

Nursing, the family, and the “new” social history

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A GROWING BASE of chronological descriptive studies in nursing coincides with growing interest in interpretive nursing history. Historians and sociologists are developing an extensive and rapidly expanding body of literature about nursing that is waiting to be examined and possibly integrated by scholars of nursing history.

Several models taken from the literature of social history and sociology seem particularly relevant for the interpretation of nursing history. These models deal with historical changes in the family, childhood as a modern idea, and the emergence of modern professions as a mechanism for social control. Each of these scholarly areas deals with the process of social change and attempts to explain the trans-

This research was conducted under the auspices of the Nursing Research Emphasis Grant: Families and Parenting, Contract No. NU-00833, New York University, School of Education, Health, Nursing and Arts Professions, Division of Nursing.

Appreciation is expressed to the anonymous reviewers and to Paul Mattingly for their suggestions in the development of this article.

0161-9268/82/0043-0001\$2.00
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formations of social forms into institutions.

CHILDHOOD AS A MODERN IDEA

Within the last 20 years social historians, stimulated by the interpretations of Philippe Aries, have tended to agree that childhood is a modern idea that had no genuine counterpart prior to the 19th century. However, not all historians agree on the social consequences of this change in attitude with regard to children.

Some hold that a separate social category of "childhood" is detrimental, and that it contributes to a separation and alienation of children from an active part in the society as a whole.¹ Others hold that the quality of life has been greatly improved because children are recognized as a separate group with special needs.² Nursing has given considerable attention to the problems of children, as well as attempting to foster good parenting and preventive nursing intervention in promoting the welfare of the child. Can the new historical views regarding childhood provide a valid point from which to interpret the historical development of nursing goals?

Historians of the family report that after 1790 a range of demographic and economic factors altered social relationships within the family as well as in the larger American society. Kett identifies several demographic factors reflecting structural change in the family: a doubling of the median age for the total population, families with fewer children, and a narrowing of the age range between siblings. These structural changes meant that parents lived

longer lives with fewer children closer together in age, possibly all teen-aged. After the mid-19th century, children increasingly stayed in parental homes until marriage, and parents increasingly lived to see their children reach maturity.^{3(pp232-233)}

As a dominant affluent middle class blossomed during the 19th century, parents evolved new perspectives on the nature of children and their nurturing needs. In turn, the heightened value of nurture provided an avenue for women of the dominant class to establish child nurture as having

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unprecedented social importance. Eventually, the dynamics that transformed the view of childhood spurred the establishment of child-centered institutions for education, health, and welfare.

Perspectives on the nature and needs of children, as parents prepared them for adulthood, changed as the economic system of industrial capitalism became established. This new economic system generated new social roles and avenues for social mobility. Capitalism used mobile wage earners in a more or less interchangeable manner and stimulated large waves of migration. At the same time, recognition grew among middle-class Americans that children must be prepared for life styles and work different from those of their parents.

As Katz points out, demographic shifts

and transformations in economic order and family structure created heightened parental anxiety and new strategies of child nurture to ensure satisfactory transmission or improvement of status from parents to children.^{4(pp390-399)} This was greatly influenced by the uncertainties of a shifting economic order. The socialization of children, particularly in the middle class, emphasized the importance of self-discipline, rationality, morality, and order as qualities to be internalized by the development of character.⁵⁻⁸

HISTORICAL ROLE OF FAMILY AND CLASS

The historical study of the family is at the center of the new socio-historical views. One influential interpretation is that the family changed from a self-sufficient working social unit made up of kin and nonkinship members to a small child-centered nuclear unit with the primary task of satisfying the emotional needs of its members. Inherent in this view is the belief that changes in form and function of the family have led to changes in internal family dynamics. Some historians interpret these changes as destructive; others see them as liberating for family members.^{9,10}

The notion of the family as an agency of repression is consistent with the opinions of Florence Nightingale, who in 1852, at the age of 32, was chafing under the sexist restraints of her time and class (ie, upper class British Victorian women).

The family? It is too narrow a field for the development of an immortal spirit, be that spirit male or female. The family uses people *not* for what they are, not for what they are intended to be, but for what it wants them

for—for its own uses... This system dooms some minds to incurable infancy, others to silent misery.^{11(p37)}

The influence of these ideas on the way modern nursing emerged under the influence of Nightingale must be a significant theme of nursing history. To what extent did the changing dynamics of family, child rearing, and ethnic/class values condition the role of nursing in America?

Along with changing perceptions of childhood in relationship to the family, there has been a change in the view of women's role in society. Lasch argues that the American family reached a peak state of crisis between 1870 and 1920. This crisis was precipitated by a dramatic rise in divorce, a lowered birth rate, the changing position of women, and the so-called "revolution in morals."¹⁰ The striking conjunction in time between these developments and the rise of professional nursing, along with the facts that most nurses are women, that nursing was women's work, and that the family was the traditional focus for practice by visiting nurses, suggests that family history can be a fruitful context in which to explore the development of professional nursing.

Consideration of nursing history in relation to the changing American family, recognizing class and cultural differences, leads to different questions and suggests different interpretations from the usual view of nursing as a steady march of progress or as shaped completely by the rise of hospitals and the professionalization of medicine. One historical question might deal with the way nurses became a special occupational group involved in institutionalizing the social need for nurturance at various times throughout the life cycle,

- 4 during both sickness and health. What were the family origins of nurses over time? How did nursing relate to the family to justify development of nursing as women's work? How did nursing intervention in families change over time? How were notions of family used in nursing practice and for the establishment of a women's occupation or profession?

PROFESSIONALISM

Social control

Professions have frequently been studied as mechanisms for social control by elites over the underprivileged. In this view, the professional group consciously delineates an area of expertise based on educational criteria. With knowledge and skills identified, a public demand for the service of the professional or expert is generated at the same time that selective access to the profession prevents an oversupply and a system of legal licensure provides sanctions. This system depends on the existence of an economy based on markets and money.¹²

This view is presented by Larson to explain the rise of medicine as a modern profession. Medicine offers the most successful application of a model of social manipulation aimed at domination and exclusivity to control a market for expertise.¹² Does nursing history reveal that this view is applicable to the long struggle to professionalize nursing?

Even though Larson's proposition may have historical validity as a sociological explanation for the successful development of modern medicine as a profession, this does not mean that the same sociologi-

cal model can become the standard for all professional groups throughout history.¹³ To be genuine, a history of professionalization must take into account the changing meaning of the term over time for each professional group.

The professionalization of medicine took place around the turn of the century as nursing leaders attempted to professionalize nursing in this country. How applicable is Larson's model to nursing? Can the same criteria be used to judge the degree to which nursing can be said to have succeeded or failed?

Institutionalization

Nursing offers a unique vantage point from which to examine the conflicting views of the structural-functional sociologists and the social historians with regard to the way institutions emerge. Sociologists of the Parsonian school view the process of emerging institutions as a logical progression toward a rational way to meet human needs—a process that is both inevitable and an improvement over older methods.^{14,15} Critics argue that this view of the process of social change "devalues the role of ideas, discounting their power to challenge and change organizational arrangements."^{16(p450)} It denies the real experiences of institutions, where conflict is usually inevitable. Rather than sociological theory, historical study of how an institution responds to varied dissonance may offer genuine understanding.

Nursing as an occupational group of institutionalized and professionalized caregivers thus has a special contribution to make toward understanding the historical process manifest in today's institutions and

professions. This aspect is particularly relevant, since some historical research has presented the argument that traditional responsibilities of families, such as health maintenance and care of the sick and disabled, have been transferred to professional and community agencies with disastrous consequences.^{10(pp3-21)}

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appropriate to apply this static 20th-century construct to the dynamics of occupational transformations in nursing history, the often stated goals of professionalism can offer a focus for discussion of conflicts and debates of the values associated with differing views on this subject. Disagreement and discussion about the meaning of professionalization have been more or less continuous and reached the stage of public debate after only one generation of leadership.^{18,19}

Standards

For example, in 1893 a national organization of American nurses was initiated to establish standards of education and practice. The same year also witnessed the creation of secular public health nursing

with the foundation of the Henry Street Settlement. These two significant developments represent an ideological shift away from religious orientation and toward modern professionalization with confrontation of modern economic realities.

The meaning of the term *profession* became an issue for debate and interpretation by nurses of the time. As nurses struggled to resolve their work-related problems through organization and improved educational preparation, Florence Nightingale (now 73 years old) was still arguing her religious elitist British view of nursing as a "high holy calling" and regarded concerns about money by nurses as somehow distasteful. Although she equated the intellectual motive with the professional motive (ie, "the desire and the perpetual effort to do the thing as well as it can be done")^{17(p32)} and firmly believed in sound educational preparation for practice, Nightingale nevertheless viewed as one of the "dangers . . . making nursing a profession and not a calling."^{17(p32)}

The personal ambiguities of significant leaders are an important aspect of interpretive history. The family and women's role were prominent issues in Victorian society. They produced ambiguous responses from women of the time, Nightingale being no exception.

A link between professional nursing and concern with family health was forged by Nightingale herself based on her views about hygiene and ideas relating to health care for women and children, especially during the crisis of childbirth. In spite of her personal sense of family-induced constraint, Florence Nightingale firmly believed that the family was the one supportive institution to follow us from cradle to

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grave. She wanted to "strengthen and enlarge ties"^{20(p221)} to help women and children toward good health by providing midwifery and nursing services in the home. In her words, "While devoting my life to hospital work, to this conclusion I have always come, *viz*, that hospitals are not the best place for the sick poor except for severe surgical cases."²¹ In establishing a new educational system for women, she intended not to force daughters "out of the family, we only wish them to be where their faculties will be best exercised, *wherever that is*."^{20(p221)}

Conflict

Group tension and conflict is another crucial dimension for historical study. An example is the integration of midwifery functions into nursing. This process was an important professional issue for American nursing after 1912, echoing Nightingale's activities. As part of the Nightingale Fund, Nightingale established hospital-based apprenticeship education for nurses in 1860 and the Training School for Midwives in 1862. Although Nightingale saw nursing as a calling, midwifery held professional possibilities as a career for educated women.^{22,23} Both fields focused on health promotion and were viewed as a way for women to provide health services to other women and their children in sickness and in health. Both fields prepared women to practice in the home after learning their respective specialties in a hospital associated with a school.

It is the task of the historian to explore such differences over generations and among classes and groups, as well as the personal ambivalences of significant leaders, to assess their meaning in history.

AMERICAN NURSING AFTER 20 YEARS

Americans did not accept all of the Nightingale educational methods, yet they shared her ambivalence toward professionalization. In spite of the usual statement in nursing histories that the Nightingale system was instituted in America in 1873, the Nightingale system as originally conceived was never established here. It was, in fact, nontransferable, partly because of the difference between American and British class structures, but also because money from the Nightingale Fund financed British scholars.

Another significant difference no doubt stems from the fact that American nursing was first established by wealthy American women, philanthropist sponsors of training schools. The earliest founders did not themselves become nurses. This contrasts with Nightingale, who prepared for nursing, practiced nursing, and also instituted education for women of the upper class to become nurses with leadership roles.

Educational system

Among the issues faced by American nursing in 1895 was one which illustrates some of these differences between the Nightingale educational system and the American version (which at the same time expressed a Nightingalian view of professionalism). The question was whether student nurses should pay for their education or be paid by the hospital. This would allow them some income while they acquired their education.

In England special probationers, who were from the upper classes, paid tuition, lived in special quarters and were prepared

to assume administrative and leadership roles. Graduates of British hospital schools attempted to establish the Nightingale system in America. For example, L. Walker, directress of nurses at Presbyterian Training School for Nurses in Chicago, was a graduate of St. Bartholomew's Hospital in London. Voicing support for tuition charge and opposition to payment of students, Walker argued that

it was a very good thing, for we got educated women who would not have come in if they had had to receive money from the outset. I should not have studied under these circumstances. I went in thinking I was doing something for other people and paying my way, and when I was once in I wanted to remain. We get our best nurses that way, and we found it a good plan. We had a special probationer for each ward.^{24(p29)}

American Louise Darche, superintendent of the school of nursing and matron of City Island Maternity Hospital in New York City, responded:

I think it is a pity to compare women of wealth and leisure in England to our American women. That system is not possible in this country. I do not see the objection to giving people money to help them along when they are in schools. The work is not altogether scholastic; there is a great deal of repetition and of hard work. The monthly allowance is not objectionable to us in our training. In our own school we would exclude many of our best pupils by cutting off the allowance. I feel as if we should be making it unnecessarily hard for some women to work their way.^{24(p29)}

Structure

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gale's views blurred class conflict and cultural differences. There seems to be a lack of perspective in the understanding of some of American nursing history. There is still a transformed American version of the necessity for hierarchy in nursing that is rooted in the militaristic Nightingale system. As Stewart wryly put it, modern nursing has been presented as "a steady onward and upward march with flags flying and grateful multitudes cheering the rapidly growing army that served under the Nightingale banner."^{25(p286)}

Precisely because larger social factors profoundly affected the emergence of nursing as a profession, modern nursing history cannot be understood by narrow studies of Nightingale's influence or specific institutions that pledged her allegiance. Broader questions about professional transformations must be asked in the study of nursing history.

HISTORICAL ROOTS OF SPECIALIZATION IN NURSING

Hospital and family nursing

The historical experience of nursing has contributed to confusion at another level. After only one generation, by 1893, specialization of nurses had become a problem for the profession.²⁶ Nightingale viewed hospital nursing as a specialty, emphasizing

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that it was not at all the same thing as medicine. She believed that the district nurse must be even more skilled and more broadly prepared for health teaching than the hospital nurse. The American profession at the turn of the century strongly reflected the tendency to specialize. There were infant nurses, district nurses for the sick poor, public health nurses in the community doing social nursing, tuberculosis nurses, contagious disease nurses, and school nurses.

In spite of this long history of nursing practice outside hospital walls and in responsible administrative posts, the stereotype of the nurse continues to be at the bedside in a hospital carrying out physicians' orders, although increasingly often in an intensive care unit with jumbles of wired machines in the background. This points out one important aspect of professional nursing that needs to be stressed. The specializations involve but a portion and not the whole of professional nursing. Historical questions should be asked as to what the relationship between these different nursing groups has been over time, what the nature of their conflicts has been, and the conditions under which they have failed or succeeded in implementing their professional values.

Midwifery

A historical study of the merger of nursing with midwifery during the early part of this century would be especially revealing. The practice of the midwife was necessarily involved in the family and in child nurture. Nursing leaders realized this and attempted to promote an integrated system of maternity care and midwifery

service. Nurses in New York City assisted and supervised midwives in their work and encouraged development of a system of midwifery education for both midwives and nurses in midwifery. However, midwives and nurses faced competition from obstetricians who were themselves attempting to professionalize. The overlapping interests centering on childbirth were publicly expressed in debate of "the midwife question."²⁷⁻²⁹ Nursing, particularly public health nursing, was intimately involved in this struggle over the institutional arrangement of a major health care service.

During the 19th century, nearly all European countries established control over lay-midwifery education and practice, monitoring its effectiveness by vital statistics. The figures demonstrated that prepared midwives who were neither physicians nor nurses provided safe effective care. The United States and Britain both had appallingly high mortality rates compared to other western countries. Between 1901 and 1910, the number of American-born infants who died before reaching the first birthday was 2,500,000—a number equal to the total population of Chicago, America's second largest city.^{29(pp4-5)} The death rate was estimated to range between 38.3 and 197.9 per 1,000 live births and was closely associated with the father's income: the lower the income, the higher the mortality rate.^{29(pp87-88)} One public health official noted that simply being a baby could be called an extra-hazardous occupation.

In 1905, 42% of the total number of births in New York City were attended to by midwives; in Chicago it was 47%. Even though the percentages did not change between 1891 and 1905, the actual numbers

doubled. The numbers were indeed staggering—48,830 babies were delivered by lay midwives in New York City in 1905.^{30,31} Little was known about the practice of rural midwives, who were completely without preparation in contrast to many urban midwives.

In 1902 midwifery came under national regulation for education and practice in Britain after a long bitter struggle to legitimize midwifery as part of the health care system. British midwives were supervised by British nurses, many of whom themselves became nurse midwives. Influenced by Nightingale and the British model, American nursing leaders attempted to integrate midwifery functions into nursing and to assume supervision over midwifery for normal maternity cases.

Completely ignored until the turn of the century, the midwife was held to no standards for practice or educational preparation. There ensued an intensive campaign in concert with the public health movement to raise national consciousness of maternal and infant health issues. Finally midwifery functions were assumed and nearly eliminated by the professionalizing of obstetricians instead of nurses.

The failure to establish nurse midwifery as a major component of the health care system stemmed from prejudice against those large numbers of immigrants who used midwifery services and from the fact that childbirth was translated into a pathological condition by obstetricians and accepted as such by the public. The majority of nurses failed to support the attempt to integrate midwifery into nursing. The reasons why this divergence occurred when it did are yet to be explored historically within nursing. The recent and dra-

matic public interest in midwifery thus links its history to a series of vital social questions.

CONTEMPORARY INTERPRETATIONS OF NURSING HISTORY

Ehrenreich and English in their book *For Her Own Good: 150 Years of Experts' Advice to Women* provide a sweeping review of the destructive, repressive aspects they see in scientific expertise and the profound need for "'womanly' values of community and caring . . . as the *only human principle*" for guiding social institutions.^{32(p292)} *Exorcising the Midwives*, *The Rest Cure*, *"Right-Living" in the Slums*, and the *"Child Question"* are titles that head segments of this book and give a flavor of its tone.

Strikingly, it itemizes the same areas of life prominent in the early practice of the public health nurse. Did public health nursing align itself with the scientific experts and become a tool to implement social control intended to extend government through the family and to obliterate family privacy and self-confidence in child care? At what point in nursing history does child nurture assume importance as a professional concern? How is this concern expressed in nursing practice and literature? Does this change over time? How does it differ among various nursing groups?

PUBLIC HEALTH NURSING AS A FOCUS FOR RESEARCH

Public health nurses form one obvious and crucial group for historical study. Public health nursing practice confronts a

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range of professional issues meeting at the interface of new scientific knowledge stemming from the germ theory, Darwinism, and child psychology. It deals with professionalization in itself and other allied groups and is involved in implementation of health-promoting social policy. These early nurses interacted with a clientele made up of new, mainly poor, immigrants as well as rural poor. Both groups were viewed by the dominant culture as requiring modern socialization or Americanization. Nursing rhetoric, representing one part of the dominant American culture, reinforced the idea that nursing practice was centered on "the treatment of families in which there is sickness."

Illustrating these points, Wald wrote a series of three articles in 1904 for the *American Journal of Nursing*. It begins as follows:

The treatment of disease among the poor assumes grave importance when regarded from its social, economic and moral aspects as well as its purely therapeutic ones. . . . Interference by the State with child labor, provision for play and outdoor exercise, and vigilant inspection of food supplies . . . are examples of general recognition of the social significance of having a well community.^{33(p127)}

On another occasion, in speaking of ill children, she wrote:

The child in the tenement house may perhaps have unwise attention when the mother is left to herself without professional supervision, but with careful technical care from the nurse, and her wise direction of the mother's efforts that result must operate to the advantage of the child.³⁴

Ehrenreich asserts that social nurses like Wald imposed the manipulative scientific

strategies of the expert on disorderly immigrant families, creating within-group snobbery and promoting corrupt capitalistic values.^{32(pp158,186)} Yet Wald's writings suggest that a more "socialistic" interpretation is also possible. Wald sees the nurse as being socialized, "harmonized with the powers which aim at care and prevention rather than police power and punishment (forming) part of the great policy of bringing human beings to a higher level."^{35(p60)} The Henry Street nurses maintained a farm in New Jersey open during the summer months as "a vacation house for mothers with little babies who need the restorative of country air."³⁶ One gets out of these sources a sense of the failure of one kind of professional vision of practice rather than a diabolical plot to entrap women or destroy families.

FAMILY CENTEREDNESS AND THE EMERGENCE OF PROFESSIONAL PRACTICE

Family has been a central theme throughout modern nursing, expressed in different ways by different groups over time. Today the American nursing profession maintains a strong commitment to family centeredness. Nursing practice viewed as professional in its own time has

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consistently made a point to include some understanding that the family has a participatory role in the health and sickness care of its members. Nightingale's most influential book, addressed to women as health care givers in their own families, viewed health promotion and nursing as "in reality the same."³⁷ For the first 60 years of American nursing (1873-1933), the trained professional nurse served mainly within families. Hospitals were heavily staffed not by professionals but by student nurses. Since the turn of the century, when the *American Journal of Nursing* began, the professional literature has consistently addressed the family's role.

Lasch has charged that the entire society has become "medicalized," swept along by a religion of health.^{10,38} Medicalization and professional expertise are said to have subverted the family's self-confidence. Is nursing a participant or a victim of "life in the therapeutic state?" As one of the helping professions, perhaps in the guise of the nurturing parent, has nursing served its own goal to professionalize along the lines of the Larson model by proselytizing this religion of health to justify governmental spending to support services for health, education, and welfare? How has the pro-

fessional nurse accommodated familial values, especially when they clashed with his or her own best professional judgment?

Before the historian of nursing accepts these highly pejorative views as valid for the interpretation of nursing, perhaps the converse questions should be asked. Has nursing, instead, attempted to be a buttress against these possibilities? Has it made common cause with the family in the course of its own professional clash with doctors? Has it had as its goal the promotion of informed choice and support of family integrity (as the literature claims)?

If professionalism provides the path to the destruction of the family and, by extension, of society, then it is important for the historian to examine the meaning of professionalism as it was (and is) meant by nursing leaders, as well as by those they were attempting to lead. Their definition of a profession at each point should be confronted in context. For the historian, occupational practice as it changed over time is important to understanding the nurse's experience. Although sociological constructs may be useful as abstractions, their static quality must be recognized as the dynamic process of historical change is explored.

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