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Article Summary: Early nurse training schools, created by hospitals, used haphazard curricula and exploited their students as a cheap work force. By 1940 the few remaining schools emphasized high professional standards.

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Photographs / Images: nursing class, Nebraska Hospital for the Insane, Lincoln, about 1908; Immanuel Hospital of Omaha's Deaconess training school, opened in 1890; Creighton Memorial, St Joseph's Hospital, Omaha; Dr Francis A Long; training school at the Nebraska Sanitarium, College View, Nebraska, 1896-1928; Table 1: Nebraska nursing students' age of admission 1917-1919; Table 2: education before training school admission, 1917-1919; Table 3: student hometown, 1917-1919; Table 4: employment before training school, 1917-1919; Table 5: graduation and attrition rates, 1917-1919; St Elizabeth's nurses, Lincoln, Nebraska, 1923; class of nurses at State Orthopedic Hospital, Lincoln, about 1915; nurses playing lawn tennis at Omaha's Bishop Clarkson Hospital, June 1922; unnumbered lists: Nebraska nurse training schools to 1940, Omaha training schools closed by 1940, Lincoln training schools closed by 1940, training schools outside Omaha and Lincoln closed by 1940; training school of Wise Memorial Hospital, Omaha, 1901-1930



# "A PECULIAR AND VALUABLE SERVICE"

## EARLY NEBRASKA NURSE TRAINING SCHOOLS, 1888-1926

By Wendell W. Oderkirk

Between 1888 and 1926 at least seventy hospital nurse training schools offered Nebraska women opportunities to enter the emerging profession of nursing through training based on American versions of the Florence Nightingale model. Until the 1950s nursing students delivered most of a hospital's patient care. Student labor thus supported the ascendancy of the modern hospital's image, helping to change the image from that of a charity institution for the poor and dying run by volunteers and religious orders to a place where expert teams can almost raise the dead. In Nebraska, this transformation was sustained by a ready supply of young, compliant, mostly rural women willing to work a standard six-day workweek of ten to twelve hours per day, without pay, for three years. In return, the students earned a diploma that offered no college credit, but assured passage of the state's registered nurse licensure examination. Without this "peculiar and valuable service," most of Nebraska's hospitals could not have opened or developed as rapidly as they did.<sup>1</sup>

In the late nineteenth century trained nursing evolved from woman's domestic sphere into a profession. Girls learned early that sick care was woman's domain, that tending persons sick with fever was fatiguing work, and that there was a constant threat the nurse might contract her patient's illness. When self-taught nurses or mid-

wives were not available, it was assumed that women from the family or the neighborhood would perform nursing duties. Florence Nightingale even made this implicit assumption explicit: "Every woman must at some time or other of her life become a nurse."<sup>2</sup>

In the late nineteenth and early twentieth centuries, the rise of the hospital accelerated the emergence of trained, as opposed to self-taught, nurses. The nurse apprentice or nurse trainee, unlike other mid-nineteenth-century industrial apprentices, was neither paid for her work nor allowed to live at home with parents or relatives. So effective was the model that hospital-based programs accounted for 85 percent of American nursing education institutions as late as 1950.<sup>3</sup>

As more hospitals opened schools, trained nurses began to encounter competition for the only available work, "private duty" nursing, independently conducted in patients' homes. (Except for those in supervisory roles, few trained nurses were employed by hospitals until the late 1930s.) Competition for private duty work came not only from other trained nurses, but also from self-taught "practical" nurses or rejects from hospital training schools. As early as the 1890s nursing leaders, concerned about the wide variety and quality of people who called themselves "nurses," pushed for state legislation as the means to standardize nursing education and thereby gain control over the quality, if not quantity, of persons performing nursing work.<sup>4</sup>

Between 1903 and 1923, all forty-eight states passed permissive registration laws. Graduates could ignore (or

fail) the state license examination and still work as a "nurse." Early legislation merely stipulated that only those who passed the state examination could assume the title of "Registered Nurse." Anyone else could legally do the work of a nurse, regardless of training or lack thereof, so long as she did not use the titles "Registered Nurse" or "R.N."<sup>5</sup>

As more hospitals opened in the late nineteenth century they began to look for paying patients. By actively soliciting paying patients hospitals began to shift focus. The charitable institution for the sick poor run by volunteers or religious groups began to become physician-driven and increasingly interested in income potentials. As hospitals grew to depend on doctors as the best source for paying patients, physicians' evolving relationship with the hospital came to include the benefits of using hospital-purchased equipment and tacit authority over student nurses.<sup>6</sup>

There were fewer than 200 hospitals in the nation in 1873, in excess of 4,000 by 1910, and more than 7,000 by 1930, clear evidence that the hospital was no longer solely a charitable institution, but one that patients would pay to enter. By 1930 thousands of new, highly specialized urban hospitals and small rural hospitals had opened, and nearly all had the requisite nursing school.<sup>7</sup>

Any hospital-trained nurses in Nebraska before 1890 most likely came from outside the state. Nursing work in Nebraska was performed by home-taught or self-taught women such as Ann Ellis, an 1869 York County settler:

Ann was called upon many, many times to serve as a nurse in cases of sickness.

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With no doctor within reach she would take charge, giving as much time as possible; then, leaving directions, would depart to her own home duties, returning in a few days to encourage and help back to health those not so strongly constituted.<sup>8</sup>

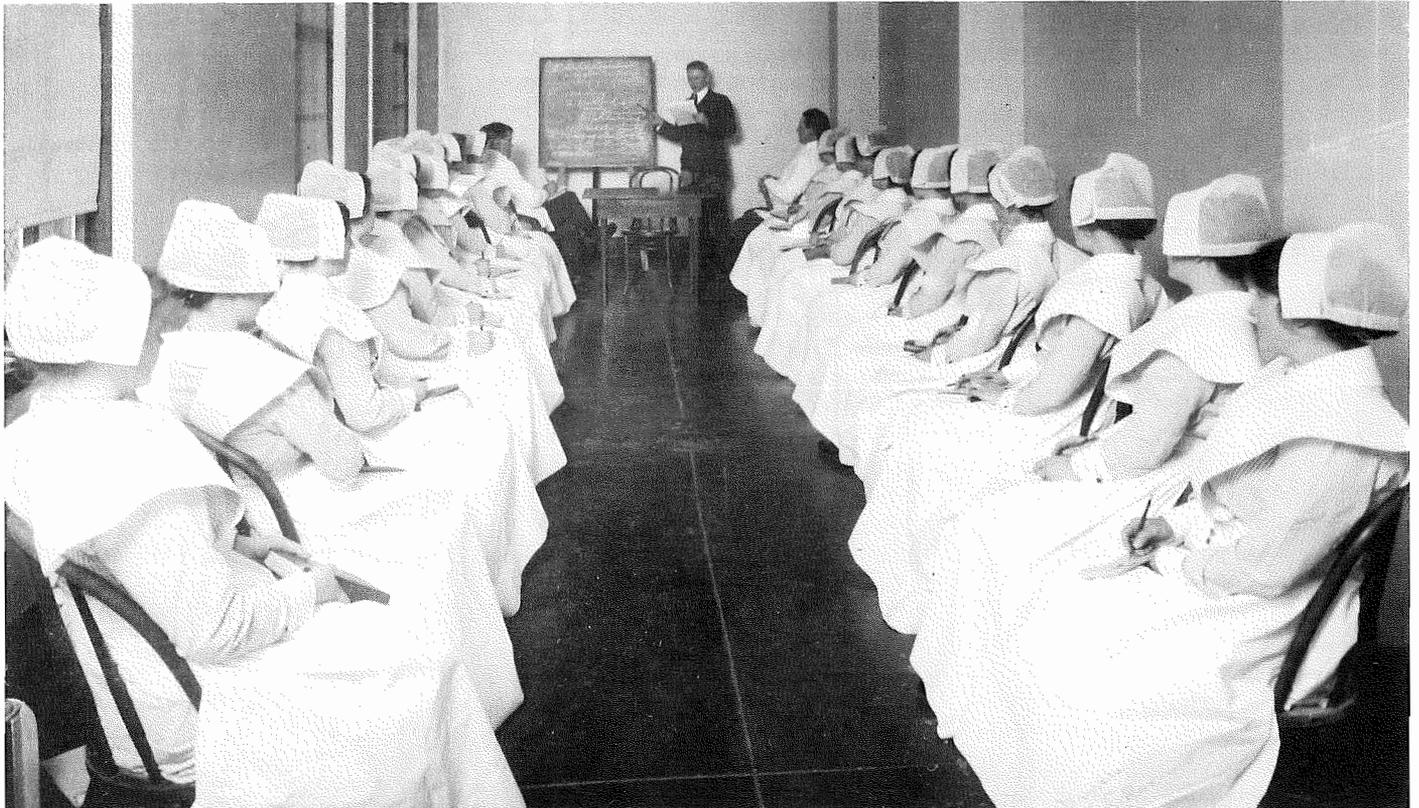
Albert Tyler reported that the first nurse in Fremont was Mathilda Anna Lueninghoener, who became a nurse in the 1870s after having an operation. "She studied for this profession under the direction of her surgeon, Dr. George J. Haslam of Fremont," a common way to become a "nurse" without attending a school, and remained in his employ for nineteen years.<sup>9</sup>

In 1892 it was reported that, "like magic," Omaha was dotted with hospitals. In the little more than twenty years that had passed since the opening of the city's first hospital in 1869, Omaha's hospitals had changed from a few small charity institutions to several large hospitals offering up-to-date diagnostic and

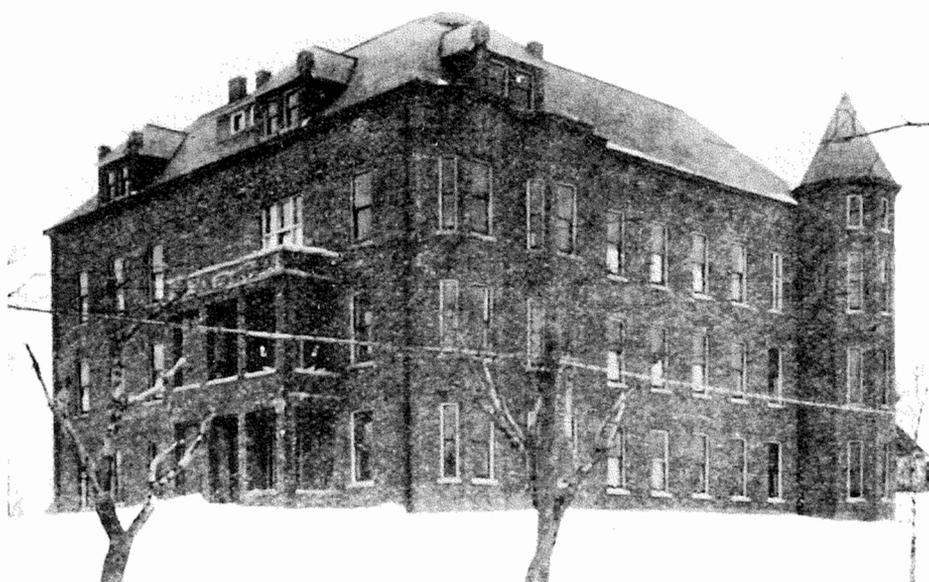
treatment methods. The city claimed two medical schools: the Omaha Medical College, opened in 1880, and John A. Creighton Medical College, organized in 1892.<sup>10</sup>

Eugene McAuliffe, writing in the 1930s, claimed that Nebraska's first hospital nurse training school opened in 1888 at Bishop Clarkson Memorial Hospital, but convincing primary sources to support that claim are missing. McAuliffe wrote that early Clarkson records were "fragmentary," but still he traced what would become Clarkson Hospital to a group of Protestant women who formed a Ladies Hospital Association in 1869. This effort to provide shelter for sick, poor children led to the 1869 opening of Good Samaritan Hospital in a six-room house at Twenty-third and Webster. In most such charity hospitals physicians donated medical services and nursing care was given by women,

either in religious orders or by laywomen associated with benevolent societies. By 1871 Rev. Dr. Robert Harper Clarkson, Episcopal Bishop of Nebraska since 1865, had assumed financial responsibility for the hospital. The Good Samaritan was destroyed by fire in 1877 and languished until Mrs. Clarkson formed a Child's Hospital Association in 1881. This group converted a house at 1716 Dodge Street to the Children's Hospital and Home, which opened in December 1881. Sara Mattice, a trained nurse from New York, took charge of the hospital and provided nursing care. Chicago benefactors enlisted by Bishop Clarkson made possible a new building at the Dodge Street site. It was in this building, according to tradition, that Clarkson Hospital started the state's first training school in 1888. Without other primary evidence, however, this opening date cannot be confirmed.<sup>11</sup>



Nursing class, Nebraska Hospital for the Insane, Lincoln, about 1908. Two male students are seated at the front. NSHS-RG2158-1323



Immanuel Hospital in Omaha opened a Deaconess training school in 1890.  
NSHS-RG3348:6-37

The Immanuel Deaconess Institute and Hospital in Omaha opened a Deaconess training school in the period 1890–91 for Deaconess novices to receive instruction on Theodor Fliedner's Kaiserwerth (Germany) model of nurse training as adapted by William Passavant in America. The Omaha Hospital and Deaconess Home Association of the Methodist Episcopal Church opened a training school in 1891. Presbyterian Hospital opened a school in 1892, and Creighton St. Joseph's, in 1899. Five training schools opened outside Omaha before 1900. The Lincoln Sanitarium, the first to open in the Lincoln area (1892), was followed by the Nebraska Sanitarium school in 1896 and Esther's Hospital in 1899. Fremont Hospital had a school by 1893 under the direction of Mathilda Lueninghoener, the former patient trained by her surgeon. Dr. Hepperlin's Hospital opened a training school in Beatrice in 1898. By 1900 Nebraska had nine training schools, two of which admitted only religious sisters or deaconesses.<sup>12</sup>

The earliest nursing schools in Nebraska were likely similar to others in the nation. Students learned how to

dress burns, sores, and wounds and how to use fomentations and poultices. Students applied leeches, gave enemas, placed urinary catheters, and moved, bathed, and positioned patients. Students had to keep utensils, sponges, beds, and tables perfectly clean and know how to prepare food and drink for the sickroom.<sup>13</sup>

Students were expected to be mature, loyal, single women who worked and lived at the school for the duration of the two- or three-year training period. The most important part of their education was to care for ill patients, which included meal preparation, room cleaning, and laundry duties. The occasional lecture by a physician, often at the patient's bedside, sufficed as the curriculum. A contract agreement was used to help ensure that the student did not leave the school before her assigned learning time was over. The "nurse" (and students were usually called "nurses") learned by doing. She also learned to follow orders as a "lieutenant" on the "battlefield" of illness, one who could carry out the "orders" of the physician "commander," standards that persisted into the twentieth century. To

some extent the isolation of nursing students in a cloister-like dormitory and rigid regimentation of student life reflected a military-like atmosphere, but it also embodied a sorority-like "sisterhood" based on shared experiences.<sup>14</sup>

Two ideologies thus melded at the century's turn, one, that a woman was a nurse by nature, and the other, that trained nurses were superior to untrained. An economic reality, caring for paying patients, forged the essential relationship between the hospital's need for a stable and cheap work force and the training school's ability to meet that need. By 1900 the pattern of American nursing education for the next half century was established: Nursing schools opened to meet hospital labor needs, and graduates left the hospital to seek employment in the private duty market.

In 1900 the U.S. Census Bureau first recognized trained nurses as a category of "professional" workers distinct from untrained nurses. The bureau counted barely 11,000 trained female nurses in America, which jumped to 76,500 in 1910 and to 143,500 in 1920. There were twice as many physicians as nurses in America in 1910. The number of trained nurses in America did not equal the number of doctors until 1920, after which nurses continued to increase in number as physicians declined in number.<sup>15</sup>

The Census Bureau counted 832 "midwives and nurses" in Nebraska in 1900. By applying the Census Bureau estimate that 10 percent of the "midwives and nurses" category were "trained nurses," Nebraska probably had fewer than 100 graduate nurses in 1900. By 1920, however, the state had 1,651 trained nurses, 731 in Omaha and 170 in Lincoln. More significant was that of the state's 1,538 "midwives and nurses (not trained)," only 379 lived in Omaha, indicating that untrained women working as nurses mostly did so outside Omaha and Lincoln. Trained nurses dominated nursing in the cities.<sup>16</sup>

Of the nine nurse training schools in Nebraska at the beginning of 1900, two did not admit secular women.

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(Creighton St. Joseph's and Immanuel admitted only women professing religious vows until 1917 and 1922 respectively.) By 1920 nearly sixty schools existed, a reflection of new hospital openings throughout the state. Omaha was especially proud of its increasing stock of hospitals, which outstripped population growth in the early 1900s. A 1911 *Western Medical Review* article proudly claimed, "Omaha has not only a large medical and surgical territory, but we lead in hospital facilities for the care of these cases." St. Paul, Minnesota, had 1,120 hospital beds to serve a city of 214,000 and Kansas City, 1,240 beds to serve a population of 248,000. Denver's 910 beds served a city of 213,000. Minneapolis had 1,230 hospital beds and served 301,000. Omaha, with a much smaller population (124,000), had more hospital beds (1,430) than any of those cities. Physicians attributed Omaha's large number of hospital beds to the city's capacity to attract patients from far outside its borders.<sup>17</sup>

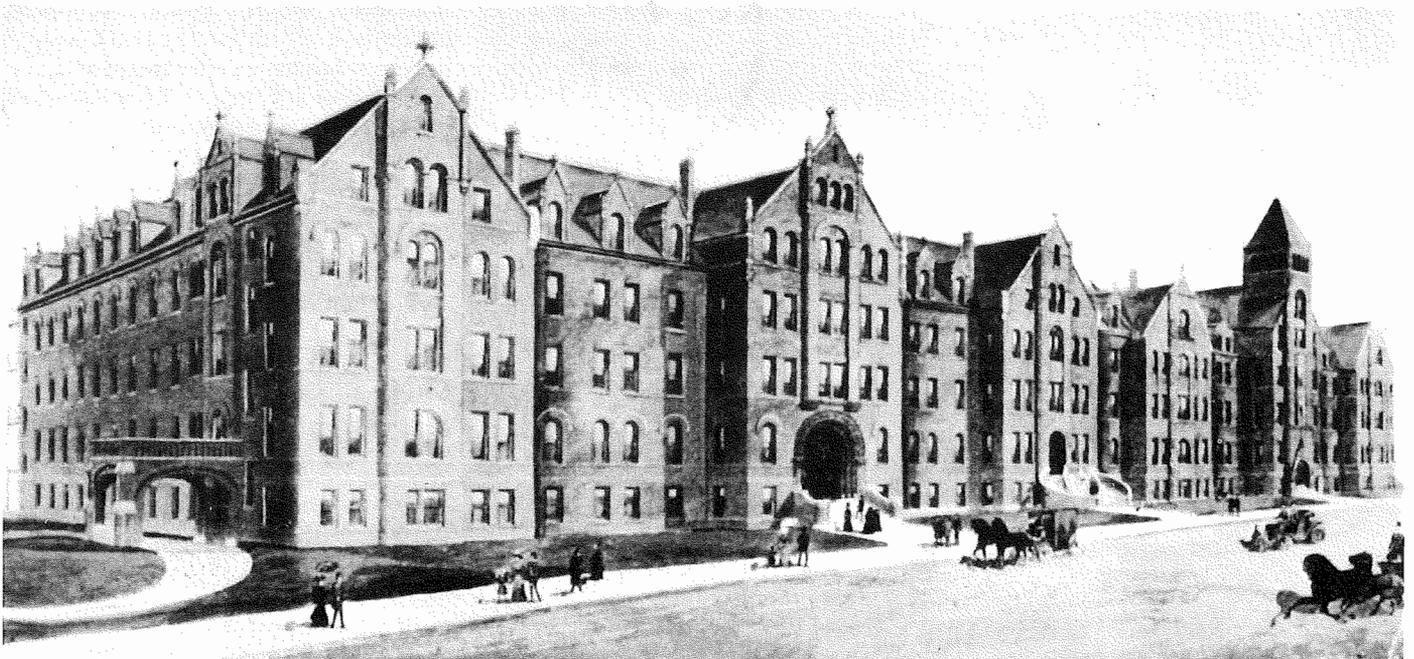
Five years later an *Omaha World-Herald* business supplement also touted

Omaha's "enviable reputation as a city of medical and surgical specialists [as good as] the experts of Chicago or New York or even the much vaunted Rochester, Minn., hospital." The paper counted sixteen "modern" hospitals and "a very large number of private hospitals, homes, sanitariums and the like," in Omaha. The largest, St. Joseph's, had 300 beds and was valued at \$1 million, 40 percent of the combined value of the city's sixteen largest hospitals.

Methodist's new 143-bed building at Thirty-sixth and Cuming streets was valued at \$275,000. Wise Memorial Hospital held eighty-four beds and Clarkson's new eighty-bed building at 2100 Howard Street was worth \$150,000. A new hospital under construction by Dr. M. J. Ford was to hold seventy-five beds. Dr. E. C. Henry's Lord Lister Hospital, which occupied the former Dellone Hotel at Fourteenth and Capitol, claimed eighty-eight beds and Immanuel Hospital, sixty-five beds, in 1916.<sup>18</sup>

Other Omaha hospitals in 1916 included two Presbyterian Hospitals, one for surgery cases at 1240 South Tenth

Street with fifty beds and the other, a fifty-bed unit at the former Turner home, for medical cases. St. Catherine's, a relatively new forty-bed hospital, was said to be popular for maternity cases. Nicholas Senn Hospital at Park and Dewey (sixty beds), Swedish Mission (fifty-five beds), St. Luke's (twenty beds), and Birch Knoll (sixteen beds) were described. Also mentioned was the sixty-seven-bed, city-run Emergency Hospital for contagious diseases donated to the city by "a woman who had strayed from the paths of righteousness, had amassed a large fortune, and who sought to do some good before departing this earth at a very old age." The South Omaha Association owned that city's twenty-eight-bed hospital. The Douglas County Hospital at the poor farm and a smallpox detention hospital, "far out on West Center Street," completed the list of Omaha's larger hospitals. The city's hospitals were said to attract so many patients from surrounding areas that "specially built automobile ambulances" were needed to transport sick people to and from railroad depots. According to



Creighton Memorial, St. Joseph's Hospital, Omaha. NSHS-RG3348:6-41

the article, the high number of outside cases made it difficult for Omaha patients, including doctors' families, to secure trained nurses.<sup>19</sup>

Although most training schools opened in Nebraska's urban centers, schools were also opened by hospitals in small towns, including Fremont, Grand Island, Beatrice, Ord, Broken Bow, David City, Hebron, Kearney, North Platte, and others. In 1910 F. A. Long, a well-known rural Nebraska doctor, thought small-town hospitals could treat patients effectively as long as the "conscientious, efficient" Omaha surgeons were available to handle the occasional major surgery. Long saw the "pure country air [and] wholesome country food" as patient benefits that no city hospital could offer. He also was a supporter of trained nurses, claiming that a trained nurse, compared to a "practical" nurse, was essential to successfully running a small hospital:

Give us the nurse who has had a school training education and then her practical work. She is not only better able to obey instructions, but also [is] more competent in emergency. Then do not begrudge the dollars you pay her, she is worth it.

It was also argued that in small-town hospitals students learned to adapt to a variety of contingencies, unlike the "standardized type of nurse" from a city hospital. Nurses trained in country hospitals learned to go into farm homes and use items found there to assist in surgery. And, if small-town nurses wanted to broaden their training, they could always attend a postgraduate course at a larger hospital.<sup>20</sup>

Trained nurses remained scarce in rural areas, which only increased the status of those available. Dr. F. A. Long wrote that he appreciated trained nurses much more than did city doctors, "to whom the assistance of a nurse is so common as to be taken as a matter of everyday necessity." Dr. A. J. Clark bemoaned the lack of trained nurses in rural areas, even for patients "willing and financially able to have them." Dr. W. J. Pinkerton of Mead complained in

1903, "We seldom have trained nurses and we cannot get the untrained to carry out aseptic precautions." He believed the country doctor who had a critically ill patient was greatly disadvantaged without a trained nurse because "good nursing is said to be half the battle." Not all physicians thought trained nurses superior, of course. The *Western Medical Review* reprinted an ar-



Dr. Francis A. Long. NSHS-RG244

ticle from another journal contrasting the "plain or untrained nurse" with the trained. Its author agreed trained nurses were a "necessity in most surgical cases and many that are non-surgical as well," but he thought that most sick people could not afford the "luxury" of a trained nurse. A "plain nurse" sufficed for these patients and charged less. Since "the main requisites of a nurse are intelligence, teachableness and faithfulness to the duties and confidences reposed in her," any untrained nurse with those qualities was thought suitable for most nursing work.<sup>21</sup>

Dr. F. A. Long's address at the first training school graduation at Omaha General Hospital offers insights into atti-

tudes about nursing around 1910. A twenty-five-year veteran of rural Nebraska medical practice and president of the Nebraska State Medical Society at the time, Long made the obligatory salute to still-living Florence Nightingale, commenting that her thoughts on hospitals, nursing, and sanitation were "classics." He considered nurses "ministering angels" who needed Job's patience, Solomon's wisdom, and the Good Samaritan's kindness, and he thought that "no avocation open to a great number of women places her on a higher plane socially and morally." The field was more remunerative than teaching, stenography, or typing, Long remarked, and from the "humanitarian and sentimental standpoint, no position in life offers a greater opportunity to do good." Long predicted that Omaha would continue to be short of trained nurses, who were the doctor's "helpmeet," because "as people became educated to an appreciation of the value of scientific nursing," the demand for nurses would continue to rise, especially in rural areas.<sup>22</sup>

Long indirectly acknowledged two problems in Nebraska nursing. First, nursing might not be getting the highest quality of workers, and he emphasized that nursing needed "well educated, sensible young women . . . of sufficient breadth of character to glorify the work, rather than become narrow by it." Second, he had observed that after leaving the hospital, a nurse's "professional life . . . does not average from three to five years of practice," nearly always ending due to marriage. Despite recognizing the brevity of most nurses' careers, Long concluded that nurse training was a superior pathway to motherhood:

And now Young Lady Nurses, I wish you all a brief but brilliant professional life, to be succeeded by a more brilliant home life, where and when you shall reign as queen, and for which your training fits you as no other training can.<sup>23</sup>

An important development affecting Nebraska nursing education before 1920 was the founding of an association for graduate nurses. At its first meeting, No-

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ember 30, 1906, at Clarkson Hospital, ten graduate nurses from Omaha agreed to create the Nebraska State Association for Graduate Nurses (NSAGN) and elected Nan Dorsey chairman. Consistent with other fledgling state nursing associations the NSAGN's first goal was to secure state registration of trained nurses as a way to raise professional standards. In 1908 the NSAGN incorporated, affiliated with the national Nurses' Associated Alumnae, sent a delegate to the national convention, and proposed legislation for the 1909 legislature. In all these activities the Nebraskans followed the recommendations of elite national nursing leaders.<sup>24</sup>

The NSAGN successfully secured passage of measures related to nurse licensure in 1909, 1915, and 1919, legislation that began to force training schools to prepare students to pass a state license examination. If too many of a school's graduates failed the examination, the affected hospital's reputation was damaged. More important, the hospital might fail to attract enough new students to maintain hospital staffing. Hospitals therefore began to create training school curricula that ensured students could pass the state license examination. Hospital superintendents, especially at the larger schools, stressed the importance of the state examination to students, as indicated in a March 8, 1911, note to Lillian Stuff of the Nebraska Board of Nursing from Marie Wiech, superintendent at Omaha General Hospital. Wiech (who was not registered in Nebraska) wrote that she expected six or seven of her students to take the examination: "My nurses are all very anxious to become registered as I have drilled the importance of it."<sup>25</sup>

The Board of Nursing's greatest power rested in its authority to accept or deny a graduate's application to take the state examination. In 1915 the board rejected all applicants from Cotner Hospital (Lincoln), Lutheran Hospital (Beatrice), St. Luke's (Kearney), Dr. Shoemaker's (Lincoln), Mennonite Deaconess Hospital (Beatrice), and Fre-

mont Hospital. Graduates were rejected because of hospital size, because the school had not been visited by the board or, as in Mennonite Hospital's case, because "the superintendent is not [a] registered [nurse]." In rejecting graduates from these schools the board exceeded its authority. The state attorney general "instructed the Board to accept all [the] applicants." Stung by this rebuff, the board discussed ways to get "in touch with high school and other students" to help them recognize "the importance of selecting the right kind of hospital should they decide to enter training."<sup>26</sup>

The 1916 attorney general's opinion may have prompted several inquiries to the board from smaller hospitals in 1917. North Platte General Hospital applied for accreditation, but was refused because three of its students had only an eighth-grade education. Beatrice Sanitarium was "reminded" that it had students below the age and educational requirements of the law. Hebron's Blue Valley Hospital training school was asked to supply more information about the number and kind of cases admitted to the hospital. Douglas County Hospital was asked to hire a graduate nurse to assist the hospital superintendent. As the board continued to try to define its authority, another setback occurred. On May 11, 1917, the attorney general

made it very emphatic that the Examining Board had no right to say who should or should not take the examination. His decision was: that we should accept for examination such pupils as were applying from non-accredited hospitals.

Eleven days later the North Platte and Blue Valley hospitals were fully accredited. The attorney general's opinion would leave the Board of Nursing's authority narrowly defined for several years and insured that nonaccredited schools, mostly located in small towns, could expect their graduates to sit for the RN license examination.<sup>27</sup>

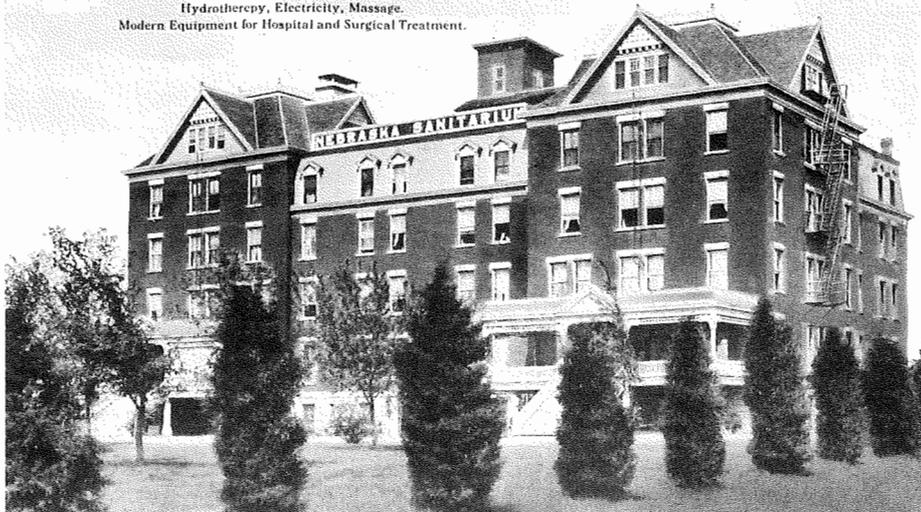
The registration exam for graduates from Board of Nursing-approved schools consisted of essay questions prepared,

administered, and graded by the same women who served as the Board of Nursing, women who were invariably busy superintendents of their own hospitals and training schools. The board assigned examination topics to its members; for example, on December 9, 1910, Nan Dorsey was assigned to write questions on materia medica, obstetrics nursing, practical nursing, genito-urinary diseases, and medical nursing; Bessie Bixby wrote on anatomy and physiology, diseases of children, and contagious diseases; and Lillian Stuff on bacteriology, dietetics, surgical nursing, and mental and nervous diseases. Their questions constituted the first state examination. The board also signed registration certificates and took them to the governor for his signature, a procedure occasionally delayed because of the governor's absence or illness.<sup>28</sup>

In 1913 the Board of Nursing agreed to set regularly scheduled examinations in late November and early May of each year and also decided to send "a copy of the law, notice and date of examinations" to every training school in Nebraska. On November 27, 1916, 165 nurses took the examination, including thirty-seven retaking the test. During the grading process, the board decided to review all examinations that scored between 60 and 70 percent "in an effort to bring up [an] applicant's mark and prevent failure in a subject." With this review "a number [were] brought up to the passing mark," an indication that the board's grading procedures were no more standardized than the examinations.<sup>29</sup>

The American Nurses Association (successor to the Nurses Associated Alumnae in 1912) first published a list of accredited training schools in 1914, but Nebraska was not one of the twenty-three states included. In 1916 ANA listings did include Nebraska, showing the state had twenty-five accredited training schools. In Omaha, Douglas County Hospital, Wise Memorial, Clarkson, Lord Lister, Nicholas Senn, Swedish Mission, South Omaha, St. Catherine's, and Methodist were approved. In Lincoln, the Lin-

THE NEBRASKA SANITARIUM, COLLEGE VIEW, NEBR.  
IDEAL PLACE FOR HEALTH SEEKERS.  
Hydrotherapy, Electricity, Massage.  
Modern Equipment for Hospital and Surgical Treatment.



The training school at the Nebraska Sanitarium, College View, Nebraska, opened in 1896 and closed in 1928. NSHS-RG2158-391

coln Sanitarium, the State Hospital for the Insane, Dr. Benjamin Bailey's, Dr. Shoemaker's, Central Hospital, and the Nebraska Sanitarium (College View) had accredited schools. Beatrice had three approved schools: Lutheran, Beatrice Sanitarium, and the Mennonite Deaconess Hospital. The David City Hospital, the State Hospital for the Insane at Norfolk, the Morrow Hospital in Seward, the Nebraska Sanitarium at Hastings, Grand Island General Hospital, Fremont Hospital, and St. Luke's in Kearney completed the list. The state's two largest hospitals at the time were the Lincoln and Norfolk Insane Hospitals at 740 and 530 beds respectively. The Lincoln Insane Hospital taught twenty-six student nurses and Norfolk, thirty-four. The smallest general hospital listed, Dr. Shoemaker's, had ten beds and seven student nurses, while the largest, Methodist, had 140 beds and fifty-five students. Sixty-six nurses were shown as newly registered in Nebraska in 1914, and 165 more were registered in 1915, giving Nebraska a total of 925 registered nurses on March 1, 1916.<sup>30</sup>

Twenty-eight training schools were approved in the 1918 edition of the ANA listing. Esther's Hospital in Lincoln,

Lutheran in York, Mary Lanning in Hastings, Norfolk General, North Platte General, Presbyterian in Omaha, Spencer Hospital in Spencer, and the State Orthopedic Hospital, Lincoln, were new to the list. Missing from the 1918 list were the Mennonite Deaconess school, Kearney's St. Luke's Hospital, the Norfolk State Insane Hospital, Dr. Shoemaker's, and Central Hospital. Excluding the hospitals for the insane, the median number of beds in general hospitals with training schools was forty-five in 1916 and fifty in 1918. The median number of student nurses per hospital in 1916 was 12.5, with the smallest school enrolling three students and the largest, fifty-five. In 1918, the median number of students was 11.5, the smallest school again claiming three students and the largest, sixty-five.<sup>31</sup>

As early as September 1909, hospitals with training schools received a single-page report entitled, "Nebraska State Board of Health, Nurses Department," to be filled out by the superintendent of nurses and returned to the Board of Nursing. The board inquired about the superintendent's training, the number of students, if students were "sent out on private duty," and if tuition was

charged. The number of beds and average daily census of patients was important to the board as was the preliminary education level required for admission. By 1911 questions were asked about student experiences in pediatrics, obstetrics, and dietetics. Information about textbooks used and available equipment, including blackboards, was solicited. Although not specified in the law, the Nebraska Board of Nursing clearly saw its functions as including "inspecting" or "visiting" training schools to verify schools' reports.<sup>32</sup>

Mennonite Deaconess Home and Hospital's program of study offers an example of curricular practice before 1919. Of the potential 8,640 hours available during their three-year program, students spent 3 percent (284 hours) in health-related lectures and 2 percent (216 hours) in Bible and deaconess lectures. Fully 95 percent of student learning time was spent in on-the-job training, a sign that in 1920 hospitals continued to view nursing education as the way to obtain cheap labor.<sup>33</sup>

The Board of Nursing gradually expanded its school inspection report. In 1918 St. Elizabeth's Hospital in Lincoln submitted its "Accredited Training School Application" form to the board. Now a five-page document, the form asked if the school had a training school committee, how many operations were done daily and weekly, how many obstetrical cases the student was in charge of, and if there was an ear, eye, nose, and throat department. In the section headed "Students," the report asked about the number of hours students were on night duty (eleven) and if students "specialed," that is, served as private duty nurses in or out of the hospital (students did both). For the first time schools were asked if there was a lecture room, a library (with "magazines of a professional nature"), a laboratory, a skills practice room, and a skeleton. The superintendent also was to append a notarized affidavit attesting to the truthfulness of her report, as good a sign as any that by 1920, the Board of Nursing

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had reached a certain level of bureaucratic maturity.<sup>34</sup>

The Board of Nursing's efforts since its first 1910 meeting produced a degree of curriculum standardization by 1919, at least in those schools that sought state accreditation. Nebraska's training schools required similar hours of work and similar lectures, although in different sequences. Student records, still quite variable among schools, were at least being maintained. Training school reports submitted to the Board of Nursing had become increasingly informative, evolving from a one-page form in 1909 to a five-page, notarized form in 1918. Such changes marked an essential step to rationalizing and standardizing Nebraska nursing education.

Record keeping was sufficiently complete by 1919 to afford a look at the typical nursing student. A sample of entering students' files from several schools with more complete records for 1917, 1918, and 1919 was analyzed to describe student characteristics. The mean age of the 254 students entering ten schools was 21.8 years. Two seventeen-year-old and twenty-one, eighteen-year-old students were entered, although the law specified nineteen as the admission age. Thirty-nine students (15.4 percent) were twenty-five or older at admission and six were over age twenty-nine. (See Table 1.)<sup>35</sup>

The level of schooling before a student entered training school varied considerably for 168 students from seven schools with usable records. (See Table 2.) Nine students (5.4 percent) had completed only the eighth grade, despite the state law requirement of one year of high school. That prior education records were incomplete as late as 1917-19 is apparent; twenty-five students (14.9 percent) had no prior education indicated. The school with the highest admission requirement, the University Hospital School of Nursing, enrolled only high school graduates and at least nineteen of its sixty-two admittees between 1917 and 1919 listed some college work.<sup>36</sup>

Table 1 **Nebraska Nursing Students age of admission, 1917-1919** (Ten schools)

Age (years)	Number	Percent
< 19	23	9
19-24	186	73
25-29	39	15.4
> 29	6	2.3
mean 21.8 yrs	254	

Table 2 **Education before training school admission, 1917-1919** (Seven schools)

Education level	Number	Percent
not indicated	25	14.9
8th grade	9	5.4
1-3 yrs. H. S.	78	46.4
High School	56	33.3

Table 3 **Student hometown,\* 1917-1919**

School & Location	Same as school location	Other Nebraska Towns	Out-of-State
University Hospital, Omaha	5 (8%)	44 (71%)	13 (21%)
Evangelical Covenant, Omaha	1 (4%)	14 (56%)	10 (40%)
Lord Lister, Omaha	2 (8%)	19 (76%)	4 (16%)
Ford Hospital, Omaha	14 (31.8%)	18 (41%)	12 (27.3%)
Beatrice Lutheran, Beatrice	2 (18%)	6 (54.5%)	3 (27.5%)
Bailey's Sanatorium Lincoln (female students)	4 (12.5%)	24 (75%)	4 (12.5%)

\* For which hometown is listed

Four Omaha hospitals, a Beatrice school, and a Lincoln school consistently recorded student hometowns for new enrollees between 1917 and 1919. (See Table 3.) Training schools clearly accepted students without regard to hometown. Without exception, women from small towns and rural areas dominated class rosters. Although hometowns for only six schools are presented, the impression gained from examining other training school record books for this period is that more than 50 percent of nursing school students came from rural areas. Out-of-state students tended to be from small towns in states bordering Nebraska. Women from urban areas did not constitute the major source of student nurses at this time.<sup>37</sup>

Often students were employed before entering training school, although the majority gave as their pre-nursing occupation, "student" or "at home." If

employed, housekeeping, teaching, and clerking/clerical work were the most common occupations (See Table 4.)<sup>38</sup>

Student graduation rates between 1917 and 1919 ranged from 39 percent to 77 percent. (See Table 5.) Every school listed reasons why students left school. Dismissals for rule infractions, poor deportment, or low grades were the most common. Less common reasons were for marriage (some students married secretly but found that secrets did not last long in nurses' quarters), illness (of the student or a family member), student disgruntlement, and moving with the family out of state. Occasionally no explanation was given for the student's departure save a cryptic "did not return."<sup>39</sup>

Training schools could also record student religious preferences, but many schools did not do so. When religion was recorded, Lutheran students tended to

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attend Lutheran training schools (such as those at York, Evangelical Covenant, Beatrice Lutheran, and Norfolk Lutheran) and Methodists tended to attend Methodist schools. In hospitals sponsored by denominations, denomination members usually constituted a plurality of the beliefs represented in the school. Almost every school enrolled students from several Protestant denominations and almost every Protestant training school enrolled Roman Catholics, albeit in small numbers. For many students geographical convenience or school reputation may have been more important factors in selecting a training school than the school's religious affiliation. Certainly from the hospital's viewpoint, workforce needs predominated over any concerns about a student's religious faith, previous occupation, age, and even previous education.<sup>40</sup>

By 1920 Nebraska's training schools used nursing textbooks, most of which promoted nursing as an ideal woman's profession and strove to preserve Florence Nightingale's view that nursing demanded the highest kind of moral virtue. Only recently removed from the pre-Nightingale image of the nurse as drunkard or prostitute, the new profession could not risk the consequences of morally weak members. Textbooks cautioned nurses to be "quiet, neat, systematic, and capable of eternal vigilance." Students learned to closely follow "everyday courtesies," such as standing when in the presence of a physician, superintendent, or hospital visitor. Nursing textbook "ethics" offered prescriptive solutions to etiquette problems ranging from avoiding social relationships with male patients to maintaining discretion, daintiness, manners, self-control, and self-discipline.<sup>41</sup>

Nebraska's training school records show that strict behavior codes regulated student activities on hospital wards and in student quarters. Infractions such as breaking supplies or sleeping on night duty warranted dismissal or if the superintendent was lenient, perhaps only an added month's work before graduation. Major infractions, such

Table 4 **Employment before Training School\*, 1917-1919**

	Type of Work				
	Teacher	Housekeeper/ Maid	Clerk/ Secretary	Practical Nurse	Student at home
York Hospital, York & Beatrice Sanitarium Beatrice	15.8%	21.1%	10.5%	5.3%	47.4%
Evangelical Covenant, Omaha & Lord Lister, Omaha	11.7%	8.3%	11.7%	3.3%	65%

\* For which employment is given

Table 5 **Graduation and Attrition Rates\*, 1917-1919**

School	Town	No. Admitted	Percent Graduated	Percent did not finish
Evangelical Covenant	Omaha	35	77.1%	22.9%
York Hospital	York	8	75%	25%
Lord Lister	Omaha	25	64%	36%
Bailey's Sanitarium (female only)	Lincoln	32	62.5%	37.5%
Norfolk Lutheran	Norfolk	13	61.5%	38.5%
University Hospital	Omaha	62	38.7%	45.2%

\* Ten records (16%) did not indicate whether or not student completed.

as having an uninvited guest in the "nurses' home" (dormitory), usually meant instant dismissal, even in the last days of a student's final year. Nurses on duty could not wear rings, flowers, or jewelry. To avoid potential scandal that could attach to the hospital, nurses could not wear even part of the hospital uniform outside hospital grounds. Nebraska's training schools routinely dismissed students for such infractions. Violations such as leaving the hospital without permission were considered immoral acts and dismissal usually followed quickly. The phrase, "undesirable character," was often used to mark nurses who "disobeyed rules," were "disloyal" or were "untruthful."<sup>42</sup>

Specific reasons for dismissal were not always given. In instances where a reason was listed, the "moral" infraction was invariably a rule violation or asso-

ciation with someone who had broken a rule. At Bailey's Sanitarium a female student was dismissed in 1915 for visiting "with a kitchen man on duty at midnight." Dismissed with her was a male nursing student, not only because he had visited the kitchen with the female nurse, but because he was smoking on duty. Reasons for dismissal also may have served as a pretext to remove a student who had work or class problems. For example, in 1919 a widow training at Ford Hospital was disciplined, but not dismissed, for "indiscreet conduct at nurses' home. Entertained a man in night nurses' dormitory—1 a.m." But another Ford student was dismissed for "inefficiency and questionable conduct" in 1919, inefficiency perhaps the deadlier of the two sins. Two Ford nurses, one a twenty-three-year-old former teacher, were dismissed in 1918

## Nurse Training Schools



"St. Elizabeth's Nurses—Probie to Graduate." *The Samaritan*, St. Elizabeth's Hospital School of Nursing, Lincoln, Nebraska, 1923. NSHS-610/S187f



This class of nurses at the State Orthopedic Hospital in Lincoln, about 1915, included one male student. The nursing school operated from 1905 to 1931. NSHS-RG2350:9

for riding in an automobile with two men thought to be unknown to them. The nurses were brought to the hospital after an accident and found to be intoxicated. After their injuries healed they were dismissed.<sup>43</sup>

Being an "especially good student and excellent charge nurse" failed to save a Norfolk Lutheran Hospital nurse from dismissal "for lack of cooperation in regard to home rules." In 1911 a Wise Memorial student pushed her luck too far. Disciplined once for "using slang" (the punishment was removing her cap and bib, in effect reducing her status to that of probationer), the student later "faked a telegram—mother ill." The superintendent learned that the nurse had not left town to visit mother, and the student was denied reentry. Another Wise Memorial student was dismissed "after being warned against going out on night duty. Went out anyway. Was dismissed at once Nov. 24, 1913." Often a dismissal cause was not listed, save for "dismissed for very good hospital reasons."<sup>44</sup>

Language describing students sometimes reflects that associated with prisons. Students "ran away" from the school. A rare few were so outstanding that they were "allowed time," that is permitted to graduate early because of good behavior, loyalty, and excellent work. Very rarely, students united to confront a superintendent, as Wise Memorial nurses did in 1912. The leader of that "rebellion" was "put in her place" and removed from duty as the head nurse. Shortly thereafter she was dismissed. Two Wise Memorial nurses were rewarded (three months deducted from time they owed the hospital) for their "loyalty when 28 others signed [a] paper against Supt. and Drs." Most of the remaining dissenters were dismissed or left the hospital, some even after apologizing. At Nicholas Senn Hospital in 1919, after being told that "devine [sic] services must be attended before reporting on duty 7:30 a.m.," eleven nurses left the school. A note after their names suggested a reason: "Religion of nurses—Catholic."<sup>45</sup>



Nurses playing lawn tennis at Omaha's Bishop Clarkson Hospital, June 1922. NSHS-RG3882:21-83

In very rare cases students were dismissed for compromising patient safety. At Orthopedic Hospital in Lincoln, a student was "discharged" in 1919 because she "gave patients ether for punishment and was not efficient as a nurse." A Wise Memorial student "gave [a] dose of castor oil to [a] patient without doctor's order. . . Told to go." In 1913 a Bailey Sanatorium student was "suspended indefinitely for untruthfulness and mistreating patients," but was reinstated a month later. In one instance, the record noted the murder of a nurse by a patient. Jay Gallogy, a male student at Bailey's Sanatorium in 1907, was attacked in his sleep by an "insane patient" who threw carbolic acid on his face. He died five hours later. The inci-

dent rated a front-page headline, "Demented Woman Kills Attendant," in a Lincoln paper.<sup>46</sup>

The strong emphasis on high "moral standards" mirrored the tension between an idealized image of womanhood and the intimate nature of nursing work. Nursing work put women in unusual proximity to male patients, male doctors, and drugs. Nightingale's emphasis on morals was thus replaced by "professional" rules that allowed the emerging profession to maintain the moral attributes expected of the True Woman and still attract young women to work in hospitals. Nursing leaders, starting with Nightingale, vigorously prescribed and proscribed student and nurse behaviors under the rubrics of

"professional ethics" and "morals." It is in this context that Nebraska hospitals consistently and summarily dismissed students whose behavior violated rules and standards.

Between 1888 and 1926, when at least seventy nurse training schools opened in Nebraska, young women from small towns and cities accepted the opportunity and challenge to become a trained nurse. The few schools to survive the coming economic depression had already moved from the haphazard curricula and frank exploitation of students that marked the first generation of American nursing education. By 1940 only the most successful programs, thirteen in number, remained.

## Nurse Training Schools

### Nebraska Nurse Training Schools to 1940

(It is possible other training schools existed, especially in smaller towns before 1930.)

City	Hospital	Opened
Omaha	Bishop Clarkson Memorial	1888(?)
"	Nebraska Methodist	1891
"	St. Catherine's	1910
"	University of Nebraska	1917
"	Creighton St. Joseph's (Sisters)	1899
"	Immanuel (Deaconesses)	1890
Lincoln	St. Elizabeth's	1918
"	Lincoln General	1925
"	Bryan Memorial	1926
Hastings	Mary Lanning Memorial	1915
Grand Island	St. Francis	1920
Alliance	St. Joseph's	1920
Scottsbluff	West Nebraska General	1924

Creighton St. Joseph's began to accept secular students in 1917.  
Immanuel began to accept secular students in 1922.

### Omaha Training Schools Closed by 1940

Hospital	Opened	Closed
Omaha	1891	c. 1904
Presbyterian	1892	1924
Wise Memorial	1901	1930
South Omaha	1902	1919
Swedish Mission (Evangelical Covenant)	1904	1938
Douglas County	1904	1922
Omaha General	1906	1915
Nicholas Senn	1912	1935
Lord Lister	1915	1936
Ford	1916	1923
Fenger	c. 1921	c. 1923
Paxton (formerly Ford)	1923	1927

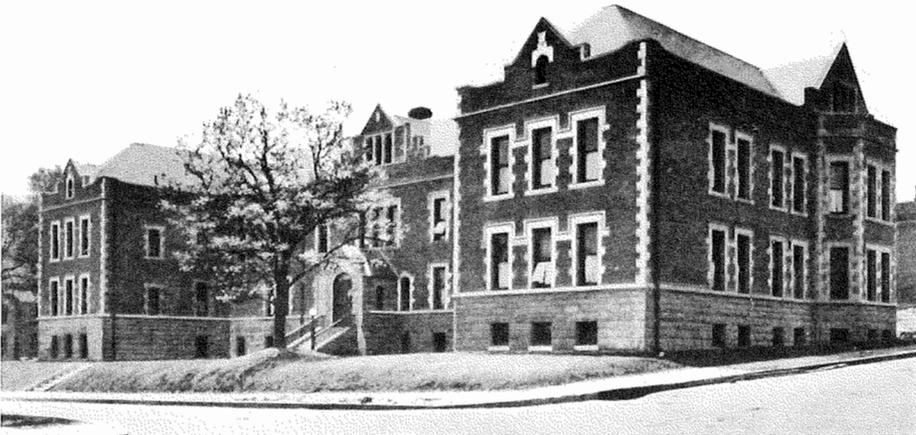
### Lincoln Training Schools Closed by 1940

Hospital	Opened	Closed
Lincoln Sanitarium	1892	1928
Nebraska Sanitarium	1896	1928
Esther's Hospital	c. 1899	1924
Dr. Benjamin Bailey's Sanitorium	1902	1932
City Hospital	1902	c. 1906
Lincoln State	1905	1911

Nebraska Orthopedic	1905	1931
Wesleyan	1905	1913
Dr. Shoemaker's	1906	1918
Sunlight Sanitarium	1906	1913
Tabitha	1908	1918
Dr. Andrus	1909	c. 1914
Dr. Ramey	1909	1917
Central	1909	c. 1917
Cotner	c. 1912	c. 1915
Lincoln (formerly Ramey)	1917	1928

### Training Schools Outside Omaha and Lincoln Closed by 1940

Hospital	Opened	Closed
Fremont	1893	c. 1921
Dr. Hepperlin's (Beatrice)	1898	1913
Beatrice Sanitarium	1901	1930
David City	1901	1924
Morrow (Seward)	1902	c. 1922
Dr. Stewart's (Stratton)	c. 1902	c. 1933
Ord City	c. 1903	c. 1908
Broken Bow	c. 1904	c. 1910
Blue Valley (Hebron)	1905	1918
Kearney Public	1906	1911
Norfolk State	1907	1917
Fairbury Sanitarium	1909	unknown
Nebraska Sanitarium (Hastings)	1909	1924
Mennonite Deaconess (Beatrice)	1911	1933
North Platte General	1911	1922
Spencer	1912	1918
St. Luke's (Kearney)	1912	1916
Lutheran (Beatrice)	1913	1932
Grand Island General	1913	1925
Lutheran (York)	1914	1934
Norfolk General	1915	1927
Norfolk City	c. 1917	c. 1921
Campbell (Norfolk)	1918	1924
Community (Falls City)	c. 1918	1920
Lynch (Fairbury)	c. 1919	c. 1922
Weekes (Ord)	c. 1921	c. 1923
Wayne	1921	c. 1937
Lutheran (Norfolk)	1924	1933
Ponca City	c. 1924	unknown



Wise Memorial Hospital, Omaha, operated a nurse training school from 1901 to 1930. NSHS-3348:6-46(1)

### Notes

<sup>1</sup> MS 3749, Records of the Lincoln General Hospital School of Nursing Alumni Association, Nebraska State Historical Society, Lincoln (hereafter NSHS), Box 1, folder "Commencement Addresses, 1936-1949," Dr. Wagner, Commencement Address, 1938, Lincoln General Hospital.

<sup>2</sup> Gerda Lerner, *The Majority Finds its Past: Placing Women in History* (New York: Oxford University Press, 1981), 23; Joan Jacobs Brumberg and Nancy Tomes, "Women in the Professions: A Research Agenda for American Historians," *Reviews in American History* 10 (1982): 275-96; Florence Nightingale, *Notes on Nursing: What It Is, and What It Is Not* (New York: D. Appleton and Co., 1860), 3-4.

<sup>3</sup> Jo Ann Ashley, *Hospitals, Paternalism, and the Role of the Nurse* (New York: Teachers College Press, 1976), 32-33.

<sup>4</sup> Lavinia L. Dock, "What We May Expect From the Law," *American Journal of Nursing*, 1 (October 1900): 8-12. (Hereafter *AJN*).

<sup>5</sup> Mary Roberts, *American Nursing: History and Interpretation* (New York: MacMillan Company, 1954), 71-75; Philip A. Kalisch and Beatrice J. Kalisch, *The Advance of American Nursing*, 3rd ed. (Philadelphia: J. B. Lippincott Company, 1995), 192-94, 452. Mandatory licensure requiring that all persons who performed the work of a nurse must hold a license as a Registered Nurse occurred in Nebraska in 1953.

<sup>6</sup> David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885-1915* (Cambridge, England: Cambridge University Press, 1982), 78-81, 121; Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 159-62; Ashley, *Hospitals*, 4-6; Barbara Melosh, "The

*Physician's Hand": Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982), 31-32. The 1893-97 depression marked a significant reduction in benefactor contributions and a concomitant increase in charity patients, leading some hospitals to begin to charge some patients for care. See Rosner, 36-61.

<sup>7</sup> Council on Medical Education and Hospitals, "Hospital Service in the United States," *Journal of the American Medical Association*, 100 (March 25, 1933): 893-94; Burton J. Bledstein, *The Culture of Professionalism* (New York: W. W. Norton, 1976), 56-61; Rosner, *Once*, 1-3, 16-23.

<sup>8</sup> Lillis Russell, "A Pioneer Mother," *Nebraska History*, 20 (1939): 182-87.

<sup>9</sup> Albert Tyler, ed., *History of Medicine in Nebraska* (Omaha: Magic City Printing, 1928), 202. See also RG253, Records of Sheridan County, Nebraska, Nurses Register, 140 and 147, microfilm, NSHS, for a record of wages paid to a "county nurse" in the late 1880s.

<sup>10</sup> "Omaha a Medical Center," *The Omaha Clinic V* (April 1892): 27-28.

<sup>11</sup> Eugene McAuliffe *History of Bishop Clarkson Memorial Hospital* (Omaha: n.p., 1935), 9-14. Clarkson was the first civilian hospital to survive in Omaha. See Tyler, 177-78. The opening date of Nebraska's first training school is not at all clear. The oldest extant Clarkson history is McAuliffe's 1935 *History of Bishop Clarkson Memorial Hospital*. William Barnds, *The Episcopal Church in Nebraska* (Omaha: Omaha Printing, 1969), 144, used the 1888 date without documentation. Both Jeanne Pawloski, "History of the Nebraska State Nurses Association" (M.A. thesis, University of Omaha, 1955), 10, and Lona Trott, *The First Fifty Years—The Nebraska State Nurses Association 1906-1956* (Omaha: Nebraska Nurses Association, ca. 1956), 19, give the 1888 date without attribution. Sister Mary O'Connor, "The Development of the Profes-

sional Curriculum of the Schools of Nursing in the State of Nebraska" (M.A. thesis, Creighton University, 1935), 21-22, and Tyler, *Medicine in Nebraska*, 483, both report the Clarkson school opened in 1886. Sr. O'Connor also commented, "The records of the hospital do not give very definite information and so it has been impossible to ascertain many facts regarding the early school." James Fifield, ed., *American and Canadian Hospitals: A Reference Book of Historical Statistics and Other Information* (Minneapolis: Midwest Publishing, 1933), 706, reports the school opened in 1892. As early as 1873 the U.S. Bureau of Education's *Report of the Commissioner of Education* (see the annual reports, 1873-1905), listed nurse training schools but no Nebraska schools appeared in these annual listings until 1899 when two Omaha schools, Presbyterian and Omaha, were listed. Training school opening dates were usually given in these reports, but when the Bishop Clarkson school was eventually listed, its opening date was always left blank. Methodist Hospital graduated six nurses in 1893, consistent with opening in 1891; Laura Allen, a Methodist graduate active in Nebraska nursing most of her life, firmly believed Methodist had the oldest training school and Clarkson had the oldest existing hospital in Nebraska. See letter from Allen to Mrs. Gehrman at Nebraska Nurses Association Archives, Lincoln, Nebraska, dated July 9, 1955, and Opal Aldrich, "History of Bryan Memorial School of Nursing, Lincoln, Nebraska, 1926-1953" (M.S. thesis, St. Louis University, 1953), 49. The school at Clarkson in the past has used evidence from the 1930s to claim that the school was the thirty-fifth in the nation, but this cannot possibly be supported nor has it been claimed for sometime. See Wendell W. Oderkirk, "Setting the Record Straight: A Recount of Late Nineteenth-Century Training Schools," *Journal of Nursing History*, 1 (1985): 30-37. For more discussion of the Clarkson school's opening date, see Wendell W. Oderkirk, *Learning to Care: A Century of Nursing Education at Bishop Clarkson College* (Omaha: Bishop Clarkson College of Nursing, 1988), 11-16, 220-22 (endnotes), 273-79 (Appendix A).

<sup>12</sup> Christian Goldner, *History of the Deaconess Movement in the Christian Church* (Cincinnati: Jennings and Pye, 1903), 268-70, 382-83. The Deaconesses, some trained as nurses, others as teachers, worked in Lutheran hospitals and schools after training. The Immanuel Hospital training school opened to secular women in 1922. See also Fifield, *American Hospitals*, 708; U.S. Bureau of Education, *Report of Commissioner*, 1902, 2052; 1903, 2241; 1904, 2161; 1905, vol. 2, 1274-75; Trott, *Fifty Years*, 19; Tyler, *Medicine in Nebraska*, 202. Iowa's first training school was opened in 1894 by the Women's Christian Association Hospital in Council Bluffs, which became the Jennie Edmundson Memorial Hospital School. Four Iowa schools opened in 1895 and five more in 1896. See Vera M. Sage, "History of Nursing in Iowa," in *One Hundred Years of Iowa Medicine*, ed., The Histori-

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cal Committee (Iowa City: Athens Press, 1950), 463–68.

<sup>13</sup> U.S. Bureau of Education, *Report of the Commissioner*, 1879, clx.

<sup>14</sup> Bureau of Education, *Report of Commissioner*, 1893–94, vol. 1, 988–90; Ashley, *Hospitals*, 16–30; Melosh, *Physician's Hand*, 48–53. Contracts for Nebraska training schools were found at the NSHS in RG27.1, Records of the Nebraska State Board of Health, Subgroup 4, Board of Nursing (hereafter RG27.1, Board of Nursing). Also see Nancy Tomes, "Little World of Our Own": The Pennsylvania Hospital Training School for Nurses, 1895–1907," *Journal of the History of Medicine and Allied Sciences*, 33 (1978): 507–30. The earliest Nebraska schools operated a two-year program. By 1900 schools began to move to a three-year diploma, partly in response to recommendations from national nursing organizations.

<sup>15</sup> Census figures from, or calculated from, United States Department of Commerce, Bureau of Census, *Women in Gainful Occupations 1870 to 1920*, by Joseph Hill, Census Monograph No. IX (Washington: GPO, 1929), 33, 41–42, 83, 92, 98, 106, 120, 182–85, 192–95, 208–11, 222, 242–50.

<sup>16</sup> *Ibid.*

<sup>17</sup> "A Comparison of Hospital Facilities," *Western Medical Review* 16 (1911): 205. (Hereafter WMR)

<sup>18</sup> "Omaha is Known for Its First-Class Hospital Equipment," *Sunday World-Herald*, May 28, 1916, Section C of special anniversary insert, 12, 13.

<sup>19</sup> *Ibid.*

<sup>20</sup> F. A. Long, "The Practical Success of the Private Hospital in the Smaller Town," WMR, 15 (1910): 481–83; F. E. Sampson, "The Rural Hospital from a Rural Point of View," *Modern Hospital*, 13 (September 1919): 174–77.

<sup>21</sup> F. A. Long, "The Trained Nurse," WMR, 12 (1907): 9; A. J. Clark, "Management of the Lying-In Room," WMR, 8 (1903): 35–37; W. J. Pinkerton, "Rise of Temperature After Parturition," WMR, 8 (1903): 226–37, and Pinkerton, "A Plea for Better Surgery in the Country," WMR, 9 (1904): 289–92; A. P. Fitzsimmons, "A Few Remarks Concerning Typhoid Fever," WMR, 10 (1905): 156–63; A. B. Anderson, "Some Cases—Operative and Otherwise," WMR, 7 (1902): 342–45; "The Plain Nurse," WMR, 15 (1910): 219–20.

<sup>22</sup> Long, "The Trained Nurse," WMR, 12 (1907): 6–12. Long is perhaps best known for *A Prairie Doctor of the Eighties* (Norfolk, NE: Huse Publishing, 1937), a popular book about rural medical practice in the Madison area.

<sup>23</sup> Long, "The Trained Nurse," WMR, 12 (1907): 6–12.

<sup>24</sup> Nan Dorsey, an Omaha Visiting Nurse Association nurse, Lillian B. Stuff, nurse superintendent at the Lincoln State Hospital for the Insane, and Anna E. Brobson, superintendent of Clarkson Hos-

pital, appear as primary participants in the NSAGN's formative years. Dorsey had an international career and is mentioned in *AJN* several times during the 1930s. Dorsey apparently left Nebraska around 1912, three years after helping Nebraska nurses secure a registration law. She spent some time as the director of the Pittsburgh Public Health Nursing Association, leaving in 1925 to spend fourteen years in London as warden of the Florence Nightingale International House. See "Miss Dorsey's Resignation," *AJN*, 38 (1938): 1308. Also see Mary T. Lyons, "A History of the Visiting Nurses Association of Omaha: 1896–1941" (M.A. thesis, University of Nebraska at Omaha, 1981), 36, 37, 41, 44, 47 for references to Dorsey in Nebraska. For the NSAGN, see Tyler, *Medicine in Nebraska*, 380–82, and Pawloski, "History of the Nebraska State Nurses Association," 25–28.

<sup>25</sup> RG27.1, Board of Nursing, reports of training schools.

<sup>26</sup> Minute Book, Board of Nursing Examiners, at Nebraska State Department of Health, Lincoln, Nebraska, 62–77.

<sup>27</sup> *Ibid.*, 91–102.

<sup>28</sup> *Ibid.*, 4, 12, 13, 57, 99.

<sup>29</sup> *Ibid.*, 47, 48, 57, 66, 75, 81, 88, 89.

<sup>30</sup> Nursing Archives, Teachers College, Columbia University, fiche 2559, ANA, *Schools of Nursing Accredited by the State Boards of Nursing Examiners*, 1916, 14, 29.

<sup>31</sup> Nursing Archives, Teachers College, Columbia University, fiche 2560, ANA, *A List of Schools of Nursing Accredited by the State Boards of Nursing Examiners*, 1918, 23.

<sup>32</sup> RG27.1, Board of Nursing, reports of training schools.

<sup>33</sup> RG27.1, Board of Nursing, *Mennonite Deaconess Home and Hospital, 1911–1918*, 14–17. The "potential 8,640 hours available" is based on the usual sixty-hour work week and a three-year, forty-eight-weeks-per-year school term, as specified by the school. Except for the Bible and deaconess lectures, Mennonite's curriculum was comparable in most respects to other training school programs at this time.

<sup>34</sup> RG27.1, Board of Nursing, Annual Reports, 1915–19, St. Elizabeth's application.

<sup>35</sup> RG 27.1, Board of Nursing, training school ledger records, vols. 3, 4, 7, 8, 11, 15, 16, 25, 26, 29, and Beatrice Training School Book. Statistics compiled from data in the training school record books (above) for York, Beatrice Lutheran, Norfolk Lutheran, Orthopedic, Ford, Bailey's Hospitals and for Beatrice Sanitarium. University Hospital student data was obtained from University Archives/Special Collections Department, University of Nebraska-Lincoln Libraries, RG 27/4/7, Personel [sic] cards of students, 1917–29. The spelling error ironically crystallizes the central dilemma of nursing education before 1960: Was the student to be

regarded as having a "personal" school record or was the student to be seen as an employee with a "personnel" file?

<sup>36</sup> *Ibid.*

<sup>37</sup> *Ibid.* Two Nebraska hospital schools admitted small numbers of male students before 1940, the Nebraska Sanitarium, College View (1896–1919), and Dr. Benjamin F. Bailey's Sanitarium, Lincoln (1902–32). Both hospitals treated mentally ill patients. Of the six male students at Bailey's (1917–19), four were from out-of-state, one was from Omaha, and the sixth was from Broken Bow.

<sup>38</sup> RG27.1, training school ledger records, vols. 7, 8, 11, 15.

<sup>39</sup> *Ibid.*, vols. 3, 4, 7, 8, 11, 15, 16, 25, 26, 29, and Beatrice Training School Book; Personel [sic] cards of students (16 percent) did not indicate if they had graduated or not. Thus the actual completion rate at University Hospital may have been higher (or lower) than that indicated in Table 5. Of possible interest is the observation that sixteen University Hospital students lived with a mother but no father before entering training; ten (58.8 percent) finished their training, perhaps an indication that these women saw a need to become self-sufficient.

<sup>40</sup> RG27.1, training school ledger records, vols. 3, 4, 7, 8, 11, 15, 16, 25, 26, 29, and Beatrice Training School Book.

<sup>41</sup> Doris L. Lippman, "Early Nursing Textbooks," *Journal of Nursing History*, 1 (April 1986): 58–59; Isabel Hampton Robb, *Nursing Ethics: For Hospital and Private Use* (Cleveland: J. B. Savage, 1900); Sara E. Parsons, *Nursing Problems and Obligations* (Boston: Whitcomb and Barrows, 1916).

<sup>42</sup> RG27.1, training school ledger records, vol. 15: 38; vol. 18: 26, 44; vol. 26: 43. The examples here and in following paragraphs are not atypical. All of the many training school record volumes examined gave similar comments about student dismissals.

<sup>43</sup> *Ibid.*, vol. 2: 142, 154; vol. 29: 18, 25, 26, 28.

<sup>44</sup> *Ibid.*, vol. 33: 5, 12, 68; vol. 16: 5.

<sup>45</sup> *Ibid.*, vol. 1: 38; vol. 33: 3, 19, 111, 116 (92 to 135 cover most of the twenty-eight nurses who signed the protest); Nicholas Senn Book, also RG27.1.

<sup>46</sup> RG27.1, training school ledger records, vol. 26: 33; vol. 33: 21; vol. 2: 118; vol. 1: 114, for Gallogy, whose record indicated he was a "a good, strong, conscientious man, loved by all, and especially well adapted to the work in every way;" headline from *Lincoln Daily Evening News*, Aug. 26, 1907, 1.