Reflections

Past—1800 Nurses are generally male or are sisters in a religious order

1500–1800 Hospitals are associated with religious organizations

1543 Andreas Vesalius revolutionizes study of human anatomy and dissection

1600–1800 No formally trained nurses, but people in nursing roles include:
  • Orderlies in mental hospitals
  • Lay midwives
  • Wetnurses
  • Servitude caregivers
  • Monks and sisters

1660–1800 Significant bouts of infectious disease due to a lack of understanding of sanitation
  • Unhealthy individuals are cared for and die at home

1600–1850 Pesthouses and poorhouses are places for the sick to go to be isolated from the public

1618–1643 William Harvey studies and describes circulation

1618–1648 Thirty Years’ War in Europe
## OUR NURSING HERITAGE: KEY PEOPLE

Ancient civilizations contributed to health knowledge; while there were key people involved, in most cases we focus on key groups of people. Their ideas contributed to health care despite the scientific limitations of the time. These notions influence health care even into the 21st century.

### Early Civilization
- Illness associated with evil
- Gods determine life course/experiences
- Healing as an art: only certain individuals entitled to serve
- Community or family involved in rituals

### Ancient Egyptian
- Priests viewed as healers
- Practice of mummification and death rituals
- Organs separated from body and preserved
- Dental health a concern
- Sophisticated procedures done with limited technology

### Far Eastern
- Concept of yin and yang
- Energy work
- Acupuncture
- Use of herbal medicines

### Islamic
- Concept that evil causes disease and suffering
- Principles based on Galen's and Hippocrates' application of the Four Humors to medicine
- Canon of medicine
- Noted minor differences in infectious diseases
- Chemistry advances: instillation, sublimation for medicines

### Grecian
- Aesculapius and three of his daughters: Hygeia, Meditrina, and Panacea
- Aristotle: heart as the soul of body, vessels from heart
- Galen's concept of human anatomy
- Linked Empedocles to Four Humors, applied to medicine
- Hippocrates, father of medicine

### Roman
- Practices derived from Greek, Galen's influence
- Wealthy entitled to medical care, poor are not

### Medieval Cultures
- Emergence of hospitals: mostly for the poor, chronically ill
- Lay caregivers, both male and female
EACH CHAPTER IN THIS BOOK will connect nursing heritage events, key people, trends, and historical happenings to nursing in the United States from early colonial days to the present time. Basic information on early civilizations and cultures prior to the migration of colonial settlers to the New World is briefly examined, providing opportunity to discover significant groups of people who have influenced aspects of the nursing and medical profession as we know it today. Many nameless individuals followed their conscience to freedom and the opportunity for self and others. America was founded on ethical and moral principles ensuring superlative “life, liberty, and happiness,” albeit not without sacrifice, patience, diligence, suffering, and inequality.

Imagery and Historical Happenings allow for particular individual experiences to augment the relevant historical trend or concept discussion. Timelines in Chapters 4 through 12 provide visual maps for key events; key people and their accomplishments are also briefly outlined at the beginning of these chapters. Topics for further exploration, discussion questions, book lists, and suggested key words/phrases for Internet exploration are provided at the end of the chapters to support and stimulate further study where time and interest permit.

The current chapter offers insights on what a nurse might be, presents ideas on nursing historical inquiry and outcomes, offers acumen on how to initiate and complete historical investigation, and identifies possibilities for information acquisition with focus on use of the Internet for collaborative research endeavors. The information and “dialogues” of this history book should facilitate a better understanding of the heritage of American nurses.

Determining What a Nurse Is

THE TERM NURSE HAS EVOLVED over the centuries. Donahue (1996) describes nursing activities as having existed since the dawn of civilization and, although closely associated with medicine, caretaking or nursing actually antecedes it:

The oldest of arts and the youngest of professions . . . it has gone through many stages and has been an integral part of societal movements. . . . The history of nursing has been one of frustration, ignorance and misunderstanding . . . . It is a great epic involving trials and triumphs, romance and adventure . . . . It is the story of an occupational group whose status
has always been affected by the prevalent standards of humanity. The great turning points in world progress have also been important turning points in nursing. In any context concerning the genesis of nursing, there is considerable content that refers to the history of nursing as an episode in the history of women. The fullest development of nursing was not possible without education and knowledge of the social conditions and needs of the day. (p. 2–3)

Today when the word nurse is spoken, it may imply many different things. It might refer to a registered nurse or an advanced practice nurse, but all too often it is a term that describes “some other” healthcare worker. It is not uncommon for an individual to call a medical office and speak with “the nurse,” who in actuality is often a medical assistant (MA) or certified nurse assistant (CNA). The word “nurse” is derived from the Latin “nutrire,” meaning to nourish. It originates from a Latin noun “nurrix,” which is defined as nursing mother. In early eras this noun described women who were wet nurses—females having the ability to nourish infants at the breast, a natural female activity necessary to ensure better survival. In a time when sanitation and infection were little understood, both were significant causes of maternal and infant morbidity and mortality. The wet nurse noun, “nourrice,” is an Old French idiom that refers to a woman who suckles a child; it is very similar to the Middle English word “nutrix” or “nutricis” and the Latin root designation “nutrire.” The original English words were nouns and described an individual rather than an activity, but in the mid-1500s the term became a verb and eventually described someone who took care of the sick. Since then, the word “nurse” has evolved to mean a caretaker of the sick who has opportunities and responsibilities very different than in previous centuries (Online Etymology Dictionary, 2012).

Within the profession we use the term nurse to describe nurses who are licensed as (a) registered nurses (RNs), (b) practical nurses (LPNs), and/or (c) vocational nurses (LVNs). In general, the LVN and LPN have the ability to perform most tasks and skills that a RN can; the actual roles of these specific nurses are dependent on the nurse practice act of the state where they practice as well as their national certification level. LVNs/LPNs usually
Determining What a Nurse Is

Historical Happenings

Those who could heal for reasons unknown were often little acknowledged or understood. Because most believed only God could heal, nurturers and healers were shunned, punished, or even put to death. Many, mostly women healers, were labeled witches, a label generally connoting an “evil” individual with powers that harmed rather than healed. Despite this prevailing belief, in other cultures witches were considered healers, as were sorcerers; witches had no physical tools, so their ability to heal appeared to come from intangible inner strength.

A Universal Symbol of Care

In 1893, Lystra Gretter, an American nursing instructor, scripted what is known as the Nightingale Pledge. It was based on what she knew about nursing from Florence Nightingale and other nurse leaders of the period and reflected her knowledge of the Hippocratic Oath. The title reflects the respect nurses had for Nightingale, yet it should be noted that it was not authored by Florence Nightingale herself. The Oath of Hippocrates influenced Gretter’s conception of this nursing vow and was an explanation of nursing care and duty in that era.

are more task-oriented than their collaborative peer, the RN, who has additional educational expertise in assessment, critical thinking, pharmacology, and infusion therapy. Of course, what is obvious is the length of education and clinical instructive experience; each level of nursing has specific, legally defined roles and responsibilities. Many believe “a nurse is a nurse is a nurse.” How might the 2010 Institute of Medicine (IOM) recommendations that 80% of RNs are baccalaureate (BSN) prepared by 2020, affect this discussion of what a nurse is and the future of nursing?

In 1893, Lystra Gretter, an American nursing instructor, scripted what is known as the Nightingale Pledge. It was based on what she knew about nursing from Florence Nightingale and other nurse leaders of the period and reflected her knowledge of the Hippocratic Oath. The title reflects the respect nurses had for Nightingale, yet it should be noted that it was not authored by Florence Nightingale herself. The Oath of Hippocrates influenced Gretter’s conception of this nursing vow and was an explanation of nursing care and duty in that era.
The pledge was based on prevailing Christian beliefs and suggested the nurse’s obligation to self, the profession, and society while describing the devotion nurses should have to the physician and his work. The pledge itself is grounded in the “practice of ’swearing in’ a member of a guild or profession [based upon professional tenets] . . . it is still continued as a tradition in some professional schools [today]” (The “Nightingale Pledge”, n.d.). Currently there has been a trend to not celebrate nursing graduate accomplishments with a ceremony involving the Nightingale Pledge and/or School of Nursing pin. The tradition of “capping” was changed in an earlier era, and it will be interesting to see if these movements continue into the future.

The Nightingale Pledge is as follows:

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in

Historical Happenings

A blog posting at allnurses.com (2012) discussed: What is the difference between the RN and the LPN? The majority of responders were LPNs who were continuing their education, and some had worked for a long time in the LPN/LVN role. Pay variances were discussed as well as practice responsibilities. This is what nurses believe the differences might be:

1. Many LPNs/LVNs work in extended care facilities or rural areas.
2. LPNs/LVNs cannot do an initial patient assessment or develop the patient care plan.
3. LVNs/LPNs will not hang the first bag of IV blood and they do not do any IV push meds.
4. Someone suggested the following analogy: The difference between a LPN and a RN is the equivalent of the difference between an enlisted service member and an officer.
5. Despite the differences in degree and education, there is no appreciable difference in cognitive skills, competency, or proficiency in the workplace.
6. All RNs need to show respect for one another, work collaboratively rather than antagonistically, and represent the caring profession responsibly within their individual scope of practice.

A similar discussion might be debated as entry educational level of the RN (associate versus baccalaureate) is considered.
the practice of my calling. With loyalty will I endeavor to aid the physician, in his work, and devote myself to the welfare of those committed to my care. (American Nurses Association [ANA], 2012, para. 2)

Kuhse (1997) describes caring as central to all human existence, but at the same time, it is a concept that is often indefinable with words:

“Cura” (care) is a language term of antiquity and can describe two very different ideas: on the one hand, it has the connotation of worry, trouble, anxiety and personal inclination—an emotional response; on the other, it had connotations of providing for—of doing for the other. . . . caring not only [connotes] concern, compassion, worry, anxiety and burden; there are also strong connotations of inclination, fondness and affection; of commitment to a person, an ideal or a cause; . . . of carefulness, that is, of attention to detail, of responding sensitively to the situation of the other; . . . of looking after or providing for the other. (p. 145)

For the nursing profession today, these associated terms still have relevance and reflect both the art and science of how efficient, professional nurses care. Jean Watson (1985) defined a nurse’s work as transpersonal caring that demands “the nurse is able to form a union with the other person on a level that transcends the physical . . . [ensuring] there is a freeing of both persons from their separation and isolation” during a health event (p. 66).

Nursing is a profession associated with caring; nurses should not only be concerned with the tasks and/or skills needed by the individual client, but also with a moral ideal that ensures desired or anticipated goals. Caring behaviors assist in the enhancement and protection of individual human dignity and eliminate the patient as an object of care. It is important for nurses today (individually and collectively) to appreciate how the concept of caring influences personal perception of the nursing profession and how it persuades societal conception of the profession. Most people honestly do not understand what a nurse is or what a nurse does to accurately care. Our image and
Historical Happenings

Virginia Henderson (1960) concludes the following about the nurse's role and caring. Her theory of nursing delineates 14 basic needs that require attention for a person to heal and to be healthy:

"The nurse's basic care is the same whether the patient is considered physically or mentally ill. In fact the two cannot be separated for emotion has a physical effect and physical changes affect the state of mind" (p. 17).

"Basic nursing care is designed as a guide for the midwife attending a healthy mother, a nurse in a psychiatric service, where many patients are physically capable of self care, and a nurse in a unit for major surgery where patients are, at least for a brief period, extremely dependent physically" (p. 19).

"Not only is the nurse's role said to change from one decade to another, but to vary with the situation . . . the nurse may be forced to assume the role of physician, social worker, physical therapist, sometimes functioning as a cook or plumber in order to supply the patient's obvious need" (pp. 20–21).

"[T]he nursing needed by the individual is affected by age, cultural background, emotional balance and the patient's physical and intellectual capacities. All of these should be considered in the nurse's evaluation" (p. 31).

"The unique function of the nurse is to assist the individual, sick or well, in the performance of activities [interventions] contributing to health of its recovery (or to a peaceful death)" (p. 22).

Henderson assumes that these caring interventions are based upon standardized cognitive and technical skills, which each individual nurse utilizes in an artful and scientific manner.

identity suffer immensely because we have not fully understood or studied the history of our profession and the effect the past has on our future. Jo Ann Ashley (1976) believed that nursing’s identity was misunderstood because nurses did not take the time to wholly study and comprehend historical events in our past. Nursing’s challenge then might be to establish an identity that eliminates aspects of inferiority associated with gendered care and elevates the profession based on the moral nature of caring and the attentiveness nurses provide through evidence-based practice. Relationships are the essence of care provided in “the moment.”

Koloroutis (2004) has developed a model of caring for nurses and organizations. It is based upon the assumption that caring relationships significantly impact nurse–patient
outcomes. “The nurse–patient relationship is the cornerstone of Professional Nursing Practice . . . Nurses voice a fierce commitment to the values of caring, advocacy, collaboration, safety, and seeking what is in the best interest of patients and families they serve” (p. 117). In addition, “an important condition for promoting the nurse–patient relationship is to understand the nature and scope of nursing . . . A profession is characterized by extended educational preparation, a well-defined body of knowledge and specialized skills unique to the professional role” (Koloroutis, p. 122).

Today nurses practice in three realms:

1. **Delegated practice** [when] the nurse carries out entrusted function [using] his or her knowledge, experience, and judgment to confirm . . . the order is appropriate and safe
2. **Independent practice** [when nurses assess and intervene] for the purpose of promoting health and healing. Focus is on the patient’s response to actual or potential problems
3. **Interdependent practice** [comprises] nurse initiated communication with other members of the healthcare team to assure [that] the full scope of interdisciplinary expertise and services . . . coordinate and integrate with the plan of care. (Koloroutis, 2004, pp. 124–125)

**Finding a Better Way: Historical Observations and Outcomes**

**The future of nursing is** dependent upon the belief that no nurse walks alone—there is always a nurse who has walked before and subsequently there will continually be a nurse that follows. A nurse is always present in his or her scope of practice and the context of care. During each era of American nursing, the nursing practice environment is described in relation to one of seven concept trends and an assumption is made that the progression of nursing embraces our professional diversity of gender, generation, culture/tradition, creed, ethnicity, sexual orientation, and sociopolitical affiliation. Dock and Stewart (1925) suggest that nurses initiate and advance “higher degrees of consideration for those who are helpless or oppressed, kindliness and sympathy for the unfortunate and for those who suffer, tolerance for those of differing religion, race, color, etc.—all tend to promote activities which are primarily humanitarian” (p. 3).

With the surge of academic research during the 1940s, it was determined that advancements and developments in medicine and health care might be diminishing professional aspects of nursing: The need for research was determined as an essential solution to generate new knowledge and substantiate the work of nurses and their ability to provide the best care for society. This history of nursing includes concepts about “nursing practice, nursing
services, nursing service administration, nursing education, and the individual nurse” on the quality and access to health care throughout the heritage of America (Kalisch & Kalisch, 2004, p. 385). Nursing professionalism has evolved from a process of basic housekeeping, sanitation, nutrition, nurturing, and/or personal care to a complex process of technical and cognitive skills interwoven with the art of compassion and the science of evidence-based practice based on a variety of knowing ways. Nursing research can be seen from the historical perspective as well as a quantitative or qualitative one. This trend- and era-based text approaches nursing practice based on historical events and the progression of the profession as shaped by those circumstances and experiences.

Florence Nightingale is a name that many associate with the phrase "pioneer of modern nursing." Nightingale used observation to identify problem areas in patient care during the Crimean War; she recognized possible solutions and eventually ascertained if those solutions were feasible and effective (in effect, performed research). Many other individuals have done as she did, recording their findings in journals and notes for those who might someday need or want to know what they thought or discovered. Ideas and experimentation led to interesting and useful philosophies/techniques that advanced medicine generally and helped define nursing practice specifically. Today, registered nurses (RNs) utilize the nursing process in clinical settings; it is actually a method of deduction and reasoning which can lead RNs to improve practice through daily nursing observation, intervention, and witnessed outcome(s).

Nightingale was an innovator as well as an early nurse researcher. Many of her ideas about nursing then have become part of nursing now. Her journals eventually became known as Notes on Nursing: What It Is and What It Is Not (the 1946 publication was officially a facsimile of her 1860 publication). As you review some of her notes in the Historical Happenings section, contemplate how many of her original thoughts, beliefs, and positions have been incorporated into our nursing practice today.
Early civilizations and peoples have relatively little or no documentation about the actual work of medical workers—physicians, midwives, nurses, or healers. Much of what we now understand as their work is the result of historical research and study in the fields of sociology, anthropology, and archeology. Schmidt and Brown (2012) describe historical research as a process of “examining events or people to explain and understand the past to guide the present and future” (p. 197). In essence, past lived experiences generate relevancy and meaning to nurses today; they are considered lessons from the past, but how have they determined the future of nursing? For historical research, multiple ideas and questions could be generated; for the most part, however, individuals or groups of people are identified who either witnessed the events or were reliable historians of the events communicated to them (Schmidt & Brown, 2012, pp. 206–207). Most historical research tells a story based on distinct circumstances or situations with a premise based on one specific question. This current historical work is a compilation of many stories and situations, resulting in a historiography on the topic of American nursing; it encompasses many...
Historical Happenings

Florence Nightingale (1860) wrote:

The following notes are by no means intended as a rule of thought by which nurses can teach themselves to nurse, still less as a manual to teach nurses to nurse. They are meant simply to give hints for thought to women who have personal charge of the health of others... If, then every woman must, at some time or other of her life, become a nurse, i.e., have charge of somebody's health, how immense and how valuable would be the produce of her united experience if every woman would think how to nurse. (preface)

1. Disease as reparative process: “It is an effort of nature to remedy a process of poisoning or of decay, which has taken place weeks, months, sometimes years beforehand, unnoticed" (p. 5).

2. Disease suffering: “The symptoms generally considered to be inevitable and incident to the very disease are very often not the symptoms of the disease at all, but of something quite different—of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all of these” (p. 5).

3. Nursing little understood: “It has been said that every woman makes a good nurse. I believe on the contrary, that the very elements of nursing are all but unknown... The very elements of what constitutes good nursing are as little understood for the well as they are for the sick” (p. 6).

4. Keep the air within as pure as the air without: “Even in admitting air into the patient's room or ward, few people ever think, where that air comes from... the windows never opened; the shutters are kept shut; and the fireplace is boarded up. No breath of fresh air can by possibility enter into that room. It is quite ripe to breed small-pox, scarlet fever, diphtheria, or anything else you please." (p. 8).

5. Cleanliness: “Without cleanliness, within or without your house, ventilation is comparatively useless. In certain foul districts of London, poor people used to object to open windows... because of the foul smells that came in... you cannot have the house pure with the dung heaps under the windows. There are other ways of having filth inside a house, old papered walls of years standing, dirty carpets, uncleaned furniture... and people so accustomed [that they] take every disease as a matter of course, “as from the hand of Providence”... [never entertaining] the idea of preserving the health of their household as a duty” (p. 16).

6. Health of Houses: “There are five essential points. Secure pure air; pure water; efficient drainage; cleanliness; and light. You think these things trifle or exaggerated [but] I have known cases of [severe] hospital pyaemia to be [from contamination]. They went on thinking that the sufferer has scratched his thumbs or was in with all the servants who had whitlows, or that something was ‘much about this year’; I will tell you it was that the slopes were emptied into the foot pans;—it was that the utensils were not rinsed;—it was that the chamber crockery was rinsed with dirty water; it was that the beds were never properly shaken, aired, or changed... Now all of this is not fancy but fact” (pp. 17–18).
different questions, such as: “Why did we do this?” or “How did/does this affect . . .?” Historical research tends to identify the economics or politics in regards to social, traditional, or cultural contexts of a specified period of time or amongst a designated group of individuals.

The first scholarly journal, Nursing Research, was not published until the early 1950s (Kalisch & Kalisch, 2004). Prior to that time, the American Journal of Nursing (AJN), first published in October 1900, provided information to nurses in the United States about social, medical, and nursing matters of interest. Several members of the Associated Alumnae of Trained Nurses of the United States authored articles and a variety of advertisers were solicited. These writings enabled nurses to document their nursing science and activities and eventually led to the development of nursing theory and scientific/academic research. Research conducted and published in journals such as the AJN is intended to improve the future of nursing through promotion of new and better ways; it generally does not look back into the past as a way to know and learn. Over the last 30 years, however, historical research has become more popular in the nursing field (Fitzpatrick, 2007).

In the first edition of AJN, we find important historical nursing ideas and interventions that have affected nursing to the present day.

**Historical Happenings**

During the late 19th century, an article in the St. Paul's Monthly Magazine delineated nurse opportunity and responsibility of the time. The following excerpt discussed women's ability to contribute to and participate in the specialized work of medicine.

A collateral advantage of the practice of nursing as a profession would undoubtedly be felt, in that it would develop in one typical example the relation of men and women's work to each other. Waiving the question whether woman might or might not be capable, with man's advantages, of doing man's work, it surely will not be denied that a sphere of action would be preferable in which she would not have to compete with him, but in which her own peculiar endowments would give her special advantage... it will, no doubt, be found, in the course of their scientific training, that women discover special aptitudes for particular branches of professional knowledge and practice, and the science of medicine itself in time will be benefitted by the fruitful co-operation of the two orders of workers.

It is, perhaps, not too much to hope that if this experiment of mutual help succeeds, it may stimulate attempts in other departments of labour, monopolised by the stronger sex, or which have been the objects of a rivalry tending to lower both the quality and the remuneration of the work done. (Haddon, 1871, p. 461)
1. Lavinia Lloyd Dock discussed educational reform:
   To have laws passed regulating our profession is only to do on a large scale what we now do in a small way in our voluntary constitutions and bylaws. . . To be effective, a compulsory law must not only provide the penalty for disobedience, but make provision for enforcing this penalty and defraying the costs. . . . What, then do we want to do? To establish a recognized standard of professional education . . . to establish a State society and then determine minimum qualifications to be exacted in preliminary and professional training . . . We have, as nurses, a fair average standard of two years’ general training. . . . We are [now] developing a three years general training . . . [with a] six weeks theoretical course in nursing, concluded by giving a diploma (Dock, 1900, pp. 8–10)

2. An anonymous student wrote:
   Miss Richards has felt that there was a great need for intelligent trained women. In many institutions for the insane . . . with the many changes that have come in nursing methods . . . No woman in the profession has yielded a broader influence as an organizer and reformer. She has set her hand [and] improved conditions for [mental health patients and their nurses]. She has entered into this branch of work with the spirit of a philanthropist, giving her vast experience for the alleviation of the condition of this most pitiful class of people.” (“Miss Linda Richards,” 1900, p. 13)

3. Katherine De Witt discussed the changes from the old to the new and the benefit for society:
   Many women can remember the relief brought by the corpulent old auntie, who used to come with the Klapper Storch [white stork] and take up all the household work as it fell from the mother’s hands, cooking for her husband, dressing the children, and keeping all things running smoothly, often performing these duties with the baby on her arm. Why are such doctors and nurses not seen today? —they were helpful, kindly, skillful, and filled a need. Because present civilization and modern science demand a perfection along each line of work formerly known.

   Useful as the old nurse was . . . the new nurse is more useful, at least to the patient herself, and ultimately to the family and community. Her sphere is more limited, but her patient receives better care than was possible under the old time regime. (DeWitt, 1900, pp. 14–15)

   De Witt further explains that nurses will find a particular area of expertise and specialty such as surgical or management; their proficiency will affect what kind of work they do. She professes this to be the beginning of “specialties in nursing” (p. 14).

4. Eliza Moore wrote about visiting nurses; her experience was with the Visiting Nurses Association of Chicago at the turn of the century:
   The actual nursing done by visiting nurse; is not done in a primitive way, hospital methods are followed as closely as possible . . . economy is one of the first lessons. . . . our hospitals are so well equipped that we do not realize how abundant the supplies have been until we have to do without them. Most homes they visit have the bare necessities and
the nurse is obliged to go back to her linen closet and get [those things she needs] before she can make the patient comfortable.

First, the baby must be bathed and dressed with attention to eyes, mouth and cord. The temperature and pulse of the mother is taken. A bath with an external douche of bichloride solution given, the bed made, and hair combed. The nurses carry with them oakum pads [for sanitary napkins] . . . The nurse may leave ever so many instructions, but she is never sure they will be obeyed.

Surgical cases are dressed as often as necessary; in some cases surgical patients have been visited every day for more than a year and the dressings supplied. Baths and enemas are given, the doctors directions carried out, and the patient is made comfortable for the day or night. If a patient is too sick to be left in charge of one of the family, an emergency nurse will be sent by the association. [They often] have the poorest accommodations possible and endure great privations.

People must be taught some rules of hygiene and sanitation, and something of how to care for their sick. Mothers are often ignorant of the very simplest care of the children, and a few sensible directions will be of great care. Phthisis [TB with wasting systemic symptoms] patients rarely sleep alone; in most cases several children will be found occupying the same bed, and almost never is there any disinfection of the sputum. (Moore, 1900, pp. 17–19)

Rolfe (1998) suggests that nurses should be able to “carry out personal research studies into their own practice . . . However it is far from simple, and the notion of the practitioner-researcher raises a number of complex methodological and practical problems . . . The very notion of nurses subjectively researching their own practice is alien to the dominant research paradigm” (p. vii). Nursing research becomes complicated as it involves patients and situations that cannot always be controlled. Much of nursing research today involves studying individuals in situations where variables might potentially reduce the validity and generality of findings when scrutinized by “strict” research methodology and design. Nurses need to identify a dominant paradigm about how to generate and disseminate nursing knowledge while still considering values, beliefs, and an attentive premise of the profession. Historical research and qualitative study designs complement the value of quantitative research in nursing.

Historical reflection adds significance to our professional philosophical nursing knowledge as we better define, distinguish, and identify nursing’s relationships concerning research, knowledge, theory, and practice (Rolfe, 1998, p. 3). Just over a decade after Rolfe’s counsel,
the nursing profession is still determining just how it can incorporate rational knowledge with other ways of knowing to facilitate best professional clinical/practice judgment based on both the science and art of nursing. Knowledge based on hard science consists of cause and effect analysis, while soft science depends more on correlation and probability to show substantial relationships. With the progression of nursing educational tracts, role development has occurred in such a way to allow for a variety of doctoral-prepared nurses who can benefit and promote the profession now and into the future. Evidence derived from tradition, authority, trial and error, personal experiences, intuition, borrowed evidence, and scientific research are all used to guide nursing practice (Schmidt & Brown, 2012, pp. 4–5). Many early nurse leaders and reformists believed the same, and their efforts improved the profession and initiated an era of scholarly research and nursing discovery that continues today.

### Historical Happenings

Victor Robinson (1946) records the following about women and nursing in *White Caps: The Story of Nursing*. Remember that this reflection is from just after World War II and the early years of women’s social emancipation.

Woman is an instinctive nurse, taught by Mother Nature. The nurse has always been a necessity, thus lacked social status. In primitive times she was a slave, and in the civilized era a domestic. Overlooked in the plans of legislators, and forgotten in the curricula of pedagogues, she was left without protection and remained without education. She was not an artisan who could obtain the help of a hereditary guild; there was no Hanseatic League for nurses. Drawn from the nameless and numberless army of poverty, the nurse worked as a menial and obeyed as a servant. Denied the dignity of a trade, a devoid of professional ethics, she could not rise above the degradation of her environment. It never occurred to the Aristotles of the past that it would be safer for the public welfare if nurses were educated instead of lawyers. The untrained nurse is as old as the human race; the trained nurse is a recent discovery. (p. ix)
Ancient Civilizations and Their Contributions to Nursing

Many early healers were men frequently bestowed with “power” to heal. Regardless of nursing’s perspective on this type of healing today, there is documentation to support a variety of ways of healing over the millennia. According to the Indian Board of Alternative Medicines (2010), there are more than 100 systems of alternative or complimentary practices still in use today that are the direct result of ancient customs and beliefs (para. 3). These might include healing based on spiritual faith and hope, astrology, aromatherapy, herbalism, manipulation, chiropractic/osteopathic strategies, therapeutic touch/massage, magnetotherapy, physical energy field work, acupressure/acupuncture, homeopathy, reflexology, meditation, naturopathy, and yoga/movement. The United States government has created the National Center for Complementary and Alternative Medicine (NCCAM) as a result of the recognized benefits of complimentary or alternative medicine (CAM) to that of accepted Western medicine. Their current collaborative efforts with the National Institutes of Health (NIH) are to promote medical research and study into actual health (NCCAM, n.d.).

Some early researchers might be considered unethical by today’s standards, but during the eras in which they lived their ways of knowing and finding answers were the norm. For thousands of years, medical care and tradition were much the same. A selected review of some interesting aspects of ancient medicine and healing follows. You may wish to pursue a more thorough review of each of these civilizations (and others) to glean additional information about the progression of nursing and health care and the influence of these cultures upon modern care.

Ancient Egyptian Healers

Early Egyptian healing was based on myths, legends, and the power of the reigning pharaoh in conjunction with the magicians or medicine men of the time. The familiar story of Moses and the seven plagues demonstrates the faith of the people in their healers and leaders: Moses initiated the various plagues because the Pharaoh would not willingly release the Israelites from servitude and bondage. Pharaoh’s magicians “could not stand before Moses because of the boils; for the boils were upon all the Egyptians” (Exodus 9:11 King James version). In all the plagues the healers could not heal or reverse the suffering.

Over time, and with increasing knowledge, medicine men and/or magicians were no longer as revered as Egyptian healers in the same way. Trueman (2012b) shares a 15th century B.C. poem about illness:
And sickness has crept over me,
My limbs have become heavy,
I cannot feel my own body.
If the master-physicians come to me,
I gain no comfort from their remedies. (para. 4)

Ancient Egyptians believed in life after death and many of their cultural traditions and activities reflected the journey from birth to life beyond death. Embalming as we know it today is the result of techniques used to mummify a body so that it could stay in the tomb while the glorified spirit could be in the world of the living gods each day and return to the tomb at night. Artifacts found in the tombs were frequently items of daily life; they were needed for the afterlife. The pharaoh (king) was the only mortal who could approach the gods on earth, and he was often considered to be in the image of a god. Priests used magic to heal and “wise women” were especially able to heal. Scholars (doctors) practiced medicine in collaboration with religion; often, a “spell” would be recited as a bandage and salve were applied. Healers promoted a healthy diet necessary for life, especially to ensure fertility. They understood the circulatory system moved blood, water, and air throughout the body and that excess wekhedu (waste substances) caused disease and clogged veins. Pus, another form of wekhedu, was believed to cause illness and even death if it was not purged from the body. Archeological findings substantiate interventions that utilized splints, sutures, surgical instruments, needles, clysters (enema bags), measuring vessels, tweezers, and other medical instruments (Bleiberg, 2000).

**Greek Medicine**

**Asclepius (to cut open)** is the Greek god of medicine or healing; his daughters Hygieia (hygiene), Panacea (universal remedy), Aceso (the healing process), Aglaea (beauty), and Meditrine (medicine) are familiar as modern medical terminology. Asclepius is often depicted with a snake, as nonpoisonous snakes were frequently found in the temples where the sick and injured lay recovering or dying.

The medical caduceus closely resembles the staff or rod of Asclepius, but with a winged staff rather than the simple straight staff. There is speculation that the staff may also represent the rod held by Moses or that it signifies the tree of life and the serpent in the Garden of Eden. Another presumption is that the rod is one that was placed upon the skin as an intervention to encourage the filarial worm (roundworm) to retreat from the infected body. Regardless of the philosophy one accepts, the rod/staff and snake/worm are symbols of healing with Greek origins. Medical science of the time identified signs and symptoms of disease, which are considered relevant in regards to an epidemiologic perspective. Common diseases and infectious processes were identified in skeletal remains, as were various genetic conditions.
Historical Happenings

**Egyptian Medicine:** A number of archaeological findings support medical science and advanced treatments beyond the spells and magic.

1. Here is a spell that was spoken to a mother with child: “These words are to be spoken over the sick person. ‘O Spirit, male of female, who lurks hidden in my flesh and in my limbs, get out of my flesh. Get out of my limbs! Come! You who drives out evil things from my stomach and my limbs. He who drinks this shall be cured just as the gods above were cured” (Trueman, 2012a, para. 9).

2. An interesting remedy for balding: “Fat of lion, fat of hippo, fat of cat, fat of crocodile, fat of ibex, fat of serpent, are mixed together and the head of the bald person is anointed with them (Trueman, 2012b, para. 10).

3. Egyptians knew about some physiological concepts such as blood and circulation. An ancient Egyptian wrote this on the Papyrus Ebers:

   46 vessels go from the heart to every limb, if a doctor places his hand or fingers on the back of the head, hands, stomach, arms or feet then he hears the heart [pulses]. The heart speaks out of every limb. There are 4 vessels to his nostrils, 2 give mucus and 2 give blood; there are 4 vessels in his forehead; there are 6 vessels that lead to the arms; there are 6 vessels that lead to the feet; there are 2 vessels to his testicles [and] it is they which give semen; there are 2 vessels to the buttocks. (Trueman, 2012b, para. 13)

4. Embalming was a significant accomplishment of the Egyptians and is the basis of body preservation techniques today. Herodotus described this technique from the 5th century B.C.: “First they took a crooked piece of metal and with it draw out some of the brain through the nostrils and then rinse out the rest with drug. Next they make a cut along the side of the body with a sharp stone and take out the whole contents of the abdomen. After this the fill the cavity with myrrh, cassia and other spices and the body is placed in natron for 70 days” (Trueman, 2012b, para. 16).

5. The Ebers Papyrus contains this treatment for cancer: Recounting a “tumor against the god Xenus,” it recommends ‘do thou nothing there against” (Ancient Egyptian Healing,” 2012).
There is evidence of bubonic and other pandemics causing great casualties. Writings discuss what might be considered specialty care and were used as guides by those who had limited access to scrolls or papyrus. Hippocratic medicine and the understanding of the four humors were not adopted by all; most used folk remedies along with a reliance on the gods of healing for relief (Kirby, 2000).

**Historical Happenings**

Another civilization that perfected understanding of the human body in the context of scientific understanding of the era was the Romans.

Pliny the Elder was a philosopher, scientist, naturalist, and author who wrote the following about 2,000 years ago:

"Unwashed wool supplies very many remedies . . . it is applied . . . with honey to old sores. Wounds it heals if dipped in wine or vinegar . . . yolks of eggs . . . are taken for dysentery with the ash of their shells, poppy juice, and wine. It is recommended to bathe the eyes with a decoction of the liver and to apply the marrow to those that are painful or swollen" (Trueman, 2012a, para. 7).

Two other Roman peers of Pliny, Marcus Varro and Columella, discovered as Florence Nightingale did 1,800 years later that the health of the house was important to the health of the family:

"When building a house or farm especial care should be taken to place it at the foot of a wooded hill where it is exposed to health-giving winds. Care should be taken where there are swamps in the neighbourhood, because certain tiny creatures which cannot be seen by the eyes breed there. These float through the air and enter the body by the mouth and nose and cause serious disease" (Trueman, 2012, para. 17).

"There should be no marshes near buildings, for marshes give off poisonous vapours during the hot period of the summer. At this time, they give birth to animals with mischief-making stings which fly at us in thick swarms" (Trueman, 2012, para. 17).
Historical Happenings

A Greek Cure: Hysterea has long been associated with menses, and what was traditionally described as hysterea might have been what we call premenstrual syndrome. The Hysterea cure is described by Kirby (2000), as follows:

Virgins who do not take a husband at the appropriate time of marriage experience visions . . . at the time of their first period the blood collects in the womb in preparation to flow out; but when the mouth of the womb is not opened up, then [the blood] rushes up to the heart and into the lungs. When these are filled with blood, the heart becomes sluggish and then because of the sluggishness [the body is] numb and then because of the numbness, insanity takes hold of the woman . . . the girl goes crazy because of the violent inflammation, and because the blood starts to decay. In some cases the visions . . . order her to jump up and throw herself into wells and drown, as if this was good for her and served some useful purpose . . . When this person returns to her right mind, women give various offerings to Artemis [a goddess]. They are deceived, the fact is that the disorder is cured when nothing impedes the downward flow of the blood [a normal period]. My prescription is that when virgins experience this trouble, they should cohabit with a man as quickly as possible. If they become pregnant, they will be cured. (p. 335)
Islamic Medicine

Religion and medicine were closely linked in the Muslim world. There were spiritual rituals connected to healing: (1) prayer is an obligation that affords peace and with or without fasting promotes the health of mind and body; (2) purification included not only spiritual cleansing but also specific and frequent bathing behaviors of rinsing and/or washing the body and hair along with application of perfume, to ensure a clean physique for the soul; and (3) hygiene and cleanliness extended beyond the spirit and the body to include the home and streets near that home—an uncontaminated body and environment promoted health. Public health was important: Muslim physicians provided care that was closely tied to religious traditions; they believed in a delicate balance between mind and body. Their medical theory included ideas from other cultures, such as Hippocrates's philosophy of the four humors and the use of Chinese therapeutic contact interventions. The Islamic world of the 7th through 10th centuries reports “the first medical scholars to understand the pathology of contagion, and as a result they created hospitals with separate wards so those with contagious disease could be kept away from others” (Douglas, 2000, pp. 419 & 421). Hospitals in the 10th century offered music, poetry reading, garden therapy, hands-on creative activities, and audible running water (fountains or waterfalls) as holistic forms of healing. Jewelry was not only an adornment, but often times it was worn...
These practices were particularly prevalent during the mid-14th century when the world was devastated by the rampant spread of... Black Death (Douglas, 2000, p. 421). There is also evidence of advanced medical knowledge: Ibn Sina describes “the structure of the eye and how the heart valves let blood enter the heart as it contracts were the observations of a physician who performed many surgical procedures” (Douglas, 2000, pp. 421 & 423). Furthermore there is evidence of: (1) inhaled anesthesia on a “sponge” soaked in a narcotic agent and placed over the mouth or nose of the patient; (2) distilled alcohol to cleanse surgical sites before and after a procedure; and (3) sutures made from animal gut (peritoneal or intestinal lining) or silk. It appears there was...
basic understanding of paralysis secondary to severance of a connection between the brain and other parts of the body (Douglas, 2000).

**Christianity and the Meridian of Time**

**During the Meridian of Time** many believed that “an anointed one” performed healings based on faith, hope, and belief, similar to the beliefs of Egyptians in their Pharaoh god and his priests. There is much that is not understood or known about the connection of mind, body, spirit, and health outcomes, then or even today.

John describes the healing of a blind man in ancient Galilee:

“And his disciples asked him saying, Master, who did sin, this man or his parents, that he was born blind? Jesus answered, Neither hath this man sinned, nor his parents; . . . When he had thus spoken, he spat on the ground, and made clay of the spittle, and he anointed the eyes of the blind man with the clay, And said unto him, Go, wash in the Pool of Siloam, . . . He went his way therefore, and washed, and came seeing. . . . He [the man] answered and said, A man that is called Jesus made clay, and anointed mine eyes, and said unto me, Go to the pool of Siloam, and wash; and I went and washed, and I received sight. . . . Then again called they the man that was blind, and said unto him, Give God the praise; we know that this man is a sinner. He answered and said, Whether he be a sinner or no, I know not. One thing I know, that, whereas I was blind, now I see. . . . And he said, I believe.” (St. John, Chapter 9, Holy Bible; King James Version, 1979)

**Medieval Europe**

**During the Medieval Era** there were many hazards for the typical peasant/farmer family. Keeping the living quarters warm was a challenge: Fires were built in open hearths and had to burn continually; clothing was loose and young children were about the house, so burns were very common and even embers could easily start a fire. Most clothing was made of wool and not easily cleaned; clothing was washed in streams as water was a precious commodity carried in cauldrons from the village water supply. Hot water was obtained by heating water over a fire, which required more firewood in addition to that used for cooking and heating. Most people did not bathe regularly, and there were no dedicated facilities for human waste. Outhouses were built over a cesspit and chamber pots would be emptied in these cesspits periodically if the family had resources. Otherwise, excrement might be deposited almost anywhere, including in close proximity to living quarters.

Illness was considered to be from God and many individuals relied on herbal medicine, charms, religious symbols, and faith pilgrimages for the benefit of healing. Monasteries and nunneries were common; monks and nuns adopted formalized lifestyles based upon religious
belief and heritage, while often providing solace for others, especially those afflicted with poverty and disease (Hackett, 2000). Hippocratic principles and strategies such as urine samples were utilized to assess overall health and the four humors or temperaments: black bile (melachole or melancholy), yellow bile (chole or gall bladder/liver), phlegm (phlegma or pulmonary), and blood (haima or heme) were believed to influence the overall health of an individual. One will observe that some of these terms have been retained in the health-care terminology of today; for example, an overabundance of black bile was said to lead to

**Historical Happenings**

**Medieval Medicine:** Dwale consisted of potent sleeping herbs mixed with vinegar to help extract the active ingredients from herbs; it was able to render a patient unconscious. Herbal medicine was prevalent and many women became healers as they learned of plants and how to use them for healing purposes. Distilled alcohol or vinegar was used to steep the active ingredients from the herbs.

To make a drink called dwale to make someone sleep while others carve [perform surgery] on him: Take three spoonfuls of the gall of a barrow swine [castrated boar] and for a woman of gilt [immature sow], three spoonfuls of hemlock juice, three spoonfuls of wild nept [briony], three spoonfuls of lettuce [sap], three spoonfuls of poppy, three spoonfuls of henbane, and three of vinegar, and mix them all together, boil them a little, and mix . . . [place] three spoonfuls [of the mixture] into half a gallon of good wine. (Hackett, 2000, p. 467)
moroseness, and “melancholy,” the term for black bile, also describes depression (Hackett, 2000). As the medieval period drew to a close, changes over the next few centuries set the stage for the English Puritan emigration and the colonizing of the United States.

**IDEAS FOR FURTHER EXPLORATION**

Any nurse can reflect upon the comments in this chapter and the ones that follow to conclude that early nurse leaders and even ancient groups of people greatly influence our practice today. Explore an interest you might have related to your personal passion in nursing and the history of that specialty practice, procedure, or diagnosis.

**DISCUSSION QUESTIONS: APPLICATION TO CURRENT PRACTICE**

1. Introduce yourself briefly and discuss your own personal nursing history. List 3–4 things that have influenced your practice. Who or what might have influenced your choice to become a registered nurse?

2. Choose a group of people (in this chapter or another group not discussed) and describe their contributions to nursing and health care. Discuss how practice today was influenced by their beliefs, ideas, or willingness to look beyond accepted knowledge of the time.

3. Choose a topic or individual and describe the history as well as implications then and now for nursing.
   
   For example: Lister, Pasteur, antibiotics, embalming, x-ray, birth control, Elizabeth Blackwell & Marie Zakrzewska, stethoscopes, anesthesia, midwives, smallpox, the plague, Theodor Fliedner, Pennsylvania hospital, importance of alcohol, medical knights, pesthouses, Virchow, Koch, folk medicine or . . . the list is endless.

4. Define caring: what it is and what it is not. Include ideas from nurse theorists.

**MESH SEARCH TERMS**

Nightingale, other ancient groups of people or individuals mentioned in this chapter may not have designated MeSH terms. You can still do a Boolean search by using a phrase like “ancient egyption medicine” or “Florence Nightingale” or “Virginia Henderson” or “caring theory.”
For a full suite of assignments and additional learning activities, please use the access code located in the front of your book.

♦ REFERENCES


