

Nurses of a Different Stripe

*A History of
the Columbia University School of Nursing
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Without Regard to Race, Creed, or Color

In... the pre-Maxwellian era, the male wards were in the exclusive charge of casual convalescent patients, plumbers or brass-fitters perhaps, who by the grace of custom were somewhat ironically known as “orderlies.” Their bedside notes... were extremely brief and served better as examples of phonetic spelling than as scientific observations of value.

*W. Gilman Thompson, M.D.
(Commencement exercises, 1911)*

A CENTURY AFTER AMERICA won freedom from British tyranny, it remained enslaved to illness and injury. Like a runaway locomotive, the Industrial Revolution roared through the eighteenth century, reshaping the social and economic landscape. Migrants and immigrants crowded into urban centers in search of an ideal, transforming quiet cities into dangerous, unsanitary megalopolises — perfect incubators of cholera, typhoid, influenza, tuberculosis, pneumonia, and diphtheria. Farms gave way to toxic and mechanized factories, which routinely crippled and killed. And farmhouses gave way to crowded tenements, where malnutrition and diarrhea devastated the young. Up to one-half of all infants did not survive their first year. Adults generally did not live to celebrate their forty-first birthday.

The well-to-do fared relatively well, of course. Not only were they isolated from the rigors of everyday life, they were able to afford the luxuries of a lengthy recovery and the ministrations of a private doctor or nurse. Although health care providers of the day had few truly beneficial weapons in their therapeutic armamentarium, they could at least offer patients rest and quiet, nourishment, cleanliness, and tender care — enough in many cases to give the body’s natural defenses a fighting chance. Patients were lucky if that was all their caregivers offered. Doctors relied heavily on

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emetics, cathartics, and bleeding to adjust the body's equilibrium—the idea was to provoke, not alter, the fundamental systems of recovery. People with febrile illnesses, such as typhus and puerperal fever, were given liberal doses of brandy and whiskey or, later, perilous coal-tar derivatives. No one was safe from these “cures,” not even a president of the United States. In 1850 Zachary Taylor was slowly drugged, bled, and blistered to death after developing a case of gastroenteritis from a Fourth of July meal of iced milk and chilled cucumbers. Women suffered terribly at the hands of so-called healers. A difficult delivery was a virtual death sentence, particularly if the physician resorted to cesarian section, the most dangerous surgical procedure of the day. Because of the certainty of doctor-to-patient infection, women had a better chance of survival if they performed the operation *themselves*, according to an 1887 study in the *American Journal of Medical Science*. The primitiveness of medicine in the mid-1800s led Oliver Wendell Holmes, the prominent Harvard physician, to declare that “if the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind—and all the worse for the fishes.”

Average city dwellers, with no money to lavish on physicians, were saved the added insult of iatrogenic illness when they took sick. But they suffered all the same. Far from the tighter-knit communities of rural America or their foreign homelands, they could no longer rely on the support and care of family and friends, nor could they afford a lengthy recovery. Someone had to earn the rent or mind the children and keep the house.

The growing legions of single men suffered even more. They could turn only to the almshouse, the last resort of the rootless and the penniless, where the care was limited to ineffective medicines (usually alcohol products) and the ministrations of untrained and meagerly paid “nurses”—casual criminals and vagrants who had climbed a rickety “clinical ladder” from patient to keeper to caregiver. At the very least, the almshouse was a place where one could find a meal and a bed, yet often at the cost of an infection or two.

Hospitals that offered any semblance of organized medical and nursing care were rare in mid-century, and few people entrusted their lives to these institutions. “No self-respecting woman ever thought of having her baby in a public hospital,” Charles Rosenberg writes in *The Care of Strangers: The Rise of America's Hospital System*. “A mid-nineteenth century student might think his teacher to be excessively fussy if he prohibited spitting in the wards. Infection and cross-infection were frequent. Several diseases became so common in hospitals that they were known as ‘hospital diseases’: erysipelas, pyemia, septicemia, and gangrene.” Hospital nurses (except in some religious orders) were little better than their almshouse

counterparts. Mostly from the tough charwoman class, they rightly regarded their chores as distasteful drudgery, and many numbed themselves with drink. They occupied the lowest rung in a lowly institution.

Slowly, a rational system of health care evolved. On the distant shores of war-torn Crimea, a young Englishwoman named Florence Nightingale shamed her nation, the world's richest and strongest, into providing the barest minimum of care for its fighting men. With a staff of only thirty-eight nurses, Nightingale transformed a 3,000-bed, vermin-infested, excrement-coated death house into a respectable hospital by introducing the most basic sanitary and nursing measures. The death rate plummeted from 60 percent to just over 1 percent. Thousands of lives were saved. And the modern English hospital system was born.

The lesson of the Crimea was not lost on the Confederate and Union armies, which established formidable hospital systems of their own during the Civil War. The North alone created more than 200 hospitals with 137,000 beds, treating one million men with a death rate below 10 percent. Again, the hospitals could tie their success not to any advance in medical therapeutics but to cleanliness, nutrition, warmth, and ventilation.

As in the Crimea, women also participated in this great health care experiment, though usually in menial roles. A few were commissioned nurses with modest training; most, however, were wives and sisters of the soldiers—untrained and unreliable, oblivious to the military mindset of rules and regulations. Military physicians, unwilling to distinguish between the trained and untrained, largely ignored and scorned the whole lot. The women had committed the sin of invading man's domain.

The stage was now set for the rise of America's hospital system. Heretofore, most Americans had gone from cradle to grave without seeing the inside of a hospital—only 120 existed at the time of the first national survey in 1873. But the Civil war, through the first-person accounts of returning warriors and the popular writings of Walt Whitman and Louisa May Alcott (both of whom served as nurses for the North), exposed the citizenry to the possibilities of institutional care. Equally important, the shared experience of the war united a diverse group of social activists—physicians, philanthropists, clergymen, teachers, and lawyers—in a crusade for hospital reform, led by upperclass women. All were convinced that the military hospital experiment, with some modifications, could be duplicated in peacetime. Physicians, too, eagerly joined the movement, recognizing in hospitals a place where they could gain prestige and power and money (from referrals and student fees). Finally, clergymen fell in line, seeing organized

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health care as a fitting extension of their traditional role as helper of the poor.

Curiously, one major player was missing from the reform movement, the federal government, which limited its post-war health care obligations to freedmen, merchant sailors, and a small class of professional soldiers. The enormous administrative and logistical framework of the military hospitals vanished soon after the last shots were fired, passing the burden of establishing a civilian health care system to state and private hands.

Among those hands was James Lenox, a wealthy New York philanthropist. Discerning that the city's six existing general hospitals were inadequate for the burgeoning population, now one million, Lenox persuaded a number of prominent citizens to erect another institution, which would become The Presbyterian Hospital in the City of New York. He originally intended it to be run by Presbyterians for Presbyterians, keeping it within the faith, which was not at all uncommon among religious orders of the time. Lenox, however, was impelled by one of the Hospital's founding physicians, Oliver White, to broaden its mission. According to Presbyterian physician and historian, Albert Lamb, White "was once called to care for an old, respected colored servant of a prominent family in his neighborhood. He found her in urgent need of hospital care, but because of her race he could not secure a bed for her in any hospital of his choice. Hotly indignant, he told Mr. Lenox that he hoped someday that there would be a hospital 'broad enough to admit patients without any regard to color or creed.' Mr. Lenox immediately accepted the idea as a fundamental principle for the Presbyterian Hospital."

Presbyterian's motto, which was engraved on a tablet placed conspicuously near the front entrance, thus became: "For the Poor of New York Without Regard to Race, Creed or Color."

Sparing no expense, Lenox commissioned Richard Hunt, New York's most renowned architect, to transform the block bounded by Fourth (Park) and Madison Avenues and 70th and 71st Streets, site of the former Five Mile Post Farm, into the showcase of hospital architecture. Hunt's design was dominated by two four-story buildings, one with wards and private rooms for one hundred patients and another for offices, living quarters, and a chapel. The buildings were connected by covered corridors, topped with roof gardens, which soon became the rage in hospital design. Several smaller structures dotted the property, housing a mortuary, kitchen, laundry, heating plant, and horse-drawn ambulance. A few years later, the "Cottage"—or "Hut," as the nurses called it—was built to isolate patients with infectious disease, mostly erysipelas, a contagious disease of the skin and underlying tissues.

Although the masses were welcomed into the Hospital, they were segregated on the three upper floors, each of which contained two twelve-bed wards. Most of the first floor was devoted to “comfortably furnished” rooms for private patients, costing thirty to fifty dollars a week — a fortune to the average citizen. The rare ward patient with any savings was charged five to seven dollars a week; all others stayed for free. The upper floors also contained the operating rooms, whose washable hardwood floors, high ceilings, and large windows (for good light and ventilation) were the envy of all other hospitals. Pitch pine was used to line the stairways as well as the dumbwaiter, laundry, and refuse shafts—an attractive but ill-considered design, posing a constant fire hazard. One house officer was known to sleep with his clothes on a nearby chair, like a fireman, ready to escape the flames—a habit that proved most useful in 1889, when a catastrophic fire destroyed most of the ward building.

As soon as the Hospital opened in October 1872, critics complained that it was too isolated. Indeed, Presbyterian was located way uptown, on the upper, unpaved reaches of Madison Avenue, an hour away from midtown by horse-car. Public transportation to the site was limited. According to Seth Milken, a Presbyterian physician whose parents built a house nearby, “Goats roamed the streets in herds... In rainy weather, Father walked the wooden planks to avoid the mud... Mother’s friends said, ‘You’re going to the country. We’ll never see you anymore.’” Nearby, one could discern the beginnings of Frederick Law Olmstead’s Central Park, but it was still littered with ramshackle squatter’s huts, inhabited by hucksters and thieves and junkmen. When the wind was right, patients would awaken to the roar of sea lions housed in the park’s new menagerie, six blocks to the south, which only added to the remote feel of the neighborhood.

Indeed, the new institution was isolated—but for good reason. As nursing historian Susan Reverby points out in *Ordered to Care*, “The siting of hospitals could be a political minefield, unless they were built in remote and unpopulated areas or placed among the poor who had far less capacity to make their objections felt. Quarantine hospitals were particularly unpopular—and on occasion destroyed by irate neighbors—but lay fears of contagion shaped attitudes toward all hospitals.” Furthermore, the Hospital’s planners knew that the fast-sprawling city would eventually come to them. Real estate prices would rise, forcing the removal of the area’s unsavory elements. And the park, once a threatening, lawless frontier, would become a great public amenity, a place where convalescent patients could take carriage rides to escape the tedium of a lengthy hospital stay.

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Organizing a hospital from scratch, particularly the nation's showcase hospital, was an enormous task. The challenge of hiring and training personnel for housekeeping and maintenance, the pharmacy, the kitchen, and, above all, the nursing staff fell to Jane Stuart Woolsey. Well-educated and well-to-do, Woolsey and her three sisters—Abby, Georgianna, and Eliza—rose to prominence during the Civil War, devoting themselves wholeheartedly to the Union cause. In 1861, they joined the Woman's Central Association for Relief (precursor to the United States Sanitary Commission and, in turn, the American Red Cross), which was formed to furnish supplies, nurses, and other services not provided by the federal government. Later, they were among one hundred women sent by Elizabeth Blackwell, the foremost woman physician of her time, to hospitals in New York City for one month of nursing training.

During the war, Jane Woolsey served briefly in hospitals in New York, Rhode Island, and Washington, then assumed clinical and administrative duties at the large Barrack Hospital in Fairfax, Virginia. A tireless worker, she also supported a number of institutions dedicated to newly freed slaves, including the privately organized Freedman's Institute and the government's Freedman's Bureau. In Richmond, she opened the Lincoln Industrial School for Colored Women, which manufactured inexpensive clothing for sale to the poor. She also directed the Industrial Department of the Hampton Normal and Agricultural Institute for Negro Women.

As Presbyterian Hospital's Resident Directress, Woolsey wielded unusual administrative power for a woman of her time. "There was also to be a Superintendent whose duties were concurrent," wrote Albert Lamb, "but it is clear that Miss Woolsey was [the Superintendent's] superior and acted in the same capacity as the Executive Vice President does today. It also seems likely that the Managers created the position of Directress in order to secure her services... Miss Woolsey served without pay."

She was ably assisted by her sister Abby, officially the acting clerk, but in reality Jane's alter ego. Whenever business or illness took Jane away from her post, Abby took over. That included a long stretch in 1873 when Jane was hospitalized for rheumatic fever. Abby was instrumental in forming Bellevue's pioneering nursing school in 1873 and wrote several important books, including *A Century of Nursing, with Hints Toward the Organization of a Training School* (1876).

In a matter of months, the Hospital was running smoothly under Jane Woolsey's masterful command. She assembled a fairly efficient nursing corps, consisting of women of "a plainer type" with little formal training. Woolsey, like her peers, revered the "womanly" aspects of nursing. How-

ever, while she prized nurses who were disciplined and orderly, she also wanted practitioners with initiative, who were willing to ignore established rules and methods that hindered effectiveness and efficiency. It was an attitude destined to arouse controversy, no matter how splendid her record. From the very beginning, she earned the wrath of some of the younger doctors, who resented the power of this aristocrat and “lady superintendent.” The older medical men begrudged her, too. Not only did they have to bend to the will of the lay Board of Managers, but also to a woman that the board had put in power. Later, when the managers and the physicians came into conflict, she was the obvious scapegoat. As Lamb recounted, “The matter came to a head when one of the doctors insisted on breaking a stringent rule by sending infectious cases to the wards. Miss Woolsey objected. The doctor and some of his colleagues then so openly opposed her that they were dropped by the Managers from the Medical Board. In turn, some of the other members resigned, and so did some of the Managers. Miss Woolsey presented her resignation, but at the insistence of the Board of Managers withdrew it for the time being.”

The directress won, but not without paying a price. Woolsey, accustomed to deference and respect, was disquieted by the hostility of the medical staff and exhausted by the upheaval (as well as a recent bout of rheumatic fever and the lingering effects of her service in the Civil War). She resigned after one more year, in March of 1876, outwardly content that her task had been completed. But deep down Woolsey worried that her accomplishments were only temporal. In a heartfelt farewell letter, she counseled her staff:

Do not count any service in His household as “menial service,” if it is only the sweeping of a room, or the cooking of a mess of broth, or the emptying of a refuse bucket...

Keep the standard of your work high. Despise a poor and cheap quality of work, mere eye-service and man-pleasing. Never give yourself to bad or deceitful conduct or the evasion of rules or of rightful authority... Try to make no mistakes, but if honest mistakes happen, as they sometimes will, bear the blame cheerfully... rather than shifting the blame to someone else’s shoulders. Despise and discountenance gossip and tattle. Never allow yourselves to tattle about your patients or listen to those who do. The involuntary confidence of the sick as to their diseases, their personal histories, their family life and troubles, are part of their misfortune...

There is a large class of persons in the great public hospitals... whose sickness is the direct result, not of misfortune, but of vice and shameful living. You have sometimes found it hard to work for such persons. This is natural... Be even more patient and gentle with this class... [Y]ou have nothing to do with their guiltiness, only their suffering—and the word or two that

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you drop, or the mere sight of your good will and faithful care... may do them more good than you will ever know...

Avoid petty disputes and jealousies... Help each other... Bickerings and cross purposes in a household like this hinder business and work downward into discomfort and suffering for the sick...

Save your health. Your business is a very wearing and exhausting one. Economize labor by putting thought into it. Study over it and see how you can make it more systematic and thorough.

Woolsey left many legacies to Presbyterian, foremost among them high standards of nursing care and administration. Although the Board of Managers was slow to realize it, she demonstrated that good health care originated with a competent nursing staff, which in turn originated in a commitment to the *training* of nurses—a hospital could not expect to recruit a cadre of experienced nurses with only a handful of nursing schools in existence. Shortsightedly, the managers would wait another sixteen years before awakening to this truth. Records indicate that in 1880 the Medical Board and the managers' Committee on Nursing decided that the capacity of the Hospital did not warrant the initiation of a training school for nurses, despite the declining state of its nursing corps and the demonstrated success of organized training elsewhere. Sadly, Woolsey died in 1891, months before the creation of Presbyterian's own school for nurses.

Another of Woolsey's legacies was her successor, Hester Rafferty, head nurse and general guardian of the wards. Rafferty, trained entirely by Woolsey, "was highly intelligent in the performance of her duties, absolutely devoted to her work and most efficient and sympathetic in the execution of it," according to David Bryson Delavan, M.D., an early house officer. Reflecting a doctor's perspective of a good nurse, he added, "Best of all, she carried out the orders given to her with implicit fidelity."

Though the medical men won in the long run by pushing Woolsey into retirement, they—and their patients—suffered for their hubris. Delavan claimed that the young doctors, "blinded by their own self-importance, did not hesitate to oppose the Resident Directress, imperiled the very existence of the institution and actually set back its progress for many years." Whether the Hospital actually teetered at the edge of extinction is debatable, but conditions did deteriorate. Rafferty had neither Woolsey's leadership abilities nor mandate to lead. In the overcrowded, understaffed wards, the training of nurses virtually ceased. A new superintendent, Henry F. Carpenter, inherited Woolsey's administrative duties, though not her skills and sensibilities. For example, he foolishly restricted the staff's access to the pantry. "The actual success of the hospital work was inter-

ferred with by the fact that we were not in proper physical condition, so that our tempers as well as our digestions suffered," wrote Delavan.

Carpenter's arrival accelerated the deterioration of the nursing staff. Most of the nurses, Delavan complained, were inadequate and inexperienced, not up to the task of caring for the many severely ill patients. To his utter frustration, he was frequently awakened by night nurses to attend to the most trivial complaints. "During a particularly busy period," he recalled,

I retired one night, greatly fatigued, having given strict orders not to be disturbed unless under urgent necessity. At 2:30 a.m. a female nurse aroused me, reporting that a private patient with "nerves" was "very bad" and needed me at once. Dressing with diligent haste, I repaired to the patient who greeted me with a radiant smile and said "Doctor, I waked up a little while ago and thought that if you would come down and sit by me and let me hold your hand, perhaps I could go to sleep again." Through the treachery of the nurse my appearance at the breakfast table that morning was greeted with the above quotation, shouted in gleeful chorus by the assembled internes.

By 1887 the nursing staff was in shambles, a shadow of the crew that Woolsey had assembled. "I was much perturbed by the poor character of the nursing and the impossibility of finding from the nurses' records what had been the real condition of the patients during the temporary absences of the Medical Staff," newly hired physician W. Gilman Thompson grumbled to the managers. The men's wards were especially pitiful, staffed as they were by untrained "orderlies" — none other than convalescent patients looking to make a few extra dollars. The orderlies' night reports are laughable. The entire entry for September 3, 1889, for a thirty-bed ward, read: "All patients slept good, most part of the night: nothing else to report." Other nighttime entries were: "Everything quiet" or "All patients slept well except Snyder, who coughed considerable." That the wards were full of acutely ill patients, stricken with such diseases as typhoid and pneumonia, led Thompson to suspect that the person who had slept most comfortably was the orderly. Thompson implored one orderly, an Irishman named McCarthy, to elaborate in subsequent reports. McCarthy obliged with such entries as: "C. had a splendid night's rest, in fact it was the best night he had experienced since he came here. All the other patients slept massive." Two nights later: "There is nothing special to report this morning as all the patients slept well and C. slept like a young goat." And then: "C. slept well, but he kept shouting and whistling in that state, otherwise he was very quiet ... All the other patients slept well."

A frustrated Thompson told the managers, "I must decline to accept

responsibility for what went on in my wards during my absence at night... I suggested that in several other hospitals so-called training schools for nurses had been established and were proving increasingly successful and valuable, and I thought the one thing to do was to establish such a school at the Presbyterian Hospital and replace the orderlies in the men's wards with trained nurses."

The proposal provoked considerable discussion among the managers. A year later, in October 1890, John S. Kennedy, Presbyterian's president, wrote to Thompson, "As soon as the new buildings [replacing ones destroyed by the fire of 1889] are completed, I hope we shall have a training school for nurses. I intend that the Presbyterian shall be the best hospital in every respect in this city and in this country, and I am sure that you and other members of the Medical Board will do everything in your power to make it so."

As Thompson later joked, the Training School's "real founder" was McCarthy, the ersatz orderly. "We simply could not stand him, or his kind, any longer."

The administration's decision to open a training school was also influenced by its successful encounters with pupils from the nursing schools at Bellevue, New York, and New York Post-Graduate hospitals, who had come to Presbyterian Hospital for clinical experience.

Lephe Callender, Post-Graduate Hospital class of 1889, recalled that she had "spent many months in the Presbyterian Hospital as head nurse in the medical ward. I also had a private patient there and did duty in the 'hut,' where erysipelas cases were isolated. We all dreaded duty in the hut... [We] often had very sick patients suffering with pneumonia which kept us busy with [flaxseed] poultices every two hours. The poultices had to be very light weight and hold together and be put on piping hot. While on duty... we were obliged to rise at 5 a.m. in order to make the 5:30 a.m. horse-car as we had to be on duty at 6:30 a.m."

Margaret Graham, Post-Graduate class of 1890, remembered that "our work included mopping and dusting the wards, and we had to have everything done, the patients bathed, beds made, and everything in readiness for inspection by 9:30 a.m. This did not leave much time for idling."

Graham's classmate, Margaret Anderson, recollected, "My first patient was in a private room. I did not know the name of one instrument, but I watched Dr. Sharp do the dressing. The next day I had the instruments ready on a nice clean towel and he looked at me and said, 'You will do.'"

In 1891 Presbyterian requested another seventy pupils from the Post-Graduate Hospital (which understandably declined, for the arrangement

would have deprived the hospital of its most vital resource: a continual and inexpensive supply of nurses-in-training to staff its own wards). Obviously, the Board of Managers was pleased with the pupils, but the magnitude of the request suggests a last-minute effort to avoid the trouble and expense of opening a training school.

Around that time, the managers learned of a woman at St. Luke's Hospital who had achieved great success in the fledgling art of nursing education. Finally, Presbyterian Hospital's experiment in the training of nurses would begin.