disorder, self-sacrificing mothers to the patients, efficient housekeepers for the hospital, loyal and subordinate assistants to the physicians, and firm supervisors of the hospital's other workers."[50]

Unfortunately, the nursing training was more work than actual learning as hospitals needed the workforce and the nursing programs financially depended upon their affiliation with the hospital. Thus, the students became the hospital's nursing staff. It wasn't until the 1930s that graduate nurses began to seek employment in hospitals as opposed to private duty work. This economically driven workforce resulted in a lack of clear guidelines that separated nursing service from nursing education. There was little if any consensus in nursing education or practice in quality or methods.[51]

As a means to rectify these concerns, The Society of Superintendent of Training Schools of Nurses in the United States and Canada (later the National League of Nursing) was instituted in 1893 with the goal of elevating and standardizing the curriculum for nurse training programs. A few years later, the Associated Alumnae of Training Schools for Nurses (which became the American Nurses Association in 1911) was formed in 1896. This organization was designed primarily to seek licensure requirements for professional practice. The first Nurse Practice Act was passed in 1903.[52] These national organizations demanded standards of excellence in nursing education and practice and distinguished nursing as a respectable profession for intelligent, morally conscious women. Additionally, the enactment of state licensure regulations prompted trust and reliance of the professional nurse from the public seeking nursing care. This new public perspective of nurses helped to legitimize the development of the role of the school nurse.

District or Visiting Nursing

The development of Visiting Nursing in the United States began in the late 1800s when concerns of environmental issues such as sanitation and contagious disease converged with the social problems of industrialization, immigration, illiteracy, poverty and lack of health care

resources. As noted by public health researchers Pamela Kulbok, Ph.D., and Doris Glick, Ph.D., these “world events…with resulting impoverished social conditions, pulled public health nurses into the back streets and tenements.”[53] Following a model of district nursing already employed in England developed by William Rathbone, the practice of using trained nurses in the homes of the sick poor was viewed as a solution to address public health needs in the United States.[54] It was from this perspective that the role of school nurses developed, not only as a means of promoting school health but also as a mechanism of extending nursing resources into the home.

At the turn of the twentieth century, wealthy, well-bred society women, less encumbered by social restrictions limiting their public work, were now able to engage in charitable endeavors. Finding funding sources to support the development of visiting nurse associations became a vital obligation. This involvement was not based only on charitable virtue but also of concern for personal safety and well-being.

According to historian Karen Buhler-Wilkerson, Ph.D., acceptance of the germ theory in the late nineteenth century provided the understanding that “individual health depended to some extent on the health of the population generally.”[55] This new information often stoked fear and blame. Some accused the newly arrived immigrants living in the filth of tenement housing for the spread of contagious disease. As noted by Buhler-Wilkerson, “The knowledge that the diseases of workers – who sewed clothes in their filthy tenement homes or who processed food- could spread to decent, clean and respectable citizens served as a powerful incentive for renewed efforts to eliminate the menace of illness among the poor.”[56] In response to this belief, some prominent community members sought to enlist public health nurses to enter these “ethnic ghettos”[57] to treat the diseases, contain epidemics and educate residents on hygiene and disease prevention strategies.

The urban poor stayed at home during illness, usually relying on home remedies without the resources to access medical services. In contrast, middle and upper-class families could solicit the family physician to provide medical care in the comfort of their homes. Buhler-Wilkerson writes that philanthropists in New York, Boston, Philadelphia, and Buffalo, desiring to "protect the public from the spread of disease" and to raise the poor's "household existence" initiated the hiring of trained nurses to go into the homes of the sick poor providing health care services and "tactful lessons in physical and moral hygiene."[58] These first visiting nurse associations began as small enterprises, financed by wealthy women who hired a small number of nurses to treat the poor in their own homes.[59]

Ultimately, from a financial perspective, caring for the sick poor was less expensive by way of the visiting nurse and appreciation for the role quickly spread. In 1877 the Women's Board of the New York City Mission employed a nurse to meet the religious and health needs of the sick poor. This was the beginning of the visiting nurse movement. The Visiting Nurse Association was established in Buffalo, NY in 1885 and additional "district nursing" agencies, modeled after the district nursing system in England were soon established in Boston and Philadelphia the following year.[60]

## Development of Settlement Houses

A significant influence on school nursing was the development and work of settlement houses. Settlement houses were neighborhood centers that became central hubs for health care, education and social welfare programs. The development of settlement houses was a merging of progressive social reformers, available wealth, and public health nursing. Located in the most impoverished of communities, settlement houses were often funded by wealthy philanthropists

eager to apply their social concern for society's welfare.[61]

Settlement houses became socially acceptable places where single women could live together and develop independence in careers previously not made available to women. Most settlement residents were of the first generation of college-educated women and using their education entered into the progressive reform movement. Public health nursing, stemming from Lillian Wald's Visiting Nurse Service became the cornerstone of the Henry Street Settlement House. Shortly thereafter, other settlement houses providing visiting nursing services followed suite. One such settlement house was the Nurses' Settlement of Richmond, initiated by Sadie Heath Cabaniss.[62]

In 1893, Lillian Wald and her colleague Mary Brewster established the Henry Street Settlement House assisted by the financial support of philanthropist Jacob H. Schiff.
They did so with the intent of living in the neighborhood in which they would be able to provide much-needed nursing services. The settlement house was located on the Lower East side of New York City where Wald and Brewster provided nursing services for the impoverished, sick and immigrant population of New York.[63]

Wald and her nurses lived at the Henry Street Settlement within the community they served; providing social assistance in the way of playgrounds, summer camps, boys and girls clubs and well-baby clinics. Henry Street Settlement also provided home-based skilled, professional visiting nurse services for a variety of illnesses to the impoverished and immigrants living in the community. By 1900, twelve nurses were employed by the Settlement and 26,600 home visits had been made. The settlement nurses treated a variety of acute illnesses and contagious diseases such as tuberculosis, scarlet fever, typhoid, and diphtheria. Nursing skills included managing disease symptoms, bathing patients, changing bed linens and providing medications and food.

They also provided instruction on sanitation, hygiene and health promotion strategies. Wald identified that individual family problems were simply an extension of the greater social concerns and she coordinated additional community services such as sterilized milk and ice stations, child care instruction, referrals for hospital services and employment.[64] It was only logical that Wald and her nurses at Henry Street Settlement would expand their nursing work to include the schools and school children within the communities they served.

The New Public Health Movement

By 1910, visiting nurses work had expanded from caring for the sick to include a variety of health promotion and prevention programs. These programs grew out of the new science-based understanding of the germ theory, disease transmission and advanced treatment of diseases. According to Buhler-Wilkerson, "Death rates, especially for infectious diseases were declining and public officials showed no hesitation in claiming their share of the success."[65] During this time it was generally believed that advances in public hygiene promulgated by state and local agencies improved morbidity and mortality for the general public. Some of these interventions included – treatment of water supplies, disposal of sewage and trash, improvements in housing, food and milk sanitation and control of contagious diseases through immunizations or quarantine.

Eventually, health promotion and prevention programs that had originated with voluntary organizations such as visiting nurse associations became governed by boards of education or health departments. As a result, a division occurred separating "sick" nursing from "preventive" nursing and the "New Public Health Campaign" emerged. Caring for the sick in the home became the sole domain of the voluntary organizations, while the teaching of prevention

eventually became the works of public agencies. [66]

Karen Buehler-Wilkerson notes that "by 1910 the majority of the large urban visiting nurse associations had initiated preventive programs for school children, infants, mothers, and tuberculosis."[67] This role provided for greater autonomy and scope of practice, but the financing of prevention measures proved challenging. Funding was provided by either the joint venture or demonstration method. In the joint venture, the visiting nurse association provided the service and another volunteer organization provided the funding. The demonstration method involved more risk and Buehler-Wilkerson describes that "in those instances the visiting nurse association initiated the program on a small-scale, experimental basis, assuming that when its worth was clear to the public, the necessary funds would be provided."[68]

School nursing epitomized the demonstration method of funding by illustrating how a nurse, and her visit to the school and homes of the school children, extended public health promotion and prevention strategies to the individuals most in need of them. Leading by example, Lillian Wald and the Henry Street Settlement nurses demonstrated the benefits of providing a school nurse and her visits to the home to not only the school children but the New York City school system and the greater community. Thus the New York City Board of Health seeing its benefit demonstrated, funded and expanded the experiment.

## Government and Public Policy Influences

Several politically contentious issues paralleled and contributed to the origins of school nursing. They included government reform, racial inequalities, the suffrage movement, and federal, state and local political efforts to improve the general population's living conditions. Generally speaking, these political and social concerns provided the framework that school

nursing emerged.

Progressive reformers worked towards the elimination of government corruption. At the end of the nineteenth century, powerful political machines with corrupt "bosses" controlled representatives in public office. Additionally, large corporations with financial power influenced state lawmakers. Checks and balances were eventually created to provide a more direct democracy by providing voters the ability to recall elections, the provision for the public vote of Senators and the process by which citizens could introduce proposed laws or amendments to the state constitutions. These changes empowered the general population on a broad scale thus supporting their ability to influence political and social change within their own communities. Such local changes included funding for education and school health care services.[69]

Significant racial tensions and inequality existed across the country at the turn of the twentieth century. In 1859, less than fifty years from the onset of school nursing, the last ship bringing slaves to the United States arrived in Mobile Bay, Alabama. Despite the ratification of the Thirteenth Amendment to the Constitution outlawing slavery in the United States in December 1865; prejudice, violence, segregation and few opportunities for advancement plagued the African American population.[70]

The Fourteenth and Fifteenth Amendments to the Constitution provided rights of citizenship and due process of the law for all, including African Americans and gave black men the right to vote. Retaliation ensued from those who believed blacks were not equal to whites. In 1869, the same year black men were given the right to vote, the Klu Klux Klan, a white terrorist organization was formed with the intent to intimidate blacks and other ethnic and religious minorities. Ongoing massacre of blacks, race riots, lynching and inequalities in all areas of living remained at the turn of the twentieth century for African Americans. These disparities included

opportunities for education, employment, low wages, health services and segregation laws. For over fifty years, states, particularly in the Jim Crow South, enforced a policy of separate accommodations for blacks and whites on buses and trains, hotels, theaters, and schools. On May 18, 1896, the Supreme Court ruled in the *Plessy v. Ferguson Case* that "separate-but-equal" facilities on trains were constitutional. In an attempt to address racism across the country, the National Association for the Advancement of Colored People (NAACP) was organized in 1909 "to promote the use of the courts to restore the legal right of black Americans."[71]

Thus, great disparities remained for African Americans in all areas including education and health care. President Wilson enacted formal federal segregation in 1913 to include work, schools, restrooms and lunchrooms. Progressive reformers included in their movement the need to address racial disparities which comprised access to satisfactory education, employment, and health services.[72]

Furthermore, it was understood that contagious disease besieged both black and white communities; all were susceptible and consequently vectors for epidemics. The Henry Street Settlement recognized the needs of the black community in New York's Harlem neighborhood and in 1901 hired Jessie Sleet, an African American nurse who had been trained in Chicago to provide care for black patients.[73] Colorblind to need, Wald, and her nurses recognized the importance for providing health care resources for all persons within their community regardless of race, religion or ethnicity. Nonetheless, they adhered to the social norms of segregation.

Specifically to nursing as a profession, few opportunities for black women to become trained as professional nurses existed at the turn of the century. Even those Northern institutions that were nominally open to blacks often had quotas or admission limits to the number of blacks accepted per cohort. As a result, universities were created specifically to provide opportunities

for African American education and in 1892 Booker T. Washington established a two-year nursing program at Tuskegee University. The National Association of Colored Graduate Nurses was founded in 1908. Nursing education remained segregated in the south until the 1960s and elsewhere until the 1950s. Discrimination continued with employment with lower pay for the same work.[74]

Historian Alphonso writes that "Progressives believed that the family was the foundation stone of American society and the government…must work to enhance the family."[75] This family enhancement was often obtained through the creation of federal and state laws, government organizations and localized community involvement. These included compulsory education laws, child labor regulations, and the formation of the Children's Bureau, the National Organization for Public Health Nursing and the American Red Cross (ARC) Town and Country Nursing Service.[76]

At the turn of the twentieth century, compulsory education laws in the United States were highly dependent upon each state. By 1900 thirty-three states and territories of the union had compulsory attendance laws. By 1918 all of the states in the union had some form of compulsory attendance requirement. However, according to historian Michel Katz, Ph.D., "the compulsory school attendance laws were not uniform, as major variations existed in the minimum period of required attendance, the sanctions attached to truancy, the grounds for truancy and the basis for exemptions from the laws."[77] Some states defined truancy as missing school for a week. Other states were far more lenient, defining truancy as absent from school for a period of four months. Rarely were parents held accountable for violating the school attendance laws.[78]

The first mandatory school attendance laws remained variable and difficult to enforce. In

1897 the number of years a child was required to attend school ranged from seven to sixteen years. Each state determined their law. States did share the difficult burden of trying to enforce the laws. Of concern, no effort was made to enforce attendance requirements for children residing in rural areas. Officials reported that the schools were far apart from each other and the homes of the rural children too spread out. It was also understood that the rural children would be released from school requirements when they were needed to work on the family farm.

Increased funding and a priority of child health reform promoted better attendance. However, it wasn't until 1920 that compulsory schooling laws were more rigorously enforced. Compulsory education laws eventually became intertwined with child labor laws; each supporting the enforcement of the other. Child labor regulations typically established school attendance as a prerequisite for younger children's employment and made employment for other youth impossible during the expected timeframe of their schooling. In 1900, the mean legal age for leaving school was 14 years 5 months. By 1920 the age had risen to 16 years 3 months. By 1920, thirty-one of the forty-eight states required school attendance until the age of sixteen. Unfortunately, irregularity remained across the country as only a few northern states required school attendance until the age of eighteen while some southern states required children only remain in school until fourteen years of age.[79]

Problems with child labor were not unique to the Progressive Era. Historically, children had always been used as servants or cheap laborers. However, the Industrial Revolution dramatically increased the number of children in the labor market as American families moved from rural farm areas to cities seeking employment in factories. Additionally, the influx of poor, uneducated immigrants brought to America a new generation of child workers. Factories and mines often preferred child workers because they were cheaper, easier to manage and less likely

to strike. They were also smaller than adults which allowed them to work in small, cramped conditions that adults could not. Child laborers often worked to help support their family and in doing so did not receive an education.[80]

At the turn of the twentieth century, no federal law existed for the regulation of child labor. States varied widely on acceptable child labor practice. Northern reformers and labor organizations began to crusade against the accepted practice of child labor. In 1904 the National Child Labor Committee was formed that began a national campaign for child labor reform. They staged anti-sweatshop campaigns and combined their efforts with proponents to provide free, compulsory education for all children. Although formal federal laws restricting child labor were not enacted until the Great Depression, by 1915 several states had passed child labor laws. These included minimum age requirements for work and evidence of good health. School nurses eventually became one means of ensuring children were not illegally released for work. In many schools, the school nurse was responsible for approving the child's release for work and this included documentation that the child had reached the necessary age and was in good health to do the work they were required to do.[81]

Eventually, the Federal Bureau of Child Welfare was developed in 1912 to address concerns of maternal and child welfare. The creation of the Children's Bureau is credited to Lillian Wald and Florence Kelly, a progressive reformer who resided at the Henry Street Settlement House. According to Wald, the idea for the Children's Bureau began one morning at breakfast while reading the mail filled with letters from parents inquiring on how to best help their children. Fortuitously, the newspaper that morning told of the huge sums of money the Department of Agriculture was spending on the investigation of the boll weevil infestation and the great fear of the destruction of crops in the south. Appalled that the government was inclined to spend more

attention and money on the boll weevil than the country's most important crop, namely the children of the country, Wald and Kelly sent a note to President Teddy Roosevelt. The following morning Wald was at the White House discussing the Bureau's implementation. The Children's Bureau became the first nationally recognized government office in the world that focused solely on the well-being of children and their mothers. After its establishment, the Children's Bureau investigated and initiated programs to address a multitude of problems afflicting children. Some examples included the reduction of infant mortality, child labor, and health promotion education for the care of all children. Furthermore, the Children's Bureau allowed for further growth at the state and local levels that promulgated grassroots efforts in creating the role of the school nurse.[82]

Additionally, in 1912 the National Organization for Public Health Nursing (NOPHN) was organized. This organization provided the necessary infrastructure to support the new ideas and roles available to formally trained nurses in becoming public health nurses. The NOPHN also provided a means of educating the public on the importance of public health works, especially school health reform. It also encouraged professional networking and sharing of ideas and solutions to complicated public health issues, including those of school children.[83]

Also in the year 1912, the American Red Cross (ARC) Town and Country Nursing Service was founded at the suggestion of Lillian Wald. The primary basis for the ARC was to provide services for the country during war and emergencies. However, Wald deduced that in times of peace, the ARC had little to do and could be put to better use. Wald envisioned a core of public health nurses, well versed in meeting the needs of people from rural areas which were far different than those living in urban environments. Wald concluded that these public health nurses would require special additional training as rural public health nurses and as such would

need to be carved out from regular ARC work.[84] These nurses were important allies in meeting the health needs of families and school children from rural areas.

Similarly, the passing of the Maternity and Infancy Act, also known as the Sheppard-Towner Act in 1921, demonstrated ongoing interest and support for the well-being of children and mothers. The Sheppard-Towner Act provided matching federal funding for the development of child health divisions in state health departments. These federally funded programs set the stage for the development of maternal child health programs which inevitably would address issues of sanitation, disease, and wellness within the schools. Funding for the provision of nurses in the schools was largely supported by these state and federal government revenue streams.

Thus, the inception and evolution of school nursing in New York City in 1902 wasn't the result of a sentinel event. Rather, school nursing was a result of a confluence of variables, in time and place, both political and social that created a need. The Progressive Era, immigration, industrialization, racism, suffrage, advances in science, medicine and nursing, combined with efforts of wealthy patrons and matrons, laid the groundwork for the development of school nursing.

Notes: Chapter 2

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[14] Meckel, *Classrooms and Clinics*, 120; Dawley, *Struggles for Justice*, 63-77.

[15] Tony Platt, *The Child Savers: The Invention of Delinquency* (Chicago: University of Chicago, 1969); Furnace, "Nurses as Neighbors," 14.

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[19] Molly Ladd-Taylor, *Mother-Work* (Chicago, Illinois: University of Illinois Press), 3.

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[51] Philip Kalisch and Beatrice Kalisch, *American Nursing: A History* (Lippincott Williams and Wilkins, 2004); chapters 3, 6 and 8. Reverby, *Ordered to Care, 3-25.*

[52] Karen Egenes, "History of Nursing," Chapter 1 in *Issues and Trends in Nursing: Essential Knowledge for Today and Tomorrow*, edited by Roux and Halstead, (Sudbury, MA: Jones and Bartlett Publishers, 2009), 1-26; Dieckmann, "History of Public Health," 24; American Association for the Advancement of History website: www.aahn.org; Kalisch and Kalisch, *American Nursing,* chapter 8.

[53] Pamela Kulbok and Doris Glick, "Something Must Be Done! Public Health Nursing Education in the United States from 1900 – 1950," *Family and Community Health* 37, no. 3 (July - September 2014): 171.

[54] In 1859, as a collective effort by Florence Nightingale and William Rathbone, an English philanthropist, the development of district nursing, or visiting nursing was founded. Rathbone established core of trained nurses to provide care in the homes of the sick poor. He consulted Nightingale for assistance and advice and she deemed that such nurses must be specially trained for the task. In 1862, Rathbone began a Training School and Home for Nurses in collaboration with the Royal Liverpool Infirmary with the goal to provide district nurses to serve the poor. In 1874, Nightingale and Rathbone collaborated to design the Metropolitan Nursing Association in London, a district nursing training program. One of Nightingales best students Florence Lees became the first director. Miss Lees recognized the training of district nurses had to be different than that of hospital trained nurses. Thus, after completing a year of hospital training, candidates, of gentlewoman stature, were admitted to a six month post-graduate course in district nursing. It was from this early endeavor of district nursing in England that school nursing in England would emerge providing yet another model of public nurse practice for

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[60] Dieckmann, "History of Public Health" 22 – 43; Kalisch and Kalisch, *American Nursing,* chapter 8.

[61] Green, "Gendering the City," 276-311.

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[65] Karen Buhler-Wilkerson, "Public Health Nursing: In Sickness or in Health?" 1155.

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[84] Sandra Lewenson, Town and Country Nursing: Community Participation and Nurse Recruitment, Chapter 1 in Kirchgessner and Keeling, *Nursing Rural America* (NT: Springer Publishing Company, 2015), 1-16.

## Chapter 3: "The Medical Inspection got the child out of school, and the "nurse" got the child back."[1]

This chapter investigates the origin and implementation of school nursing in New York City, examining its establishment from the perspective of social history. Influences of place, race, class, culture, gender and socio-economic status are analyzed. In particular, a focus is placed on Lillian Wald, her political and social connections and her relationship to the school nurse movement. The chapter also explores the role of Lina Rogers Struthers as the first school nurse, the scope of school nursing practice, the role of the school nurse in home visitations, and determinants of success in the school nurses' role in New York City at the turn of the twentieth century.

This chapter argues that at the turn of the twentieth century, school nurses were one of the most important figures in the promotion of health and educational opportunities for an entire generation of marginalized children. During the Progressive Era, school nurses became an invaluable component of the school health reform movement. In doing so, they altered the process of how children attended school from exclusionary in nature to inclusive. This chapter also argues that during their visits to the home, school nurses extended their work beyond the limits of the school. In this manner, school nurses improved the well-being of the entire community. This chapter attests to the fact that school nurses succeeded at the above endeavors by accomplishing the following: (1) School nurses reduced the spread of contagious disease, (2) School nurses instructed and encouraged health promotion for those unaware of how to care for themselves, (3) School nurses provided access to care for those that would have gone without treatment, (4) School nurses advocated for children and families in need of food, clothing, medicine and adequate shelter, (5) School nurses promoted the education of school children by

reducing absenteeism and keeping children healthy so that they were physically able to learn, (6) School nurses demonstrated autonomy in their role and practiced to the fullest extent of their knowledge and skills. This evidence has mostly gone unrecognized.

Lillian Wald and the Henry Street Settlement (HSS): The Road to School Nursing

"The sight of a woman in a rear tenement, under unspeakably distressing conditions, was the starting point of the settlement."[2]

In 1893 Lillian Wald had no formal plan to establish a Settlement House and Nursing Service, nor did she plan to initiate school nursing. To the contrary, Wald described herself as "having little more than an inspiration to be of use in some way."[3] She was born in Cincinnati, Ohio on March 10, 1867, to Polish-German Jewish immigrants. Spending most of her childhood in Rochester, New York, her father's business acumen provided their family with the financial resources to maintain an enjoyable position in society leaving little room for exposure to the trials of the immigrant poor living on the Lower East side of New York City. She attended a private school at Miss Cruttenden's English-French Boarding and Day School for Young Ladies and Little Girls in Rochester. While there she studied literature and languages; and had she not been turned down by Vassar at the age of sixteen due to her young age, she might never have found her way into nursing as a profession. While visiting her sister in Rochester, New York, Wald met a trained Bellevue nurse graduate who was there as a private duty nurse to assist her sister in childbirth. That experience was the beginning of Wald's desire to pursue nursing and at the age of twenty-two, she applied to the New York Hospital's two-year Nurse Training School for nurses.[4]

Following graduation, Wald's first position as a nurse at the New York Juvenile Asylum left

her dismayed and discontented. Appalled by the institutional care of children and not eager to practice private duty nursing, Wald enrolled in a course of study at a medical college to pursue a degree in medicine. While taking classes, she was approached by Minnie D. Louis, a philanthropic friend, to teach a course in home nursing for immigrant children who were attending a Sabbath school located on the Lower East Side of New York City. Unaware of the social movements of the time and ignorant to the hardships and suffering of the immigrant poor living in the tenement district, Wald naïvely outlined a course of instruction.[5]

After the class one day, one of her students, a little immigrant girl, beckoned Wald to come to see her mother who had recently given birth in their tenement home. That call, on a cold, wet March morning in 1893, "changed the course of nursing history within half an hour."[6] Wald later recounted the incident:

> The child led me over broken roadways, there was no asphalt…over dirty mattresses and heaps of refuse…between tall, reeking houses whose ladened fire escapes, useless for their appointed purpose bulged with household goods of every description. The rain added to the dismal appearance of the streets and to the discomfort of the crowds which thronged them…past odorous fish-stands, for the streets were a market-place, unregulated, unsupervised, unclean; past evil-smelling uncovered garbage cans; and – perhaps worst of all, where so many little children played…up into a rear tenement by slimy steps…and finally into the sickroom. The family to which the child led me was neither criminal nor vicious. Although the husband was a cripple…[and] although the family of seven shared their two rooms with boarders…and although the sick woman lay on a wretched, unclean bed, soiled with a hemorrhage two

> days old, they were not degraded human beings, judged by any measure of moral values.[7]

It was this experience in which Wald recounted her "baptism by fire," her first encounter with the filth, destitution, and misery endured by those unfortunates living on the Lower East Side of New York City that led her into nursing the poor. This event ignited the basis for the development of the visiting nurse service. Wald reflected while walking home from the sickroom, "To my inexperience, it seemed certain that conditions such as these were allowed because people did not know, and for me, there was a challenge to know and to tell…my naïve convictions remained that if people knew things – and things meant everything implied in the condition of this family – such horrors would cease to exist."[8]

Soon thereafter, Wald and her training school friend Mary Brewster devised a plan to live in the neighborhood and provide visiting nursing services to the poor "…to do what they could; to see what they could see, and to publicize all that was wrong and remediable…"[9] To support their plan, financial resources were secured by Mrs. Solomon (Betty) Loeb a wealthy, philanthropic acquaintance. Loeb and her son-in-law Jacob Schiff provided for the salaries of Wald and Brewster for six months. Schiff also secured an endorsement from the Board of Health, providing Wald and Brewster official badges approving their nursing services under its auspices.[10]

Seeking to advance her practice opportunities as a nurse, Wald attended the International Conference of Charities, Corrections, and Philanthropy, at the May 1893 Chicago's World Fair. There she heard papers from prominent nurse reformers from England including Florence Nightingale, who in her paper "Sick Nursing," detailed a plan for health visitors providing nursing care in the home.[11] Although Wald stated her ideas and actions were spontaneous, "a

plan which had been developing almost without conscious mental direction on her part,"[12] her exposure to community nursing work at the May 1893 conference may have influenced her decision to live on the Lower East Side and provide visiting nurse services to the immigrant poor. While attending the conference, Wald also met Lavinia Dock, who was in Chicago for another event. Wald and Dock became best of friends forging a powerful political alliance.[13]

In July of 1893 Wald and Brewster started their visiting nurse service while living as guests at the College Settlement along with a similarly minded group of women. By September they found permanent residence on the top floor of a Jefferson Street tenement, in the Lower East Side. Their arrival coincided with the worst depression of the nineteenth century. Living among the Russian, Polish, Italian and Irish immigrant poor, they encountered illness, vermin, filth, starvation, crime and joblessness within the tenements. Wald noted it was simply a matter of days before the neighbors were seeking their services directly; she and Brewster no longer had to search in the neighborhood.

Almost immediately Wald deduced that the illnesses experienced by families living in tenements were not isolated events but rather symptoms of a much larger set of social problems. She recognized that simply treating the illness would not do justice to solving the underlying problem. As a result she developed and coordinated numerous social services including the provision of ice tickets, food, sterilized milk and much needed referrals for jobs, dispensaries and physicians. Wald also orchestrated recreational and social activities such as concert tickets, seaside excursions and picnics. The work was exhausting and difficult. In a letter to Schiff, Wald reported that the Mount Sinai nurses who came to help collapsed under the pressure, the first leaving after just a few days; the second shortly thereafter. The third Mount Sinai nurse demonstrated persistence and stayed to aid them in the work.[14] Wald also told Schiff that over

the past year she has seen “enough sorrow and poverty and illness to fill a world with sadness.”[15]

Wald embraced the idea that her abilities as a nurse afforded her the opportunity to make a difference within the community. She was first exposed to society’s ills because of her position as a nurse. Her nursing knowledge gave her the skill set to do something about it. “Rejoicing,” Wald believed that her nursing training provided her the ability to care for the sick, and granted her an “organic relationship” with the people living on the Lower East Side.[16] Wald’s role as a nurse was instrumental in her becoming a prominent national reformer.

Despite the grueling work, after two years, Wald wanted to expand upon the services they could provide for the neighborhood. The organization needed more space. In the spring of 1895 Jacob Schiff purchased the home on 265 Henry Street as a gift and arranged for its repair and furnishing for Wald’s headquarters. That May Wald again attended the International Conference of Charities and while there, solicited women of talent to be her co-workers in the newly established settlement house.

In the summer of 1895 Wald and Brewster moved to 265 Henry Street. Within a short amount of time they were joined by nurses and social reformers with similar beliefs. These women became dynamic, influential forces of social reform on a national stage. The nurses living at the settlement laid the groundwork and established the standards for the professional development of nursing and nursing education on a national platform. Among this group were Lavinia Dock, Adelaide Nutting, Annie Goodrich, Ysabella Waters and Lina Rogers, all of whom would play significant leadership roles in the nursing profession.[17]

## The Inception of School Nursing

In her book *The House on Henry Street*, Wald expressed that the ideas for most of the projects

that stemmed from the settlement were stimulated by personal encounters. She reported that school nursing was one of them.

> I had been downtown only a short time when I met Louis. An open door in a rear tenement revealed a woman standing over a washtub, a fretting baby on her left arm, while with her right hand she rubbed at the butcher's aprons which she washed for a living. Lewis, she explained was "bad." He did not "cure his head" and what would become of him, for they would not take him into school because of it? Louis, hanging the offending head, said he had been to the dispensary a good many times…But "every time I go to school, teacher tells me to go home." It needed only intelligent application of the dispensary ointments to cure the affected area, and in September I had the joy of securing the boy's admittance to school for the first time in his life.[18]

In her private papers, Wald noted that it was no fault of twelve-year-old Louis Rolfsky that he was afflicted with a contagious skin condition. With his father dead and his mother weary from work, his mother "had no time, even though she might have possessed the skill which she had not, for treating Louis's head."[19] With the aid of the nurse, he was kept under treatment for one summer. Wald dubbed Louis as the "father of school nursing." In her private papers, Wald wrote, "A perfect cure was achieved and Louis had eighteen months of school-life before going to work at his fourteenth birthday."[20]

After the incident with Louis, Wald and Brewster began questioning the appropriateness of the exclusion of dozens of children from school for medical reasons. Wald recounted:

> Louis set me thinking and opened my mind to many things. Miss Brewster and I decided to keep memoranda of the children we encountered who had been

excluded from school for medical reasons, and later our enlarged staff of nurses became equally interested in obtaining data regarding them."[21]

She noted that through their home visits they learned of the appalling school conditions and questioned the absurdity of a compulsory school law when not only was it not enforced, but the school conditions deplorable.[22] Furthermore, Wald questioned the sensibility of sending sick children out of the schools without treatment only to find them playing with their classmates in the streets. Wald wrote:

> When one of the nurses found a small boy attending school while desquamating from scarlet fever, and Tom Sawyer-like, pulling off the skin to startle his little classmates, we exhibited him to the President of the Department of Health, and I then learned that the possibility of having physicians inspect the school children was under discussion and that such evidence of its need as we could produce would be helpful in securing an appropriation for this purpose.[23]

Wald became a powerful political force who would influence the development of school nursing. Her nursing knowledge, commitment to the poor and undisputable improvements for the health of those living on the Lower East Side elevated her standing among the political powers of New York City. In 1896, the president of the Department of Health asked her to participate in the newly developing program of medical supervision of schools. Curiously, Wald refused the offer, reasoning that she was "embarking upon ventures of our own which would require all our faculties and strength."[24] Furthermore, she told the president of the Department of Health that the addition of the doctor would be innovative enough – the nurse would be a "radical departure."[25]

It isn't clear why Wald made this decision. In her book *The House on Henry Street*, written in 1915, Wald wrote that even prior to the beginning of medical inspection of schools in New

York City, she had already determined "the nurse would be an essential factor in making effective whatever treatment might be suggested for the pupils."[26] In 1893 Wald wrote to Jacob Schiff and informed him that "to facilitate children to the schools with the smallest amount of circumlocution, the Board of Health honors all of our requisitions…and has given us authority to vaccinate where we could."[27] Wald's early reports to Schiff included several excerpts that illuminated upon Wald's concern that children were not attending school for a variety of reasons. She noted that "it might be a matter of surprise that there are entire families here, some of the children American born, where not one member has been to school."[28] Wald communicated this information with the New York City Health Officials. Ostensibly, because of the Henry Street nurses' data regarding children absent from school for medical reasons and the encouragement of Wald, medical inspection of school children, without nurse involvement was inaugurated in New York City on March 16, 1897.[29]

Medical Inspection of Schools

With a policy of excluding sick children from schools, medical inspection became the impetus for the development of school nursing. Medical inspection of schools first began in France in 1842 when a law was enacted that mandated physician inspection of the grounds and children in every public school. In 1874 Brussels required that physicians visit schools three times a month to inspect children and schools for health concerns. In 1891 England appointed a medical officer of schools. However, in England, rather than inspection, data collection and statistical compilation of the incidence of disease were the priorities. In the United States, Boston first established medical inspection of schools in 1894, followed by Chicago in 1895, New York City in 1897, and Philadelphia in 1898.[30]

In the late 1800s, schools and school children became a focus of concern for health officials as a means of disease transmission. The acceptance of the germ theory provided a new understanding of how diseases were spread. Health officials now understood that filthy schools harbored germs. Poor ventilation, unsanitary restrooms, overcrowding of students, shared drinking cups and close personal contact with sick children in the classroom set the stage for contagious disease epidemics. Health officials recognized that sick children in school would pass their contagious disease to other children in the classroom. Moreover, they would then spread contagious diseases into their homes and neighborhoods. Something needed to be done. Medical inspection of schools was identified as one ameliorative for controlling contagious disease within the schools and subsequently to other people.[31]

Medical inspection of schools in the United States first began in Boston in 1894 as a means to control disease epidemics. The Boston Board of Health employed newly graduated physicians to examine school children to prevent contagious outbreaks. Boston was divided into fifty districts based on population and the number of schools in each area. Each district contained approximately four schools with 1,600 children. Each physician was assigned one district. Students were screened by teachers, and if it was determined the student was sick they were sent to the medical inspector for examination.[32]

According to Charles Dewy, M.D., who described the system in Boston at the time, medical inspectors never provided treatment for the children except in a case of an emergency. Instead, children saw their family physicians for needed treatment. The medical inspector was an agent of the Board of Health and he decided whether children should be sent home from school. Medical inspectors typically chose to exclude one child from school for several weeks instead of exposing many children to a contagious disease. They viewed exclusion from school as a means to control

and prevent epidemics. The medical inspector as an agent of the Board of Health could order isolation and confinement of contagious cases in the home. He also approved a child's return to school following exclusion for sickness. [33]

Some people criticized the system because the physicians, working as inspectors, did not provide treatment for the sick children. They simply directed the family to seek medical attention. A proponent of the system, Dewey noted that although it wasn't perfect, "Such criticisms are unfair, and show lack of familiarity with the conditions existing."[34]

Medical Inspection in New York City and the Beginning of School Nursing

In October 1896 a medical inspector from the New York City Department of Health completed an examination of the schools to ascertain the role of schools in spreading contagious disease throughout the city. The findings of the initial inspection were atrocious. The investigation revealed that a great number of children remained in the classroom sick with contagious diseases such as measles and scarlet fever. Moreover some of the children complaining of a sore throat tested positive for diphtheria. It was also discovered that other children, now absent from school, had been directly infected by the sick children who remained in the school rooms. The report also found that the school conditions were deplorable. School rooms were crowded, over-heated, and unsanitary. Data that the Henry Street nurses collected during their home visits further supported the claims of this investigation. A report compiled with findings from the Health Department and the Henry Street nurses was submitted to the Board of Estimate, a governmental body responsible for budget oversight.[35]

Following the receipt of this report, in March 1897, the Board of Estimate immediately allocated funds to begin the routine medical inspection of schools and school children in New

York City to reduce the spread of contagious diseases. The New York City Department of Health appointed 150 physicians to inspect the schools and school children for one hour a day for a salary of $30.00 a month. Within that hour, doctors were to visit three or four schools and inspect the school children for the presence of contagious disease and exclude any child who showed suspicious symptoms.[36]

The inspections were superficial and ineffective. Each inspector was instructed to report for duty at ten o'clock to examine those children identified by the school teacher as potentially contagious. Physicians often didn't report for work. There were no expectations for the medical inspector's performance or consequence for lack of it. Moreover, only those children referred by the non-medically trained teacher were examined. As expected, teachers could only identify children who had very pronounced symptoms. Thus, many potentially contagious cases were missed. Furthermore, no diagnosis or treatment was provided for the school children. The first year resulted in 108,628 inspections with the exclusion of 6,829 children. [37]

Historian John Duffy credits this feeble attempt at medical inspection with the corrupt Tammany political machine that dominated New York City politics since 1854.[38] The Tammany organization was known for infiltrating government and conferring immense power on its leaders allowing them to enrich themselves and their associates through corruption, bribes, and governmental debasement. Providing jobs for the poor and starving immigrant voters ensured the Tammany reign through government control. Mayor Robert Van Wyck, the New York City Mayor from 1897-1902, was a member of the Tammany political organization. According to historical accounts, Van Wyck's term as mayor was marked by unethical administrative failures and political scandals. As mayor, he was accused of entanglement in an Ice Trust scam that artificially inflated the price of fresh milk. In 1899, the state legislature conducted an

investigation into corruption charges within the New York City government and concluded that Van Wyck was a tyrant who had relinquished his powers to the Tammany Hall bosses.[39]

Josephine Baker, M.D., then a newly minted physician and medical inspector for the Health Department of New York City, who became the Chief Medical Officer for the first created Bureau of Child Hygiene, later noted that school inspections under the current administration were a "pathetic farce."[40] She worked primarily in the Hell's kitchen section of New York City. Following the school inspection, physicians were to follow up the children in their home to determine the extent of the illnesses discovered. She described the smells, heat and squalor as "something not to be believed" and the immigrant and poor living there; Irish, Italian, African Americans and Russian Jews living in abject misery. She stated, "I had a sincere conviction that they would all be better off dead than so degradingly alive. But they apparently had an instinct for life and I had to go through the motions of helping them."[41]

During the summer months, medical inspectors of schools were also expected to inspect the tenements and report sick babies – thousands of them dying every month from dysentery. Baker was approached by a "brother-inspector" who told her, "Do you realize how tough you are making this job for the rest of us?" He went on to say, "You are spoiling things. You are actually inspecting tenements and reporting sick babies." He continued to inform her that she didn't need to actually do the work, but just ask the janitor how many families were living in the tenement to put on their report. He went on to inform Baker, "If we don't report any sick babies and you go ahead and report shoals of them, it makes our reports look pretty bad." Baker reflected in sheer disgust that she was truly puzzled and questioned whether the Department of Health really wanted them to actually do their jobs.[42]

Fortunately, the year 1902 brought sweeping changes to the medical inspection of schools

with the election of a reform candidate Mayor Seth Low. According to Wald, the Health Commissioner of Low's administration, Ernest J. Lederle, M.D. transformed the medical inspections. Josephine Baker agreed later writing that once Lederle was appointed Commissioner of Health, "the whole department shuddered at the shake-up and house-cleaning that occurred."[43] In June 1902 an eminent eye specialist encouraged the examination of children in the schools for the presence of trachoma, a serious, contagious and potentially blinding eye disease. Approved by the Health Commissioner, inspections ensued and New York City was horrified to learn that trachoma was rampant among students. As a result, thousands of children were sent out of the schools for treatment.[44]

Soon thereafter, the Health Commissioner revised the system of medical inspection of schools. In September of 1902 teachers stopped cursory student examinations. The new system required physician inspection of all school children. The Health Department retained only one third of the previously employed medical inspectors as full time employees, and increased their salary from $30 to $100 a month. With new protocols in place, medical inspectors made rounds in city schools and examined school children to determine the prevalence of contagious diseases. The inspector sent sick or contagious children home. He gave them exclusion cards identifying the diagnosis and instructing parents to have the children treated. The medical inspectors made no effort to treat the sick children or address any physical defects or nutritional concerns. Many children did not receive treatment and never returned to school. Often, children still sick returned to school. Others remained in school despite contagious siblings in the home.[45] Summarizing the entire process, Wald remarked, "The most serious charge was that neither the public nor the school children were protected."[46] She went on to say, "in our neighborhood we watched many of them after school playing with the children that had

been excluded from the classrooms. Few children received treatment and it followed that truancy was encouraged…the classrooms were depleted."[47]

Wald recognized that it wasn't enough to simply send the children home from school without receiving medical treatment. Many of the parents were immigrants and unable to read the information on the exclusion card written in English. In addition, few had access to health services and most had limited knowledge of dispensaries. The children remained untreated. They also played with their schoolmates when they returned home, further spreading infectious diseases. Most importantly, they lost valuable days in the classroom.[48]

It soon became apparent that simply excluding children from school was not an adequate solution to a very serious problem. With much stricter guidelines in place for medical inspection of children, it was not unusual for more than twenty percent of children to be absent on any given day.[49] As reported by Wald:

> From the opening of the school, September 15, to April 1, 1902 (five and one-half months), 5,381,616 inspections were made resulting in 57,986 exclusions. The following cases of disease were excluded during the quarter ending December 31: Measles, 18; diphtheria, 140; scarlet fever, 13; whooping cough, 61; mumps, 9; trachoma, 12,647; pediculosis, 8,994; chicken pox, 172; skin diseases, 662; miscellaneous, 1,823; total, 24,538.[50]

The medical inspections also revealed that four out of five children had pediculosis, one out of five had trachoma, and scabies, ringworm, and impetigo were present almost as frequent.[51] Baker reflected, "Those were not schoolrooms we inspected; they were contagious wards with all the different diseases so mingled it was a wonder that each child did not have them all. Many of them did: lice, trachoma, scabies, ringworm, all at

once."[52] It became clear that the greatest number of children excluded from school were due to the diagnosis of trachoma, pediculosis and skin diseases; all amenable to nurses' interventions. Moreover, nurses had the knowledge and skills to manage pediculosis, scabies, ringworm and impetigo without the direction of a physician.[53]

Animosity developed between the Health Department and the Board of Education in that the "honestly administered" Health Department was accused of "demoralizing the Department of Education by emptying the school rooms."[54] Finding the extreme "wholesale exclusion" unacceptable, Wald commented, "Education should aim to develop good minds, good habits, good character, and good citizens, and this cannot be accomplished unless the mental training and the methods of education are directly influenced by the physical life and constitution of the individual child."[55] Baker also remarked on the problem noting that they were "literally depopulating the schools."[56]

The extreme medical exclusions with subsequent loss of time learning in the classroom did not go unnoticed. Miss Whitelaw, both a teacher and a nurse, who returned to public school teaching after having worked at the Henry Street Settlement as a nurse, was appalled at the numbers of children excluded from school for minor ailments that could be easily treated. She combined her efforts with the Henry Street Settlement nurses to provide data to the school board documenting the significant loss of school time for children excluded from school for *minor infectious medical concerns*.

Their findings identified that medically excluded children most often did not receive treatment, remained uncured and often never returned to school. The fact that with proper treatment, many of the school children could return to school compounded the situation. Thus, medical exclusion without treatment often amounted to a permanent loss of education – the

truant officer had no jurisdiction when the doctor sent the child home from school. Many of the children ended up as caretakers for siblings or as child laborers in the home. Wald commented that the exclusions promoted the exploitation of the children. She remarked, "Indifferent or ignorant parents took no action, unscrupulous ones took this as a means to avoid the compulsory education law and availed themselves of the child's service."[57]

The situation complicated an already serious problem: many poor children left school permanently by the age of fourteen when they were deemed legally able to earn a wage. These same poor children did not have the financial resources to obtain medical treatment to aid their return to school. Medical exclusions further blighted their already meager opportunity for an education.[58]

Additionally, city officials realized that the ongoing prevalence of contagious disease among school children wasted large sums of money. Medical inspectors excluded children with contagious disease from school. Without treatment, many remained absent from school and were unable to receive the education the city provided. City officials also concurred that sick children did not learn. Money that was being spent on providing an education was being wasted in trying to educate children physically unfit to take advantage of the opportunity.[59]

The Chairman of the Board of Education, Mr. Burlingham, and Health Commissioner Lederle sought out Wald for guidance in this predicament. Wald noted that the "time seemed right to urge the addition of the nurse's service to that of the doctor."[60] In an attempt to address the problem, Wald offered the services of Lina Rogers, one of her nurses from the Henry Street Settlement, for a one month school nurse experiment to determine what impact could be made. Of interest, Wald "exacted a promise from several of the city officials that if the school nurse experiment were successful they would use their influence to have the nurse, like the doctor, paid

from public funds."[61] In October, 1902 Lina Rogers became the first school nurse in New York City.[62] Thus, the inception of school nursing can be seen as a direct response to address the exclusionary nature of the medical inspections of New York City Schools.

The Roots of School Nursing Services in England

Wald wasn't the first to ponder the significance of schools and school children on health and the larger community and how nursing might play an important role.[63] The idea for school nursing had already been attributed to Malcolm Morris, an English physician, two years prior to Wald beginning her nursing service. In 1891 at the International Congress of Hygiene and Demography, Morris suggested that specially educated nurses visit elementary schools to inspect the children.[64] Indeed, school nursing had already been instituted in London when Wald established the settlement house on Henry Street in 1895.

School nursing had its roots in England in 1893. Mrs. Leon, a school manager, was upset by the children's physical health in the very poor Drury Lane district in London. She requested that a nurse from the Metropolitan Nursing Association visit the school. One year later Morris' idea came to fruition. Amy Hughes, the then Superintendent of the Metropolitan Nursing Association visited Leon's school. Hughes first assessed the children in the schools and subsequently followed the children at home. Hughes treated painful, discharging eyes, ears, infected wounds and broken chilblains. Of significance, she taught parents how to properly care for their children in the home.[65] Hughes' undertaking provided a model of care from which Wald would later borrow.

Not only was Hughes instrumental in procuring improved health for children, but she made truancy increasingly difficult. Previously, parents kept children home for purported minor

ailments when in reality they kept children home to work or care for younger siblings. Hughes eliminated such excuses by administering the necessary treatments. Once Hughes corrected the school children's ailments, parents no longer had a reason to keep the children from attending school.

Members of the community supported Hughes in her work. Teachers were so enthusiastic about the presence of the school nurse they offered one of their classrooms as a clinic and provided basins of hot water. A nearby physician collaborated with Hughes and provided medical services for the school children. The Queen's nurses valued the importance of Hughes work and undertook similar work across the London schools. Unfortunately, despite the apparent success and community support for the school nurse, municipal health and education departments were reluctant to fund the nurse's services in the schools.[66]

However, Hughes's work with the school children was not disregarded. Proponents of the position of a school nurse brought Hughes's work to the attention of Honnor Morton, a nurse and a member of the London School Board. After learning of Hughes's success, in 1898 Morton organized the London School Nurses' Society with the object of supplying visiting nursing to elementary schools in poor districts. Soon thereafter, the London School Nurses' Society funded the employment of three school nurses. Each nurse provided nursing services to the children in four schools. The school nurses treated the sick children, followed the children as needed into their homes, secured medical assistance when required and taught health prevention measures.[67]

Morton described school nursing in England in the following article she wrote in the *American Journal of Nursing,* January 1901:

> A nurse can see at a glance whether a child should be sent to a doctor; she can impress cleanliness; she can follow up bad cases to their homes; she can

recognize the early symptoms of fevers and do much to stop the spread of those infectious diseases which so often devastate our schools.[68]

In her article, Morton was clear that both England and New York City could benefit from each other. She clarified the difference between London and New York City. London did not have medical inspectors and New York City did not have nurses. She reported that the London school nurses provided treatment for the school children and did not simply exclude children from school; whereas the New York City medical inspectors only excluded the children from school. Morton specified that if the cases were complicated the school nurse followed the children to their homes, provided treatment and instructed the parents on how to care for them. She went on to state, "It is perfectly certain that medical inspection of school children must come to London soon…it is to be hoped that the London scheme when formulated may include both doctor and nurse, and that the New York scheme might be amended by the addition of nurses."[69] Of significance, Wald was already aware and quite in favor of Morton's school nursing work in England. At the beginning of Morton's article in the *American Journal of Nursing*, Wald introduced Morton and England's school nurse work and described Morton as a "fearless and inspiring leader of high purpose."[70]

Besides publishing the article, Morton presented a paper on the school nurses work in England at the Third International Congress of Nurses, held in Buffalo, New York, September 1901. Of note, Lillian Wald was present at the conference and heard Morton's account of school nursing in England. Also presenting at the conference was Amy Hughes, the first school nurse in England. Hughes, Wald and Morton all presented their papers on Friday, September 20th between 9:30 a.m. and 12:30 p.m. No doubt Wald heard about school nursing in England that morning.[71]

That morning, Morton described the school nurses' work in detail for the audience, describing how the nurses visited the schools weekly, or "sometimes daily if necessary." She went on to note that the nurses' responsibilities included "dressing small sores, cleaning dirty heads and bathing sore eyes."[72] Morton further described how the nurse followed the children into the homes. This was particularly important for those requiring quarantine, prolonged absence from school, or failure of the parents to provide treatment.[73] Morton concluded with the recommendation for what she considered would be "ideal." She suggested that every school district employ six nurses to visit the schools daily. These nurses should attend to the enormous number of cases of minor infections. A physician should be made available for consultation and referral for more serious infections, such as diphtheria.[74] She went on to comment that the School Nurses' Society would happily "dissolve and hand over its charitable voluntary work into the hands of the school authorities."[75]

Following Morton's presentation, a discussion about school nursing ensued among the attendees, including Lillian Wald. Participants voiced their support and enthusiasm for school nursing, noting that they hoped "that everyone will try to have trained nurses appointed for the public schools of their district." Some expressed their support noting: "I mean to use all my efforts to have trained nurses appointed to occupy such positions."[76] Of great interest to the participants was the school nurse's ability to actually provide treatment for the school children in England. One remarked that, in contrast to England, in the United States, "The doctor does not come to the school to treat the child; he simply recognizes the disease. I think the nurse can do more good by instructing the mother at home or taking the child to a dispensary."[77]

Thus, it is clear that Morton had documented the benefits of school nursing in England and Wald knew about school nursing before she appointed Lina Rogers. Writing in the *American*

*Journal of Nursing* 1902, Lavinia Dock, who had also attended the session at the conference expressed that "the work of the school nurse has been carried on successfully for some time in England." Dock went on to say that "Miss Wald has always cherished the hope that the trained nurse might be introduced into the large public schools of the crowded foreign quarters of the city, and has lost no opportunity of making the school nurse of London known to those who might be interested in a similar movement here."[78]

Hughes' work provided the blueprint of school nursing practice for Rogers to adopt that would be the catapult for school nursing in the United States. The willingness of nursing leaders across the world to convene to share their ideas and practice – and their inclination to seek and implement innovative programs provided the forum to cultivate the concept of school nursing in the United States. This exchange of ideas enabled Wald to adopt the idea of school nursing to New York City. Thus, Wald's position as an international nurse leader, her strong connections with the nurse leaders of the time, and her commitment to the sharing of respective nursing accomplishments around the world to expand their nursing vision, were significant factors in the development of school nursing in the United States.

Lina Rogers – A perfect choice

Lina Rogers, the first municipal school nurse in New York City, can be considered one of, if not the most significant person, responsible for the success of school nursing and its subsequent prominence across the nation. Wald astutely assigned a very adept, experienced, and competent nurse to take on the school nurse experiment. Wald noted that she chose Rogers because of her extensive training in pediatrics but also for her "tact and initiative."[79] Baker later described

Rogers as a "dignified, attractive person who exuded capability and adaptability and all of the other required qualities."[80] A nurse with less pediatric experience, maturity, or personal conviction might have succumbed to the pressure of treating thousands of school children. Rogers met the challenge and soon developed protocols defining the role and practice of the school nurse. Indeed, she stepped out of Wald's shadow and into her own area of expertise.[81]

Rogers' background and experience gave her that expertise. She was born Lina Lavanche Rogers in 1870 in the Albion Township of Ontario, Canada. She first attended Jarvis Collegiate Institute in Toronto before she began her nursing studies in 1882 at the Hospital for Sick Children in Toronto, one of the best programs available for the study of pediatric nursing at the time. Clearly, her training provided her significant experience in the nursing care of children.

The Hospital for Sick Children was the first of its kind in North America focusing exclusively on the health needs of children. Started originally as a philanthropic charity, the hospital treated seriously ill children without the ability to pay for services. The nurse training program there was comprised of both classroom instruction and clinical experience which afforded practical application of clinical nursing skills in the treatment of children with serious injuries, medical emergencies and chronic conditions such as tuberculosis. Furthermore, the surgeons at the Hospital for Sick Children in Toronto were very advanced in their treatment protocols. As a result, Rogers had the opportunity to care for children with complicated disabilities such as clubfoot and cleft palates.[82]

Following her graduation in January 1894, Rogers moved to Montreal to complete a post-graduate nursing program at the Royal Victoria Hospital. While at the Royal Victoria Hospital she became a Head Nurse and Night Superintendent. Three years later, Rogers left Canada to become Superintendent of Nurses at Grady Hospital in Atlanta Georgia. Thus, when Rogers

began the school nursing experiment in 1902, she was thirty-two years of age and an experienced pediatric nurse.[83] It is not clear how she came to the Henry Street Settlement in 1902, but she remained there as Superintendent of School Nurses for New York City Schools until 1908.[84]

## The Experiment: "Meagre Beginnings"

When Lina Rogers began her school nursing experiment, like the school nurses in London, she was responsible for children in four schools, including Public Schools Number 147, 31, 12 and a parochial school on Madison Street in New York City. The combined enrollment was approximately 10,000 students. After consulting with the medical inspectors and principals, Rogers and others agreed that the children with minor contagious diseases should be sent to the school nurse for treatment instead of excluding them from school. At the start of Roger's day, she reported to the principal where she received a list of students that were to be seen in the school dispensary. Each had been identified by the medical inspector on his daily rounds. She spent approximately an hour and a half treating the children in each school.

Principals of the four schools were enthusiastic about having a school nurse but unable to provide for adequate clinic space. Creative ingenuity prevailed and in School Number 12, the school clinic was set up in an unused stair closet. Rogers was unable to stand erect in the closet but found it suitable to store supplies. Using a high chair rescued from an ash heap for the children to sit on, Rogers provided the necessary treatments for the children in front of a window. The adjacent radiator made due as a dressing table. School clinics in the other three schools were set up in their respective basements. There Rogers used the window sills as dressing tables, and borrowed chairs for the children to sit on as they received their treatment. At the outset, the Henry Street Settlement donated the treatment supplies.[85]

The students' enthusiasm for the nurse and clinic were remarkable. Rogers documented their interest, writing: "When the children found out that they could have treatment daily and remain in school, "sore spots" seemed to crop up overnight. The public was equally enthusiastic. The *New York Tribune* reported that Miss Rogers became a "novelty" and that her "good work…won for her the esteem and affection of the children to such an extent that as she walked through the school yard the girls ran to meet her and the boys ceased their rough play to lift their hats."[86]

Rogers assessed and treated minor contagious diseases such as ringworm, scabies, impetigo, infected wounds and discharging eyes, ears and rat bites. On Rogers' second day, she had the experience of dressing a rat bite on the hand of a little child. The child had been bitten three times during the previous night. Rogers treated the children, documented her findings and gave the children a note to take to the teacher, instructing them on whether or not to return to the classroom.[87] All cases eliciting a diagnosis and treatment were recorded in cipher to prevent classmates from obtaining personal information about each other and to prevent embarrassment for those children with head lice.[88]

Because of the vast number of recurrent contagious health problems, Rogers developed protocols for courses of treatment for those conditions. Pediculosis was one of them. The Department of Health instituted Rogers' protocols as part of the department's regulation for treatment. After adopting the pediculosis protocol, pediculosis cases were managed only by the nurses as it was no longer necessary to refer them to the physicians. Rogers stated, "Pediculosis has almost entirely disappeared where nurses are in attendance at schools." She went on to describe the protocol, "Pediculosis. –Saturate head and hair with equal parts kerosene and sweet oil, next day wash with solution of potassium carbonate (one teaspoonful to one quart of water) followed by soap and water. To remove nits use hot vinegar."[89]

Learning from the British about the problem of obtaining funding for school nurses in England, Wald exacted a promise from the New York City officials at the start that should the school nurse experiment in New York City be considered successful, it would become a municipally funded endeavor. In doing so, Wald ensured that the funding problems that existed in England would not happen in New York. By the end of her first month, Lina Rogers reported that she treated 829 cases and made 137 home visits. Ninety-three children who had been absent received treatment and returned to school. Medical inspectors, principals and parents deemed the work of the school nurse a success. The Board of Education, along with the Board of Health, applied for financial resources to the Board of Estimate to continue Roger's work in the schools. In November of 1902 funding was allocated.[90] According to Rogers, "at the end of the first month's work, the small beginning seemed so satisfactory and full of hope of what could be accomplished that the Board of Health asked [her]to accept an appointment to carry on the work."[91] On November 7, 1902 Rogers was appointed school nurse by the New York City Board of Health.[92]

Rogers carried out the work primarily by herself during October and November of 1902. Once Rogers was hired by the Board of Health, she specified the necessary supplies and the Board of Education paid for them. Acknowledging the difficulty of the work, Rogers wrote, "The nurse who enters upon this work without the spirit of doing the greatest good she can for the public will find it more of a burden than a pleasure…The work is hard, and is only lightened by the amount of cheerfulness the individual nurse carries into it with her."[93]

In December 1902 the Board of Health hired twelve additional school nurses and appointed Lina Rogers as the new Superintendent of School Nurses. Each of the newly hired school nurses was specially qualified for school nursing service. The work was lauded as so remarkable that

when the report of their service was presented to the Board of Estimate on January 1, 1903, “an appropriation of thirty thousand dollars was immediately granted” for the expansion of the work.[94] In February of 1903, the Board of Health hired an additional fifteen nurses, bringing the staff to a total of twenty-seven school nurses at a salary of $900.00 a year. Each nurse was given an assignment of four to five schools with a total of approximately ten-thousand children in each group.[95]

After the initial experiment, Rogers stated that her “chief object was to help keep the children in school.”[96] She noted that previously “children would have been kept out of school for weeks with a slight eczema on the face or head, and after a few days of careful treatment have been returned to school.”[97] Comparing the data from 1902 to 1903 the change was remarkable. In September of 1902, 10,567 students were excluded from school for medical reasons. During the same month in 1903, following the introduction of the school nurses, only 1,101 students were excluded.[98] Rogers reflected on how the newly reduced number of children excluded from school affected the children entering the workforce. She commented, “it can be estimated what a serious loss of school time was suffered by the very children who could least afford to lose their schooling, as they belong, almost all, to that class of wage earners who are legally allowed to work at the age of fourteen.”[99] In essence, the role of the school nurse completely changed the medical inspection program from that of exclusionary in nature to one of incorporation of health care, controlling contagious disease and reducing school absenteeism. Wald specified, “Formerly when a child was sent home with a disease the case was considered closed, but under the new regulations it becomes the duty of the school nurse to see that the case is properly treated.”[100] She reiterated, “In any case, the nurse was to keep her hold on the child until he was well and restored to school.”[101]

Baker expressed her admiration for the school nurse program and its great success. As a result, proper clinics with the necessary supplies were established in every school and the children reported each day to the nurse for appropriate treatment. Baker went on to recount that with the assistance of the school nurses they created special classes and schools specifically for children diagnosed with trachoma – so that they could continue their education and receive treatment without being in contact with other children in the schools. Baker wrote that "the school nurse with her equipment and medicines and shrewd willingness to go as far as was advisable without a doctor's advice was known all over the city."[102] Baker chronicled the success of the school nurses:

> The results were quite astonishing to me as the appalling conditions the nurses were combatting. How much school nurses have accomplished was vividly brought home to me a few years ago when I was teaching a course in public health at Teachers College, Columbia University, and made a practice of taking my students down to a public school for a first-hand lesson in the technique of inspecting school children. Naturally I wanted plenty of cases of contagious eye and skin diseases for demonstration so I asked the Superintendent of Nurses to have sent to me every available case of pediculosis, scabies, trachoma, ringworm and impetigo to be found in the Borough of Manhattan. The response was breathtaking - because it was so meager. In all of the Borough of Manhattan, they could never produce more than two or three cases of any given infection whereas fifteen years before we had had them by the hundreds in every public school. Our care and treatment had been an overwhelming success – a magnificent tribute to the splendid and thorough work of the school nursing staff.[103]

The School Nurse Home Visit: Providing Access to Care

Thousands of immigrants, poor, sick and unaware of medical resources within the city, had no knowledge or means of obtaining medical treatment when they needed it. Thus, children and families remained sick passing their contagious disease throughout the crowded tenement districts. The school nurse and her visit to the home became the first line of providing access to medical care to families who would have otherwise gone without. After the school day, the nurse visited the homes of children who were absent or had been excluded from school. In 1903, school nurses made 16,218 home visits.[104] As Lina Rogers put it, “The work done in the schools is probably the least important part, as the possibilities of what may be done in the homes are very great.”[105]

Health education was a large part of the school nurse’s visit to the home. During the home visit, the nurse advised the parents about their child’s diagnosis, instructed them on the necessary treatments and provided whatever advice and assistance was needed to ensure the child’s welfare and return to school. Rogers noted that demonstration of the treatment was most important as few mothers understood how to carry out the recommendations of the physicians. For more serious cases, the nurse encouraged the parents to seek additional treatment from a family physician or a dispensary. If necessary, the nurse took the child to the dispensary herself.[106]

Many parents were unaware of how to care for their children and how their children could infect others. A nurse found that in one house the entire family used one towel; that towel being the same towel used by the child with scabies or ringworm. She also found cases of parents neglecting to treat non-school age children for the same contagious problems their school-aged siblings were being treated for at school. Rogers wrote, “In the first home visits made by the

nurses it was amply proven how often the benefits in the schools were defeated by the ignorance of the parents."[107]

In many circumstances, children did not cooperate with their parents for the prescribed treatments. In such situations, the authority of the nurse was critical. Rogers commented that children who had fought against receiving treatment from their mothers, "quietly submitted to the nurse."[108] She explained, "It was seen that the work of the nurse connected the efforts of the Department of Health with the homes of the children, this supplying the link needed to complete the chain of medical inspection."[109]

In addition to treatment of the original disease, the school nurse's home visits provided an opportunity for other health teaching. She instructed parents on preventive health care for their children, established with them a means of medical access and in a "polite and friendly way" addressed issues such as cleanliness of the children and the home. Rogers observed that typically, mothers were very appreciative and strived to follow all directions provided.[110]

Moreover, the school nurse's home visits promoted the well-being of not only the school children but often the entire family and the larger community. Upon visiting the home, Rogers often discovered other ill family members requiring assistance. She described a situation she saw on entering a tenement home. What initially appeared to be a bundle of rags, was a man in the last stages of tuberculosis. In such instances, the school nurse referred the families to available services. Frequently during home visits, the school nurse discovered infants, toddlers, and preschoolers that were sick or had physical defects. She took them upon her caseload and treated them accordingly. Pregnant mothers also received advice and assistance when needed.[111] Rogers commented that "the work done in the school only must fail to have any real preventive character…the care given to the children in the schools is the ameliorative – that given in the

homes the preventive part of the whole."[112]

The home visits were a very difficult part of the school health work. The physical demands were great and the home visits demanded miles of walking and stair climbing. Josephine Baker described the home visits as "the hardest physical labor I ever did in my life: just backache and perspiration and disgust and discouragement and aching feet day in and day out."[113] In her autobiography Baker wrote, "I climbed stair after stair, knocked on door after door, met drunk after drunk, filthy mother after filthy mother, and dying baby after dying baby."[114] She commented that the work was made easier by going up the long flights of stairs to the roof of one tenement, climbing over the dividing wall to the adjoining tenement roof, and heading down the stairs of the next.

The School Nurse: Trust, Tact and Cultural Sensitivity

The school nurse had to quickly establish rapport, trust, and respect with parents and families in the school district. Rogers remarked that the school nurse "wields a tremendous influence over the parents." She went on to say, "when the dentist or doctor tells them [parents] that their children have certain physical defects needing attention, parents are apt to think the dentist or doctor is looking for a job."[115] On the other hand, Rogers reported that the parents viewed the school nurse as having no monetary interest in the matter and thus, the school nurse had only the best interest of the child in mind.[116] The school nurses' rapport with parents was crucial, for without the parent's support, nothing could have been accomplished.

However, trust in the school nurse was not immediate. Rogers noted that some parents at the outset were "suspicious and defiant until shown the intentions of the Department of Health." Roger's described one example in which the nurse was "greeted with a tirade of abuse." The

mother misunderstood the necessary treatment for her son's eye infection, and believed instead that "his eyes had to be taken out and scraped." After much patience and explanation, the mother not only consented to have the boy operated on but invited the nurse to take tea.[117]

Tact, perseverance and patience were significant requirements during the home visits. School nurses had to be careful to not diagnosis or interfere with any physician's practice. They were required to placidly navigate their way into the home of a family without antagonizing or ostracizing themselves. Rogers also identified challenges such as differences in culture and language. School nurses were expected to teach complicated treatments to those who were illiterate and didn't speak the English language. School nurses had to learn the language and customs of the various immigrant poor residing in their assigned school district and often had to incorporate those customs into their practice to promote compliance. An article in the *New York Tribune*, in 1903, told of Miss Rogers and the "great deal of time" she spends in the homes of the sick children. The article described that she would talk with the mothers and in cases "where the English language did not afford a common medium, she would demonstrate by means of gestures how the child should be treated…and how cleanliness was next to godliness."[118]

Furthermore, during home visits, school nurses had to overcome immigrants' misunderstandings of their work. In 1905, the *New York Times* published an account of a day in the life of school nurse, Miss Adams. Adams was in search of Antonio – a little immigrant Italian boy who was reported as ill. His mother, Mrs. Camozini, fearing Antonio was to be taken from her to be tortured at the hospital attempted to hide him under an overturned laundry tub, and when that attempt did not work, pretended that he was the neighbor's child. She retorted to Miss Adams' persistence, "I hava no lit; bo'." The article went on to tell the story:

> Finding that her protests availed nothing, because Miss Adams knew the boy, she

> [the mother] fell to begging her to save him from the torments. Miss Adams readily promised, provided the mother would do as she was told…Antonio was given a lesson in gargling, and his mother was told to keep him warm and dry. "Is data all?" asked the anxious mother. "You noa tak Tony to the hospital? You maka him well? Oh, Santa Maria!" Then, suspiciously: "How mucha you aska?" "Nothing at all, except to ask you to keep your place clean," replied Miss Adams, as she patted Antonio's round olive cheek. She left amid a torrent of blessings. On her follow-up visit, the Camozini apartment and Antonio were scrubbed clean. Her fame as a healer…and the information that she was no hospital runner, spread throughout the tenements.[119]

### The School Nurse: Her Role as a Social Worker

> More than any other branch of nursing, the public-school offers the opportunity for public service of a high type, because it is so closely related with all the forces working for good citizenship…defending the right of the children to a good education – those who are fighting the evils of child labor, of bad housing, of unsanitary cities, of homes turned into workshops, are all eagerly welcoming the nurse, with her practical ability and her intimate touch with the people.[120]

During home visits Rogers identified that poverty was often the reason children did not attend school. Often, families could not afford to pay for a doctor or medical treatment, so children remained sick unable to secure clearance for return to school. Many children were absent because of a lack of shoes, clothing and food. Still others cared for younger siblings, whose mothers had to work. Rogers regularly contacted local charitable organizations that provided for

families in need and sought out resources in order to return the children to school.[121] The needs were numerous and variable; from medicine, food, clothing and shoes – to referrals for jobs for parents and child care for younger siblings so the older children might return to school. She also described children who were not well enough to attend school for a variety of chronic medical conditions related to poverty, and referred such children to the Nurses' Settlement where they could be sent "to the country to be built up and return robust and ready to begin studies."[122]

The housing conditions under which many of the children lived were deplorable. Baker described the tenements as railroad flats with four to five rooms in a continuous row with no hallway. A large family would reside in each room, often with boarders. Bathrooms were a luxury and Baker commented that "the indoor privies were so filthy that I think the people with outdoor privies had slightly the better of it…at least these were cleaned at night by a crew from the Department of Health."[123] Obstructed sewers drained into already filthy yards and streets where the children played. The school nurse's home visits provided the opportunity to see and report the unlawful and unsanitary conditions to the proper authorities.[124] Often it was the school nurse who empowered families when she explained to mothers that landlords were liable to a fine if their premises were not kept in a sanitary condition.[125]

Furthermore, school nurses became child advocates and often had to intervene for the safety and welfare of a child. If a parent refused to permit treatment, the school district superintendent and the district attorney became involved. Rogers stated, "Any parent who refused to put a child under proper treatment was committing a violation of the compulsory education law, and was punishable by fine."[126] She described that if a parent choose to neglect a child or refused to have treatment provided, they could be charged, fined, sent to prison or have the child removed from the home. In 1908 at the Annual Convention of the Associated Alumni, Rogers reported that

school nurses often uncovered grave concerns during home visits including alcohol abuse and domestic violence.[127] She told of several instances when the nurse had to involve the police in many life-threatening situations.[128]

The school nurse also addressed problems of children kept home from school to care for sick family members or younger siblings while parents worked. In Wald's private papers she wrote of Agnes Koenig, 10 years old, kept home from school so that she could nurse her sick mother with tuberculosis. Agnes was also responsible for the cooking, cleaning and washing for the entire family, including younger siblings. The father received a pitiable pay and they had no financial resources to pay for help in the home. In cases such as Agnes, the school nurse sought charitable resources to assist the family so Agnes could return school.[129]

In addition, school nurses ensured the safety, well-being and readiness of a child as a full-time worker. By 1914, most states had instituted child labor laws requiring children to be at least fourteen years of age to obtain a work permit. It was a common occurrence for a child of fourteen to be removed from school and sent to work in the industrial world to earn money for their family. However, without the school nurses' and school physicians' stamp of approval, that the child was "in fit physical condition to perform the work it intends to do" no child was released from school to work, without proper examination and review of medical records.[130] Every student seeking a work permit had to first apply to the school nurse for health approval. The school nurse verified the child's age by birth certificate, reviewed school medical records and determined if there was any diagnosis which might affect the child's ability to work. The school nurse evaluated vision, hearing and dental status and sought "evidence of a good vaccination scar." [131] The economic status of the family was verified to make sure the child's income was necessary. The work permit was approved as long as no evidence of illness or

deformity was found. Those children with identified problems were not released for work until their health concerns were corrected.[132]

## The School Nurse's Role – Broadening in Scope and Practice

Although the need to control contagious disease and reduce absenteeism initiated the role of the school nurse, once those problems were addressed, the school nurse's role broadened in scope and practice. By 1905, the care of school children shifted from disease containment to cure. The primary aim became the need to identify and correct physical defects. In order to do so, all school children were required to participate in a comprehensive physical examination. To facilitate this new physician responsibility, school nurses were given complete charge of the daily inspection of school children that was formerly performed by physicians. During the daily inspections, school nurses treated those children they identified with contagious conditions. Rogers noted that afterwards, the physician filled in the diagnosis on the cards. She stated that one nurse was responsible for examining and treating three thousand children each week.[133]

Comprehensive physical examinations revealed thousands of physical defects in school children. In 1908 documented defects were primarily enlarged and infected tonsils and adenoids, defective vision, bad teeth and anemia. According to Rogers, school nurses assisted in the correction of the physical defects. They obtained 1,435 pairs of glasses for children with defective vision, secured 899 operations for children with enlarged adenoids and tonsils and referred 275 children to community relief societies for additional help.[134]

School nurses provided instruction and demonstration for both children and parents on the laws of hygiene and the necessity of preventive care and corrective measures of physical defects. The school nurse took an active role in health promotion and hygiene including nutrition, dental

care, hand washing, bathing, nail care and nose blowing. Rogers described the school nurses conducting toothbrush drills, and for ten cents a brush, and five cents a tube of toothpaste, The Oral Prophylactic Society had a special brush made especially for school aged children. Rogers also detailed the preventive work in "nose-blowing drills." [135] She went on to say, "This may sound strange but it is a powerful factor in preventing adenoid growths and clearing the nasal passages for breathing." [136] All children were mandated to have a handkerchief and regularly use it.

By 1909, New York City employed 141 school nurses serving 458 schools in the Greater New York area including rural parts of Richmond and Queens. Roger's left her post as the Superintendent of School Nurses in 1908 and was replaced by Anna Kerr. Kerr emphasized that the school nurses' role had progressed with advances in the study of child health. She noted that school nurses were to address all areas of concern that might "impede the child's progress in school, prevent his normal development, or cause him needless suffering."[137]

The prominence of the school nurses' role ensued. The school nurse program became so well respected that in many cases, the notice to the parent was all that was required for the child to be put under appropriate treatment. As the population of school children grew, the actual treatment of the children at school became more limited. Those children needing continued treatment beyond their parent's capabilities were referred for home or dispensary care. Parents needing special instruction came to the school for a consultation with the nurse. However, Kerr did note that "the careless, the indifferent, or those who are not able to afford the expense of remedying the defects are the nurse's care."[138] She went on to say that several hours a day remained devoted to the home visits where the school nurse's "best work is done."[139]

As the school nurse broadened her role, the inclusion of children with special needs became

a distinct area of concern. As early as 1913, children in New York City with physical defects and special needs, particularly mentally handicapped children, attended special classes in schools. In New York City, school nurses were instrumental in ensuring special needs children attended school. The crippled children [sic] were transported to and from special classes at school in one omnibus. The nurse assigned to that school district rode with the children each morning and afternoon ensuring their safety. During the school day, the nurse conferred with teachers, completed home visits with mothers, provided advisement regarding diet, and made certain that "fundamental material needs were supplied."[140] Also identified was a relatively new initiative in which the school nurse also provided supervision of lunches served to the crippled children [sic] in the public schools.

New York City as a Model of Care

It wasn't long before other cities adopted the role of nurses in the schools. The New York City school nurse experiment was deemed so successful that it was soon replicated in other cities across the United States; Los Angeles and Philadelphia in 1903, Baltimore in 1905, San Francisco in 1907, Chicago in 1908 and Richmond, Virginia in 1909.[141] Given that contagious disease had no preference to race, class, culture, gender and geography, health professionals and educators across the country were struggling with the same health concerns within their schools as the city of New York. They quickly recognized that they could use New York City as a model on which to institute a school nurse program in their own cities. New York City had already established a sound program of school health. It would be the nursing leaders in these cities who fostered the growth of school nursing by implementing the movement in their own communities. Through professional correspondence and networking, nurse leaders promoted the diaspora of

school nursing across the United States; north and south, east and west and from large urban areas to sprawling rural counties.  In this manner, school nursing made its way from New York City to the City of Richmond and later to the rural areas of Virginia.

## Notes: Chapter 3

[1] Jane Adams, "The Visiting Nurse and the Public Schools," *The American Journal of Nursing* 8, no. 11 (August 1908): 918-920.

[2] Lillian Wald, "Introduction to the Report of the Nursing Service of Henry Street Settlement, 1913," in *Healing at Home: Visiting Nurse Service of New York 1893-1993*, ed. Ellen Paul Denker (New York: Visiting Nurse Service of New York, 1993), 2.

[3] Lillian Wald, *The House on Henry Street* (NY: Henry Holt and Company, 1915), 1.

[4] Numerous sources provide information regarding Wald's biography including Wald's two books, *The House on Henry Street* and *Windows on Henry Street.* Within these books she shares little biographical information but great insight into her thoughts, feelings and philosophy and how she became interested in nursing and subsequent reform activities. Several biographies have been written about Wald from which I have gathered much information. These include the following: R. L. Duffus, *Lillian Wald, Neighbor and Crusader (New York: The Macmillan company, 1939).* Duffus's book was written during Wald's lifetime and some information was provided by Wald's peers such as Lavinia Dock and their perspective of Wald's works. Beatrice Siegal, *Lillian Wald of Henry Street* (New York; London: Macmillan; Collier Macmillan, 1983). Most recently Marjorie N. Feld, *Lillian Wald: A Biography* (Chapel Hill: University of North Carolina Press, 2008). Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore: Johns Hopkins University Press, 2001).

[5] Lillian Wald, *The House on Henry Street* (NY: Henry Holt and Company, 1915), 1-5; Marjorie N. Feld, *Lillian Wald: A Biography* (Chapel Hill: University of North Carolina Press, 2008). Duffus wrote that Mrs. Solomon Loeb organized the class but Feld discovered a letter from Schiff to Wald that described Minnie Louis as the class organizer and the one who introduced Wald to Loeb and subsequently Schiff. This information was also discussed in Heather Furnace's dissertation, Heather Janell Furnace, "Nurses as Neighbors: Community Health and the Origins of School Nursing" (PhD dissertation, Cornell University, 2014).

[6] Karen Buhler-Wilkerson, "The call to the Nurse 1893-1943," in *Healing at Home: Visiting Nurse Service of New York 1893-1993,* ed. Ellen Paul Denker, (New York: Visiting Nurse Service of New York, 1993), 9.

[7] Wald, *The House on Henry Street*, 4-7.

[8] Ibid., 7-8.

[9] Ibid., 9-10.

[10] Lillian Wald, 44-45. Initially Wald and Brewster kept very well documented daily records to be able to provide their benefactors. However, as the depression worsened, so did their workload and little time was left for written documentation. Wald wrote in a letter to Schiff and Loeb that "very little record of the work beyond addresses has been possible." For their time on Jefferson Street few primary source documents are available. Per Historian Karen Buhler-Wilkerson, the only remaining records are Wald's monthly letters to her benefactors and a report of expenses, dated January 1895. The remaining letters are in a safe of the VNSNY. I concur that copies of several letters are in the Wald Collection at the New York Public Library including the following: Correspondence "Daily Record": "A", "B" 2 July 1893, "C" 2-7 July 1893; 24 July 1893; Wald to Jacob Schiff and Mrs. Solomon Loeb, 14 July 1893, 29 July 1893, 2 October 1893, 3 November 1893, 2 February 1894, 8 December 1894, 11 February 1895, and 10 April 1895.

[11] Karen Buhler-Wilkerson, "Bringing Care to the People: Lillian Wald's Legacy to Public Health Nursing," *American Journal of Public Health* 83, no. 12 (December 1993): 1780.

[12] Wald, *The House on Henry Street*, 8.

[13] Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore: Johns Hopkins University Press, 2001), 102.

[14] Lillian D. Wald, "Report to Jacob Schiff," November 3, 1893, Box 2, Folder 1, Lillian D. Wald Papers, Manuscripts and Archives Division, The New York Public Library.

[15] Wald, "Report to Jacob Schiff," November 3, 1893, Box 2, Folder 1.

[16] Wald, *The House on Henry Street,* 8.

[17] Wald *The House on Henry Street*, 24; Buhler-Wilkerson, "Bringing Care to the People," 1779-1780.

[18] Wald, *The House on Henry Street*, 46.

[19] Columbia University Lillian Wald Papers, Reel 14, Box 16, Folder 14.

[20] Ibid.

[21] Lillian Wald, *The House on Henry Street*, 48.

[22] Lillian Wald, "The Nurses' Settlement in New York," *The American Journal of Nursing,* 2, no. 8 (January 1901): 567-575.

[23] Lillian Wald, *The House on Henry Street*, 48.

[24] Ibid., 49.

[25] Ibid.

[26] Ibid.

[27] Lillian D. Wald, "Report to Jacob Schiff," October 2, 1893, Box 2, Folder 1, Lillian D. Wald Papers, Manuscripts and Archives Division, The New York Public Library

[28] Ibid.

[29] Lillian Wald, *The House on Henry Street*, 49; Lina Rogers Struthers, *The School Nurse: A Survey of the Duties and Responsibilities of the Nurse in the Maintenance of Health and Physical Perfection and the Prevention of Disease Among School Children* (New York and London: G.P. Putnam's Sons, 1917), 15.

[30] Rogers Struthers, *The School Nurse*, 15.

[31] Richard Meckel, *Classrooms and Clinics; Urban Schools and the Protection and Promotion of Child Health: 1870 -1930* (NJ: Rutgers University Press, 2013).

[32] Charles Dewey, "Medical Inspection of Schools in Boston," *American Journal of Nursing* 1, no. 9 (June 1901): 650.

[33] Ibid., 651.

[34] Ibid., 655.

[35] Lillian Wald, "Medical Inspection of Public Schools," *Annals of the American Academy of Political and Social Sciences* 25 (March 1905): 88-96.

[36] Wald, "Medical Inspection of Public Schools," 88-96; S. Josephine Baker, *Fighting for Life*, Reprinted edition Arno Press Inc. 1974 (New York: Macmillan Co., 1939), 56.

[37] Wald, "Medical Inspection of Public Schools," 91.

[38] John Duffy, *A History of Public Health in New York City, 1866-1966* (New York, Russell Sage Foundation, 1974), 239.

[39] http://www.nyc.gov/html/nyc100/html/classroom/hist_info/mayors.html#wyck

[40] Baker, *Fighting for Life*, 56.

[41] Ibid., 59.

[42] Ibid., 58-59.

[43] Ibid., 57.

[44] Wald, *The House on Henry Street*, 50.

[45] Joellen Hawkins, Evelyn Hayes, Padovano Corliss, "School Nursing in America – 1902-1994: A Return to Public Health Nursing," *Public Health Nursing* 11, no. 6 (December 1994): 416-25; Mary Gibson, "School Nursing in Virginia," in *Nursing Rural America* eds. John Kirchgessner and Arlene Keeling (Springer Publishing Company, NY: 2015), 40; Lina Rogers, "Some Phases of School Nursing," *American Journal of Nursing* 8, no. 12 (September 1908): 966-974; Lillian Wald, "Medical Inspection of Public Schools," 90-92.

[46] Lillian Wald, "Medical Inspection of Public Schools," 91.

[47] Lillian Wald, *The House on Henry Street*, 50.

[48] Joellen Hawkins, Evelyn Hayes, Padovano Corliss, "School Nursing in America," 416 - 25; Gibson, "School Nursing in Virginia," 40; Rogers, "Some Phases of School Nursing," 966-974; Wald, "Medical Inspection of Public Schools," 90-92.

[49] Hawkins, Hayes, Corliss, "School Nursing in America," 416-25.

[50] Lillian Wald, "Medical Inspection of Public Schools," 91.

[51] Baker, *Fighting for Life*, 79.

[52] Ibid.

[53] Rogers Struthers, *The School Nurse*, 15 – 30.

[54] Wald, "Medical Inspection of Public Schools," 91.

[55] Ibid., 89.

[56] Baker, *Fighting for Life*, 79.

[57] Wald, "Medical Inspection of Public Schools," 91-92.

[58] Lavinia Dock, "School Nurse Experiment in New York," *The American Journal of Nursing* 3, no. 2 (November 1902): 108-110.

[59] Rogers Struthers, *The School Nurse*, 18.

[60] Wald, *The House on Henry Street*, 50-51.

[61] Ibid., 51

[62] Gibson, "School Nursing in Virginia," 40; Lina Rogers, "Some Phases of School Nursing," *American Journal of Nursing* 8, no. 12 (September 1908): 966-974; Lillian Wald, "Medical Inspection of Public Schools," *Annals of the American Academy of Political and Social Sciences* 25 (March 1905): 91.

[63] Lavinia Dock, "School Nurse Experiment in New York," 108-110.

[64] Honnor Morten, "The London Public-School Nurse," *The American Journal of Nursing* 1, no. 4 (March 1903): 274-276.

[65] Rogers Struthers, *The School Nurse*, 28.

[66] Morten, "The London Public-School Nurse," 274-276.

[67] Charles McMurray et al., Yearbook of the National Society for the Study of Education, January 1, 1910.

[68] Morten, "The London Public-School Nurse," 275.

[69] Ibid.

[70] Even prior to the Third International Congress, Wald was very aware of Morton's school nursing practice and progressive activities. Wald wrote the following complementary introduction about Morton in *The American Journal of Nursing*, January 1901 praising Morton for her knowledge and work. "Miss Honnor Morten, a trained nurse, graduate of the London Hospital, is a member of the London School Board, which originated and put into practice the system of school nursing which she has described in the following paper. Miss Morten founded the Hoxton Social Settlement, and has been the inspiration of many independent movements among women, all progressive, social, and unselfish. She is well-known among nurses, writers, educators, and social re- formers as a fearless and inspiring leader of high purpose." ---- LILLIAN D. WALD; Honnor Morten, "The London Public-School Nurse," *The American Journal of Nursing* 1, no. 4 (March 1903).

[71] THIRD INTERNATIONAL CONGRESS OF NURSES in Buffalo, New York, September 18-21, 1901 edited by the Committee on Publication; Isabel Hampton Robb, Lavinia L. Dock, and Maud Banfield. Press of J. B. Savage, Cleveland, printed in the *American Journal of Nursing*, 2, no. 8 (May 1902): 272-275. http://pds.lib.harvard.edu/pds/temp/3792351-4.gif

[72] Ibid.

[73] Honnor Morten, "The London Public-School Nurse," 274-276. THIRD INTERNATIONAL CONGRESS OF NURSES in Buffalo, New York, September 18-21, 1901, 272-275.

[74] THIRD INTERNATIONAL CONGRESS OF NURSES in Buffalo, New York, September 18-21, 1901, 273.

[75] Discussion following the five papers on district and settlement nursing given on Friday morning September 20, 1901 at the THIRD INTERNATIONAL CONGRESS OF NURSES in Buffalo, New York, September 18-21, 1901, 273.

[76] Ibid., 275

[77] Ibid.

[78] Lavinia Dock, "School Nurse Experiment in New York," 109.

[79] Columbia Papers, Lillian Wald Collection, Draft version of The House on Henry Street, September 1914, Reel 14, Box 16, Folder 7; Lavinia Dock, "School Nurse Experiment in New York," 108-110.

[80] Baker, *Fighting for Life*, 80.

[81] Very little information is available about Roger's personal life. No biography of her life has been written, nor were her personal papers or correspondence kept. With the exception of the few journal articles written by Rogers in the *American Journal of Nursing, The Charities and the Commons,* and her published text book on School Nursing, no other primary sources exist to provide insight into her personal philosophy regarding school nursing. Additionally, within the Wald Collections at the New York Public Library and Columbia University, any information related to Rogers, which is very limited, is found under general "staff correspondence" or within letters to Wald from Lavinia Dock.

[82] Phoebe Pollitt, "Lina Rogers Struthers: The First School Nurse," *The Journal of School Nursing: The Official Publication of the National Association of School Nurses* 10, no.1 (February 1994): 34-36; Casey Schumacher, "Lina Rogers: A Pioneer in School Nursing," *The Journal of School Nursing: The Official Publication of the National Association of School Nurses* 18, no. 5 (October 2002): 247-249; Heather Furnace, *Nurses as Neighbors: Community Health and the Origins of School Nursing,* May 2014.

[83] Following New York, Rogers moved to Pueblo, Colorado to lead a school nursing program there. In 1910, Rogers returned to Canada to accept the positon of Superintendent of School Nurses of Toronto from 1910-1913. While in that role she met her husband, Dr. Williams E Struthers, Chief Medical Officer of Inspection of Schools and married on July 9, 1913. As was expected of married women at the time, Rogers resigned from her professional role but remained active in school nursing, contributing to school nursing's knowledge and practice by writing numerous journal articles and publishing her text book, *The School Nurse* in 1917. Although officially retired, she was the Chairman of the School Nursing Committee of the National Organization of Public Health Nursing from 1913 – 1916.

[84] Pollitt, "Lina Rogers Struthers: The First School Nurse," 34-36; Schumacher, "Lina Rogers: A Pioneer in School Nursing," 247-249; Furnace, *Nurses as Neighbors: Community Health and the Origins of School Nursing*.

[85] Rogers Struthers, *The School Nurse,* 18-21.

[86] New York Tribune, February 8, 1903: 3.

[87] Lina Rogers, "School Nursing in New York City," *American Journal of Nursing* 3, no. 6 (March 1903): 448-50.

[88] Lillian Wald, "Medical Inspection of Public Schools," 93; Lina Rogers, "School Nursing in New York City," 449.

[89] Lina Rogers, "Some Phases of School Nursing," *American Journal of Nursing* 8, no. 12 (Sept. 1908): 968-969.

[90] Lillian Wald, "Medical Inspection of Public Schools," 91.

[91] Rogers Struthers, *The School Nurse*, 24.

[92] Ibid.

[93] Rogers, "School Nursing in New York City," 450.

[94] Rogers Struthers, *The School Nurse*, 27.

[95] Rogers Struthers, *The School Nurse*, 27; Lina Rogers, "Nurses in the Public Schools of New York City," *Charities and The Commons* 17, (April - October 1906): 66.

[96] Lina Rogers, "School Nursing in New York City," 448-50.

[97] Ibid., 450.

[98] Rogers, "Nurses in the Public Schools of New York City," 65.

[99] Rogers, "Some Phases of School Nursing," 967.

[100] Wald, "Medical Inspection of Public Schools," 91.

[101]Columbia Papers, Lillian Wald Collection, Miscellaneous Manuscripts and Documents, Reel 15, Box 16, Folder 20.

[102] Baker, *Fighting for Life*, 80.

[103]Ibid., 81 - 82.

[104] Rogers, "Nurses in the Public Schools of New York City," 87.

[105] Rogers, "School Nursing in New York City," 448-50.

[106] Rogers, "School Nursing in New York City," 448-50; Rogers Struthers, *The School Nurse*, 14 – 46.

[107] Rogers, "Some Phases of School Nursing," 970.

[108] Rogers Struthers, *The School Nurse*, 22.

[109] Rogers, "Some Phases of School Nursing," 966.

[110] Wald, "Medical Inspection of Public Schools," 93; Rogers, "School Nursing in New York City," 449.

[111] Rogers Struthers, *The School Nurse*, 10.

[112] Rogers, "Some Phases of School Nursing," 970.

[113] Baker, *Fighting for Life*, 58.

[114] Ibid.

[115] Rogers Struthers, *The School Nurse* (New York and London: G.P. Putnam's Sons, 1917): 48.

[116] Ibid.

[117] Rogers, "Some Phases of School Nursing," 971.

[118] New York Tribune, February 8, 1903: 3.

[119] New York Times, "Professional Nursing in School and Tenement, Humor and Pathos Vary…", August 27, 1905.

[120] "The public-school nurse," (Editorial). *American Journal of Nursing*, 6, no 6 (March 1906): 345-346.

[121] Rogers, "School Nursing in New York City," 448-50.

[122] Ibid.

[123] Baker, *Fighting for Life*, 69-70.

[124] Rogers, "Some Phases of School Nursing," 971.

[125] Rogers Struthers, *The School Nurse,* 10.

[126] Wald, "Medical Inspection of Public Schools," 94.

[127] Proceedings of the Sixteenth Annual Convention of the American Nurses' Association: Lina Rogers, "The Nurse and Public Health," *American Journal of Nursing,* 13, no. 12 (Sept. 1913): 975-980; Rogers, "Some Phases of School Nursing," 970; Rogers, "The Nurse and Public Health," *American Journal of Nursing* 13, no. 12 (1913): 978.

[128] Proceedings of the Sixteenth Annual Convention of the American Nurses' Association: Lina Rogers, "The Nurse and Public Health," 975-980.

[129] Columbia Papers the Wald Collection: The Good Child Exploited in the Home, Draft from the House on Henry Street 1915, Reel 14, Box 16, Folder 14.

[130] Kathleen D'Olier, "The School Nurse's Relation To The Child Applying For Working Papers," *The American Journal of Nursing* 15, no. 2 (Nov.1914):106-109.

[131] Ibid.

[132] Ibid.

[133] Lina Rogers, "Some Phases of School Nursing," 972.

[134] Ibid.

[135] Proceedings of the Sixteenth Annual Convention of the American Nurses' Association: Lina Rogers, "The Nurse and Public Health," 975-980.

[136] Ibid.

[137] Anna W. Kerr, "School Nursing in New York City," *American Journal of Nursing* 10, no. 2 (Nov. 1909): 107.

[138] Ibid., 108

[139] Ibid.

[140] Adele Koehler McMurtie, "Nursing Care of Crippled Children in the United States," *American Journal of Nursing* 16, no. 2 (Nov. 1915): 115-118.

[141] Hawkins, Hayes, Corliss, "School Nursing in America," 418; Instructive Visiting Nurse Association Papers, "The Nurses' Settlement of Richmond, Virginia by One of the Early Settlers (attributed to Nannie Minor)," Special Collections and Archives, Tompkins McCaw Library, Virginia Commonwealth University, Box 1, Folder 7.

## Chapter 4: From New York City to Richmond, Virginia: The Spread of School Nursing

This chapter investigates the diaspora of school nursing from New York City to Richmond Virginia at the turn of the twentieth century. The relationships among nursing leaders of the time and their influence on the school nurse movement are analyzed from a social history perspective. Also examined are the convergence of social movements during the Progressive Era such as the establishment of settlement houses, the professionalization of nursing and public health reform initiatives and their effect on the advancement and spread of school nursing practice. Specific influences of place, race, class, culture and socio-economic status are examined in their relationship to the development of school nursing in the city of Richmond and eventually to the rural areas of the Commonwealth of Virginia.

This chapter argues that school nursing made its way from the metropolis of New York City to the southern city of Richmond and eventually across the Commonwealth of Virginia because of the personal and professional friendships of nursing leaders at the turn of the twentieth century. These nursing leaders forged powerful professional alliances in which they communicated, learned from each other and established effective programs of public health across the country. In doing so, they crossed lines of geography (northern and southern states), race, class, and culture to initiate and replicate services to assist those individuals within their own communities. In this manner, they became a significant factor in the diaspora of school nursing in the Commonwealth of Virginia and across the country.[1]

### Nursing Leaders and the School Nurse Movement

The replication of school nursing from New York City to the City of Richmond and across

the Commonwealth of Virginia can be credited to the vision, perseverance and creative ingenuity of a handful of women committed to the professionalization of nursing practice. These women forged their professional alliance while at the Johns Hopkins Hospital Training School for Nurses. According to historian Susan Poslusny, "Johns Hopkins Hospital Training School of Nurses was the birthplace of a professional relationship among three women that would grow to a personal friendship and would eventually influence the direction that the nursing profession would follow in the twentieth century."[2] These three women were Isabelle Hampton Robb, Lavinia Dock, and Adelaide Nutting. It could be suggested there was also a fourth woman, Sadie Heath Cabaniss, who was also part of that circle of friends who was instrumental in directing the nursing profession at the turn of the twentieth century, especially in the South. Furthermore, Cabaniss was the powerful catalyst behind the development of the Nurses' Settlement in Richmond from which school nursing in Virginia would later emerge.[3]

Robb, Dock and Nutting have been credited as the "architects of professional nursing education and the founders of the major professional organizations in nursing."[4] These three nursing pioneers engineered the first collegiate program of Nursing at Teacher's College and created national professional nursing organizations that remain in existence today: the Society of Superintendents (The National League for Nursing) the Associated Alumnae of Trained Nurses (The American Nurses Association) and the International Council of Nurses. All three were instrumental in the design of the *American Journal of Nursing* and all were prominent authors of esteemed nursing textbooks. They accomplished these momentous tasks through the encouragement and support of their personal and professional friendships among each other. These friendships are well documented in caring and affectionate personal correspondence and evidence of professional collaboration on joint projects.[5] Although not as readily evidenced,

Sadie Heath Cabaniss was also included in these warm and personal correspondences and she too collaborated with them on joint projects.[6]

In October of 1889, the Johns Hopkins Hospital School of Nursing opened its doors. Isabel Hampton Robb (1859-1910) was named the first Superintendent of Nurses. She attended the Bellevue Training School for nurses from 1881-1883. Robb remained at Hopkins for the next five years until she married and resigned her position. She named Lavinia Dock (1858-1956) as her Assistant Superintendent at Johns Hopkins. They were well-known to each other from Bellevue Training School. Dock would remain in her position at Hopkins until 1896 when she began her work with Lillian Wald at the Henry Street Settlement in New York City. Mary Adelaide Nutting (1858-1948) entered Johns Hopkins as a nursing student and was in the first graduating class. She became Head Nurse at Hopkins in 1891 and in 1894 Nutting replaced Robb as the Johns Hopkins School of Nursing Superintendent. Sadie Heath Cabaniss attended Johns Hopkins Training School for Nursing from 1891-1893. While she was a student, Robb, Dock and Nutting all held leadership positions. Cabaniss briefly replaced Nutting as Head Nurse upon her graduation when Nutting assumed the rank of School Superintendent.[7]

Sadie Heath Cabaniss also became a prominent nursing leader. This was most likely due to her continued close friendships with her esteemed Hopkins colleagues. Cabaniss's contributions to the profession of nursing, although lesser known, are just as significant. She organized and became the first Superintendent of the first Training School in Virginia, she was instrumental in forming the Virginia State Association of Nursing and was persuasive in ensuring legislation; "An Act to Regulate the Professional Nursing of the Sick" in Virginia. Although not an author of nursing textbooks, Cabaniss did write several papers on nursing that were published in the *Charities and the Commons*, *The American Journal of Nursing* and the

*Johns Hopkins Nurses Alumnae Magazine*. Cabaniss became an active member and officer in the Nurses Associated Alumnae of the United States along with Robb, Dock, Nutting and Lillian Wald.[8]

However, they were all northern nurses, from the north and working in the north. Sadie Cabaniss was a southern nurse from Virginia. As such, through her participation and friendships with these northern nurse leaders, she elevated the status of the professional nurse in the south, where few nursing leaders had yet to emerge. School nursing began in 1902 in New York City; the urban mecca of the north. It was through Cabaniss's work that school nursing made its way from New York to Richmond and she accomplished this task through her cultural position and her personal and professional relationships with her Hopkins colleagues.[9]

Culture and Geography

At the turn of the twentieth century, less than forty years since the end of the Civil War, Northern cities were culturally, politically and geographically very different from those in the South. The Commonwealth of Virginia's choice to secede from the Union prior to the war had tremendous consequences. Land was given to Union supportive northern states and the entire state was split into two states; becoming both Virginia and West Virginia. Federal troops remained; unwelcomed by Virginians, policing the city of Richmond until 1870. Economic instability was rampant across the state. Many areas, including the city of Richmond, required extensive reconstruction following the devastation incurred during the war. Previously lavish plantations were barren and no longer a source of income with the recent abolishment of slavery in 1865. Politically, many Virginians held conflicting views towards the federal government. Segregation was present in all areas of life in Richmond; schools, stores, churches,

neighborhoods and transportation.[10]

Great divides, therefore, existed between northern and southern states and southern people were not eager to adopt initiatives coming from their more prosperous northern neighbors. Cabaniss was from the South and considered a respected and prominent member of the southern Richmond community. Through her southern roots and her friendships with Robb, Dock, and Nutting, she became a most important link in the development of professional nursing in the South, visiting nursing for the poor and subsequently school nursing in the Commonwealth of Virginia.

Sadie Heath Cabaniss

Sadie Heath Cabaniss (1865-1921) was born in Petersburg, Virginia on October 9, 1865, six months following General Robert E. Lee's surrender at the Appomattox Court House. Her entire childhood was encompassed by the rebuilding of the war-torn South. Hence she understood southerners as she was one of them. Much to her family's displeasure, Cabaniss was determined to pursue a career in nursing. She was accepted to the exclusive and newly established Johns Hospital Training School for Nurses.[11]

Cabaniss's decision to pursue her training at Johns Hopkins proved to be a transformative decision and an important factor in the establishment of professional nursing in the South. As a senior student, Cabaniss had the opportunity to work with Robb, Dock, and Nutting on the development of organized professional nursing in the United States. According to historian Jodi Koste, Ph.D., Robb was asked to direct the nursing exhibition at the 1893 International Congress of Charities, Corrections, and Philanthropy. This event was scheduled in conjunction with the 1893 World's Fair. No doubt there was a large audience to hear about their work. Robb worked

with Dock and Nutting to present papers that would introduce the blueprint for the professionalization of nursing. As noted by Koste, their presentations introduced the concepts of "training school superintendents, establishing alumnae associations and creating a national organization of nurses."[12]

Robb, Dock, and Nutting attended the International Congress of Charities, Corrections, and Philanthropy along with a number of student nurses from the Johns Hopkins Training School who helped staff the emergency room at the World's Fair. Although Cabaniss did not attend the event in Chicago, without a doubt, upon their return, she learned about their experience at the conference from both her teachers and classmates.[13]

Fortuitously, Dock met Lillian Wald while attending the International Congress of Charities, Corrections, and Philanthropy, and they formed a lasting friendship. Dock would eventually leave Hopkins in 1896 to work with Lillian Wald at the Henry Street Settlement until 1915. As historian Carole Estabrooks described it: "Dock was Wald's closest nurse friend for over forty years."[14]

Cabaniss's ongoing friendship with Dock, while Dock was living at Henry Street, would become the mechanism through which Cabaniss would become familiar with the work of Lillian Wald and the Henry Street Settlement. Most likely, through Dock, Cabaniss also heard firsthand of the success of the school nurse experiment in New York City schools with Lina Rogers. This knowledge would provide a model upon which Cabaniss would later encourage the development of the Richmond Nurses' Settlement and visiting nursing services for the poor in Richmond.[15]

Cabaniss relied on these friendships to promulgate the profession of nursing in Virginia and throughout the south. In a letter from Isabel Hampton Robb to Sadie Heath Cabaniss, dated May 3, 1901, Robb communicated her support for Cabaniss. Robb wrote,

> I am very glad to do anything that you may ask me if I can at all times. Someday I look forward to seeing you in the "Old Dominion" as I want very much to go to beautiful Richmond, so you must stay there until I come. I am very sure you are doing good work and always on the alert…to find better ways of doing, that is what nursing work needs.

Robb went on to inquire if Cabaniss was up to date on the "little conflict going on in New York." Robb did not provide any details of the "conflict" in her letter. Robb alluded to the conflict noting that "Miss Dock and those who are working for the right things in nursing have come out ahead." Robb closed the letter asking if she would see Cabaniss at the Alumnae Association meeting in June.[16]

According to Koste, in the fall of 1901, Cabaniss had obtained a fellowship at the Henry Street Settlement. This invitation was most likely due to her continued friendship with Lavinia Dock. Unfortunately, Cabaniss was not able to accept the honor. Cabaniss's mother became ill and she remained in Virginia caring for her mother until she passed away October 25, 1901.[17]

Cabaniss's ongoing friendship with Lavinia Dock was well publicized in the Richmond newspapers. While living and employed at the Henry Street Settlement, Dock visited her friend Sadie Cabaniss in Richmond. Dock's visit was most likely both personal and professional. It was an opportunity for the friends to share information about each other's work, to provide support, guidance, and encouragement. "Miss Dock a Visitor" was published in the *Richmond Dispatch* and the *Times* on February 27, 1902. Clearly, this was important news as it was printed in both Richmond papers. The citizens of Richmond respected Cabaniss' work. They recognized her prominence in the nursing profession; she was a friend and colleague of the nationally renowned Dock. The article from the *Richmond Dispatch* went on to report:

> Miss L.L. Dock, of New York, formerly assistant superintendent of nurses at Johns Hopkins Hospital, in Baltimore, is in Richmond, as the guest of Miss Cabaniss, at the Nurses' Settlement on Seventh Street. Miss Dock is deeply interested in the district nursing work, which has recently been inaugurated in Richmond, and during her stay here will confer with the local visiting nurses and give them the benefit of her valuable experience in this field.[18]

Important to note and of significance to the school nurse movement in Richmond and eventually the Commonwealth of Virginia, school nursing began in New York City in 1902; the same year as Dock's visit to Richmond. Indeed, Cabaniss's ongoing conversations with Dock made her privy to the details related to the successful school nurse experiment in New York City.

Cabaniss maintained these life-long friendships with Robb, Dock, and Nutting and often collaborated with them on projects developed through the Society of Superintendents and the Alumni Associations.[19] Repeatedly, Robb, Dock, Nutting, and Cabaniss worked together on professional practice issues in the Official Report of the Societies in the *American Journal of Nursing*. Cabaniss also collaborated with Lillian Wald on national committees promoting the role of the visiting public health nurse. Robb, Dock, Nutting, Wald, and Cabaniss authored numerous articles in the fledgling *American Journal of Nursing*.[20]

As the distinction of visiting nursing services flourished, so did the need to publish their accomplishments and share their innovations with others. At the start, the only vehicle for communication among nurses was *The American Journal of Nursing*. Wald and Dock published articles about visiting nurse services in the first issues of the *American Journal of Nursing*.

By 1902 numerous articles regarding the origins of district nursing in England, the Henry Street Settlement's visiting nurse services, school nursing in London and the school nurse

experiment in New York City had been published in the *American Journal of Nursing*. In April of 1906 an entire publication in the *Charities and the Commons* was dedicated to the public health nurse movement. Included in this publication were lengthy articles written by Wald, Dock, Rogers, Morton and Cabaniss. Each wrote of their respective work both in the United States and England. Included were descriptions of Henry Street, visiting nursing, school nursing and the Nurses' Settlement of Richmond. Without question, school nursing was well known to Cabaniss through her personal connections and professional correspondence.[21]

In May of 1907, the Tenth Annual Convention of the Nurses' Associated Alumnae of the United States met in Richmond, Virginia, under Cabaniss's urging as the organization's Second Vice-President. It was the first time since its institution that the Associated Alumni met in the South. Dock, Nutting, and Robb were all in attendance. Cabaniss was asked by the then president of the association to prepare a presentation on the status of the nursing profession in the South. Following Cabaniss's report, the president noted, "I suppose there is no question in the minds of any present as to who has stood at the head of the nursing profession in the South for the last twelve years."[22]

## The Nurses' Settlement of Richmond

The idea for the Nurses' Settlement of Richmond began while Cabaniss was a student at Johns Hopkins Hospital Training School for Nursing. She was introduced to district nursing for the poor as a senior student at Hopkins. As part of their curriculum, all senior pupils at Hopkins provided nursing care in the homes of the poorest residents of Baltimore. Students administered home nursing services for the patients and instructed them on medical treatments, hygiene, and healthful living.[23] Cabaniss's exposure to district visiting nursing as a student

fostered her ongoing commitment to meet the needs of the sick poor.

Cabaniss worked at Johns Hopkins for one year following her graduation. However, in the fall of 1894, she returned to Virginia to become the head nurse of the operating room at the Old Dominion Hospital. She was recommended for this position by her mentor, Isabel Hampton Robb. Shortly after beginning her employment at Old Dominion, hospital administrators recognized her nursing skills and leadership qualities and approached Cabaniss about developing a training school for nurses at Old Dominion Hospital. At the time, no training program for nurses existed in the Commonwealth of Virginia. Cabaniss accepted the challenge, developed the program, and became the first superintendent of the first training school for nurses in Virginia.[24]

Drawing on her student experience at Hopkins, Cabaniss developed a plan for visiting nursing to be included in the student's curriculum course of study at Old Dominion's nursing program. It was approved by the hospital's board of managers in 1896. However, approval was based primarily for financial reasons and not philanthropic ones. Student visiting nurse services were seen as a means of providing extra income for the hospital by charging fees for those who could pay for the student's services. District visiting nursing services were first introduced to the city of Richmond through Cabaniss and her student nurses from Old Dominion Hospital. Just as she was encouraged as a student at Hopkins, Cabaniss encouraged her students to take an active role in addressing the needs of the Richmond poor; through home visits, addressing social concerns, caring for patients in the Old Soldiers' Home and the city almshouse. Cabaniss actively supervised, evaluated, and encouraged her student's work in the instructive visiting nurse role.[25]

The need for visiting nursing services in Richmond was indisputable. At the turn of the

twentieth century, Richmond was a promising commercial and industrial city with a quickly growing population. Richmond's rapid growth also brought with it many tremendous health concerns. Living conditions were deplorable. There was limited affordable housing, contaminated water sources, sewage in the streets, poor women abandoning babies with regularity and insufficient police protection. Richmond's mortality rate was higher than any other city of its size in the country. The black population lived in worse conditions than the whites.[26]

Additionally, the living conditions were made worse by economic circumstances. As noted by historian Elna Green, "Thousands of working-class families teetered on the brink of poverty… [and] according to the U.S. Commissioner of Labor in 1888, average weekly wages in Richmond were the lowest in the nation."[27]

During home visits, the students observed first-hand the degree of poverty, filth, and desperation of the sick poor living in Richmond. Similar to the visiting nurses from Henry Street in New York City, students encountered patients who were still sick discharged to home too quickly, who had no idea how to continue their necessary treatments. Of significance, the student nurses typically made home visits during off-duty hours. The student nurses' commitment to the poor was evident. Despite having worked all day in the hospital for their student requirements, they often continued working after hours during their free time to meet the needs of the sick poor. Nannie Minor, then a senior student recalled, "I can hardly remember the time of coming off duty where there was not yet a typhoid bath to be given or a pneumonia jacket to be put on." [for the sick poor in their homes][28]

Cabaniss developed close personal and professional relationships with her students, just as she had done with her mentors from Hopkins. She became particularly close to the class of 1900.

Cabaniss shared with her students what was being done for the poor in New York City by the Henry Street Settlement nurses. She told of how "they lived in an apartment right in the midst of the needy and they gave their neighborly, but skilled care to the poor in their homes."[29] Cabaniss was well aware of the work of Lillian Wald and the nurses living at the Henry Street Settlement from her continued friendship with Lavinia Dock. Cabaniss encouraged her students to consider doing the same work as Wald and her nurses upon their graduation.

The class of 1900 was Cabaniss's last graduating class as Superintendent at Old Dominion Hospital and they did not disappoint. Seven members of the graduating class founded the Nurse's Settlement of Richmond in 1900. Nannie Jacquelyn Minor was one of them. She and Cabaniss held similar beliefs in caring for the poor and they developed a lifelong personal and professional friendship that became instrumental in the ongoing success of the Nurses' Settlement of Richmond and eventually the establishment of school nursing in Virginia.[30] The beginning of the Nurses' Settlement was documented in the Richmond newspapers:

> Near the corner of Seventh and Franklin streets stands a large and rather old-fashioned house with a quiet black sign…"Nurses Settlement." The Settlement was founded by the members of the graduating class of 1900 of the Old Dominion Hospital, which is composed of the following members: Misses Annie Gulley, Elizabeth Cocke, L. V. Moore, F.L. Peery, R.L. Perkins, Laura Henighaussesn, and Nannie Minor. This class worked for the establishment of this Settlement in June and they were aided by Miss Cabaniss, the superintendent of the Old Dominion Hospital, who is associated with the organization and management.[31]

The article went on to say that "the object of the Nurses' Settlement is twofold. One is to furnish a cheery, comfortable home for graduate nurses of the Old Dominion Hospital, and the

other is to form a headquarters for district nursing which means nursing the poor of the city."[32]

As the new graduates were setting up the Nurses' Settlement with Cabaniss' guidance, Richmond's hospitals were changing. In 1899, a wealthy philanthropist, John L. Williams, raised sufficient funds to secure the building of a modern hospital. In 1903, Memorial Hospital opened its doors and it was to become the new teaching hospital for the Medical College of Virginia. At this time, the Medical College of Virginia was competing with a new medical school, the University College of Medicine. It was hoped that a new hospital with a nurses' training program would improve the Medical College's status in the community. By 1901, the Medical College of Virginia abandoned Old Dominion Hospital and the decision was made to close the nurses' training program at the Old Dominion Hospital. Cabaniss resigned from her position as Superintendent and joined her former students at the Nurses' Settlement. Nannie Minor became the Acting Chief Nurse and Sadie Cabaniss became the Superintendent of the Settlement. The Nurses' Settlement of Richmond later became known as the Instructive Visiting Nurse Association (IVNA), when it incorporated on February 14, 1902.[33]

## The Establishment of the Instructive Visiting Nurse Association (IVNA)

The work of the nurses at the Richmond Settlement was quite similar in purpose, scope and practice to the work being done at Henry Street. The nurses had no official badges, uniforms or bags. However, they made themselves known, gained entrance to the homes of the sick and taught families how to care for themselves.[34] Cabaniss's familiarity with Henry Street was further reiterated in an *American Journal of Nursing* article written in 1902 that noted, "Miss Cabaniss's incentive for this work came from her knowledge of the Nurses' Settlement in New York and her desire to establish something similar."[35] Moreover, according to pioneer nurse

historian Annie Brainard, “The Nurses’ Settlement in Richmond is the only one whose visiting nurse work is in any way comparable to that done at Henry Street Settlement.”[36] However, financially they were initially not as well supported.

By October of 1900, the group found suitable living arrangements and each nurse agreed to pay five dollars every month for rent. All of them had to work as private duty nurses to maintain a salary to pay for their living expenses. The visiting services for the poor were done on the nurse’s rotating days off and after traditional business hours.[37] In 1902, Nannie Minor spoke at a meeting of the Richmond Woman’s Club in the home of Mrs. Lila Valentine. Her goal was to publicize their mission within the community and to secure financial backing. Minor began her introduction of the Richmond Nurses Settlement by bridging their mission and plan with that of Lillian Wald in New York City.[38] According to Minor, one of the pioneers of the Richmond Settlement, the nurses in Richmond were well aware of Lillian Wald’s work in New York City, and they specifically modeled their settlement directly after the Henry Street Settlement. Minor went on to say:

> About ten years ago two women of means graduated from a New York hospital and having become much interested in the charity patients…determined to go and live among these people and by their example, and in personal ways, teach them to live better, healthier and therefore happier lives. Accordingly, they rented a small room… which they furnished in a simple fashion, in many instances using the same makeshifts their neighbors did, but making it comfortable with the aid of some yards of cheap muslin and good taste…They gained admission into the homes and confidence of the people first, by nursing their sick and teaching them what to do.[39]

The Richmond nurses solidified their fundraising endeavors by associating themselves with an already established, prominent and thriving civic-minded organization from the sophisticated north. By using the Henry Street Settlement as an exemplary they sought to imitate, the Richmond nurses demonstrated the likelihood of their organization's ability to succeed. Minor stated that it was the Henry Street Nurses Settlement of New York City, "upon which we have modeled our establishment as far as possible, and whose usefulness we wish to emulate."[40] It was also noted that "the idea had been worked out a few years previously in New York by Miss Lillian Wald who has established a wonderful social center."[41] Minor's speech explained to the ladies benevolent group, that should they be provided the necessary funding, they too could meet the needs of Richmond's sick poor. By intertwining their mission with Wald's already successful program, they had a flourishing prototype to imitate. In doing so, they were able to obtain the wealthy patroness' blessings and funding.

Minor went on to report that once the Henry Street nurses had gained confidence of the people by nursing the sick in their homes it became a rather simple matter "to organize cooking classes, Mother's Meetings, and Boys' Clubs …transforming these homes…until now [Henry Street] is one of the most interesting charities of New York and many a catastrophe has been averted by their intervention."[42] Minor further indicated the importance of their work for the city of Richmond based on the benefits seen in New York City. She described that the Henry Street Nurses "go in and out among these people freely and unharmed. Murder, theft, drunkenness, immorality are prevented and lessened. Epidemics are controlled and prevented, and the entire welfare of the city aided."[43]

Minor continued to link the work of the Richmond nurses with the Henry Street nurses. She specified that "over the past year they had completed 300 visits to Charity patients….and up to

this time we have only been able to devote what leisure time there is between pay cases, for we have to earn the money to pay our house rent and expenses."[44] She noted that they had been providing this care; "literally without a penny in our pockets."[45] Minor emphasized that they were quite anxious to find a philanthropic organization to take over the funding support of the Nurses' Settlement of Richmond, similar to the Henry Street Settlement so that the nurses could work with the sick poor on a full-time basis.[46]

In response to Minor's speech in 1902, Lila Mead Valentine called upon other prominent Richmond women to administratively and financially support the nurses. Valentine, Cabaniss, and Minor worked together with other influential citizens of Richmond to form the Instructive Visiting Nursing Association (IVNA). In February of 1902, the Virginia Assembly incorporated the Nurses Settlement of Richmond with the IVNA. The IVNA board oversaw and coordinated the necessary funds to support the nursing services and other charitable social endeavors. The IVNA immediately employed Cabaniss and Minor at $37.50 a month, allowing them to proceed with full-time nursing service of the poor.[47] School nursing became one enterprise that would expand from the IVNA.

## School Nursing In Richmond

School nursing officially began in Richmond, Virginia in the fall of 1909 as an outreach of the visiting nursing service through the IVNA. The gift of an unexpected donation to the IVNA secured funding to formally initiate school nursing in Richmond's public schools.[48] However, prior to this time, the IVNA nurses had already been providing school nursing services on an as needed basis for several years. Similar to Lillian Wald's experience with Louis, during their home visits, the IVNA nurses noticed large numbers of children absent from school due to

sickness. Many of these children presented with correctable ailments. Most went without proper medical treatment.[49]

Upon this discovery, the school children became a special area of interest. The IVNA nurses began conducting informal visits in some of the poorest schools in Richmond to address issues of illness, contagious disease and encouraging corrective work for the school children. [50] The nurses assessed the children in the schools and as needed met with the parents in the family's home to explain the necessary treatment. The nurses often took the children that required treatment to the doctor's office or necessary specialist.[51]

In 1906 the single most significant health ailment confronting the nurses was the tremendous number of people infected with tuberculosis. One IVNA nurse wrote, "The TB problem confronted us at every turn."[52] That same year, Richmond's City Health Department was reorganized. Ernest Coleman Levy, M.D. became the Chief Health Officer. He pledged to wage a war against tuberculosis and immediately instituted two dispensaries; one for blacks and one for whites. Both dispensaries were solely dedicated to the care of tubercular patients. He enlisted the assistance of the IVNA nurses in the control of the epidemic. Levy requested that during their home visits, they identify anyone with tuberculosis symptoms and promptly refer them for treatment to the appropriate dispensary.[53]

In October of 1908, Levy wished to ascertain the condition of the children in the public schools regarding tubercular infections. Several high school students had recently died from tuberculosis. Again, he asked for the assistance of the IVNA nurses. Dr. Levy requested they provide school nursing services in two schools; one white school and one black school. However, these services were to be done on a voluntary basis, through the work and support of the IVNA; without any additional financial support from the city or the schools. [54] A report in

the IVNA papers noted that the “nurses were happy to comply.” It went on to convey that the nurses recognized the importance of “prompt recognition of this fatal malady,” and the nurses “cheerfully assisted in this work at very great inconvenience and considerable tax upon their time and strength.”[55]

Fortunately, in November of 1909, a generous donation was made to the IVNA for the purpose of supporting the salary of a full-time nurse in the schools. The nurse was Anne Gulley. Gulley was one of the founding members of the Nurses’ Settlement in Richmond and respected friend and colleague of Cabaniss and Minor. After much deliberation, it was agreed that Gulley should begin her work in the new John Marshall High School and by February 1, 1910, she would be transferred to the Jefferson Elementary School. At the time of the agreement, it was understood that over the course of the next three months, the School Board was to appeal to the Richmond City Council for an appropriation for the salary of a permanent nurse for the high school. This nurse was to be an additional nurse paid out of public funds. Anne Gulley would continue her work in the elementary school.[56] An IVNA report summarized the following:

> An unexpected gift of salary made it possible to give one nurse’s entire time to work in the schools as a demonstration; so permission was asked of the School Board to place her in the grammar schools where we felt she was most needed. The new high school [John Marshall High School], however, had just been completed, with its hospital rooms, and they wanted a nurse to complete the equipment; so a compromise had to be affected by which she should be there for three months, thus giving the School Board time to arrange for her salary to be included in the annual budget, after which she [the school nurse] should be transferred to the grammar school.[57]

Anne Gulley initiated her work and the community quickly recognized the benefits of the school nurse. Gulley examined 750 students, referring 291 to specialists. [58] The School Board applied to the City Council for an appropriation for the salary of a permanent nurse in the high school. The City Council denied the request. They did not allocate funding for the role. In hopes that the City Council might reconsider, the IVNA permitted Gulley to remain at the expense of the IVNA through the fourth month. The IVNA withdrew Gulley at the end of the fourth month and loaned her services to the Board of Health who asked for assistance during a measles epidemic.[59]

The decision made by the City Council infuriated the residents of Richmond. The *Times Dispatch* published their concerns. A newspaper article, "Nurses Withdrawn from City Schools: Patrons Protest against Abandonment of Precautionary Measures," went on to report that "Richmond is at the mercy of a measles epidemic which is being diligently fought by the Board of Health. Nevertheless, the most valuable combative power in the schools has been withdrawn."[60] The news report detailed the value of the school nurse's work:

> The nurse sees these children and deals with them according to her best judgment. If the pupil suffers from a slight malady he is treated, and very often is able to return to the classroom, with practically no time lost. The nurse quickly recognizes early symptoms of infections and graver diseases and advises that the pupil be excused, thus throwing a safeguard around the other pupils, who otherwise would be exposed. The school nurses have not been satisfied that their responsibilities ended with asking the teacher to excuse the child or advising the doctor's services. They have gone to the homes relating to the mother what conditions they had observed, willingly giving the anxious mother the benefit of

> their trained and superior judgment. A vigorous effort will be made to have the Council rescind its action and replace the nurses in the schools.[61]

As the situation was being worked out, the IVNA nurses became interested in the schools and school children in their respective districts and gave what leisure time they had to respond to the many sick children. Several physicians also generously donated their services, but there was no full-time medical inspector in the schools. A report from the IVNA papers noted that finally, "South Richmond"[62] stepped forward and "set an example to her big sister."[63] It went on to state that six of South Richmond's physicians volunteered to inspect all of the schools in that district, but stipulated that they must have a full-time nurse to help. The principal went to the school board and requested the salary of a school nurse. South Richmond's school health work proved so successful that Richmond's School Board asked for financial approval for two medical inspectors and four nurses. In the summer of 1910, governing organizations responsible for budgetary oversight approved funding for the school nurse program.[64] By 1916 the public schools of Richmond employed eight school nurses; seven engaged in regular work and one devoted exclusively to the open-air classes. All eight school nurses provided instructive visits to the home.[65]

As school nursing established itself within the city, school nurses broadened their scope and practice in meeting the needs of Richmond's children. Additionally, other health professionals across the Commonwealth of Virginia took notice of the value of their work. Care for children with special needs became a priority for school nurses. As noted in the IVNA papers:

> Miss Gulley, the nurse designated by the IVNA to work in the schools became much exercised over the number of feebleminded children found in the schools.

Dr. Mastin, Executive Secretary of the State Board of Charities was upset over the same problem. At his request, Miss Gulley was sent to Vineland, New Jersey for a short stay at the School for the Feeble-minded to study the methods used there for the detection and care of feeble-minded children. She brought back much valuable information and later the State took action in establishing the Colony for the Feeble-minded and Epileptic near Lynchburg.[66]

## Rural School Nursing in Virginia

It wasn't long before state officials sought to replicate Richmond's school nursing services across Virginia. The health needs of children residing in rural counties and towns remained of particular concern. In 1916 Ennion Williams, M.D., the Health Commissioner for the Commonwealth of Virginia communicated in his annual report to the Governor his concerns of the children residing in the rural areas of the state. He documented the following:

> The primary concern is that the [the school children] are weak and sickly and subject to communicable diseases that will affect the larger community. These children may become a danger to others. Indeed we may say that the prevention of disease among children is perhaps the most economical form of prevention… The city guards its schools and makes them the sanitary lighthouses of the community… But, in the country, there are few safeguards…The city inspects its children regularly and follows them to their homes by employing visiting nurses who by personal contact in the home and the use of trained common sense induce correction of the defects the inspector finds. This can be made so in the rural schools and Louden County is attempting to do this very thing.[67]

An inspection completed by the Virginia State Board of Health on the schools and school children of Louden County prompted the development of the rural school nurse movement. Inspectors reported unsanitary conditions of the schools and significant health impairments among the majority of children.[68] Learning from the city of Richmond, Louden County sought to improve the health of the school children through the role of the school nurse. The position was initially funded by the Quaker Church and soon thereafter paid for by Louden County funds. Louden County recruited Anne Gulley from Richmond to pioneer the rural school nursing program in their community; most likely due to her already established expertise.[69] Gulley agreed and engaged in school nursing work in Louden County for twenty years.[70] Through her work in both Richmond and Louden County, she linked the transition of school nursing care from urban to rural children.

Unfortunately, the school nursing movement proved more challenging in rural areas than it did in Richmond. In 1916 very few visiting nurses practiced in the rural areas of the state and even less worked within the schools. In 1916 Ranson noted that of the eighty-eight visiting nurses working in the one hundred counties in the Commonwealth of Virginia, only twenty-seven were engaged in school nursing work. Furthermore, of the twenty-seven nurses employed in school nursing work half of them were employed in the two largest cities of Virginia; namely Richmond and Norfolk. That left only fourteen nurses actively engaged in rural school nursing throughout the Commonwealth of Virginia. Thus, meeting the needs of the rural schools and school children across the Commonwealth of Virginia remained a great concern.[71]

Notes: Chapter 4

[1] The Instructive Visiting Nurse Association Papers (hereafter IVNA) "The Nurses' Settlement of Richmond, Virginia by One of the Early Settlers (attributed to Nannie Minor)," Special Collections and Archives, Tompkins McCaw Library, Virginia Commonwealth University, Box 1, Folder 7; "Miss Dock a Visitor," *Richmond Dispatch,* February 27, 1902; Jodi Koste, "Sadie Heath Cabaniss Mother of Professional Nursing in Virginia," in *Virginia Women Their Lives and Times* ed. Cynthia Kierner and Sandra Gioia Treadway (University of Georgia Press, 2016), 121; Ethel Johns and Blanche Pfefferkorn, *Johns Hopkins School of Nursing 1889-1949* (Baltimore: Johns Hopkins Press, 1954); Susan Poslusny, "Feminist Friendship: Isabel Hampton Robb, Lavinia Lloyd Dock and Mary Adelaide Nutting," *Image: Journal of Nursing Scholarship* 21, no. 2 (Summer 1989): 64-68; Grace Erickson, "Southern Initiative in Public Health Nursing: The Founding of the Nurses' Settlement and Instructive Visiting Nurse Association of Richmond, Virginia 1900-1910," *Journal of Nursing History* 3, no. 1 (November 1987): 17-29.

[2] Poslusny, "Feminist Friendship," 64.

[3] IVNA Papers, Box 1, Folder 7; Sadie H. Cabaniss, "A Nurses' Settlement in Richmond, Virginia," *Johns Hopkins Nurses Alumnae Magazine* 1, no. 3 (July 1902): 65-68 obtained through the Johns Hopkins Nurses Alumnae Magazine Collection 1901-1902 in the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions; "Have a Settlement," *Richmond Dispatch*, January 20, 1901; Rose Z. Van Vort, "Recollections of Miss Cabaniss," unpublished manuscript. This was pointed out to me by archivist Jodi Koste; Erickson, "Southern Initiative," 17-29; Koste, "Sadie Heath Cabaniss," 115; Numerous sources attribute the founding of the Nurses' Settlement of Richmond to Miss Sadie Health Cabaniss.

[4] Poslusny, "Feminist Friendship," 64.

[5] Biographical Files, Robb, Dock and Nutting, Cabaniss, Chesney Archives; Johns and Pfefferkorn, *Johns Hopkins School of Nursing,* 65-79; Letter Isabel Hampton, Cleveland, Ohio to Sadie Heath Cabaniss,

May 3, 1901, Sadie Health Cabaniss Letters, 1900-1904, Virginia Commonwealth University Library; Lavinia Dock, "Letter to Lillian D. Wald (Florence, Italy), December 26, 1903, Reel 3, Folder 8, Lillian D. Wald Papers, Rare Book and Manuscript Library, Columbia University; Darche, "Training School Registries," 743-898; Poslusny, "Feminist Friendship," 64.

[6] Biographical Files, Robb, Dock and Nutting, Chesney Archives; Letter Hampton, Cleveland, Ohio to Cabaniss, May 3, 1901; Darche, "Training School Registries," 743-898; Sadie Heath Cabaniss, "Sixth Annual Convention of the Nurses Associated Alumnae of the United States," *Johns Hopkins Nurses' Alumnae Magazine*, (August, 1903) Chesney Archives, Article 2:3; Koste, "Sadie Heath Cabaniss," 115-134.

[7] Biographical Files, Robb, Dock, Nutting and Cabaniss, Chesney Archives; Johns and Pfefferkorn, *Johns Hopkins School of Nursing*; Poslusny, "Feminist Friendship," 64; Sadie Heath Cabaniss, "The Nurses' Settlement in Richmond, Virginia," *Charities and the Commons: A Weekly Journal of Philanthropy and Social Advances* 16 (April 7, 1906); "Miss Dock a Visitor," *Richmond Dispatch,* February 27, 1902; Carole Estabrooks, "Lavinia Lloyd Dock; The Henry Street Years," *Nursing History* Review 3, no. 1 (January 1995): 143-172; Koste, "Sadie Heath Cabaniss," 115-134; Letter Hampton, Cleveland, Ohio to Cabaniss, May 3, 1901.

[8] Koste, "Sadie Heath Cabaniss," 115; "The Nurses' Settlement in Richmond, Virginia," 47; Jacqueline Minor and Sadie Cabaniss, "The Nurses' Settlement in Richmond," *The American Journal of Nursing* 3, no. 8 (May, 1903): 624-626; "Fifth Annual Convention of the Nurses' Associated Alumnae of the United States: Minutes of the proceedings," *The American Journal of Nursing* 2, no. 10 (July 1902): 743-898; Cabaniss, "Sixth Annual Convention Associated Alumnae of the United States," Article 2:3.

[9] Elna C. Green, "Gendering the City, Gendering the Welfare State: The Nurses' Settlement of Richmond, 1900-1930," *The Virginia Magazine of History and Biography* 113, no. 3 (2005): 277-311; Koste, "Sadie Heath Cabaniss," 115-134.

[10] Steven J. Hoffman, "Progressive Public Health Administration in the Jim Crow South: A Case Study of Richmond Virginia," *Journal of Social History* 35, no. 1 (Autumn, 2001): 175-194; Green, "Gendering the City," 277-311; William Link, "Privies, Progressivism and Public Schools: Health Reform and Education in the Rural South," *Journal of Southern History* 54, no. 4 (Nov. 1988): 623-642; https://en.wikipedia.org/wiki/History_of_Richmond,_Virginia.

[11] Sadie Health Cabaniss, Biographical Files, Series C, The Chesney Archives of the Johns Hopkins Medical Institutions; IVNA papers, *Sadie Heath Cabaniss, 1863-1921*, Box 1, Folder 6; Erickson, "Southern Initiative," 17-29; Koste, "Sadie Heath Cabaniss," 115.

[12] Koste, "Sadie Heath Cabaniss," 122; Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore: Johns Hopkins University Press, 2001), 102; Mary Lou Schwartz, "Lavinia Dock: Adams County Suffragette," *Adams County History* 3, no. 5 (1997): 71-79; Lavinia L. Dock, "The Relation of Training Schools To Hospitals," *Hospitals, Dispensaries and Nursing* (Baltimore,1894) presented at the International Conference on Hospitals organized by Hopkins doctor in Chicago in 1893 in conjunction with the International Congress of Charities, Corrections, and Philanthropy. Koste presents that the Hopkins nurses were presenting as part of the International Congress of Charities, Corrections, and Philanthropy. However, Schwartz and Buhler-Wilkerson state that the Hopkins Nurses were in Chicago for an event coinciding with International Congress of Charities, Corrections, and Philanthropy.

[13] Koste, "Sadie Heath Cabaniss," 122.

[14] Estabrooks, "Lavinia Lloyd Dock," 144; Buhler-Wilkerson, *No Place Like Home,* 102; Koste, "Sadie Heath Cabaniss," 122.

[15] IVNA Papers "Nannie J. Minor, a speech given at the home of Mrs. L. Valentine to the Richmond Woman's Club," Special Collections and Archives, Tompkins McCaw Library, Virginia Commonwealth University, Box 1, Folder 2 and Folder 7; "Miss Dock a Visitor," *Richmond Dispatch,* February 27, 1902; *The Times (Richmond)* February 27, 1902; 4.

[16] Letter Isabel Hampton, Cleveland, Ohio to Sadie Heath Cabaniss, May 3, 1901. The letter is unclear regarding the "conflict" in discussion. It simply alludes to the fact that there was a conflict in New York with Miss Dock regarding the professionalization of nursing.

[17] Koste, "Sadie Heath Cabaniss," 127.

[18] "Miss Dock a Visitor," *Richmond Dispatch,* February 27, 1902

[19] Darche, "Training School Registries," 743-898; Letter from Robb to Sadie Heath Cabaniss, May 3, 1901; "Miss Dock a Visitor," *Richmond Dispatch,* February 27, 1902; S. H. Cabaniss to Adelaide Nutting, March 26, 1907, in Archives of the Department of Nursing Education, Teachers College, Columbia University, microfiche collection (Ann Arbor, Michigan: University Microfilms International, 1981-1983, Teachers College archives (This was pointed out to me by Jodi Koste); Johns and Pfefferkorn, *Johns Hopkins School of Nursing*, 60-79; Poslusny, "Feminist Friendship," 64.

[20] Numerous articles are printed in the first three volumes of the American Journal of Nursing 1901-1904 from Hampton Robb, Dock, Nutting, Wald and Cabaniss. Wald, Dock and Cabaniss are highlighted in the "Official Reports of Societies," *The American Journal of Nursing* 1, no. 8 (May, 1901): 588-597.

[21] Honnor Morten, "The London Public-School Nurse," *The American Journal of Nursing* 1, no. 4 (January, 1901): 274-276; "Nurses' Settlement District Bag, In Editor's Miscellany," *The American Journal of Nursing* 1, no. 10 (July 1901): 766-773; Lillian D. Wald, "The Nurses' Settlement in New York," *The American Journal of Nursing* 2, no. 8 (May, 1902): 567-575; L.L. Dock, "School –Nurse Experiment in New York," *The American Journal of Nursing* 3, no. 2 (November, 1902): 108-110; Lillian D. Wald, "The School Nurse in New York City" in the Official Reports of Societies, *The American Journal of Nursing* 3, no. 3 (December 1902): 221-222; "Visiting Nursing Special Issue," *Charities and the Commons: A weekly Journal of Philanthropy and Social Advance* 16 (April 7, 1906).

[22] "Tenth Annual Convention of the Nurses' Associated Alumnae of the United States: Minutes of the proceedings," *The American Journal of Nursing* 7, no. 11 (August 1907): 86; "Historical Review of the

American Nurses Association," www.nursingworld.org; American Association for the History of Nursing, www.aahn.org.

[23] *Johns Hopkins Hospital School of Nursing Student Day Book* 1889-1899 (2000-123) and "Principal of the Training School," Monthly report, October 1892, The Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions; Jodi Koste, "Sadie Heath Cabaniss," 121; Ethel Johns and Blanche Pfefferkorn, *Johns Hopkins School of Nursing 1889-1949* (Baltimore: Johns Hopkins Press, 1954).

[24] Sadie Health Cabaniss, Biographical Files, Series C, The Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions; Koste, "Sadie Heath Cabaniss," 122.

[25] Nannie J. Minor, the Virginia Nurses Association Collection (hereafter VNA Papers), Papers of Nannie J. Minor, written 1926-1932, Special Collections and Archives, Tompkins McCaw Library, Virginia Commonwealth University Box 2, Folder 1; Koste, "Sadie Heath Cabaniss," 122-124; "Have a Settlement," *Richmond Dispatch*, January 20, 1901; Erickson, "Southern Initiative," 17-29.

[26] Elna C. Green, "Gendering the City, Gendering the Welfare State: The Nurses' Settlement of Richmond, 1900-1930," *The Virginia Magazine of History and Biography* 113, no. 3 (2005): 277-311.

[27] Ibid., 279.

[28] Nannie J. Minor, VNA Papers, Box 2, Folder 1; Grace Erickson, "Southern Initiative," 21-23.

[29] Nannie J. Minor, "Sadie Health Cabaniss: A Pioneer in Virginia," a paper read before the Graduate Nurses Association of Virginia, 1923, the Virginia Nurses Association Collection, the papers of Sadie Heath Cabaniss, 1865-1921, Special Collections and Archives, Tompkins McCaw Library, Virginia Commonwealth University Box 1, Folder 3.

[30] The IVNA Papers, "The Nurses' Settlement of Richmond, Virginia by One of the Early Settlers (attributed to Nannie Minor)," Special Collections and Archives, Tompkins McCaw Library, Virginia Commonwealth University, Box 1, Folder 7; IVNA Papers, "Nannie J. Minor, a speech given at the home of Mrs. L. Valentine to the Richmond Woman's Club," Box 1, Folder 2 and Folder 7.

[31] "Have a Settlement," *Richmond Dispatch*, January 20, 1901 also located in The IVNA Papers, Box 1, Folder 1.

[32] Ibid.

[33] Koste, "Sadie Heath Cabaniss," 126; "She Leaves Old Dominion Nurses' School Tomorrow," *Richmond Dispatch*, April 7, 1901; The IVNA Papers, "An Act of the Legislature of Virginia to Incorporate the Nurses Settlement Approved February 14, 1901," Box 1, Folder 1 and Folder 6.

[34] The IVNA Papers, "The Nurses' Settlement of Richmond, Virginia by One of the Early Settlers (attributed to Nannie Minor)," Box 1, Folder 7; Erickson, "Southern Initiative," 21-23.

[35] Nannie J. Minor, "The Nurses Settlement in Richmond, VA," The American Journal of Nursing 2 no. 12 (September 1902): 996; The IVNA Papers "Nannie J. Minor, a speech given at the home of Mrs. L. Valentine," Box 1, Folder 2 and Folder 7.

[36] Annie Brainard, *The Evolution of Public Health Nursing* (Philadelphia:  W.B. Saunders Co., 1922), 254.

[37] IVNA papers. A paper without attribution although most likely from Minor 1925, Box1, Folder 7.

[38] The IVNA Papers, "Nannie J. Minor, a speech given at the home of Mrs. L. Valentine," Box 1, Folder 2 and Folder 7.

[39] Ibid.

[40] Ibid.

[41] Ibid.

[42] Ibid.

[43] Ibid.

[44] Ibid.

[45] Ibid.

[46]Ibid.

[47] Nannie J. Minor, VNA Papers, Box 2, Folder 1; "The Nurses' Settlement of Richmond, VA." Circa 1911: No author identified but attributed to an early Settlement Nurse, The Virginia State Library of Richmond: 3-6; Koste, "Sadie Heath Cabaniss," 131; Green, "Gendering the City," 277-311.

[48] The IVNA Papers, "Report of the Nurses' Settlement," Box 1, Folder 1, Folder 6, Folder 7; *The Times Dispatch* (Richmond, Virginia) December 15, 1909 and March 12, 1910.

[49] The IVNA, Box 1, Folder 7.

[50] The IVNA Papers, Box 1, Folder 7; Erickson, "Southern Initiative," 21-23.

[51] The IVNA Papers, Box 1, Folder 7.

[52] "The Nurses' Settlement of Richmond, VA." Circa 1911: No author identified but attributed to an early Settlement Nurse, The Virginia State Library of Richmond: 5.

[53] The IVNA Papers, Box 1, Folder 6.

[54] It is not clear from the available archival sources, (IVNA papers, The Virginia State Library Papers or newspapers) what happened in relationship to the school nurse movement and tuberculosis prevention and identification work in the schools. Documents only report that a gift was donated to support the full time work of a school nurse. No further mention of the school nurse and tuberculosis was found.

[55] The IVNA Papers, Box 1, Folder 6; "The Nurses' Settlement of Richmond, VA." Circa 1911: No author identified but attributed to an early Settlement Nurse, The Virginia State Library of Richmond: 5.

[56] The IVNA Papers, Box 1, Folder 6; IVNA Papers, "The Nurses' Settlement of Richmond, Virginia by One of the Early Settlers (attributed to Nannie Minor)," Box 1, Folder 7; "The Nurses' Settlement of Richmond, VA." Circa 1911: No author identified but attributed to an early Settlement Nurse, The Virginia State Library of Richmond: 5; "Nurses Withdrawn from City Schools," *The Times Dispatch*, March 12, 1910.

[57] The IVNA Papers, Box 1, Folder 6.

[58] The IVNA Papers, Box 8, Folder 3.

[59] The IVNA Papers, Box 1, Folder 7 and Box 8, Folder 3.

[60] “Nurses Withdrawn from City Schools,” *The Times Dispatch*, March 12, 1910.

[61] Ibid.

[62] It isn’t clear from the available primary sources if “South Richmond” was considered a separate city from Richmond proper or simply the southern aspect of the city of Richmond. The author (paper attributed to Nannie Minor) states that “South Richmond set an example to her big sister.” Nevertheless, South Richmond prompted Richmond proper to initiate school nursing.

[63] The IVNA Papers, Box 1, Folder 7.

[64] The IVNA Papers, Box 1, Folder 6.

[65] Jane B. Ranson, “Appendix VI Public Health Nursing,” *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1916* (Richmond, VA, 1917), 133.

[66] The IVNA Papers, “The Nurses’ Settlement of Richmond, Virginia by One of the Early Settlers (attributed to Nannie Minor),” Box 1, Folder 7.

[67] Ennion Williams, *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1916* (Richmond, VA, 1917), 182

[68] Roy Flannagan, “The Louden County Inspection: Three Thousand Children Given Medical Inspections in Six weeks,” *Virginia Journal of Education* 8, no. 4 (December 1914).

[69] In Jane Ranson’s report to the Governor in 1916, she gives credit to a Mrs. McCulley, the school nurse who initiated the efforts of rural school nursing in Loudoun County. I question if this may in fact be an error in type. According to Miss Gulley’s obituary, she left Richmond and was the pioneer for rural school nursing in Loudoun County. Per the obituary report, she would have arrived in Louden County about the year 1915 which coincides with the Louden County School Inspection completed by the State of Virginia. Additionally, as a nurse with the IVNA she was well known to the Health Officers of the Board of Health in Virginia; Dr. Ennion Williams and Dr. Roy Flannagan. It was Flannagan who collaborated with the Federated Society for the Betterment of Community Life (the Quaker Church) to complete the school inspections and he participated in the coordination of the funding to provide a rural

school nurse. Additionally, several written newspaper articles discuss Miss Gulley and her professional involvement in Virginia State Organizations until her death. Beyond Jane Ranson's report to the Governor, I have not been able to find any information about a school nurse named McCulley.

[70] "Obituaries: Anne Gulley," *The American Journal of Nursing* 35, no. 6 (June, 1935): 602-603.

[71] Jane B. Ranson, "Appendix VI Public Health Nursing," *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1916*: (Richmond, VA, 1917): 133-134.

# Chapter 5: School Nursing in Rural Virginia, 1900-1925

This purpose of this chapter is to identify, describe, and analyze the origins and evolving role of the school nurse in the rural counties of Virginia, 1900-1925 from the perspective of social history. In particular, this chapter investigates how the influences of place, race, class, culture, gender and socio-economic status affected the Commonwealth of Virginia's attempts to develop and provide school nursing throughout the diverse rural counties across the state.

This chapter argues that early school nurses working in rural Virginia encountered tremendous challenges and demonstrated heroic measures to provide care for thousands of school children and their families. Her work in the schools and her visit to the home was the first line of providing access to medical care for families who would have otherwise gone without. This chapter also argues that despite great ingenuity on the part of the Commonwealth of Virginia to promote the position of the rural school nurse, multiple barriers impeded the developing role. Identified obstacles included historical events, difficulties in securing financial support, lack of knowledge regarding benefits of the role, racial and cultural concerns, poor pay and scarcity of appropriately trained nurses.

## Health Disparities in Rural Virginians

The needs of people in rural areas of Virginia remained a great concern well into 1925. Ennion G. Williams, M.D., the State Health Commissioner (SHC) for the Commonwealth of Virginia, reported that "the larger cities of the State have well-organized health departments that are, as a rule, adequately serving their several localities; but the counties and towns are generally not financially able to conduct their health work unaided."[1] This lack of health resources included visiting nursing services as well as school nursing.

As discussed in chapter 4, nurses from the Instructive Visiting Nurse Association (IVNA) initiated the first school nursing program in Virginia in the city of Richmond in 1909.[2] However, early school nurse initiatives were only occurring in large urban areas across the Commonwealth. Rural areas still needed school nurses. Indeed, prior to 1909, official state health department records provided no evidence of documentation of health concerns for rural school children.[3] Regrettably, health officials in Virginia were initially slow to promote the school nurse movement for rural school children. Health disparities between city and rural children continued well into 1916.

However, the year 1916 would be a turning point for families living in the rural areas of the state. In 1916 Health Commissioner Williams began a campaign to establish the position of a school nurse in every county in Virginia. This included the rural counties of the state. Williams endorsed the school nurse's role as the most effective means of securing the health and welfare of the citizens of the Commonwealth, particularly those individuals from rural counties who had limited knowledge of sanitary practices and little access to any form of health care. Writing to the Governor, Williams advocated for the role:

> In a larger sense, the school nurse is a sanitary educator, occupying a strategic position and opening the way for more adequate organization. It is our belief that the school is the first place for the nurse to begin her work. We have reached this conclusion because as there are manifest limitations to the results that can be accomplished with the time and physical energy of a single nurse, by operating in the schools she can reach a considerable element of the population in a very short while. More than this, the school offers, perhaps, the most effective point of contact between sanitation and the home.[4]

## School Inspections and the Virginia State Board of Health

In 1909 the Virginia State Board of Health (VSBH) identified concerns of sanitation for schools located in the rural areas of Virginia. In order to ascertain their condition, health officials instituted school inspections across the state. Commissioner Williams reported, "the sanitary arrangements of a majority of country schoolhouses are without doubt deplorable."[5] He noted that most country school buildings were without proper water supplies and water closets and those that had privies were unsanitary at best. Rural schools were often only one room without proper ventilation, heat, poor lighting, and inappropriate furniture. He described the schools as "veritable breeding places for contagious disease" and noted that one must consider "the relationship of schools to hookworm, tuberculosis, and diseases of the nose and throat."[6]

However, despite this identification of significant problems in the rural schools, nothing was being done to rectify them. Both the SHC and the Superintendent of Education requested funds from the general assembly to address this problem. Frustrated with the situation, Williams said, "The State spends millions annually in educating the children of her citizens, but up to this time has spent little or nothing in seeing that the health of the children is not impaired by conditions under which the education is given."[7] Likewise, he noted, "from the standpoint of business economy…school inspection would be a paying investment."[8] It was clear something needed to be done.

## Hookworm Disease and School Health: The Rockefeller Sanitary Commission

The prevalence of hookworm in Virginia drew further attention to the need for rural public health nursing. Between 1909 and 1914 the Rockefeller Sanitary Commission (RSC) financed the Commission for the Eradication of Hookworm, and in cooperation with the State Health

Department, addressed hookworm infestation in Virginia's children.[9] Prior to 1910, little was understood regarding the prevalence of hookworm and its adverse implications for the citizens of the state. The RSC and the newly available study of epidemiology and laboratory services provided scientific evidence that linked the unsanitary conditions of homes and schools to the tremendous infestation of hookworm (as well as other contagious diseases), in Virginia's rural school children and their families. Consequently, findings demonstrated that hookworm disease caused a multitude of detrimental health problems for both children and adults. The SHC reported "it became apparent this was a problem of considerable magnitude" across the entire state as "a large portion of the state was heavily infested."[10]

The Sanitary Survey of Orange County Schools

Over the next several years, school medical inspections and hookworm education continued. However, sanitation and health concerns became so problematic that in 1912, the VSBH, the State Board of Education (SBE), and the Department of Education of the University of Virginia joined together to address concerns of school health and sanitation.[11] After consultation with the United States Commissioner of Education, "an intensive survey of the white and colored [sic] schools and school children of Orange County, Virginia" was completed to assuage the general health and sanitation status of rural school children and the schools.[12] Orange County was located in the central piedmont region of the Commonwealth of Virginia. Health officials chose Orange County because they believed it was reflective of most other rural counties in the state in relation to socio-economic status, race, education, and resources.[13] The report clarified that "the investigation covered the physical condition of the children in attendance on the schools, the enrollment, the proportional attendance, the size, equipment, and appearance of buildings and

grounds, heating and lighting arrangements, water supply, and sanitary conveniences."[14] According to Commissioner Williams, the results of the study "were startling, almost appalling."[15] They were also considered representative of the entire state. The survey findings were the first detailed examination of its kind. The results were considered profound on a national scale and the summary was published by the United States Department of Education.[16]

Findings: Sanitary Survey of Orange County Schools

The survey findings exposed numerous health impairments in rural school children and filth within the schools. Roy Flanagan, M.D., Director of the State Bureau of Inspection and the Sanitary Survey of Orange County reported that on examination children demonstrated multiple defects. These included problems with eyes, ears, teeth, adenoids, tonsils, malnutrition, anemia, whooping cough, measles, mumps and intestinal parasites.[17] The team inspected forty-nine schools, both white and black. Most buildings were isolated and remote one-room schools, with peeling paint, poor ventilation, contaminated water, and unsanitary water closets. Six of the forty-nine schools didn't provide a water closet at all.[18]

Moreover, taxpayers identified school enrollment and attendance as major concerns. Results of the Orange County Survey reported that the potential number of enrolled students, both white and black was 4,008. However, only 2, 609 children were enrolled during the time of inspection. The fact that only 1, 793 students were present and attending school during the medical inspection was of further concern.[19] The survey identified that weather, distance, indifference, poverty, and work often affected a child's attendance at school, but most often the cause of absenteeism was an illness. Flanagan noted, "If thirty percent of the whites and forty percent of the colored [sic] enrollment are absent habitually from schools having only a six months'

session, the future of such communities must be socially very dubious, for the percentage of ignorance which a continuance of these conditions must bring forth will act as a clog to all progress."[20]

Even after the Orange County Survey findings were well publicized, attendance at school for rural school children continued to be a problem. Williams wrote in his 1914 Annual Report to the Governor that sick and defective children and poor school attendance were a grave concern for Virginia's taxpayers. Virginians were paying for an education the children were not receiving and more importantly, children were not being properly educated to become good citizens.[21] Furthermore, in his address to the Medial Society of Virginia, Williams articulated, "it is a conservative estimate to say that twenty percent of the funds spent on education are wasted because of physically defective children."[22] He went on to say, "Children repeat grades year after year, hold back the normal [sic] children—waste the time, energy and nerves of the teachers and are handicapped themselves from receiving an education—and are liable to more serious physical ailments in later life."[23] What was most disgraceful, Williams concluded that "these defects and handicaps can be corrected or removed."[24]

Furthermore, the survey report highlighted the great disparity between rural and city children and health. In cities, children were regularly examined by a physician at school and as needed, followed into the home by a visiting nurse. Williams stated, "It has always been felt in school inspection that, if the inspection were all, the work could not profitably be carried in the average community beyond a certain point. Various experiments have found the school nurse could better follow up the work of medical inspection better than any other agent."[25] Based on the findings from the Survey of Orange County, the Board of Health proposed the same should be implemented for rural school children. Soon after, coordinated medical inspection of schools

and the school children in rural schools was inaugurated. The plan also included the addition of the rural school nurse.[26] Commissioner Williams concluded, "A nurse with this experience can go into the home without being regarded as an intruder and can do a work utterly beyond the reach of the medical inspector." [27]

## The Virginia State Department of Public Health Nurses

In response to the need to implement rural school nursing, the VSBH established the Department of Public Health Nurses in 1916. The department identified the locations of public health nurses (PHN) currently working across the state and formalized the expectations and responsibilities of the role. The Department of Public Health Nurses also provided a means of support for the nurses through collaboration. This included streamlining documentation, protocols and providing opportunities for communication.[28] The VSBH determined that the public health nurses' first priority was to school health and sanitation. This priority extended to all areas of the state; both urban and rural. Thus, the public health nurse spent large portions of her practice in the schools and visiting the homes of the school children. She provided instruction on the sanitation of schools, communicable disease, and health promotion strategies to improve the health and well-being of the school children and their families. Consequently, in Virginia at the turn of the twentieth century, the role of the PHN was primarily a school nurse and her duties often extended beyond the limits of the school within the community she served.

## The Progressive Era: Benefits and Obstacles to Rural School Nursing

The Progressive Era in the South, and more specifically, the Commonwealth of Virginia both assisted and obstructed the role of PHN in the schools. The Progressive Era smoothed the path

for women's activism in the development of social welfare programs including grassroots visiting nursing services, such as the IVNA, which later provided a framework for the establishment of rural school nursing. Additionally, the Sanitation Survey of Orange County Schools, as part of the Commission for the Eradication of Hookworm funded by the Rockefeller Sanitary Commission, was one of the most important influences in the state's promotion of public health and the development of the role of the rural school nurse. As historian Elna Green, Ph.D. noted, progressivism and reformers were instrumental in the expansion of public health works in Virginia and rural school nursing. Green remarked, "Progressivism stressed the importance of the people against the interests thereby making it possible for political activism to take nonpartisan forms" and in doing so, paved the way for "localized voluntary efforts" including rural school nursing.[29]

However, local government and citizens often viewed reforms, both in public health and education, as an infringement of personal rights. Only fifty years after the Civil War, this was especially true of citizens from the South, suspicious of reforms generated by wealthy progressives from the North. This resistance to reform movements, especially reforms supported by the wealthy northern Rockefeller Foundation, became an obstacle to the implementation of rural school nursing.

Despite overwhelming positive results of healthy children following treatment for hookworm disease, not all southerners welcomed reforms in sanitation and schools. Historian William Link, Ph.D. suggested that many southerners considered medical inspection of school children "bureaucratic coercion" of their personal rights.[30] Link also noted that the findings of the RSC survey of Orange County, Virginia implicated the devastating effects of filthy schools on the health of Virginia's children. In doing so, these findings gave permission for government

reformers to assume "responsibility for public health" and secured an endorsement to assert state power to create a healthy school environment. However, these reforms now allowed for government jurisdiction over the child's health that was "formerly the exclusive prerogative of the parents."[31] Just a few years earlier in 1912, Virginia enacted the most precedent-setting of laws "requiring the construction of two sanitary outhouses in all school houses and that communities that had water and sewerage have water closets in the schools" which empowered the state to enforce compliance.[32] This implementation of change and law was not always effective as many southerners didn't choose to adopt the new innovations. Rural resistance and opposition to public health laws were based on rural southerners' perceptions of governmental interference. Furthermore, "careful and considerate" methods of discourse had to be used in reporting to rural parents of school children deficits noted in the health of their child, otherwise, the necessary interventions would never be adopted.[33]

Additionally, the Progressive Era illuminated knowledge deficits regarding benefits of health interventions and sanitation, particularly rural Virginians, who were not amenable to the idea of school nursing. Commissioner Williams presented the following judgment at the fifty-second annual meeting of the Medical Society of Virginia in Lynchburg, October 18-21, 1921: "As a consequence of this ignorance or lack of interest, the prerequisite for the development of public health work must be education."[34] Williams emphasized that "The people must be made to understand that communicable diseases can be made incommunicable through individual or community effort… if an intelligent public could be made to understand how to care for itself."[35]

## Government Influences

Earlier in the decade, prominent federal government organizations were established that

provided support and funding for the expansion of visiting nurses and school nurses across the country. The year 1912 ushered in the establishment of the United States' Children's Bureau, the National Organization for Public Health Nursing (NOPHN), and the American Red Cross (ARC) Town and Country Division. All of these organizations aided the Commonwealth of Virginia in providing school nurses for its rural communities.

On April 9, 1912, Congress established the United States Children's Bureau. It became the first federal government agency to focus solely on the needs of children across the entire country. The Children's Bureau allowed for further growth at the state and local levels that promulgated grassroots efforts in creating the role of the school nurse in rural Virginia. [36]

Additionally, in 1912 the NOPHN was organized. The NOPHN educated the public on the importance of public health works, especially school health reform. It also encouraged the creation of Bureaus of Public Health Nursing within individual State Boards of Health and encouraged that these divisions should be "on an equal basis with other divisions."[37] This became a reality in Virginia with the creation of the Department of Public Health Nursing in 1916.[38]

Also established in the year 1912, was the American Red Cross (ARC) Town and Country Nursing Service. Important to Virginia, according to historian Sandra Lewenson, Ph.D., "the rural nursing service offered communities an affiliation that would provide them with qualified public health nurses who could support the existing community services, or assist communities in developing visiting nurse associations when needed.[39] As such, the ARC and its Town and Country division assisted the Commonwealth of Virginia in providing nursing services to the rural towns and villages that were unable to supply a school nurse by their own means.

## The Virginia State Board of Health and the Promotion of School Nursing

The Virginia State Board of Health, under the tutelage of Health Commissioner, Ennion Williams, MD, was the single most significant catalyst for the inception and ongoing development of school nursing in the Commonwealth of Virginia. In his 1916 address to the Governor, Williams identified the best place to begin the care of the citizens of Virginia was the school nurse. He specified that the practice of PHN will fall into four categories; school nurse, visiting nurse, special nurse, and industrial nurse, but the first and most important endeavor was that of the school nurse.[40] He proclaimed:

> The nurse who comes to plead for the treatment of a child is accorded a welcome which a regular health inspector or health officer cannot hope to receive. Furthermore, the school nurse can do her chief work among those who will show the greatest benefits from adequate preventive measures, and, at the same time, have open minds wherewith to receive the great and salutary lessons of modern sanitation.[41]

Moreover, Williams deemed public health nursing as so important; he advanced the development of the Department of Public Health Nursing and secured financial resources for a supervisor position. He remarked, the "manifest demand for public health nurses, especially in the rural sections of the Commonwealth, has prompted the interest in advancing PHN in the state and to support this endeavor, the position of Public Health Nurse Supervisor, in cooperation with generous financial support from the Metropolitan Life Insurance Company has been procured."[42]

On June 15, 1916, Jane Ranson, RN, a graduate of St. Luke's Hospital, Richmond, VA., and formerly a school nurse in Lynchburg became the first Supervisor of Public Health Nursing. Ranson's primary objective included coordination of the existing eighty-eight PHN, currently

employed in Virginia, twenty-seven of which were actively engaged in school work.[43] First, Ranson toured the state to identify the exact location of the various nurses and the scope of their work across the state. Second, she enlisted the cooperation of already engaged nurses to assist in the standardization of reports of illness and treatments and third, she initiated programs to extend and grow the numbers of public health nurses across the state.[44] Ranson reported that the existing public health nurses across the state were agreeable to the initiation of monthly reports to the Board of Health and many "liked the idea of being part of a larger state organization."[45]

Additionally, the Director of the Bureau of Child Welfare, under the VSBH, Mary Brydon, MD, promoted the need for public health nurses in the rural schools. Brydon wrote the school nurse's duties were manifold, noting:

> She visits the schools; gets acquainted with the teachers and principals gaining their co-operation in her health undertakings; inspects the children for defects…is on hand for epidemics of every sort; and follows up cases to the homes of the children in order to have physical defects remedied, this work being the most important; calls upon mothers, and gives them instruction and help in regard to improving the child's health.[46]

## Scarcity of Trained Nurses in Rural Public Health Nursing

Specialized training in PHN was not readily available in the South at the turn of the century. In his 1916 Annual Report, Commissioner Williams reported that it was the Board of Health's "hope and goal" that most counties in Virginia would have a nurse and the "the greatest obstacle to the extension of public health nursing in the Commonwealth is not the indifference of the people but the scarcity of trained nurses." [47] This paucity of public health nurses

continued well into 1923 as Williams informed the Governor, "It has been necessary to go out to other states for nurses as the supply of those properly trained for this work is running short in Virginia."[48]

Earlier in Virginia, Nursing had been formally regulated in May of 1903 when the law to establish a State Board of Nursing, enacting licensure requirements was passed. At that time, several schools of nursing existed throughout the state, but none of them offered any formal instruction in PHN, particularly to meet the needs of rural citizens. In 1916, Williams conveyed that none of the current training programs for nursing in Virginia offered post-graduate classes to prepare nurses for public health nursing, particularly to serve the rural South. Consequently, PHN training had to be obtained from programs located in the northern states where conditions were very different. Williams aggressively encouraged current programs to consider including a component of public health nursing.[49]

Acknowledging the great need for nurses specially trained in public health nursing, Ranson wrote in her annual address to the Governor that "prior to recent times there has been little demand for public health nurses in the South, thus few southern nurses have had any special training for this work."[50] She noted that the public favors the presence of a public health nurse in their community, but the lack of programs available to train public health nurses made meeting the needs of the citizens extremely difficult. She reported that "the fact that no nurses without either successful experience or special training in public health work are ever recommended to [school nursing] positions, is having a [positive] marked effect on the confidence people feel in the movement."[51] She described that "obtaining suitable nurses to fill positions is the greatest difficulty encountered" and that "after arousing interest in the work, and being asked to find nurses to fill the positions created, it was most difficult, practically impossible, to secure nurses

equipped to do the work."[52] She remarked the reason for this problem was "the ordinary hospital graduate is not fitted for public health nursing without special training or experience."[53] At that time no opportunities for PHN education were available.

In October 1917 the Richmond School of Social Work and Public Health Nursing was established to meet the need for special training in PHN. It promised to be "the first of its kind in the South."[54] Director of the school, Dr. Henry Hibbs reported that twenty-three students enrolled the first semester of the school's opening and the first class graduated eighteen in public health nursing in June 1918. Distinguished members of the community volunteered their expertise in public health education seminars. Included were Health Commissioner Ennion Williams, Assistant Health Commissioner Roy Flannagan, and Nannie Minor, the current Chief Nurse with the Instructive Visiting Nurse Association.[55]

What is more, Hibbs demonstrated creative engineering to promote and maintain the existence of the school. He recognized that because the inception of the school coincided with the mobilization of troops for the Great War, limited resources were available. Funding sources were almost none existent as all monies both public and private were poured into the war effort. Hibb's confirmed, "No new agency could live during a war unless the organizers could clearly show that it contributed to the war effort."[56] Acknowledging the Board of Health's position on the importance of the school and the need for nurses trained in public health, Hibbs enlisted the help of doctors Williams and Flanagan. Together, the new school's slogan became: "Train Nurses to Take Doctor's Places."[57] In this manner, because most physicians had left the Commonwealth for war service overseas, nurses trained in public health works could meet the needs of the people at home.[58] Thus, the Richmond School of Social Work and Public Health Nursing received money from the government allocated for the war effort and their doors

stayed open. They could train nurses in public health.

After the war, the American Red Cross and the War Work Council of the YWCA worked out a plan whereby army and navy nurses could attend schools of public health and have their expenses financed from the "United War Work Campaign."[59] Some of this money was given to nurses to come to Richmond and pursue a four-month course in public health nursing. This continued for three years following the end of the war and over one hundred nurses were trained. [60]

However, once training for PHN was available, hiring rural PHN remained very difficult. According to Brydon, Director of the Bureau of Child Welfare, "It is extremely difficult to get trained public health nurses."[61] She went on to say, "This is a problem that every State Board of Health in the South seems to have – that of getting trained public health nurses and keeping them in the field."[62] As a measure to address this challenge, the VSBOH offered scholarships for nurses willing to be trained in PHN at the Richmond School of Social Work and Public Health Nursing. However, the plan did not result in employment of a satisfactory number of nurses as they took positions with other states. In order to develop a supply of PHN to meet the demand for rural Virginians, the scholarship plan was redeveloped and nurses were required to work for the state of Virginia following their education to reimburse the state. Noted by Nannie Minor, Supervisor of Public Health Nursing for the State of Virginia in 1925, "4 of 7 scholarships offered were awarded and three of the nurses are now at work in the state."[63] She confirmed in her report that "without the aid, they wouldn't have taken the course."[64]

## Culture as a Barrier

Early in her commission, Jane Ranson wrote of her concerns regarding culture and the impact

of southern rural people wanting only southern nurses to do the work. She described that previously there was little interest for PHN in the South, and consequently, a limited number of southern nurses had been trained for the work. She disclosed, “For the best results it is thought that training is most important, and equally, if not more important, that we have Southern women to do the work, as they understand conditions so much better than do nurses coming from the more prosperous North.”[65] Furthermore, to highlight this cultural influence, Edna Foley, from the Department of Public Health Nursing in the *American Journal of Nursing*, challenged Southern nurses to seek an interest in PHN. She noted, “Any good nurse ought to be able to adapt herself to any kind of community service if she has had the proper preparation for it.” [66] She commented, “Northern nurses ought not to be misfits in the South…and yet the fact remains that the northern nurses don’t always succeed in the South and southern nurses are not very rapidly availing themselves of opportunities for service in the public health field.”[67] She went on to write that “it is up to the southern nurse to prove herself better than her northern sister, … or the northern nurses will inevitably drift south and prove someday the fallacy of the belief that northern nurses can’t accomplish good work in southern communities.”[68]

Race as an Influence

Training opportunities for black nurses in PHN were even more limited than their white counterparts in Virginia in the early 1900s. Segregation of schools existed in the Commonwealth but the opportunities for black women to provide school nursing for black children were minuscule. In the summer of 1917, the VSBOH created a special course to prepare nurses for public health work. This program was offered to both white and black nurses. In his Report to the Governor, Williams noted, “For the encouragement of this movement [school nursing] and

the supply of competently trained nurses, a special education course was given by the State Board of Health during the summer of 1917."[69]

In May of 1924, Nannie Minor, then Director of Public Health Nursing for the State of Virginia documented the status of the black public health nurses in Virginia and published her findings in *The Public Health Nurse*. She detailed that in 1924, there were four hospital training schools for black nurses. The graduates of those schools were eligible for "examinations for registration on the exact terms which apply to white graduates."[70] She went on to report that "Virginia has a state-wide curriculum which has been outlined by the State Board of Examiners and is almost identically the same as outlined in the standard curriculum prepared by the National League of Nursing Education."[71] Furthermore, she remarked that this curriculum was followed by "all schools, colored [sic] and white" and examinations were taken at the same time in the same room.[72] To address fairness and equality she disclosed the examination correction process, noting that "their papers are handled by the same women, and are marked by number so that the examiners do not know whose paper they are handling."[73] However, regarding training opportunities in PHN, she stated that the South did not have adequate opportunities for training in PHN. More specifically, black nurses had veritably no training opportunities. Because of segregation laws, only white nurses were allowed to attend the only school in Virginia which offered graduate coursework in PHN, namely the Richmond School of Social Work and Public Health Nursing. Moreover, Minor reported the majority of nurses in Virginia, "who desire special equipment in public health nursing, go north for their training" and although Vanderbilt University and the University of Texas offer PHN training, those programs were not open to black nurses.[74] Minor went on to advise that the Tuskegee Institute recognized a need for PHN training and a program was made available "for their race and held an intensive course two years

ago to which came colored [sic] nurses representing ten states."[75] However, to her knowledge, ongoing support of this program was unknown.

World War I: The Great War

The Great War influenced rural school nursing both positively and negatively on several counts. SHC Williams noted in his address to the Medical Society of Virginia, that the draft examinations revealed an excessive number of young men not eligible to serve in the military primarily due to poor health as a result of preventable childhood illness.[76] Published in the *Virginia Journal of Education*, "under the first selective draft, 730,756 men were rejected for physical reasons after examination," which accounted for twenty-nine percent of the total number of men examined.[77] These findings alerted the Commonwealth of the need to protect the health of its children.

On the other hand, The Great War impeded the movement of school nursing. Because of the war, few trained nurses were available for local public health works as a tremendous number of doctors and nurses left for military service. Even Jane Ranson, the first Public Nurse Supervisor joined the war effort leaving for France to work with the Base Hospital Unit No. 41. With her absence, rural school nursing initiatives lost their momentum and community commitment. As noted by Ranson's replacement, Maude Morse, the Acting State Supervisor of Public Health Nursing, seasoned public health nurses who left for war duty were replaced with inadequately trained nurses in public health works. Thus, citizens lost confidence in the role of the school nurse which blighted the movement. Morse remarked, "poor social vision" and "lack of proper training" eroded momentum in the establishment of school nursing in rural counties.[78]

Influenza Epidemic of 1918

To further complicate the loss of nurses to the war effort, the influenza epidemic in the fall of 1918 compounded the PHN shortage. The influenza epidemic was so grave that Assistant SHC Flannagan, "plead for every man or woman, white or colored, [sic] with any nursing experience to lend assistance."[79] He went on to enlist "the help of the Red Cross to gather as many graduate and practical nurses as possible" shunting nurses to the cities to care for the estimated 20,841 reported cases of influenza through the end of the year 1918. Hence none were left to address the school health procedures being developed.

Financial Resources as a Barrier

Limited financial resources to support school nursing and poor financial incentive for public health nurses proved to be a monumental obstacle in the promotion of rural school nursing in Virginia. In 1916, Jane Ranson advocated raising private funds, the implementation of community programs and marketing of the role of school nurses. She noted in her annual report "school nurses or PHN should be paid out of public funds, just as school teachers, health officers, county farm demonstration agents, and other public servants are paid."[80] She stated, "the real community benefit from these nurses has to be demonstrated before the (county) supervisors are willing to appropriate public funds for their support."[81] Ranson disclosed, nurses' salaries were secured through women's clubs, private donations and selling of refreshments at county fairs and suggested, "If through private donors the first few years can be paid and benefit seen, then county money from taxes could be used to pay for the nurses."[82]

Ranson specified support for funding should be obtained from representatives of local community organizations such as school board members, teachers, women's civic leagues, and

other local authorities. She also emphasized that these civic groups required education regarding the benefits of employing a school nurse within their community. She expressed that they needed to be taught the role of a school nurse and how the nurse could impact the health of the school children and the overall district. She conveyed, "We are advocating the school nurses first as more economical, being a preventive agent and after that the visiting nurse or curative agent. Both nurses are needed to all communities but the school nurse comes first."[83]

Likewise, there was little financial incentive for nurses to pursue a career in rural public health nursing in the Commonwealth of Virginia. Salaries for PHN were very low in Virginia compared to other states across the country. In 1918, Maude Morse, RN, Acting State Supervisor of Public Health Nursing, commented that "Virginia will fail to get better trained nurses as long as some communities can offer only such a low salary of $75.00 month. Those offering $100.00 are getting far better equipped nurses."[84] She went on to describe that such low pay is having a very negative effect on the school nurse movement. Morris stated, "As a result of poorly trained nurses placed in school nursing positions they were not prepared to do, four communities have decided to let go of their nurse and are not planning on replacing them."[85]

In 1924, Virginia's public health nurses earned $1,500 year which was the lowest salary across the nation with the exception of the District of Columbia, Florida, Alabama, Mississippi, Kentucky and the Philippine Islands. The highest paid public health nurses earned $2,100 a year and were from Louisiana, Indiana, and Arizona. Additionally, Virginia's Public Health Nursing Supervisor was paid only $1,800 year. This was the lowest salary level for public health nursing supervisor positions in the country. New York City's Public Health Nursing Supervisor was paid the highest salary at $4,000 a year.[86] In addition, the low pay did not take into consideration the degree of difficulty for providing care to rural citizens with minimal resources, limited road

access and great distances between schools.

In the same way, Child Welfare Director, Dr. Brydon, highlighted the need for financial commitment from local communities and described the enormous task of the public health nurse. She identified that "the nurse has a very important role and function not simply as a nurse but a Health Supervisor."[87] Brydon explained the school nurse was expected to "look after 3-4 thousand children, where schools are many miles apart and the work must be done during the season of bad roads and weather."[88] Moreover, the school nurse "is not to do simply the detail work in the classroom such as physical inspection but to instruct, supervise and to help the teachers in their health work controlling epidemics, to be the link between home and school, to get corrections made and to send the child back in good condition to receive his mental, moral and health education."[89] Brydon emphasized the school nurse should be made "a permanent institution in every community and to be permanent she must be supported by public and not private funds."[90]

Additionally, natural and economic issues across the state influenced financial resources for school nursing. In 1921, Commissioner Williams explained, "The people of rural VA, depressed by the unexpectedly rapid and drastic decline in the prices for farm products…..have less money to spend for self-protection and county boards have hesitated to appropriate public funds for anything except imperative and tangible undertakings."[91] Furthermore, Williams articulated in his annual report to the Governor, in a bold face typed heading, **"Need More Nurses."**[92] He requested additional state funds "to enable us either to increase our allotment to existing services or enable us to aid more services."[93] He identified that some counties can afford to appropriate the necessary funds to hire a nurse but "such counties are outnumbered by those whose nurses owe their employment largely to the generosity of private contributors or unofficial agencies,

notably the Red Cross Chapters."[94] Nannie Minor, the then Virginia State Supervisor of Public Health Nursing, provided the following statistics in 1921 identifying the location, number and funding sources of the public health nurses in Virginia. Unfortunately, only 25 of the then 100 counties of Virginia had public health nurses.

Funding for School Nurses 1921: Taken from the *Virginia Teacher* Volume 3 no. 3, 62 [95]

| County | Nurse | How Financed |
|---|---|---|
| Albemarle | 1 | Supported by health unit in county |
| Arlington | 2 | County health unit |
| Amherst | 1 | Employed by county |
| Augusta | 1 | Red Cross Chapter designated school nurse |
| Botetourt | 1 | Red Cross Chapter county and school nurse |
| Brunswick | 1 | County |
| Caroline | 1 | Red Cross |
| Chesterfield | 1 | Chesterfield health association and red cross |
| Clarke | 1 | Red Cross |
| Elizabeth City | 1 | County |
| Essex | 1 | Red cross chapter |
| Fauquier | 1 | Private contributions from colored people |
| Giles | 1 | Red cross |
| Goochland | 1 | County |
| Greensville | 1 | County |
| Halifax | 2 | Red Cross and County health unit |
| Henry | 1 | County |
| Loudoun | 1 | Private contributions |
| Mecklenburg | 1 | Red Cross |
| Norfolk | 2 | School Board |
| Prince Edward | 1 | Private subscriptions |
| Prince George | 1 | Red Cross |
| Princess Anne | 1 | Red Cross |
| Roanoke | 1 | Red Cross |
| Rockbridge | 1 | Red Cross |

Similarly in 1925, Minor documented the role and reimbursement for PHN in her annual report to the Governor. She described a typical day of work for a PHN was eight hours and she was to have "half of Saturday and all of Sunday off work, with nights free for rest." Saturday

mornings were to be set aside for conferences with families and clerical work. The nurse's minimum salary was to be $1,500.00 a year to include a vacation with pay, a car with upkeep and an office with necessary equipment. Minor went on to say that the "instability of the service and the low salary accounts for the great difficulty in securing nurses…the salary begins at $125.00 a month but should be increased as the nurse learns her county although some counties have never increased the salary beyond $125.00 which usually means changing the nurse each year, and thus retarding the work; a few brave souls remain because of their great interest in the cause."[96]

The West Law and the Changing Role of the School Nurse

Despite the best efforts of the State of Virginia's Board of Health and the development of federal programs to assist in the school nurse movement, rural counties in Virginia were unable to train, recruit and maintain rural visiting and school nurses in the Commonwealth of Virginia. Reasons cited across numerous sources described that the work was incredibly difficult, the pay was very poor and limited funding existed to support the role.

However, disbanding the inspection of schools and school children because of the lack of nurses or physicians was not acceptable. Colonel Julius West, a member of the Virginia Senate, disgusted by the tremendous number of preventable defects discovered in Virginia's young men during the draft examinations for The Great War, introduced a law in 1918 requiring the physical inspection of school children. The law mandated that inspections of the school children were to be completed by the school teachers. Furthermore, the 1918 West Law mandated that the teachers had to complete specific training on the proper inspection of school children and the ability to teach simple hygiene and sanitation.[97] The West law required "that before the year

1925 all of Virginia's 14,000 teachers shall obtain proof of having passed a course in school hygiene and physical inspection of school children."[98] This enactment was supported by both the Board of Health and the Board of Education. Together they were to provide the necessary teacher training for the required course in school hygiene and physical inspection of school children. As stated by SHC Williams, "The West law requires that, at the beginning of every [school] session, teachers must inspect the school children for defective vision, deafness, bad teeth and underweight…where there is a competent nurse to aid the teacher, these examinations will be made more carefully, and then the nurse is better able to do the follow-up work…the nurse is to meet with the parents and urge corrective work."[99]

When questioned about the absurdity of having non-medically prepared personnel to complete the school inspections, SHC Williams responded:

> If, when the annual inspection of school children was inaugurated, there had been a trained nurse doing public health work in every county it is possible that teachers might not have been required to do the work. But, because there were not PHN in every county, there wasn't a choice to make between the two and fortunately the inspection of school children by teachers has turned out to be far better than hoped for at the initial stages.[100]

Furthermore, Nannie Minor, the then State Supervisor of Public Health Nursing, noted that the school nurse's role changed following implementation of the West law. Their workload drastically increased. With thousands of teachers inspecting thousands of children, huge numbers of children were identified with defects. It was the school nurse's responsibility to follow-up these children in their homes to educate the parents and ensure the correction work was completed.[101] She went on to report that the ultimate aim was to provide a nurse in each of

the one hundred counties in the state. With the increase in the number of children receiving cursory inspections, there was a greater need for the school nurse to complete the corrective work.[102]

With the implementation of the West law, the school nurse continued with her ongoing duties. As outlined by Minor, the school nurse was instrumental in all of the following areas: 1) the establishment of community and school health leagues, 2) ongoing health and physical education, 3) teaching high school girls classes in home nursing and first aid, 4) Communicable disease: advising on exclusion of children without return until deemed cleared by family doctor and school officials, 5) Epidemics: careful examination of the sanitation of schools and needed correction, 6) Home Visits –While addressing the school child the nurse was to also work with mothers of preschoolers, infants and those needing prenatal care. She is to assist in the improvement of sanitary conditions of the home; report when necessary concerns to the public authorities. Focus and teach on the care of teeth, diet, and clarify any concerns of the source of water supply and disposal of sewage, 7) Give talks to community groups and provide exhibits and demonstrations at county fairs and health campaigns, 8) the nurse is not expected to do bedside nursing given the large territory to cover and the already heavy workload of follow-up visits, corrective clinics, and educational work – but in cases of emergencies or epidemics – everything is put aside to care for the sick, 9) arrangement for specialty corrective clinics, 10) Prevention measures including vaccines.[103]

Minor went on to say, "the ideal situation is to have a local health station; a central place to meet with mothers and children, weigh and measure, teach and instruct and provide health literature. The nurse can hold classes there and can get a physician to examine children as needed."[104]

Creative Ideas to Promote School Health

In 1925 the Virginia State Board of Health and the Virginia State Board of Education initiated several creative programs to stimulate interest and involvement in school health reforms. One of these ideas was May Day, also known as Child Health Day. The goal of May Day was to increase the attention of parents, children, and the general public to the importance of child and school health. This was done through entertaining community endeavors including parades, health floats, health songs and plays, Maypole dances, and children marching with health banners. Community leaders were included in the planning and significant enthusiasm was shown. Unfortunately, some communities had already closed their schools for the year due to the farming season and were unable to participate or reap the benefits from the May Day celebrations.[105]

In 1925, Nancy Vance, the designated State School Nurse for the Commonwealth of Virginia, developed The Five Point Child Certificate Program to encourage students to meet and maintain standards of good health. School children who met the standard in each of the identified five areas in weight, vision, hearing, throat (tonsils and adenoids) and teeth were awarded the much sought after Five-Point Certificate.[106] Special privileges were awarded to children who attained the five point standard designation. Those children who received their five-point award proudly displayed them on their person. This encouraged other children to seek the same recognition. Nursing Supervisor Minor noted, “It is becoming a fashionable thing to belong to this group with corrections being made more readily with parent and child on board.[107]

Health Leagues or “clubs” were developed by the school nurses and teachers to promote the importance of maintaining good health and hygiene. Enrollment was considered an honor. A special health bulletin was developed and distributed among all of the schools in Virginia on

how to organize and maintain school health leagues for teaching health habits in the schoolroom. The children in health leagues became promoters of health among their classmates and their families. Additionally, the Virginia Health Bulletin was published monthly and circulated across the Commonwealth of Virginia to every school, church, physician and public organization to educate the citizens of Virginia on how to best care for themselves.[108]

In an attempt to address the shortage of available nurses, a "Doctor's Helpers" course was offered in the summer of 1925, at the University of Virginia, by the Director of the Virginia Bureau of Child Welfare, Mary Brydon, M.D. The course provided five days of instruction for white women who did not want to become licensed RNs, but valued the opportunity to increase their own health knowledge on how to care for their own families and neighbors. The course covered content on maternity concerns, child health, home nursing and community health. It was considered so successful that it was continued as an annual program. However, no mention was made in the annual reports to the Governor of the availability of a similar course for African American women.[109]

School Nurses: Full Circle

In his annual address to the Governor, Health Commissioner Williams lamented the Commonwealth's inability to provide a skilled, specially trained public health nurse into every community and school. Throughout his tenure as Health Commissioner, Williams campaigned for and promoted the public health nurse as a vital and irreplaceable component of ensuring the health and well-being of the current and future citizens of Virginia.

> When school nurses were first appointed in this State their chief functions were to examine children and make efforts to have those needing remedial attention

properly treated. Since the former of these duties has been transferred to the teacher, the need for the nurse has grown rather than lessened. It makes little or no difference whether defects are discovered if there is no subsequent effort at alleviation or removal. That is where the nurse proves her value…

The current public health nurses have organized into eight associations and have pledged themselves to secure and support a county nurse. The unfortunate truth is that counties are asking for nurses but the demand is greater than the supply both of nurses and funding. Even the Red Cross chapters last year had difficulty raising funds. The State must make provisions to support the public health nurse endeavors for the well-being of the citizens of the Commonwealth of Virginia.[110]

Notes: Chapter 5

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[1] Ennion Williams, *Report of the State Board of Health and the State Health Commissioner to the Governor of Virginia for the Biennium ending June 30, 1925* (Richmond, VA, 1925), 8.

[2] Jessie Wetzel Faris, "Two Hundred Years of Nursing in Richmond," *The American Journal of Nursing* 37, no. 8 (August 1937): 849; Elna C. Green, "Gendering the City, Gendering the Welfare State: The Nurses' Settlement of Richmond, 1900-1930," *The Virginia Magazine of History and Biography* 113, no. 3 (2005): 291; The Instructive Visiting Nurse Association Papers, "The Nurses' Settlement of Richmond, Virginia by One of the Early Settlers (attributed to Nannie Minor)," Special Collections and Archives, Tompkins McCaw Library, Virginia Commonwealth University, Box 1, Folder 7.

[3] This study included a review of all of the Annual Reports of the Commissioner of Health to the Governor of Virginia from 1900 – 1925. No mention of school health or rural school nurses was found prior to the year 1909.

[4] Ennion Williams, *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1916* (Richmond, VA, 1917), 69.

[5] Ennion Williams, *Annual Report of the Commissioner of Health to the Governor of Virginia year ending Dec. 31, 1909* (Richmond, VA, 1910), 34.

[6] Ibid., 34 - 35.

[7] Ibid., 35.

[8] Ibid., 35.

[9] Mary Gibson, "School Nursing in Virginia: Hookworm, Tooth Decay, and Tonsillectomies," in *Nursing Rural America,* eds. John Kirchgessner and Arlene Keeling (NT: Springer Publishing Company, 2015), 42.

[10]"Report of Rural Sanitation," *Annual Report of the Commissioner of Health to the Governor of Virginia year ending Dec. 31, 1910* (Richmond, VA, 1911), 24-25.

[11] Ennion Williams, *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1914* (Richmond, VA, 1915), 57; Roy Flannagan, "A Sanitary Survey of the Schools of Orange County, VA.," *US Bureau of Education Bulletin* 17, whole no. 590 (Washington DC: Government Printing office, 1914).

[12] Flannagan, "A Sanitary Survey of the Schools of Orange County, VA."

[13] Williams, *Annual Report of the Commissioner of Health year ending 1914*, 57.

[14] Flannagan, "A Sanitary Survey of the Schools of Orange County, VA.," 7.

[15] Williams, *Annual Report of the Commissioner of Health year ending 1914*, 57.

[16] Ennion G. Williams, "Public Health and the School," Read at the fifty-second annual meeting of the Medical Society of Virginia in Lynchburg, October 18-21, 1921. Reprinted from the *Virginia Medical Monthly* November, 1921 (Published Richmond, VA., Williams Print Co., 1921): 14.

[17] Flannagan, "A Sanitary Survey of the Schools of Orange County, VA," 18 – 21.

[18] Roy Flannagan, "A Sanitary Survey of the Schools of Orange County, VA," 18 – 21; Williams, "Public Health and the School," 14; Roy C. Flannagan, MD, "Report of the Bureau of Inspection," *Annual Report of the Commissioner of Health to the Governor of Virginia year ending Dec. 31, 1913:* (Richmond, VA, 1914), 75-78.

[19] Roy Flannagan, "A Sanitary Survey of the Schools of Orange County, VA," 18 – 21; Roy C. Flannagan, MD, "Report of the Bureau of Inspection," *Annual Report of the Commissioner of Health to the Governor of Virginia year ending Dec. 31, 1913:* (Richmond, VA, 1914), 75-78.

[20] Flannagan, "A Sanitary Survey of the Schools of Orange County, VA," 18 – 21.

[21] Williams, *Annual Report of the Commissioner of Health year ending 1914*, 62 - 63.

[22] Williams, "Public Health and the School," 5-6.

[23] Ibid.

[24] Ibid.

[25] Williams, *Annual Report of the Commissioner of Health year ending 1914*, 29.

[26] Ibid., 182-183.

[27] Ibid., 29.

[28] Jane B. Ranson, "Appendix VI Public Health Nursing," *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1916* (Richmond, VA, 1917), 138.

[29] Elna C. Green, "Gendering the City, Gendering the Welfare State: The Nurses' Settlement of Richmond, 1900-1930," *The Virginia Magazine of History and Biography* 113, no. 3 (2005): 282.

[30] William Link, "Privies, Progressivism and Public Schools: Health Reform and Education in the Rural South," *Journal of Southern History* 54, no. 4 (Nov. 1988): 626.

[31] Ibid., 630-631.

[32] Ibid., 632.

[33] Ibid., 641.

[34] Williams, "Public Health and the School," 14.

[35] Ibid.

[36] John Kirchgessner, Arlene Keeling, Mary Gibson, "Nurses in Schools, Coal Towns and Mining Camps: Bringing Health Care to Rural America 1900 - 1950, *Histories of Nursing Practice* ed. Chapter 10 in Fealy, Halet and Dietz (Manchester University Press, 2015), 180-195. Lillian Wald, *The House on Henry Street* (NY: Henry Holt and Company, 1915), 163-168; Lillian Wald, "The Idea of the Federal Children's Bureau," *Readings in the Development of Settlement Work*, ed. Lorene M. Pacey (New York, 1950), 222-225; *The Children's Bureau Legacy, Ensuring the Right to Childhood* (Published by the Children's Bureau, U.S. Department of Health & Human Services) http://cb100.acf.hhs.gov/CB_ebook.

[37] Rose Ehrenfeld, "The Evolution of Public Health Nursing," *The American Journal of Nursing* 20, no. 1 (Oct. 1919): 15.

[38] Pamela Kulbok, Doris Glick, "Something Must Be Done! Public Health Nursing Education in the United States from 1900 – 1950," *Family and Community Health* 37, no. 3 (July - September 2014): 170-177.

[39] Sandra Lewenson, “Town and Country Nursing:  Community Participation and Nurse Recruitment,” *Nursing Rural America* ed. John Kirchgessner and Arlene Keeling, (NT:  Springer Publishing Company, 2015), 9.

[40] Ennion Williams, MD. *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1916* (Richmond, VA, 1917), 69.

[41] Ibid.

[42] Ibid.

[43] Ranson, “Appendix VI Public Health Nursing,”133.

[44] Ennion Williams, MD. *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1916*:  (Richmond, VA, 1917), 69.

[45] Ranson, “Appendix VI Public Health Nursing,” 137.

[46] Mary Brydon, “Public Health Nurses for Rural Schools,” *The Virginia Journal of Education* 12, no. 6, (February 1919): 214-215.

[47] Williams, *Annual Report of the Commissioner of Health year ending 1916*, 71.

[48] Ennion G. Williams, *Report of the State Board of Health and the State Health Commissioner to the Governor of Virginia for the Biennium ending June 30, 1923* (Richmond, VA, 1924), 175.

[49] Williams, *Annual Report of the Commissioner of Health year ending 1916*, 71.

[50] Ranson, “Appendix VI Public Health Nursing,” 137.

[51] Ibid., 172.

[52] Ibid., 170.

[53] Ibid. 170.

[54] Henry Hibbs,  *A History of the Richmond Professional Institute*, Library of Congress Catalogue Card Number 73-88735 Copyright 1973, RPI Foundation, Richmond Virginia. (Distributed by Virginia Commonwealth University Alumni Activities Office), 13.

[55] Ibid., 16.

[56] Ibid., 19.

[57] Ibid., 20.

[58] Ibid.

[59] Ibid., 24

[60] Ibid.

[61] Mary E. Bryden, "Report of the Director of Bureau of Child Welfare," *Report of the State Board of Health and the State Health Commissioner to the Governor of Virginia for the Biennium ending June 30, 1925* (Richmond, VA, 1925), 238.

[62] Ibid.

[63] Nannie J. Minor, "Division of Public Health Nursing – School Nursing," *Report of the State Board of Health and the State Health Commissioner to the Governor of Virginia for the Biennium ending June, 30, 1925* (Richmond, VA, 1925), 288.

[64] Ibid.

[65] Ranson, "Appendix VI Public Health Nursing," 138.

[66] Edna J. Foley, "Department of Public Health Nursing," *The American Journal of Nursing* 18 no. 5 (February 1918): 409-10.

[67] Ibid.

[68] Ibid.

[69] Ennion Williams, MD. *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1917*: (Richmond, VA, 1918), 86.

[70] Nannie, J. Minor, "Status of the colored public health nurse in Virginia," *The Public Health Nurse,* 16, no. 5 (May, 1924): 243.

[71] Ibid.

[72] Ibid.

[73] Ibid.

[74] Ibid.

[75] Ibid.

[76] Williams, “Public Health and the School.”

[77] “The Educational Bill, S. 4987, Now Before Congress,” *The Virginia Journal of Education,* 12, no. 6 (February 1919): 231.

[78] Maude E. Morse, “Appendix VIII: Report of Acting State Supervisor of Public Health Nursing,” *Report of the State Commissioner of Health to the Governor of Virginia* (1918) (Richmond, VA, 1919), 46.

[79] Influenza Encyclopedia, “The American Influenza Epidemic of 1918-1919, Richmond Virginia,” (University of Michigan Center for the History of Medicine and Michigan Publishing, University of Michigan Library).

[80] Ranson, “Appendix VI Public Health Nursing,” 170.

[81] Ibid.

[82] Ibid.

[83] Ibid., 138.

[84] Maude E. Morse, “Appendix VIII: Report of Acting State Supervisor of Public Health Nursing,” 47.

[85] Ibid., 46-47.

[86] Lucy Minnigerode, “A Survey of Public Health Nursing in the State Department of Health,” *Public Health Reports* 39, no. 5 (Dec. 12, 1924): 3131.

[87] Mary E. Bryden, “Report of the Director of Bureau of Child Welfare,” *Report of the State Board of Health and the State Health Commissioner to the Governor of Virginia for the Biennium ending June 30, 1921* (Richmond, VA, 1922), 202.

[88] Ibid.

[89] Ibid.

[90] Ibid.

[91] Ennion G. Williams, *Report of the State Board of Health and the State Health Commissioner to the Governor of Virginia for the Biennium ending June 30, 1921* (Richmond, VA, 1922), 3.

[92] Williams, *Annual Report of the Commissioner of Health year ending 1925*, 28.

[93] Ibid.

[94] Ibid.

[95] "Funding for School Nurses 1921," Taken from the *Virginia Teacher*, 3 no. 3, 62.

[96] Minor, "Division of Public Health Nursing – School Nursing," 288.

[97] Williams, "Public Health and the School."

[98] Williams, *Annual Report of the Commissioner of Health year ending 1921*, 200.

[99] Ibid., 4.

[100] Williams, *Annual Report of the Commissioner of Health year ending 1925*, 24.

[101] Minor, "Division of Public Health Nursing – School Nursing," 207.

[102] Ibid., 207-208.

[103] Ibid., 298-299.

[104] Ibid.

[105] Nancy Vance, "State School Nurse for Health Education Division of Public Health Nursing – School Nursing," *Report of the State Board of Health and the State Health Commissioner to the Governor of Virginia for the Biennium ending June, 30, 1925* (Richmond, VA, 1925), 264.

[106] Ibid., 263

[107] Minor, "Division of Public Health Nursing – School Nursing," 287.

[108] Vance, "State School Nurse for Health Education Division of Public Health Nursing – School Nursing," 263.

[109] Brydon, "Report of the Director of Bureau of Child Welfare," 1925, 238.

[110] Williams, *Report of the State Board of Health and the State Health Commissioner to the Governor of Virginia, Biennium ending June 30, 1921*, 12-13.

## Chapter 6: Discussion and Conclusions

> The extension of the work of nurses in the public schools is perhaps the most striking development in recent nursing progress. No form of preventive work is exciting more lively and widespread interest in the public mind than this. Inquiries are coming in from the whole country, and the New York Board of Health is besieged with letters. A pamphlet giving all details is being issued by the Health Department of that city, and, with one previously issued on the medical inspection, will supply towns now planning this work with information.[1]

In 1906 the above editorial appeared in the *American Journal of Nursing*. The benefits of a trained school nurse were indisputable. School nurses made children healthy, and healthy children were able to learn. Cities and towns all over the country recognized the benefits of having a trained nurse in their schools and they wanted to replicate the New York City's school nursing program in their own cities.

Findings from this study revealed that the school nursing movement in the United States at the turn of the twentieth century became a transformative mission to promote both individual and community health. School nursing was also viewed by many as a means to ensure all children had the opportunity to receive their mental, moral and health education."[2] However, findings from this study also concurred that despite the historical evidence that school children and the greater community in which they lived benefited from the work of the school nurses, resistance to the position ensued. The primary reason for this impedance was funding.[3] Thus, by the year 1925, over twenty years after the inception of school nursing in New York City, the position of the school nurse in the United States was not firmly established in the schools.

## Providing Access to Health Care

In the early 1900s, school nurses encountered tremendous challenges and demonstrated heroic measures to provide health care for thousands of school children and their families. Many of these children were from poor, immigrant, rural and/or racially oppressed families. Many families were illiterate, unable to speak the English language and had no understanding of how to access medical treatment. In many cases, there was no medical treatment to access. Early school nurses overcame these barriers and provided health services by crossing boundaries of place, race, class, culture, and socio-economic status.

The historical evidence is clear that school nurses at the turn of the twentieth century provided access to care for those that would otherwise have gone without. The care and instruction school nurses administered had far reaching effects and it afforded significant benefits for those children and their families that previously had no means of receiving health services. The tangible outcomes of the school nurses' work included the reduction of the spread of contagious disease, the correction of physical defects, and the promotion of health for school children and their families. The convergence of these outcomes improved school attendance and as such provided an entire generation of children an opportunity to receive their right to an education.

The first school nurses reduced absenteeism among school children by containing the spread of contagious disease. They did so by providing appropriate treatment for those with a contagious disease and referred children requiring the expertise of a physician to dispensaries. In many cases, school nurses took the children to the dispensary themselves. They also developed protocols for the management and control of common contagious diseases. Generally speaking, school nurses promoted the health and well-being of the school children. As such, school nurses assured that the children in schools were healthy and ready to learn. Fundamentally, they

changed the prevailing belief that schools harbored sickness to the new understanding that schools could, in fact, be a place of health. School nurses demonstrated the fact that children didn't have to be sick, and school children could be made well enough to receive their right to an education.

In addition to managing contagious diseases, school nurses also provided care for children with special needs. At the turn of the twentieth century, most children with disabilities had previously gone unnoticed and without treatment. School nurses changed this practice. They assisted in the corrective and curative work for children with disabilities. This often meant coordinating surgery for adenoid and tonsil removal and securing glasses for visually impaired students. They also addressed chronic health concerns including anemia, trachoma, hookworm, orthopedic problems and nutritional deficits to improve the health of the school children. School nurses also brought to the attention of the public the need to assist children with intellectual or mental disabilities and they aided in the development of special classrooms for these students. Overall, school nurses provided care for children with special needs that previously went without services and in doing so afforded these children an education that was previously not made available for them.

Moreover, school nurses extended their role beyond sickness and corrective work and promoted child and family health and wellbeing through their preventive work in the schools and the homes. They taught and encouraged the washing of hands, the use of a handkerchief and the elimination of shared drinking cups.[4] They administered immunizations, instructed about the importance of a healthy diet and developed health education programs in the schools that taught children how to keep themselves well. Most importantly, school nurses entered the homes of the children and informed parents on how to care for their entire families. The school nurses' work

in the homes bolstered the constitution of individual families within the larger school community. By its very nature, healthier families meant a healthier community. Moreover, school nurses encouraged a culture of wellness. They kept children healthy, attending school and ready to learn. In doing so, they promoted the education of an entire generation of children.[5]

School Nursing and Social Services

At the turn of the twentieth century, school nurses became a powerful agent in meeting the social needs of school children and their families. They accomplished this task during their work in the schools, but most often during their visits to the homes of the school children. Historical documents validated that home visits were where the majority of the school nurses' work was done and the greatest benefits were seen.[6] The school nurse's home visit became an important element in solving the social maladies of society. Through her home visits, she identified not only sickness but concerns of abuse, poverty, and ignorance. School nurses advocated for children and families in need of food, clothing, medicine and adequate shelter. In doing so, school nurses bridged the gap between the home and the school. School nurses also bridged the gap between "the haves" and "the have nots." Through her tact, skill, and judgment the school nurse became a trusted resource that parents relied on.

Trust in the school nurse was most important. As such, she became the one municipal figure that was welcomed into the home to make improvements. Her work was not seen as a criticism or an infringement but a blessing.[7] School nurses established this trust by cultivating an environment of respect, compassion, cultural and racial sensitivity, service and leadership.[8] Early school nurses implemented a holistic approach to care; nursing the body, mind, and spirit of the school children while understanding the significance of the child's family and home to

their overall health and wellbeing. In doing so, she ensured that all of the school children's needs were met. This often included the provision of food, shoes, clothing, and medications, and as needed, involved the proper authorities for issues of housing safety and domestic violence or abuse.[9]

Obstacles to the Developing Role of the School Nurse

At the turn of the twentieth century, health officials in cities and towns across the United States recognized school nursing as one of the most effective means of securing the health and well-being of the citizens of the country. In 1911 Thomas Wood, PhD, also known as the Father of Health Education,[10] wrote in the Ninth Yearbook of the National Society for the Study of Education that "Not only has the [school] nurse more than fulfilled expectations regarding professional services which she was specifically appointed to render, but she has rapidly developed forms of hygienic services, social and educational, to pupil home, school, and community, which have naturally grown out of the wonderful opportunities inherent in her work."[11] Despite this conclusion, the developing role of the school nurse was met with numerous obstacles. Some of these obstacles included difficulties in securing financial support for the role of the school nurse, the public's lack of knowledge regarding benefits of the role, racial and cultural concerns, poor pay, the difficulty of the work and scarcity of appropriately trained nurses.[12]

Findings from this study identified that the primary obstacles to the extension of nurses in the schools were funding and advocacy for the role. The variability of the role also contributed to this situation. Since school nursing's inception, school nurses became whatever communities needed them to become in order to serve the locality they worked in. As noted by Rima Apple,

Ph.D., school nurses were a "flexible profession shaped by local situations and most especially available finances."[13] Often in rural communities, the school nurse was a public health nurse for an entire county. Her duties in the schools became her first priority. Intrinsically, the mutability of the role clouded the benefits of the role. Cities were cautious in funding a position they didn't clearly understand. Moreover, if the description of the school nurse's role was not clear, it was easier to dismiss the benefits of the position in times of financial downturns. Funding officials more easily removed a nebulous position than a tangible position from the financial bottom line.

In 1911 nursing leaders Adelaide Nutting and Isabel Stewart wrote of their concerns regarding the lack of conformity of the school nurses' role and its potentially detrimental effects on its funding resources. Stewart remarked that although "many cities have adopted the New York City plan the functions of the school nurse are many and varied."[14] She discussed that "there has been very little uniformity in organization and methods."[15] Both Nutting and Stewart viewed this lack of uniformity as a threat to the role. They stated, "The functions of the school nurse vary widely, each city or town working out its own system according to its needs and the special features of its organization." They went on to comment that unfortunately, "the question of expense is probably the largest determining factor."[16]

This study examined the developing school nurse's role from its inception in New York City to its diaspora to the rural areas of the Commonwealth of Virginia. This was important. A study that only investigated the developing school nurse's role from its inception in New York City would misrepresent the difficulties encountered in establishing the role of the school nurse across the country. Less affluent communities experienced difficulty in funding the position of a school nurse.

The prosperous city of New York quickly heralded Lina Roger's school nurse experiment as a

success and immediately relegated funding to support the role. In New York City, school nurses quickly became part of the municipal establishment. The city took over the school nurse's role; not only in funding but regulation of the practice.[17] By 1909, New York City employed 141 school nurses.[18] This was not so in other parts of the country.

Quite different than New York City, the Commonwealth of Virginia experienced great difficulty in establishing the role of the school nurse, especially in the rural areas of the state. Despite the Virginia Board of Health's commitment to providing a school nurse for every county of the state, they were unsuccessful. Financially, they were unable to make it a funded mandate. In Virginia, health officials educated their citizens regarding the benefits of a school nurse in their communities. The communities then decided whether or not to dedicate money to support the role. Individual communities made a conscious decision to advocate, fund, and integrate the school nurse into their district. Those communities that wanted a nurse in their schools banded together through numerous grassroots efforts and initiated school nursing in rural cities and towns across Virginia. They solicited private donations, organized bake sales, and raised funds through the selling of refreshments at county fairs.[19] In the rural areas of the Commonwealth of Virginia, school nursing became a personal endeavor to meet the needs of their children, families, neighbors and the entire community. In essence, both personal and political agendas encouraged the phenomenon of school nursing.

Autonomy of School Nurses

Findings from this study indicated that school nurses at the turn of the twentieth century demonstrated autonomy in their role and practiced to the fullest extent of their knowledge and skills. From the onset, Lina Rogers defined her practice as a school nurse. She set up her own

clinics, devised her own card system to maintain patient records and applied a code system for common diagnosis to maintain anonymity. The first school nurses did the same. They assessed and treated the children that required medical intervention and independently instructed parents on the proper care of their children. School nurses wrote protocols for the treatment of common childhood diseases and carried out the prescribed treatment as indicated. As the school nurses demonstrated their expertise, confidence in the role ensued and additional responsibilities followed.[20] Rogers communicated that "at first, the nurses were allowed to treat only such cases as were sent to them by the medical inspector. Later, however, they were given the duty of making the weekly classroom inspection."[21] Rogers described the newly adopted practice of the student inspection completed by the nurses:

> With the purpose of relieving the physicians in the schools of as much routine duty, and giving them as much time as possible for the physical examinations, the nurses were given charge of the routine inspections…The names of those requiring treatment are written on the cards and cared for [by the nurses] as their conditions indicate…The cards are then left for the medical inspector, who the next day fills in the diagnosis. The nurses, however, have complete charge of the pediculosis cases and do not refer those to the doctor.[22]

Dr. Josephine Baker also supported the autonomous practice of the school nurse. She described that "the school nurse with her equipment and medicines and shrewd willingness to go as far as was advisable without a doctor's advice was known all over the city."[23] The confidence in the role of the school nurse continued into rural school nursing practice. Dr. Brydon wrote of the value of the school nurse. She identified that "the nurse has a very important role and function not simply as a nurse but a Health Supervisor."[24]

The Contemporary School Nurse

Today's problems resemble those in the past. School nurses today continue to face the same struggles as the first school nurses of the early 1900s. It is a different time, a different society, and a world with different social and physical health concerns; yet the same problems, particularly as they relate to place, race, class, culture and socio-economic status remain much the same. Likewise, many of the same circumstances that affected advocacy and funding of the role of the school nurse at the turn of the twentieth century, continue to impede the school nurse's ability to provide health care for school-aged children today.

Controlling the spread of contagious disease continues to be a problem today. Communicable and infectious diseases affect school attendance and require school nurse monitoring and reporting. The Centers for Disease Control (CDC) report that "Infectious diseases account for millions of school days lost each year for Kindergarten through 12th-grade public school students in the United States."[25] Given the fear and critical nature surrounding the Ebola virus, Zika virus, and H1N1, today's school nurses work on the front lines, assessing, preventing and treating the spread of contagious disease.

Similar to the first school nurses, school nurses today are also challenged with meeting the needs of children with complex, chronic health problems. The CDC Surveillance Studies have identified that millions of school-aged children are living with chronic conditions receiving limited to no health care resources. And, the number of children now attending school with special needs and complex health problems drastically increased with the passage of the Individuals with Disabilities Education Act (IDEA) in 1975.[26]

Today, ten million children in the United States have been diagnosed with asthma. Studies have found that poor control of asthmatic symptoms directly correlates with increased school

absenteeism with the largest percentage of these children being from poor, minority families.[27] Also, in 2012 alone, 4.9 million children aged three to seventeen were identified as having a learning disability. An additional five million children were diagnosed with Attention Deficit Hyperactivity Disorder requiring medication management.[28] Children from poor families were twice as likely to have a learning disability, than those from homes with higher income levels. Of significance, nearly ten million children had a health problem that required maintenance prescription medication treatment and management.[29] Historical perspectives conclude that school nurses today are uniquely qualified to provide much-needed health services to improve access to care, school attendance and medication management for today's school children.

Moreover, the CDC reported in March of 2014 that now one in sixty-eight children have an Autism Spectrum Disorder (ASD) which is a 30% increase from one in eighty-eight children two years ago. In March of 2014, researchers at the Harvard School of Public Health published their findings in the journal *Pediatrics* noting that this surge in Autism diagnoses, since the year 2000, has come with a massive cost that's shouldered largely by the public school system. In the study, 78% of children with ASD attended public school, compared with 62% of other children. Researchers found 76% of children with ASD used special education services, compared with 8% of the overall school population. The study suggests that the largest percentage of the cost to manage a child with an ASD is picked up by the schools. The report called for policies at the federal, state and local level to make sure funds are available to provide appropriate intervention.[30] School nurses at the turn of the twentieth century coordinated the necessary services to meet the needs of children with disabilities. This historical information can provide a frame of reference to support the unique position of today's school nurses in providing intervention services for Autistic children to include coordination of care needs between the

school, home, and community.

In addition to complex health needs, challenges with culture and language barriers are problems facing school nurses today. Approximately fifty million Immigrant Americans speak a language other than English at home. Of those individuals, 8.4 percent have limited English proficiency. Furthermore, the number of those with limited English proficiency increased fifty-three percent from 1990 to 2000. Such language barriers can have detrimental effects on children receiving appropriate health services. Families with communication barriers have been found to be less likely than others to have a source of medical care.[31] Today's school nurses can learn from the school nurses at the turn of the twentieth century on how to assist families with cultural and language barriers in accessing health care services.

Today's school nurses are also faced with ongoing concerns of social issues. "According to the Robert Wood Johnson Foundation statement 2009, availability of affordable health care to the poor, underserved and immigrant population may affect the need for school-based health services."[32] With over 1.3 million homeless children in our country, schools have become the only source of health care for many children and adolescents.[33]

As recent as January 2016, support for the role of school nurses has emerged as a non-negotiable component as part of a larger Pediatric Public Health Initiative in Flint, Michigan. This initiative necessitates school nurses, as well as other health interventions, as an attempt to mitigate the impact of lead exposure on nearly nine thousand children residing in the city of Flint. As of February 2016, Michigan's State Legislature has thus far allocated $28 million in emergency state spending, to include the addition for salaries of nine school nurses in Flint public schools to monitor students' health.[34] School nurses are in a strategic position to abate this crisis working as clinicians, advocates, health educators and coordinators between the

school, home and community.

Likewise, environmental health and safety, injury prevention, alcohol and drug abuse as well as social and domestic issues of neglect, violence, and abuse broaden the scope of today's school nurse's practice. School nurses are also confronted with managing environmental and food allergy and anaphylaxis, bullying, harassment, terrorism, and disaster preparedness. Many children today are malnourished from poverty and lack of food resources or adequate knowledge of a healthy diet. Many children are obese and at risk for comorbidities such as diabetes, heart disease, and high cholesterol. Contemporary school nurses face the difficult challenge of advocating for healthy choice nutrition education programs and an increase in physical activity at school and at home.[35] Learning how school nurses dealt with similar issues from the past can lend insight into solutions to meet children's needs today.

## The Presence of the Past

The role of the school nurse remains just as important in today's society as from its transformative beginnings in 1902. Findings from this study can provide a blueprint that present day school nurses can use to define their role. School nurses today are in a strategic position to ensure that school children's needs are addressed. Findings from this study can provide historical context to the fundamental issue of nurses gaining entry to students and how school nurses today can provide needed health services to transform issues of sickness, absenteeism, and substandard academic performance.[36] School nurses today can build upon this historic model of care by establishing their role in meeting the many health needs of today's school children. These areas include health promotion, providing care for the underserved and coordinating complex care needs for students between the school, community, and home.

Although children's health concerns have changed across the century, the objectives of the school nurse remain the same. Funding and advocacy persist as challenges. The core fundamental concepts of school nursing established by the first school nurses steadfastly provide a framework for providing much-needed health services to school-aged children today.

## Notes: Chapter 6

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[3] Rima Apple, "School Health is Community Health: The Origins of School Nursing in the Early Twentieth Century," presented at The Midwest Nursing History Center in Chicago, spring 2015. Her presentation is now in manuscript form awaiting a 2017 publication in *History of Education Review*. Details of publication are not as yet available to the public.

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[5] S. Josephine Baker, *Fighting for Life*, Reprinted edition Arno Press Inc. 1974 (New York: Macmillan Co., 1939).

[6] Lina Rogers, "Some Phases of School Nursing," *American Journal of Nursing* 8, no. 12 (September 1908): 967 - 970.

[7] Lina Rogers Struthers, *The School Nurse;* Josephine Baker, *Fighting for Life*.

[8] Rogers Struthers, *The School Nurse*, 8-9.

[9] Rogers Struthers, *The School Nurse*, 1-46

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[11] Thomas Wood, "The Nurse in Education," in *Ninth Yearbook of the National Society for the Study of Education Part II.,* eds. Thomas Wood, Mary Adelaide Nutting, Isabelle Stewar (Chicago: University of Chicago Press 1911).

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[14] Mary Adelaide Nutting and Isabelle Stewart, "The Nurse in Education," in *Ninth Yearbook of the National Society for the Study of Education Part II.,* eds. Thomas Wood, Mary Adelaide Nutting, Isabelle Stewar (Chicago: University of Chicago Press 1911), 29.

[15] Ibid.

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[19] Jane B. Ranson, "Appendix VI Public Health Nursing," *Annual Report of the Commissioner of Health to the Governor of Virginia year ending September 30, 1916*: (Richmond, VA, 1917), 170.

[20] Lina Rogers, "Some Phases of School Nursing," 966-974.

[21] Rogers Struthers, *The School Nurse,* 10.

[22] Lina Rogers, "Some Phases of School Nursing," 966-974.

[23] S. Josephine Baker, *Fighting for Life*, 80.

[24] Mary E. Bryden, "Report of the Director of Bureau of Child Welfare," *Report of the State Board of Health and the State Health Commissioner to the Governor of Virginia for the Biennium ending June 30, 1921* (Richmond, VA, 1922), 202.

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