

From Nursing Sisters to a Sisterhood of Nurses:
German Nurses and Transnational Professionalization, 1836-1918

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To my Aunts:

Cindy Alness Boily, RN, MSN

Mary Jauss, RN, BSN

Linda Barron Alness, RN, BSN

ABSTRACT

Between the 1830s and World War I, German nurses engaged in collaborative efforts with American and British nurses for the purpose of transforming their work into a respectable profession for women. This dissertation reasserts the importance of German nurses in the development of a profession, not only because they were actively involved in the movement, but also because many transnationally-influential nursing ideologies and organizational models originated in Germany. Through archived collections of personal letters, organizational records and publications, government transcripts, and speeches by German nurses, my project brings together artificially-separated national nursing traditions at key moments in their shared history of nursing professionalization. As such, the writings and activities of these German women offer illuminating evidence of the historical intersections among professional class formation, gender relations, and organizational development as they occurred simultaneously on a local, national, and transnational scale.

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INTRODUCTION

In 1899, the second International Congress of Women in London brought together members from Europe and North America to address the educational, professional, legislative and industrial, political, and social dimensions of the modern woman's experience.¹ Among prominent speakers such as Susan B. Anthony and Rev. Anna Howard Shaw, American nursing leader and social reformer Lavinia Lloyd Dock gave an address entitled: "The Professional Training and Status of Nurses," introducing the plight of nurses as an issue relevant to the status of women more broadly.² Committee chair of the professional section, Ethel Gordon Fenwick, went even further, proposing that nursing be added to the recognized list of women's professions. With the help of her colleagues, she created a provisional committee and drafted a constitution for a daughter organization of the International Council of Women: the International Council of Nurses (ICN). The ICN constitution began with the premise:

We, nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves in a confederation of workers³ to further the efficient care of the sick, and to secure the honor and the interest of the nursing profession.⁴

Although vague in its characterization of whom the organization would represent and what it would endeavor to do, the language set up an organizational model that functioned as a "confederation;" it recognized the various national origins of its members

¹ Each of these five dimensions (as listed) was a separately organized section of the conference program (cited below in footnote 2).

² Charlotte Perkins Stetson, "The Women's Congress of 1899," 22 (1899): 342-50.

³ It was very unusual for nurses to refer to themselves as "workers," but it may have served to reiterate nurses' entitlement to workers' benefits, such as insurance and pensions, the attainment of which made up a large part of the nursing organization's platform at this time.

⁴"Constitution of the International Council of Nurses," *American Journal of Nursing* 1, no. 2 (1900): 115.

but also emphasized the ability and necessity of a new professional identity to supersede national loyalties for women. This delicate balance between national and transnational professionalization strategies respected the power of nation-states as arbiters of modern citizenship and potential allies in implementing nursing registration, regulation, and examination.⁵ Yet, in a political climate in which women remained disenfranchised, nursing leaders also took measures to coordinate a unified international agenda that was sympathetic to women's rights issues and provided alternatives to relying solely on individual nation-states. While the ICN movement promised nurses a new professional identity, it was in fact also part of a much longer tradition of European and American nursing reform steeped in the diverse political, proto-feminist, and pre-professional strategies of the long nineteenth century. These strategies were motivated by a desire to increase nurses' respectability⁶ as women, promote the status of their work, and bolster their political influence both internationally and in regard to their respective nation-states.⁷

⁵ For more on the relationship among citizenship, class, and gender, see Kathleen Canning, *Gender History in Practice: Historical Perspectives on Bodies, Class, and Citizenship* (Ithaca: Cornell University Press, 2006), especially chapter seven, "Of Meanings and Methods: The Concepts of Class and Citizenship in German History."

⁶ To avoid confusion, I will refer to the prestige and respect afforded to female nurses by the end of the nineteenth century as "respectability" rather than "professionalism" because the former is often the term employed by the women themselves and provides a more inclusive depiction of the rationale driving nursing reform before the self-conscious deployment of "professionalism." For more on the role of respectability in nursing, see Monica E. Baly, *Florence Nightingale and the Nursing Legacy*, 2nd ed. (London: Whurr Publishers, 1997), ix. Baly concludes, "When nursing became 'fashionable' towards the end of the century it was not because the pay was better or that the conditions were much improved, but because nursing was seen as being 'respectable'. Nurses were now 'ladies' or, if not, aspired to being thought of as ladies." For a discussion of German female "respectability" and the female "Beruf" (profession or vocational calling), see Ruth-Ellen Boetcher Joeres, "The Authority of Representation: Class, Gender, Professionalism, Technology, and the Conflicts of Change," *Respectability and Deviance: Nineteenth-Century German Women Writers and the Ambiguity of Representation* (Chicago: University of Chicago, 1998).

⁷ See Leila Rupp, *Worlds of Women: The Making of an International Women's Movement* (Princeton: Princeton University Press, 1997); Kathryn Kish Sklar, Anja Schüler, and Susan Strasser, *Social Justice Feminists in the United States and Germany: A Dialogue in Documents, 1885-1933* (Ithaca: Cornell

By illuminating the role of German nurses within the larger historical evolutions of professionalization and gender roles, this dissertation demonstrates how such developments in nursing transcend the boundaries of the nation-state, which often frame our intellectual inquiries as historians. The major task of this project is to use key moments in the history of nursing as case studies for understanding the intersections of professionalization and gender more broadly and comparatively as both a transnational and national process. Contemporary nursing was founded upon the professional ideals and values of nurses grounded in their various national origins and a burgeoning transnational community of middle-class, female nurses. The history of nursing, therefore, demonstrates the ways that at least one group of nineteenth and early twentieth-century women were able to forge networks and alliances based upon their gender and occupation in an era of growing nationalisms and national antagonism.

Transnational Perspectives on International Sisterhood

At the intersection of a unique triad of scholarly literatures—the professionalization of nursing, the origins of an international women’s movement in the nineteenth and early twentieth century, and the role of transnationalism in German and European history—is what a generation of European and American women coined an “international sisterhood.”⁸ Although subsequent generations of women and scholars of gender have critiqued the false sense of homogeneity and equalitarianism suggested by the term “sister,” it is the term used by the women self-reflexively and perhaps not as naively as we might assume. Yet, the concept of “international sisterhood” must be

University Press, 1998). Both offer foundational scholarship on international networks and political collaboration by women in the late nineteenth and early twentieth century.

⁸ Rupp, *Worlds of Women: The Making of an International Women’s Movement*, 82-83.

regarded critically, not only because the faith of these women in a contemporary spirit of internationalism prevented them from seeing the growing entrenchment of nationalism in Europe and North America, but also because it is rather clear from their own writings and actions that they never truly envisioned or desired an international sisterhood among equals. Rather, their own assumptions of European-American superiority and natural leadership informed their belief in a global hierarchy, in which they were at the top.

In 1999, the leading scholars in nursing history composed a collaborative history of the ICN entitled: *Nurses of All Nations: A History of the International Council of Nurses, 1899-1999*. With unprecedented access to the official International Council of Nurses archive in Geneva, Switzerland, and various other local and national collections in Great Britain and the United States, these scholars provided the first comprehensive history of the ICN from outside its own leadership. Still, as they themselves have acknowledged, the five primary authors of the volume are American, British, or Canadian, and their perspective is necessarily shaped by their own training and experience in the Anglo-American nursing traditions. The absence of German archival sources and exclusive reliance on only one secondary source on the German Nurses' Association has unintentionally muted the intertwined contribution of German nurses to the transnational professionalization movement.

The intention of international nursing scholars was to look “first at the Anglo-American scene, which gave rise to the ICN idea, and the initial goals of its leadership, which was dominated by nurses from England and her colonies, past and present.” This approach led them to see “the very different development of nursing in Germany, as a

case study of the ICN’s early concerns.”⁹ Even the best of English-language nursing scholarship continues to be influenced by the limited perspective of their English-language primary sources, which has exaggerated the artificial distinctions between Anglo-American and German nursing by meaningfully connecting only the former to the women’s movement, internationalism, and ICN leadership.

One goal of this dissertation is to re-evaluate this overly rigid distinction between Anglo-American and German nursing traditions and reform movements in light of their long shared history of religious orders, patriotic associations, and training institutions that contributed to a shared transnational nursing legacy. The papers of the German Nurses’ Association, the official and personal correspondence of Agnes Karll with other ICN leaders, and the records and publications of the German representative to the International Women’s Movement—the League of German Women’s Associations—further demonstrates how German women continued to be active in the agenda for transnational collaboration and professionalization in nursing after the founding of the ICN and German Nurses’ Association in 1899 and 1903 respectively.

The development of transnationalism as a historical methodology and perspective is relatively recent.¹⁰ Some scholars have expressed skepticism toward the diffuse way in which “transnationalism” has been defined or employed as a tool of historical analysis. Others, however, have emphasized its importance for topics of research that can be greatly enriched by the intellectual transcendence of the nation-state framework and the

⁹ Barbara L. Brush, *Nurses of all Nations: a History of the International Council of Nurses, 1899-1999* (Philadelphia: Lippincott, 1999), 3.

¹⁰ See forum on “Transnationalism” (January 2006) http://www.h-net.org/~german/discuss/Trans/forum_trans_index.htm, which has attracted significant attention and contemplation by scholars of German history since its featured discussion on the H-German network and at the German Studies Association annual meeting in 2006. It includes links to the papers and discussion of the 2006 GSA conference in Pittsburgh, PA.

potential for illuminating historical dynamics that defy national boundaries or the dialogues that cross them.¹¹ Transnational frameworks recognize national boundaries, but as permeable borders that are relevant to greater and lesser extent depending on the historical circumstances rather than as fixed internal divisions.

While transnational approaches to German history have already been fruitful in for the historical analysis of imperialism, migration, and borderlands, this project seeks to consider the particular suitability of transnational analysis to the experience of women and professionalization, which might be likewise added to the groups of people and projects that do not fit comfortably within the nation-state framework.¹² Classic historical scholarship such as Leila Rupp's *Worlds of Women: The Making of an International Women's Movement*, and *Social Justice Feminists in the United States and Germany: A Dialogue in Documents, 1885-1933* by Kathryn Kish Sklar, Anja Schuler, and Susan Strasser, have provided notable demonstrations of support for such a German-inclusive and transnationally-framed study of the late-nineteenth/early-twentieth century international women's movements. Together, these primary and secondary sources indicate a potential for the writing of more collaborative and mutually-influential

¹¹ Jennifer Jenkins, "Transnationalism and German History," H-German Forum on *Transnationalism* (January 2006).

¹² See Sebastian Conrad and Jürgen Osterhammel, eds., *Das Kaiserreich Transnational: Deutschland in der Welt, 1871-1914* (Göttingen: Vandenhoeck & Ruprecht, 2004), 7-8, 13-14. This edited collection begins by justifying the place of transnationalism in Germany history with the declaration that "Germany cannot be considered an island," for many of the reasons explored in this dissertation—its mixture of religious confessions, the multiplicity of loyalties and identities among its inhabitants, its entanglement in the larger social and political milieu of continental Europe, and the fruitfulness of comparisons between Germany and the United States, Great Britain, and elsewhere in their pursuits of military, political, and economic power. However, its contributors as a whole focus mainly on the role of transnationalism in imperialism and European borderlands. In seeking a broader application of transnational methods in German history, see Shelley Rose's contribution, "Identity in Transnational History" to "Transnationalism and German History," H-German Forum on *Transnationalism* (January 2006). Rose's case of socialist women and the Peace Movement is particularly useful as is her claim that "any individual or group whose meaning and values originate from outside the confines of the nation-state and encourage exchange beyond its constructed borders should be considered a candidate for transnational study."

histories of the transnational projects and relationships, such as nursing professionalization, and the belief in international sisterhood among German, Anglo-American, and other female nursing reformers.

Professionalization, Feminism, and the State

Unlike registered nurses of the twentieth century, nineteenth-century nurses rarely understood their work as “professional.” Still, nursing reformers of the nineteenth century institutionalized values and organizational practices that played a central and direct role in defining nursing as a profession. Considering professionalization as a self-reflexively “modern” answer to the older question of female respectability suggests that nurses sought to join the “culture of professionalism” because it provided a foundation for a common middle-class (male) identity and social position, which they aspired to share.¹³ However, nurses differed from female doctors, lawyers, and teachers of the nineteenth century in particular because no male profession of nursing pre-existed for them to join. Certainly there were people who had provided medical or nursing care to sick or injured patients prior to the nineteenth century, but such caretaking was transient and often only a small aspect of a more dominant familial, military, or monastic identity. Building a profession of nursing from the ground up was an endeavor rooted in the 1830s and lasting until World War I.

Social scientists and historians have debated for decades the criteria that qualify an occupation as a “profession.” The best of these scholars have recognized that older Anglo-centric models of professionalization do not adequately address the plurality of professionalization histories. In a body of scholarship produced in the late 1980s and

¹³ Burton J. Bledstein, *The Culture of Professionalization: The Middle Class and the Development of Higher Education in America* (New York: W.W. Norton & Company, 1976), 86.

early 1990s, several historians of Germany questioned the universality of existing models for identifying professions and posited a much broader continental European pattern of professionalization that recognized more commonalities between Central and Western European experiences and challenged the historical and geographical representativeness of those in Great Britain and North America.¹⁴ This body of scholarship posits an alternative relationship between the professions and the state, which was characterized to a greater extent in continental Europe than Great Britain or North America by engagement with the state instead of autonomy from it.¹⁵ In addition to national or regional distinctions in professionalization, some scholars have also pointed to the gendered experience of creating professional identities, especially the persistent social disparities between male- and female-dominated professions or men and women within a single occupation.¹⁶

Although this project roots the history of modern nursing in an era that predates the focus of scholarly debates over the categorization of nursing as a *profession, not a profession, or a semi-profession*, nurses' own definition of a "profession" was being

¹⁴ See Geoffrey Cocks and Konrad H. Jarausch, eds., *German Professions 1800-1950* (New York: Oxford University Press, 1990); Charles E. McClelland, *The German Experience of Professionalization: Modern Learned Professions and their Organizations from the Early Nineteenth Century to the Hitler Era* (Cambridge: Cambridge University Press, 1991).

¹⁵ Konrad H. Jarausch, "The German Professions in History and Theory," in *German Professions, 1800-1950*, ed. Geoffrey Cocks and Konrad H. Jarausch (New York: Oxford University Press, 1990), 10-11.

¹⁶ Jill Stephenson, "Women and the Professions in Germany, 1900-1945," in *German Professions, 1800-1950*, 271-74; Young Sun Hong, "The Professionalization of German Social Work," in *German Professions, 1800-1950*, 235-37. Stephenson points to the relative disparities in pay and prestige between predominantly male and predominantly female professions, and the challenges facing women who attempt to successfully cross over. Similarly, Young Sun Hong's research on the influx of upper and middle class women into social work during the late nineteenth and early twentieth century demonstrates the devaluation that occurs alongside the feminization of a profession.

See also James Albisetti, "Women and the Professions in Imperial Germany," in *German Women in the Eighteenth and Nineteenth Centuries: A Social and Literary History*, ed. Ruth-Ellen B. Joeres and Mary Jo Maynes (Bloomington: Indiana University Press, 1986). Albisetti provides a discussion centered around female teachers.

institutionalized in the course of the nineteenth century and laid the foundation for their claim to the status of female professionals in the early twentieth century. Complementing the variety of occupations and professions addressed by these bodies of literature, this dissertation demonstrates how such professional paradigms functioned within an occupational group seeking professional legitimacy and autonomous female leadership at the same time. As the case of nursing will illuminate, “professionalism” often represented an aspiration toward respectability and legitimacy rather than a description for women in female-dominated occupations.¹⁷

In addition to adopting the usually male strategies of professionalization, nurses also drew upon the strategies of the women’s movements, which were active and in contact with one another throughout Europe and North America in the nineteenth and early twentieth century. The relationship between feminism and nursing has been an issue of historiographic speculation in various time periods, geographies, and disciplines. Catherine M. Prelinger has brought together research on mid-nineteenth century religious radicalism and the roughly simultaneous women’s movement in German-speaking Europe, including case studies on Kaiserswerth and Amalie Sieveking, to claim a “feminist agenda of the religious radicals” that among other things, “summoned women to enter the field of charity and to transform it into one of social reform” and “expand women’s higher education.”¹⁸ Claims to a closely intertwined tradition of feminism and nursing are even more abundant and confident in English-speaking nursing traditions.

¹⁷ Christina de Bellaigue, "The Development of Teaching as a Profession for Women before 1870," *The Historical Journal* 44, no. 4 (2001): 964. De Bellaigue's work on teachers in England before 1870, states that, "By using the term 'profession' to describe their [women's] work, they were aspiring to the prestige, the ideals of autonomy and independence, and the intellectual clout attributed to the 'learned professions'."

¹⁸ Catherine M. Prelinger, *Charity, Challenge, and Change: Religious Dimensions of the Mid-Nineteenth-Century Women's Movement in Germany* (New York: Greenwood Press, 1987), ix.

Assuming Florence Nightingale as “the recognized founder of nursing,” Joan I. Roberts and Thetis M. Group set out to address the question of whether she and/or later prominent (mostly American) nursing leaders were or were not feminists, because as they argue, “the debate on Nightingale as a feminist or nonfeminist is a symbolic debate on nursing itself.”¹⁹ While Roberts and Thetis reach an ambivalent conclusion on Florence Nightingale, Monica Baly is clear in her position that, “Much ink has been spilt on nursing and the women’s movement, but strangely enough, with the exception of stalwarts like Mrs Bedford Fenwick and her followers, nurses themselves were little interested in the movement.”²⁰ Similar distinctions can be seen in the United States. Lavinia Dock, for example, was a much stronger proponent of women’s suffrage than the majority of female nurses throughout that country—though she worked hard to make suffrage a cornerstone of nursing professionalization. The close relationship between the German professionalization movement and the German women’s movement reflected an even more ambivalent attitude toward suffrage. Nevertheless, the association between nursing professionalization and contemporary women’s movements warrants further examination. Even if many nurses did not consciously identify with the program of the women’s movements, the objectives and strategies of the women’s movements at various times and places played a fundamental role in steering the direction and imagination of the nursing reform movement.

¹⁹ Joan I. Roberts and Thetis M. Group, *Feminism and Nursing: An Historical Perspective on Power, Status, and Political Activism in the Nursing Profession* (Westport, Conn.: Praeger, 1995), xx.

²⁰ Baly, *Florence Nightingale and the Nursing Legacy*, 217. This is also the premise of most of Fenwick’s contemporary critiques in Great Britain, who hoped to shield their hospitals from professional nursing reforms by discrediting her as a radical suffragist and woman trying to usurp the power of the male medical profession. They would have their own nurses write letters to newspapers and the parliament claiming that Fenwick did not speak for them. Because of the contrived nature of these documents, it is unclear who, if anyone, really represented the values of the nursing majority.

Similarly, nursing reformers realized the futility of professionalizing their work without allying themselves at strategic points with the state. While nurses were clearly not in control of these alliances—and most often did not benefit from them—the recognition that female professionalization had to embrace rather than detach from the state is an important gendered nuance for building a model that encompasses processes of female professionalization. In fact, the claim that professionalization for women was autonomous from the state seems to be something of a myth. At the same time nurses were pursuing state-supervised registration, so were midwives, massage therapists, teachers, and various other increasingly female occupational groups in Germany, the British Empire, and the United States. The state was an important arbiter and enforcer of professional privilege and claims to expertise, which even advocates of autonomy and critics of state regulation saw in their own experiences of professional and political disadvantage.

Thus, this project builds on the historiographies of professionalization in continental Europe and on women's history more broadly in order to examine the meaning of professionalization in nineteenth and early-twentieth century European and American nursing. By the end of this era, nurses often used professionalization as ideological shorthand for overcoming a plethora of other social tensions and problems facing nurses and women. Using this brief overview of the historical context and debates that inform present-day definitions of professionalism as a foundation, one can see the development of nursing as an increasingly feminist- and state-friendly project from its roots in mid-nineteenth century religious movements, its growth and turn toward feminization during volunteer recruitment of the 1850s and 1860s, and the impacts of the

nation-state's growing political power, and increased calls for woman suffrage. These pre-professional historical developments foreshadow the self-conscious adoption of professional rhetoric by nurses at the end of the century and offer insight into nurses' ongoing professional dilemmas in the context of scholarly understandings of women and professionalization more broadly.

Key Moments in the Transnational History of Nursing Professionalization

At the beginning of the nineteenth century, nursing existed primarily in four forms: as a charitable service of male and female monastic orders, out of military necessity by low-level soldiers assigned to such duties, by women and servants within the domestic confines of the family or private household, and as a means of debt or fee repayment by impoverished patients during or after their recovery in public hospitals and poorhouses. Nursing as a publically-recognized occupation, rather than an ancillary duty, spread incrementally across continental Europe and to North America between the Napoleonic Wars and World War I.

The following chapters of this dissertation will analyze the transnational development of a professionally-oriented movement of nurses through five key historical moments: the founding of the first training school for nurses at Kaiserswerth in the 1830s, the advent of industrialized warfare and civilian nursing organizations between 1854-1871, the postwar training school reforms attributed to the Nightingale Schools and the Red Cross motherhouses in the 1860s and 1870s, the founding of the International Council of Nursing in 1899, and the fragmentation of the transnational movement along national and class divisions between 1909 and 1912. These moments represent major turning points in the trajectory of transnational nursing professionalization because each

of them established a generational point of consensus about who could be a nurse, what nurses could or should do, and where nurses fit in the broader social and historical milieu of the hospital, community, nation, and transnational professionalization movement.

The starting point of the nursing professionalization movement was the founding of the deaconess motherhouse model of nursing, which strategically unified the interest of the Protestant church, the Prussian state, and a stratum of poor but educated women seeking a respectable alternative to marriage. In Chapter One, “The Cradle of Modern Nursing: Kaiserswerth and Confessional Nursing (1836-1865),” religious and political tensions between the predominantly Catholic regions of Europe and their new Protestant rulers after the Napoleonic Wars prompted a concerted effort by the Prussian state and Protestant churches to incorporate nursing into their imperial and evangelical missions. The chapter follows the founding and expansion of the deaconess motherhouse against the backdrop of confessional tensions in the Rhineland, revolutionary and reactionary politics within the Prussian kingdom, and the gradual transformation of charity and philanthropy through women’s piety and social activism. This chapter also provides a multi-faceted analysis of the ideological and practical considerations that contributed to the opening of the first training school and the design of its transnationally-influential nursing curriculum.

Chapter Two, “Women in War, Crisis in Nursing: Patriotic Nursing in the Crimean War, American Civil War, and the German Wars of Unification, 1854-1871,” moves into a cross-national comparison to explore the next generation of nurses created through national mobilizations of women during the Crimean War (1853-1856), American Civil War (1861-1865), and the German Wars of Unification (1862-1871),

conflicts which heightened the demand for skilled women to serve as nurses and called attention to the scarcity and necessity of properly trained nurses. It depicts how the mass scale of these recruitment and employment efforts over two decades dictated an accompanying change in the ideological underpinnings of nursing organization and practice. No longer was nursing limited to the function of Christian charity; it now held a particularly patriotic function as well. Although Christian values continued to play a role in the rhetoric of nurses, it ceased to signify a particular confessional or religious agenda. The organizational crisis that ensued with the flooding of hospitals with ill-prepared, upper-class, volunteer women provoked serious discussion among nurses, doctors, military officers, and bureaucrats about the need for an organized hospital and relief system. However, the Geneva Convention of 1864 altered the context of the Prussian wars with Austria and France. As volunteer nurses entered the military hospitals and field hospitals under the protection of the Red Cross, tensions between militaristic patriotism and neutral humanitarianism surfaced. Therefore, this chapter is not only comparative, but uses personal and public records of these military conflicts to bring together a transnational understanding of the dynamic tensions between nationalism and internationalism. Personal correspondence, diaries, and other firsthand accounts provide a complement to the more official accounts of government and military departments, and international diplomats and humanitarians, in order to build a multi-dimensional understanding of how industrialized warfare and the increasing mobilization of wartime volunteers—including aristocratic, religious, and working nurses—redirected the course of transnational nursing professionalization.

Following the mid-century wars discussed in the previous chapter, Chapter Three: “Postwar Nursing Reforms: Nightingale Hospital Training Schools, the Red Cross Motherhouses, and the Elusive Class of Lady Nurses, 1859-1900,” analyzes concomitant and competing approaches to nursing and hospital reform. By the beginning of the 1870s, nursing reform was a major priority in Europe and the United States. In Britain and the United States, this took the form of hospital training schools based loosely upon the design of Florence Nightingale. In Germany, Red Cross training schools joined existing confessional motherhouses and orders in providing nurse training. While both models were considered a major step toward the modernization and secularization of nursing, it was only about two decades before a new generation of nurses identified motherhouses and hospital training schools as the major obstacles to nursing reform. The German motherhouses had trouble effecting broad scale reform of nursing because they represented only a narrow segment of the still unregulated pool of people calling themselves nurses.²¹ This chapter draws upon the accounts of Red Cross motherhouses in Germany and new hospital training schools in Great Britain and the United States, in order to provide a comparative overview of the common foundations for these separate

²¹ On other types of nursing organizations founded in response to the exclusions of the national and international associations, see Evelyn Benson, *As We See Ourselves: Jewish Women in Nursing* (Indianapolis: Center Nursing Publishing, 2001); Stephanie J. Shaw, *What a Woman Ought to Be and to Do: Black Professional Women Workers during the Jim Crow Era* (Chicago: University of Chicago Press, 1996); Georg Streiter, ed. *Der Krankenpfleger. Zeitschrift für die Interessen des gesamten ärztlichen Hilfspersonals. Eigentum und Organ des deutschen Verbandes der Krankenpfleger und -Pflegerinnen* (Berlin: Buchdruckerei Carl Hansen, 1904-1912). Since non-Christians were prohibited from joining either confessional or Red Cross motherhouses, a number of Jewish nursing organizations also appeared throughout Germany. A similar initiative occurred among African-American nurses in the United States. Meanwhile, male nurses in Germany, though a distinct minority, were well-organized to protect their interests against the growing tide of women in hospitals. These German men articulated their position using nationalist and Christian rhetoric, which attracted female members as well, especially those who fell below the class thresholds or above the age requirements of the Red Cross or confessional motherhouses.

postwar reform efforts but also to understand why the transnational movement diverged from its shared tradition of nursing reform.

Chapter Four: “A New Generation of Nursing Reform: Nursing Associations, State Registration, and the Women’s Movement, 1887-1912,” introduces the culmination of this collaborative process in 1899, as European and American nurse reformers tied themselves to the International Council of Women and its ideology of “international sisterhood” by founding the International Council of Nurses, and formally introduced an agenda of professionalization modeled after the established professions of law, medicine, and education. However, this turn-of-the-century nursing reform movement was not merely an imitation of masculine models of professionalization, but was also strongly influenced by the contemporary gender ideologies being both propagated and challenged in Europe and America between the turn of the century and World War I. The dual strategy of emulating male models of professionalization while simultaneously building a network of transnational women’s associations complicated the pragmatic campaigns for nursing professionalization through state registration. In juxtaposing the terms of debate in legislative hearing and international women’s congresses, this chapter will demonstrate the similarities and irreconcilable differences in the goals and values of the nation-states and transnational movement.

Focusing particularly on the years 1909–12, Chapter Five: “The Relation of the Nurse to the Working World: Professionalization, Citizenship, and Class before the First World War,” depicts a generation of German, American, and British nurses who organized national and international nursing associations to realize state registration as a stepping stone to other markers of professional recognition, such as collegiate education,

full political citizenship, social welfare, and labor legislation. It goes on to discuss the optimistic embrace of state registration, national associations, and collegiate education as a transnationally-shared agenda for the 1912 International Council of Nurses Congress in Cologne. However, the consequent reliance of these strategies on nation-states as arbiters of citizenship and professional status undermined the shared ideological foundation of international and national nursing leaders. Thus, this chapter will contribute to a more multi-national understanding of how these international nursing leaders transcended and were confined by the limits of their nation-states in the years leading up to World War I.

Finally, the Epilogue: “The Conflicting Legacy of Transnational Nursing in World War I,” provides a glimpse into the crumbling of professionally-oriented nursing alliances during World War I and demonstrates how these foundations of nursing established throughout the nineteenth and early twentieth century—varying levels of recognition and certification by the state, hospitals, and universities; national and international allegiances; and competing ideological models of education and training—institutionalized the professional and social dilemmas of contemporary nursing.

In the dissertation as a whole, thinking about nursing comparatively and transnationally has led to serious consideration of the intention of nineteenth-century nursing reform movements to carve out a quite expansive social and political space for middle-class women. Transnational collaboration contributed to the dramatic re-envisioning of gender roles and respectability of middle-class women in Europe and North America. Placing German nurses in a broader transnational context, through their letters and publications circulated in Germany, Great Britain, and the United States, demonstrates the permeability of both national and gender boundaries in the process of

middle-class formation during the nineteenth and early twentieth century. However, it also recognizes the particular temporality of such precocious internationalism. The outbreak of World War I, the growing power of national identifications, and the disruption of transnational ties eclipsed the continued viability of such transnational collaboration or at least deferred it until the conditions of transnational exchange were more propitious later in the twentieth century, when again state registration, collegiate education, and the role of nurses in changing national, transnational, and international healthcare systems became topics of significant debate and calls for reform.

The significance of this project is threefold. First, the intertwined nature of these local, national, and transnational processes of nursing professionalization provides a concrete case study for showing how ideas, people, and practices flow across national borders and links the methodological insights of transnational and gender perspectives in historical scholarship. Second, the integration of German patterns and models of nursing into the Anglo-American narrative of nursing professionalization complicates the myth of professionalization in which moral education and scientific training triumph over medical “quackery” and religious or state domination. Rather, the characteristic closeness of German nurses with religious confessions and the state in the nineteenth and early twentieth century often propelled the cause of professionalization further in German-speaking Europe than in the English-speaking world. Finally, this dissertation will demonstrate the importance of studying women in relation to social phenomena such as Christian charity and philanthropy, middle-class professionalization, national and international association, and citizenship, which was at various historical junctures in the nineteenth- and early-twentieth century to be the exclusive spheres of men.

CHAPTER ONE

THE CRADLE OF MODERN NURSING: KAISERSWERTH AND CONFESSIONAL NURSING (1836-1865)

About thirty minutes' ride from...Dusseldorf...in Germany, lies the town of Kaiserswerth. Famed in the twelfth century for the splendor and glory of its fabulous castle, built on the banks of the Rhine, today this little German town is noted because the motherhouse of many deaconess institutes scattered throughout the world is located here.¹

--Edythe M. Dyer, American army nurse, 1953.

Founded in 1836 by Theodor and Friederike Fliedner, a Protestant pastor and his first wife, the Kaiserswerth Deaconess Institute built a reputation for attracting pious Protestant women of respectable—though often modest—families to the work of ameliorating the suffering of the poor and sick.² The institute originally provided for a motherhouse, hospital, and nursing school.³ The motherhouse was a residential and spiritual facility modeled after that of the Catholic sisters who sought to demonstrate their piety through public service rather than cloistered prayer.

Because it was both a private residence and public health institution, the Fliedners and the deaconesses lived together in the typical fashion of a patriarchal household, sometimes called “*das ganze Haus*” (the entire household). Unlike the sentimental nuclear family with its separate spheres of private female domesticity and public male productivity, the patriarchal household incorporated both the public and private

¹ Edythe M. Dyer, "A Visit to Kaiserwerth," *The American Journal of Nursing* 53, no. 5 (May 1953): 562.

² Lavinia Dock and Isabel Stewart, *A Short History of Nursing* (New York: Putnam, 1931), 111.

³ There was also a previously established prisoner asylum, and later a teacher's seminary and an infant school were added. See also Irene Schuessler Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851: Purposes and Curriculum" (Ph.D. dissertation, University of Texas at Austin, 1988), 40.

dimensions into one space and hierarchical order.⁴ In this particular case, the household was not only the residence and members of Fliedner family, but also included the deaconesses, servants, a hospital, a nursing school, and an asylum for recently released female prisoners. The duality of the deaconess motherhouse as both a traditional household and a progressive facility for religious and health-related purposes was the key to its successful navigation of the changing political and social tides of the nineteenth century, to which many of its competitors ultimately succumbed.

The Kaiserswerth Deaconess Institute has been commemorated briefly in the history of nursing as the short-lived training school of legendary nursing reformer Florence Nightingale and in German women's history as the conservative counterpart to the progressive schemes for women by such reformers as Amalie Sieveking or Friedrich Froebel.⁵ While some German-language scholarship more generously contextualizes its institutional narratives and biographies in analyses of religious and charitable movements, both English and German language historiographies have done little to address the contribution of the Kaiserswerth Deaconess Institute to the broader historical question of nursing professionalization.⁶ In relationship to nursing professionalization,

⁴ Catherine Prelinger, *Charity, Challenge, and Change, Religious Dimensions of the Mid-Nineteenth Century Women's Movement in Germany* (New York: Greenwood Press, 1987), 20-21; and ———, "The Nineteenth-century Deaconessate in Germany: The Efficacy of a Family Model," in *German Women in the Eighteenth and Nineteenth Centuries*, edited by Ruth-Ellen Joeres and Mary Jo Maynes (Bloomington: Indiana University Press, 1986), 215-16.

⁵ See Prelinger, *Charity, Challenge, and Change*; and Ann Taylor Allen, *Feminism and Motherhood in Germany, 1800-1914* (New Brunswick: Rutgers University Press, 1991).

⁶ Two notable exceptions include a nursing dissertation and a book chapter by a religious scholar. Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851;" Prelinger, "The Nineteenth-century Deaconessate in Germany," 215-25. Poplin's dissertation establishes that the Kaiserswerth nursing program was not only the first training school for nurses, but became the "forerunner of professional nursing education in England and North America" (viii). Prelinger attributes the longevity and success of the Kaiserswerth Institute to its adoption of a "surrogate family" model that fluidly facilitated the socio-economic transition from pre-industrial patriarchal households to sentimental bourgeois families during the course of the nineteenth century. She also makes reference to the

the Kaiserswerth Institute remains part of a linear progression narrative between the Catholic nuns traced back to the Middle Ages and the professional nurses of the modern industrialized nation.⁷ It is at once celebrated as the “cradle of modern nursing” and decried as being “absolutely bad, compared with that of a hospital like St. Thomas.”⁸

The nominal mention of Kaiserswerth in the histories of nursing professionalization and nineteenth-century women’s charitable activities usually functions as a prelude to professionally and feminist grounded movements later in the nineteenth century. When scholars recognize the Kaiserswerth Institute as a starting point for professional and feminist histories without a foundation in an in-depth historical analysis of this institute, their depictions oversimplify and instrumentalize deaconess nursing for what it could not and did not do. Yes, it did emulate Catholic nursing orders, embrace continuities with older patriarchal gender ideologies, and reject autonomous professional roles for women. However, it also survived the conservative backlash to the revolutions of 1848, established the first training school for nurses, and raised the social status of nursing high enough to attract the attention and support of elite and influential social reformers and nurses from throughout Prussia, Europe, and the world. The

Kaiserswerth deaconesses in her more expansive work on German women involved in charitable and philanthropic work related to the religious awakening of the mid-nineteenth century. Poplin acknowledged the disconnect between American nursing histories and the Kaiserswerth Institute already in 1988, but to my knowledge, no other studies focused on the Kaiserswerth Deaconess Institute have since appeared (4).

⁷ For example, Dock and Stewart, *A Short History of Nursing*, 91-117; Sioban Nelson, *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century* (Philadelphia: University of Pennsylvania Press, 2001), 126-50. Dock and Stewart cover medieval Christian orders and Protestant deaconesses before moving on to Florence Nightingale in the next chapter. More recently, Nelson made a laudable effort to bring the Kaiserswerth deaconesses into a broader discussion of religious German nurses with connections to the United States, but is clearly limited by the small number of available secondary sources on the subject in English and does not draw upon primary documentation.

⁸ Dock and Stewart, *A Short History of Nursing*, 111; Agnes Karll, "Letter to the Administration of the Kaiserswerth Deaconess Motherhouse, 7 March 1912," (Berlin, Germany: Agnes Karll Archive, 1912); Lynn MacDonald, ed., *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, vol. 8, Collected Works of Florence Nightingale (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2005), 49. St. Thomas' Hospital in London was the first hospital to adopt the Nightingale training program.

reconciliation of Kaiserswerth's essentially confessional and conservative worldview with the progressive contribution it made to modern nursing and women's roles in an industrialized society is all but missing from English-language scholarship. This chapter focuses on three stages in the development of the Kaiserswerth Institute and its established place in a new historical narrative of nursing professionalization.

The first stage focuses on the post-Napoleonic social and cultural transitions in the newly acquired Prussian Rhineland-Westphalia. Plagued by religious tensions and nascent industrial growing pains, the land between France, the Netherlands, and various German principalities was ripe for various kinds of social reformers and religious evangelists.⁹ Thus, in the era between Napoleonic occupation and the 1848 Revolutions, the Kaiserswerth deaconess motherhouse was only one among several competing models of female nursing and social reform.¹⁰

The second stage focuses more closely on the founding and consolidation of the Kaiserswerth Institute during the administration of Friederike Fliedner (1836-1842), which became an innovative model for empowering women to overcome the social insecurities of industrialization, participate in confessional evangelism, respond to medical crises, and allay threats to conservative patriarchal family values.

In the final stage, which extends from 1842 to 1865, the same institutionalized historical narratives discussed above admonish the Kaiserswerth Institute as a symbol of conservative patriarchal gender ideologies, narrow confessional traditions, deficits in

⁹ Prelinger, *Charity, Challenge, and Change*, ix.

¹⁰ Claudia Bischoff, *Frauen in der Krankenpflege: Zur Entwicklung von Frauenrolle und Frauenberufstätigkeit im 19. und 20. Jahrhundert* (Frankfurt am Main: Campus, 1997), 27. Bischoff suggests that by 1845, 1680 local associations were active in Prussia alongside the growing number of religious orders that were providing social and nursing services in lieu of a state system of social welfare.

class status and respectability, and pre-industrial standards of scientific nursing and sanitation. What is missing from these professionalization narratives is the recognition that it was precisely because of, rather than in spite of, these seemingly conservative characteristics that Kaiserswerth emerged as the most successful model of nursing reform of its generation. After the 1848 Revolutions, the Kaiserswerth deaconesses were insulated from the harsh conservative reaction against women's emancipation and public activities by Fliedner's loyalty to the king and clear conservative values. With many of its pre-revolutionary competitors disbanded, Kaiserswerth deaconesses enjoyed an unrivaled reputation for moral and capable nursing throughout Prussia.

While the critique of the conservative deaconess model had clear rhetorical rationale for the professionalization movement at the end of the century, the recognized success of the conservative model in the earlier half of the century became the foundation for later professional reform movements. This chapter first analyzes transnational, local, and national influences (the last still nascent at the time) on the creation of Theodor Fliedner's deaconess program. It then goes on to provide an overview of the day-to-day administration, networking, and labor that was instrumental in the success of the institute and, incidentally, responsible for the changes in how Kaiserswerth deaconesses and leaders understood gender roles, religious piety, national identity, and socio-economic status at work in the first three decades of their institute. The juxtaposition of the patriarchal privilege inherent in Theodor Fliedner's conservative confessional evangelism and the positive effect of its program on women's autonomy and upward mobility was a key reason for its success. The Kaiserswerth Institute was institutionalizing the foundational components of a modern social welfare system, in which middle-class

women would be the active administrators. However, its rhetorical ability to couch its work in terms of tradition, patriarchy, and conservative values made palatable its essentially progressive impact. Because the Kaiserswerth Institute had anticipated the increasing demand for social welfare assistance at mid-century, it was able to weather the storm of German political and economic turmoil, while institutionalizing the foundation for subsequent nursing reforms in Prussia, Europe, and North America.

The Setting: Protestants and Prussians in the Age of Nascent Industrialization

Chapter III of Theodor Fliedner's biography begins, "The time had now come when our Fliedner was summoned to bid adieu to his native Nassau, and to become a Prussian subject.¹¹ Why he should have been called thither is easily understood by all good Prussians who love their church."¹² Yet, prior to 1820, Fliedner seemed to have little love of Prussia or their new church. After a brief stay in Cologne as a tutor and some reservations toward the new Protestant church—a forced merger of Lutherans and Reformed in Prussia—he was persuaded by a dignitary of the Lutheran church to be ordained at the church of Idstein in 1822 and called to a small Protestant church in Kaiserswerth.¹³

¹¹ Bodo Nischan, "The 'Fractio Panis': A Reformed Communion Practice in Late Reformation Germany," *Church History* 53, no. 1 (March 1984): 19. Nassau was an independent duchy created in 1806 as part of the Confederation of the Rhine, and became part of the German Confederation in 1815. It was a site of the "second reformation" in 1578, which is characterized by Bodo Nischan as "the introduction of the Reformed faith into Lutheran territories."

¹² Catherine Winkworth, ed. *Life of Pastor Fliedner* (Charleston: BiblioLife, 2009), 19.

¹³ Ibid., 21-25; Martin Gerhardt, *Theodor Fliedner: Ein Lebensbild*, vol. 2 (Dusseldorf-Kaiserswerth: Verlag der Diakonissen-Anstalt, 1937), 69. Idstein had been a Lutheran city since the Reformation, though it was within Nassau which was mixed Reformed (*Reformiert*) and Lutheran prior to their merger in 1817. Fliedner's own confessional orientation prior to the merger is ambiguous. Still, when Fliedner's hospital opened 1836, the Catholic residents of Kaiserswerth declared that "no sick patients were to be sent to the heretical, Calvinist hospital." In Prussia, the Prussian royal family was Reformed in their faith, but ruled over a predominantly Lutheran population that was left free to practice its religion until King Friedrich Wilhelm III chose to unite the two denominations into one German Protestant church in 1818. In Kaiserswerth and the greater realm of the Archbishop of Cologne, Reformed parishioners were banned

As a young Protestant pastor leaving his home in the province of Nassau to take a call with a small Protestant congregation, he could not have been prepared for what he found in Kaiserswerth: an overwhelmingly Catholic village of 1400 residents hit hard by the economic transitions caused by early industrialization and the withdrawal of the French occupational presence. His own congregation consisted of only twenty families, some widows, and sixteen residents of a wounded soldiers' infirmary—collectively estimated at 220-230 Protestants total.¹⁴ In Prussia more broadly, Catholics held a 5/8 majority of the population and resented the imposition of their new Protestant rulers. Though clusters of Protestant strongholds dotted the landscape of the Rhineland, especially east of the Rhine River in the new Prussian territory, the constellation of cities along the river more often had Catholic majorities.¹⁵

Initially, Theodor Fliedner was among the critics of the new synthetic Protestant confession supplied by the king, although he was a loyal supporter of the monarchy in general.¹⁶ After the 1818 unification of the Protestant churches in the Rhineland, the

until the shift to Prussian rule (Winkworth, 23). The merger was effected in other German lands at various points in time, resulting in the contemporary Evangelical Church of Germany. Known simply as Protestants, these German parishioners do not recognize other denominations such as Baptists, Presbyterians, or British non-conformists (all considered Protestant in the United States) as part of their membership, but rather deem them as “sects.” “Confessions” in Germany, then, are limited to Protestant, Catholic, or Jewish. Fliedner, like many other clergymen, objected to the King writing his own confession for the new church and it was later dropped in favor of preserving both the Lutheran and Reformed confessions. The Kaiserswerth congregation, though small, was actually created through a merger of a previously Reformed and a previously Lutheran congregation in Kaiserswerth, both being too small and too poor before and after the merger to support a pastor.

¹⁴ Ruth Felgentreff, *Das Diakoniewerk Kaiserswerth, 1836-1998*, vol. 2, Kaiserswerther Beiträge zur Geschichte und Kultur am Niederrhein (Dusseldorf-Kaiserswerth: Heimat und Bürgerverein Kaiserswerth e.V, 1998), 10; Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851: Purposes and Curriculum," 38.

¹⁵ Jonathan Sperber, *Rhineland Radicals: The Democratic Movement and the Revolution of 1848-1849* (Princeton: Princeton University Press, 1991), 44.

¹⁶ Winkworth, ed. *Life of Pastor Fliedner*, 24. Members of the Reformed faith were banned from Kaiserswerth (except in prison) until the late eighteenth century, when the first Reformed church service was conducted among prisoners in 1777. While the Fliedners and their Kaiserswerth Institute are often

Fliedners supported the unification and the king by calling themselves Protestants, which set them apart from orthodox parishioners who continued to insist upon identifying themselves specifically as either Lutheran or Reformed.¹⁷ The support Theodor Fliedner received from the Prussian kings Friedrich Wilhelm III (1797-1840) and Friedrich Wilhelm IV (1840-1861) was an undeniable factor in the success and sustainability of the Kaiserswerth Institute. Fliedner himself emphasized the importance of royal patronage, writing that “above all, [the Kaiserswerth Institute] has always possessed the favour and support of our beloved royal family.”¹⁸ With the support of the Prussian state and German elites, Protestant nursing eventually expanded across the empire, continent, and world with many of the same goals and methods as its Catholic counterpart.¹⁹

Religious and political opportunism alone cannot explain the rationale for Protestant deaconess nursing in Prussia. The need for social welfare was clear; hard economic times were endemic to the German Rhineland broadly as it experienced the beginning stages of industrialization. The classic industrial markers—factories, urban population growth, and major technological advancement—were still limited. However, other telltale signs of impending industrialization—the discovery of iron ore deposits, diminished influence of guilds and craftsmanship, and the gradual shift away from

labeled as Lutheran, Theodor was trained at the Herborn Seminary of the Reformed tradition and Friederike was raised in the Reformed tradition, although neither in Kaiserswerth.

¹⁷ Sperber, *Rhineland Radicals: The Democratic Movement and the Revolution of 1848-1849*, 46.

¹⁸ Winkworth, ed. *Life of Pastor Fliedner*, 70. Also in 1840, as part of an expansion project, the king donated 900 dollars (original currency unknown) to the institute.

¹⁹ The ambiguity surrounding Fliedner’s confessional background may also have been in part strategic, as he was dependent upon intellectual and financial support from contacts in other countries. While the Dutch Reformed and English non-conformists could sympathize with the Reformed tradition in Fliedner’s background, his American supporters were tied to a sense of German heritage that was strongly linked to Lutheran orthodoxy.

See also Nelson, *Say Little, Do Much*, 144. Nelson identifies German Catholics and evangelicals in the United States engaged in nursing as deaconesses and nuns, but Fliedner’s personal interactions were limited to the German-American Lutherans.

sending materials to be finished by contract laborers in their home (a process called outworking) to the centralization of workshops in key industries—all of these signature markers of industrialization were clear by the mid-1830s in the Rhineland, though not in the German territories more broadly.²⁰ The cholera epidemic of 1830-1, the centralization of wool production, and the appearance of the railroad and textile mills in the late 1830s suggested that the economy and social order of the Rhineland experienced a decade of major changes on the way to mass industrialization.²¹

In Kaiserswerth, steamships, tugboats, and new roads between Dusseldorf and Duisberg greatly reduced the flow of travelers into the local economy. Key industries in the area were also increasingly facing bankruptcy by the end of the 1820s.²² Theodor Fliedner's congregation was perhaps affected to an even greater degree when a Kaiserswerth velvet manufacturer, who had been the founder and primary patron of the Protestant church, went out of business in 1822 almost dragging the small church down with it.²³ Recognizing the hardship of his parishioners—a hardship he would be asked to share—Fliedner began a series of fundraising tours among Protestant communities in northeastern Europe and later North America. These trips allowed Fliedner to depict his congregation as a small beleaguered Protestant foothold in need of financial support to prevent its being swallowed up by the Catholic majority. An unintended but welcome

²⁰ Prelinger, *Charity, Challenge, and Change*, 33-34; Sperber, *Rhineland Radicals*, 22-25. Prelinger also juxtaposes the Rhineland with the strong hold of guilds that continued to characterize other German regions, such as Hamburg.

²¹ Sperber, *Rhineland Radicals*, 37.

²² Felgentreff, *Das Diakoniewerk Kaiserswerth, 1836-1998*, 9-10.

²³ Winkworth, ed. *Life of Pastor Fliedner*, 28; Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851: Purposes and Curriculum," 37. Even after Fliedner was able to stabilize the church's budget with his fundraising, economic recessions continued to plague the small congregation, especially when a silk factory, the primary employer of Protestants in Kaiserswerth, closed in 1836.

consequence was his introduction to many prominent social reformers, who inspired him to think of similar projects even in his small impoverished community.

In 1823, he began his travels with short trips to neighboring Protestant parishes such as Elberfeldt. Though sympathies for the “little lonely [Protestant] star of light in a dark [Catholic] place” elicited enough donations to pay the congregation’s immediate debts and building costs, Fliedner’s social anxieties were recognized by his colleagues and benefactors as a “shyness [that] would prevent his ever being a successful beggar.”²⁴ The dependence of Protestant clergymen on charitable donations and continuous fundraising was certainly humbling for Fliedner, but he was encouraged by his initial success to expand his fundraising circuit that same year in hopes of building a sustainable endowment for the community.

In both England and the Netherlands, the financial contributions to his existing Protestant community turned out to be less important than the ideological and organizational contributions to the Protestant community that Fliedner would erect in the near future. His introduction to Elizabeth Fry and her prison reform work was a turning point in Theodor Fliedner’s Protestant mission. When he returned to Kaiserswerth in August 1824, he brought with him new models for Protestant evangelism and active female piety, the first of which would be the emulation of Elizabeth Fry’s female prisoner rehabilitation program. He spent the better part of the next decade obsessively studying prisons and prisoners, walking twelve miles each week to provide religious services to prisoners in Dusseldorf, and visiting the various other prisons within commutable

²⁴ Winkworth, ed. *Life of Pastor Fliedner*, 32. Bishop Ross wrote Fliedner’s letter of introduction and recommendation for his travels and it was here that he called Kaiserswerth, a “little lonely star of light in the dark place.”

distance.²⁵ However, prison reform became only a bridge to recognizing the roots of human suffering, immorality, and criminal activity in the social ills of poverty and sickness. By 1833, Fliedner was onto a new outlet for his Protestant piety—the training of Protestant deaconesses for teaching and nursing.

Theodor Fliedner saw continuity and coherence between his prisoner aid work and his subsequent motherhouse of Protestant deaconesses. According to his son-in-law and successor, Fliedner's Rhenish Westphalian Prisoners' Aid Society had taught him "that many of these persons [recently discharged female prisoners] are anxious to gain their daily bread honestly but they have no means of doing so."²⁶ Fliedner's growing awareness of how poverty and sickness could undermine Christian values and piety created the impetus for him to expand his ministry from female prisoners to the victims of poverty and sickness more broadly. He stated, "The state of the sick poor had long weighed heavily on our hearts. How often I have seen them fading away like autumn leaves in their unhealthy rooms, lonely and ill-cared for, physically and spiritually neglected!"²⁷ The absence of medical care in his proposed solution is important. Fliedner was not seeking to treat diseases, but rather people.²⁸ This distinction was a fundamental justification for nursing as a profession separate from medicine.

The Fliedners also recognized from the start that deaconess nursing, though a direct outgrowth of Christian piety, could never be solely achieved through religious devotion and instruction. Instead, Theodor Fliedner recognized both the inherent

²⁵ Ibid., 36.

²⁶ Julius Disselhof, *Kaiserswerth. The Deaconess Institution of Rhenish Westphalia, Its Origin and Fields of Labour*, trans. A.N. (London: Hatchards, Piccadilly, 1883), 2.

²⁷ Ibid., 3; Winkworth, ed. *Life of Pastor Fliedner*, 58.

²⁸ Prelinger, *Charity, Challenge, and Change*, 20.

capacity of women to nurse and their need to be trained for the work, “Women who love godliness have often peculiar gifts and grace in the way of comforting other and alleviating their sufferings...there must be institutions erected in which they can be trained for the care of the sick, the destitute, or the criminal.”²⁹ Of course, there were other religious organizations for women, but in the Rhineland of the mid-nineteenth century, the Kaiserswerth Institute was alone in identifying the need for theoretical and practical training as central to its mission.

In the first of what would become many annual reports on the state of the Kaiserswerth Deaconess Institute, Theodor Fliedner encapsulated his mission as follows: “Since October 13, 1836 there has been a nurses ‘or deaconesses’ institute here, which is known for educating Protestant nurses [*evangelische Pflegerinnen zu bilden*], who have particularly dedicated themselves to Christian nursing, and as deaconesses called by an apostolic mindset to serve the sick, especially the sick poor in hospitals and in their own homes.”³⁰ As the previous sections have demonstrated, the timing and nature of the nurse training center was a response to the unintended socio-economic consequences of industrialization for peasants and workers, and to already active legions of Catholic nursing sisters providing a precedent for confessionally-based health care.³¹ Yet, the historically remarkable ability of the Kaiserswerth Deaconess Institute to recreate nursing as a morally sound and economically viable occupation for women relied upon a unique formula that evolved within the confines of the Kaiserswerth motherhouse. Through the synthesis of a patriarchal family, a religious sisterhood, and an innovative training

²⁹ Winkworth, ed. *Life of Pastor Fliedner*, 60.

³⁰ Theodor Fliedner, “Erster Bericht über die Diakonissen-Anstalt zu Kaiserswerth. Dritte Auflage,” in *Berichte* (Kaiserswerth: Theodor Fliedner Archive, 1837), 1. Translated by author.

³¹ Poplin, “A Study of the Kaiserswerth Deaconess Institute’s Nurse Training School in 1850-1851,” 58.

program, the Kaiserswerth Institute created a model that assuaged the anxieties of the old and incorporated the reforms of the new. From these roots can be traced a trajectory of female nursing that would spread beyond the Rhineland throughout Prussia, Europe, and even across the Atlantic Ocean, and ultimately culminate in a turn-of-the-century professionalization movement in nursing.

Stage I: Female Piety and Social Reform

Around the midpoint of the nineteenth century, female nurses rarely spoke of their ambitions or work in professional terms. Nursing was still in its infancy as an occupation for men or women. It had expanded slowly across continental Europe following the Napoleonic Wars, in which Catholic orders of nuns and patriotic women's associations provided nursing services to injured and ill soldiers. The ensuing confessional tensions after 1815 in the borderlands between France and Prussia prompted a concerted joint effort by the Prussian state and Protestant churches to incorporate nursing into their imperial and evangelical missions. However, even more broadly across Europe and the United States, charity and social reform movements were being infused with a new energy and purpose during the first half of the nineteenth century as a public demonstration of female piety. Because Fliedner's model of Protestant nursing developed out of these contemporary movements, it can only be understood in the context of the various initiatives of the mid-century reforms of female charitable and philanthropic roles.

The first women to enter the public sphere as recognized caretakers for the poor and sick were Catholic nuns. The Sisters of Charity were founded by St. Vincent de Paul and a small group of French women working with him on hospital reform in the

seventeenth century. These women trained young girls brought in from the countryside to Paris. Although recognized as a Catholic women's order, there were no lifetime vows and girls were intended to have a public and mobile presence in direct contrast to cloistered nuns of the time. The fame of the Sisters of Charity reached an all-time high in the early nineteenth century, as they were recruited into the French army during the Napoleonic Wars, establishing the path-breaking entrance of women into military nursing.³² Outside of France, the Sisters of Charity first appeared in the United States in 1809 and were widely recognized throughout Europe by the end of the Napoleonic Wars.³³

The Sisters of Charity redefined the model of female piety away from a cloistered life devoted to prayer and toward a public life "defined by a pragmatic attention to the needs of those around them."³⁴ These Catholic communities of women rapidly multiplied alongside the nineteenth-century revival of popular Catholicism made possible by the ascension of Napoleon in France, the relaxation of anti-Catholic laws in Ireland, the post-Napoleonic German-Catholic movement in Prussia, and the influx of poor Catholic immigrants to the United States.³⁵ The visibility of the Catholic model of independently-organized, publically-active, female-administered communities, in turn, also inspired and provoked a generation of imitators and competitors. Bertha von Marenholtz-Bülow advocated for all offices pertaining to charitable pursuit to be opened

³² Dock and Stewart, *A Short History of Nursing*, 99-103.

³³ Nelson, *Say Little, Do Much*, 7. The American version of the Sisters of Charity was founded by Mother Seton and continued in the tradition of St. Vincent.

³⁴ *Ibid.*, 23.

³⁵ *Ibid.*, 19-20; Prelinger, *Charity, Challenge, and Change*, 10.

to women in the 1830s.³⁶ Florence Nightingale, as a young girl, wrote of her fantasies of becoming a Catholic sister.³⁷ Amalie Sieveking, in her early twenties, compelled by her realization that marriage was the only respectable course open to a Protestant girl, confided in her diary that she would like to be, “If not a happy wife and mother, then founder of an order of Sisters of Charity.”³⁸ The Catholic monopoly on active female piety had begun to undermine the Protestant side of the confessional battles throughout Europe, especially among women.

The successful expansion of the Catholic sisters and their active model of female piety was both criticized and appropriated by contemporary social reformers. As part of the beleaguered Protestant minority, Theodor and Friederike Fliedner were especially struck by how the Catholic Sisters of Charity used their effective administration of hospitals and poor relief as vehicles for evangelism. Theodor Fliedner wrote to Elizabeth Fry in 1839, “the Sisters of Charity were like a ‘flood everywhere...in Protestant countries and hospitals...where they endeavor artfully to place their church in the best possible light to make proselytes of the sick and poor.’”³⁹ Complaints about the aggressiveness of Catholic sisters trading nursing for souls and the specter of mass conversions to Catholicism were effective fundraising tools for Fliedner’s institute, as the allusion to Kaiserswerth as the “little lonely [Protestant] star of light in a dark place” suggested.⁴⁰

³⁶ Allen, *Feminism and Motherhood in Germany, 1800-1914*, 49.

³⁷ Lynn MacDonald, ed. *Florence Nightingale's European Travels*, vol. 7, Collected Works of Florence Nightingale (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2004), 2.

³⁸ Prelinger, *Charity, Challenge, and Change*, 32.

³⁹ Theodor Fliedner, “Letter to Elizabeth Fry, 2 December 1837,” in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive, 1837). Also reprinted in Prelinger, *Charity, Challenge, and Change*, 19.

⁴⁰ See note 24.

Meanwhile, reformers like Theodor Fliedner were quick to reinvent the same Catholic practices they called “papist” in their confessional evangelism. Theodor often credited Luther rather than the Catholic Church for realizing that “The disposition to active compassion for the suffering of others...is stronger in women than in men.”⁴¹ He even discounted the historical presence of the Sisters of Charity by claiming that the Protestant deaconesses were modeled directly after the biblical example of Phoebe in Romans 16:2. Still, even as he emphasized the distinctions between Protestant deaconesses and Catholic nuns, the Catholic Sisters of Charity were surely the more immediate inspiration for his Protestant experimentation recruiting women into active charity, health care, and social welfare.⁴²

The duplicity inherent in Protestant propaganda was fundamental to the success of its deaconesses. As a pushback to effective Catholic evangelism, Fliedner’s efforts held great appeal to the Prussian monarchy and Protestant church by reinforcing a process that Jean Quataert describes as “making private philanthropic endeavors at the same time public and political.”⁴³ While much of the historical scholarship has recognized the

⁴¹ Winkworth, ed. *Life of Pastor Fliedner*, 60. This understanding of Luther’s stance on charitable works is contrary to the common theological and practical understanding of Luther’s religious beliefs and practices since two of his major critiques of the Catholic religious teachings were that charitable works were not a means to salvation and religious orders should be abolished. Nevertheless, it seemed to function out of context as accepted confessional propaganda in the early nineteenth century.

⁴² Fliedner, “Erster Bericht über die Diakonissen-Anstalt zu Kaiserswerth. Dritte Auflage,” 1-2. Translated and reprinted in Poplin, “A Study of the Kaiserswerth Deaconess Institute’s Nurse Training School in 1850-1851,” 66-67. Poplin agrees that Fliedner was both influenced by the example of Catholic nuns at the same time he distinguished between nuns as cloistered and deaconesses as serving in the community in the spirit of evangelism and the Apostolic church.

⁴³ Jean Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916* (Ann Arbor: University of Michigan Press, 2001), 24. Quataert analyzes the case of Protestant Pastor Friedrich Scheibler of the Rhineland in the 1830s. Remarkably, Scheibler and Fliedner could be interchangeable for much of the historical narrative and analysis. However, Fliedner would not have supported Scheibler’s openness toward interconfessional collaboration and continued to conceive of this purpose through not only a patriotic, but also confessional lens. Still, the parallels are interesting

growing strength of the German Catholic movement and the characteristic blurring of confessional boundaries through the sense of common patriotic identification inherent in mid-century religious revival and social reform, Fliedner nurtured the Protestant-Catholic divide in a way that was strategically advantageous when the wave of Prussian goodwill toward Catholicism had passed.

Like Catholicism, Pietism had an undeniable, if unwelcome, influence on Theodor Fliedner. Unlike active Catholicism, Pietism was tolerated and even welcomed by the Prussian court. It was technically non-confessional, in that Pietist activities were open to Christians of all confessional backgrounds, and Pietists often had a mutually beneficial relationship with the Prussian court. The Prussian tradition of religious tolerance had protected them from the persecution characteristic of other parts of Europe. Meanwhile, Pietists provided the Prussian state with loyal clergymen, who took up the cause of poor relief and philanthropy as a reflection of the monarch and provided a bulwark against orthodox clergymen whose loyalties lay with a confession rather than a king.⁴⁴ However, Pietism also had the potential to undermine the power of confessional religion by reinterpreting traditional meanings, actions, and personal spiritualism that associated Christian piety with loyalty to the monarchy.⁴⁵ Theodor Fliedner himself relayed in his biography that he was once accused of being a Pietist and had to defend himself with an anecdote about Gustav Adolph, suggesting that he was aware of the

because they suggest a much larger wave of dovetailing political and religious allegiances in Prussia during the 1830s.

⁴⁴ Ibid., 26-27.

⁴⁵ Prelinger, *Charity, Challenge, and Change*, 7.

questions about loyalty that might arise out of such assumed religious affiliations if they were to fall out of royal favor.⁴⁶

By 1848, there was a new Protestant movement in Prussia—the Inner Mission. Like the Kaiserswerth Institute, the Inner Mission, represented a similarly motivated but separate response to the growing social problems caused by early industrialization and the insufficiency of traditional poor relief at the community level. Its hallmark ideology of bringing missionary strategies to domestic problems was discussed by Fliedner already in 1833, when he described his own work as “missionary service to domestic fields.”⁴⁷ However, Johann Hinrich Wichern, the founder of the Inner Mission went further than Fliedner in his plans for evangelism and social welfare. Wichern sought the systematic re-Christianization of Prussia by placing Protestant social welfare work under the administration of the Prussian state bureaucracy.⁴⁸ Although Fliedner remained throughout this time an active and loyal supporter of the king, he kept his institute autonomous from the state bureaucracy and seemed to prefer a more organic and grassroots dissemination of his program (under his own authority) rather than a bureaucratic imposition from the top down. When Friedrich IV endeavored to build his own deaconess motherhouse in Berlin, the Fliedners tried to establish a controlling influence over its interior design and organization, but the king’s aesthetic preferences and his attempt to bring about Protestant confessional unity through an organizational

⁴⁶ Winkworth, ed. *Life of Pastor Fliedner*, 21.

⁴⁷ Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851: Purposes and Curriculum," 49; Gerhardt, *Theodor Fliedner: Ein Lebensbild*, 149; Anna Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 2nd ed. (Neukirchener Neukirchener Verlag der Buchhandlung des Erziehungsvereins, 1963), 66. In German: “Missionsdienst an inländischen Heiden”.

⁴⁸ Jochen-Christoph Kaiser, "Innere Mission und Diakonie," in *Die Macht der Nächstenliebe: Einhundertfünfzig Jahre Innere Mission und Diakonie, 1848-1998*, ed. Ursula Röper and Carola Jüllig (Berlin: Deutsches Historisches Museum Berlin, 1998), 14-15.

model reminiscent of the medieval Order of the Swan was eventually too much. The Bethanien Institute design became too idiosyncratic to serve as a replicable model for the rest of Prussia and the Inner Mission carried on its work in a different direction from the Kaiserswerth Institute.⁴⁹

The ubiquity of Catholic nursing sisters, popularity of Pietism, and growing influence of the Inner Mission demonstrate the popularity and effectiveness of new ways for women to act in public, spreading and popularizing their religious convictions and demonstrating their faith through practical action. For these reasons, it is not surprising that both Fliedner and Fry embarked on their own projects to emulate active female piety and the Sisters of Charity—the Protestant deaconesses and the English Protestant Sisters of Charity (later Nursing Sisters to avoid the obvious conflation with their Catholic counterparts).⁵⁰ Still, Fliedner harbored suspicions against the Pietists and Inner Mission, and did not welcome the perception of his affinity for their ideas. Perhaps he anticipated that the tide would turn against the religious trends and gravitate toward the more generic Protestant church of the king rather than the ecumenical movement that often sought the diffusion of religious control throughout loosely constituted congregations rather than the hierarchical ordering toward the clergy and king.

Of course, the influence of social and political elites was not exercised merely through religion. Locally-organized patriotic women's associations of aristocratic volunteers were mobilized to provide short-term emergency nursing services during the

⁴⁹ Ursula Röper, "Die Basilika der Inneren Mission," in *Die Macht der Nächstenliebe: Einhundertfünfzig Jahre Innere Mission und Diakonie, 1848-1998*, ed. Ursula Röper and Carola Jüllig (Berlin: Deutsches Historisches Museum Berlin, 1998), 74-75.

⁵⁰ Dock and Stewart, *A Short History of Nursing*, 112. Fry's association was founded in 1840, but was comparatively short-lived and not well-recognized even in Great Britain. Amalie Sieveking also had such an idea in the 1820s and early 1830s, but decided to pursue other projects after Fliedner decided to take on the cause of training Protestant women for lives of nursing service.

Napoleonic Wars. While they were not centrally organized, the network of associations that appeared across central Europe was held together by the coordination of aristocratic women patrons outside the realm of political participation or authority, but commanded a great deal of social and economic capital nonetheless.⁵¹ Dr. Klönne, an associate of Fliedner's from the Rhineland, presented an idea of refocusing the purpose of these women's associations toward peacetime charity for the poor and the sick.⁵² However, the lack of requisite patriotic duty and the continued taboo against aristocratic women being exposed to the harsh environment and inferior company of the lower classes inhibited this from becoming more than a whimsical idea in the Rhineland during the pre-revolutionary period.

Inspired by the new social reform campaigns from Britain, women in the independent city-state of Hamburg, including Amalie Sieveking, began experimenting with their own programs for ameliorating the failure of the municipal poor relief system and responding to public health crises such as the cholera epidemic of 1831.⁵³ As the daughter of a senator, Amalie Sieveking was uniquely suited to tackle the social welfare and health crises of Hamburg through a confessional and class-based sense of superiority and moral authority that introduced philanthropy, charity, and public services as a calling for upper-class Lutheran women to fulfill. Sieveking's leadership of the *Female Association for the Care of the Poor and Sick* targeted patrician women for service on account of their political and religious connections, leisure time, and belief that "moral

⁵¹ Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*, 23-24. Quataert suggests that these female dynasts were active in the process of making philanthropy both public and political in the tradition of tying the political legitimacy of the monarchy to the public welfare.

⁵² Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851," 51.

⁵³ Ibid., 34-36.

authority extends from the higher to the lower circles.”⁵⁴ While her rejection of Fliedner’s repeated request to merge their efforts has suggested many scholars that she was in some way more progressive, proto-feminist, or radical, her entrenched biases were really just of a different variety than Fliedner’s. Like Theodor Fliedner, her efforts were essentially very conservative and oriented more toward using religious piety to prop up the status quo rather than overturning the traditional power hierarchy. In keeping with the Hamburg oligarchy, Sieveking required orthodox Lutheran beliefs and class affluence of all her members.⁵⁵ However, Sieveking’s conservative class consciousness and progressive gender ideologies prevented her from addressing the fundamental social challenges of industrialization as effectively as Fliedner’s more conservative gender ideologies and more progressive class consciousness.

By assuaging concerns about the role of women in the emerging industrial economy with familiar discourses of patriarchal authority and surrogate families, Fliedner positioned the Kaiserswerth deaconesses to successfully weather the storms of economic and social upheaval during the industrialization process—a transition that was thought to have hit middle- and upper-class women particularly hard.⁵⁶ For example, in 1846, Fredrika Bremer, an affluent Swedish lady visiting a friend enrolled at Kaiserswerth, remarked that “The unemployed [female] is everywhere in excess, even in the heights of society.”⁵⁷ Her belief in a surplus of respectable women due to the process of industrialization and breakdown of the patriarchal household was quite common at the time.

⁵⁴ Ibid., 38-39.

⁵⁵ Ibid., 62-63.

⁵⁶ Prelinger, “The Nineteenth-century Deaconessate in Germany,” 215-16.

⁵⁷ Poplin, “A Study of the Kaiserswerth Deaconess Institute’s Nurse Training School in 1850-1851,” 178.

The combination of economic, legal, and political changes had significant effects on women. Lower-class women were drawn into outworking and factory labor as it became clear that industrialization would rely upon male and female waged labor. The concentration of productive labor into factories, workshops, and other public spaces was characteristic of the developing cash economy. These shifts made familial support of extra women increasingly difficult and the accepted roles for adult women became limited to wife and mother, governess, or lady's companion.⁵⁸ Real and imagined "surplus" women, the idle aristocrats and displaced rural poor, who were non-productive and unmarried, became targets for contemporary religious and social reform projects.⁵⁹ The "single woman" came to represent both the cause and the solution for social anxieties about the changing economy, family structure, gender roles, and religious practices. The acknowledgment that institutions like Kaiserswerth, founded under the guise of Christian piety and service, could remedy such a social problem enhanced its reputation and opportunities for further advancement and expansion.

From among the many cooperative and competitive models of female charity and social reform in the first half of the nineteenth century, the Kaiserswerth Institute sets itself apart as the only one credited with a "great reformation in hospital service and institutional work generally" as well as saving "middle-class women who would otherwise have been doomed to dull inactive lives."⁶⁰ The ideology of "separate spheres" had not yet overtaken the patriarchal organization of Prussian society, and middle-class women occupied a liminal and undefined place in the early stages of

⁵⁸ Prelinger, *Charity, Challenge, and Change*, 16.

⁵⁹ Ibid., 18.

⁶⁰ Dock and Stewart, *A Short History of Nursing*, 111.

industrialization.⁶¹ Like Catholic nuns, Protestant deaconesses saw their mission foremost in terms of expressing Christian faith and service, but both groups of women also identified a new impetus for female service created by industrialization.

Embracing the Pious Patriarchal Family

Theodor Fliedner had begun the 1820s filled with financial and spiritual uncertainty as a Protestant clergyman in the Catholic heartland of Prussia, but by the end of the decade, he displayed a self-confidence and commitment to exercising his own sense of patriarchal authority in the realm of Protestant social welfare and nursing. The imposition of a patriarchal family structure onto the organization of female nurses was Fliedner's signature innovation. The explicit Catholic influence is clear in its motherhouse structure, the adoption of "Sister" as a form of address, and its rhetorical disdain for remunerative female labor. Yet, the Protestant deaconesses also re-envisioned the basic structure of Catholic monastic orders adopting instead a model of the contemporary patriarchal family. The ideologies and structure of the patriarchal family resonated with the Prussian state as an acceptable alternative to the Catholic Sisters of Charity, who owed their allegiance to the Catholic Church, and to unaffiliated nurses, who had a reputation for immoral and inappropriate female behaviors.⁶² It also reflected Fliedner's personal circumstances and the economic necessity of combining his deaconess institute with his family life.

⁶¹ For a clear expression of what patriarchal families looked like in early nineteenth century Kaiserswerth, see Irene Schuessler Poplin, "Nursing Uniform: Romantic Idea, Functional Attire, or Instrument of Social Change," *Nursing History Review* 2 (1994): 156; Prelinger, *Charity, Challenge, and Change*, 22.

⁶² Stacey Freeman, "Medicalizing the Nurse: Professional and Eugenic Discourse at the Kaiserin Auguste Victoria Haus in Berlin," *German Studies Review* 18 (1995): 425-26.

The formation of Fliedner's patriarchal household began after he met a young woman soon to be fired as a teacher in the Rescue Institution of Düsselthal (for homeless girls). In the wake of her being dismissed for speaking out against her superiors, Fliedner offered her a position mentoring female convicts.⁶³ Even though known for being independent and speaking her mind, Friederike Münster had experience nursing the sick and ministering to the poor that made her a much-needed addition to Fliedner's mission.⁶⁴ When her parents refused their permission for her taking such a socially degrading position, Fliedner proposed that she become his wife instead. His marriage proposal to Friederike demonstrated his commitment to the values of patriarchal authority and privilege, as he wrote, "there is a peculiarity of mine which should not go unmentioned, namely the right of the man to be master in his house. [This] is one I am firmly accustomed to exercising."⁶⁵ As essentially the sole author of the institution's by-laws, Fliedner established for himself almost full authority over the administration of the institute, at least in theory. The naturalness in his own mind of a hierarchical domestic organization may have structured his imagination, but his need to record and codify the patriarchal organization of his family and deaconess institute suggests that he anticipated it would be challenged.

Despite the hierarchical and rigid appearance of this domestic and professional organization, Anna Sticker has argued that Theodor's proposal actually had the appeal of

⁶³ Dagmar Bork, "The Life Story of Friederike Fliedner," *International History of Nursing Journal* 7, no. 2 (2002): 60.

⁶⁴ Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 40.

⁶⁵ Prelinger, "The Nineteenth-century Deaconessate in Germany," 219. The fact that Fliedner was so insistent upon exercising patriarchal authority and creating a household hierarchy suggests that this was less of an internalized assumption and perhaps more of an expression of his anticipated lack thereof. This is both consistent with Friederike's reputation prior to her marriage and the shifting social and economic conditions of early industrialization.

“offering [Friederike] both: marriage and calling/occupation; both of which she had waited for, the commitment to a beloved and honorable husband and as much the promise of a mission to combat the afflictions of the time.”⁶⁶ Friederike did not seem to mind the designation of her subordinate role and actually appeared to be complacent in the patriarchal structure as she was explicit in her writings about the need for nurses to follow “man-made rules” of authority and submission.⁶⁷ However, the proposal offered more than being Fliedner’s wife; for Friederike it also represented greater possibilities for her own vocational development, self-actualization, and autonomy. By contrast, she saw the alternative “‘occupational possibilities’ for an unmarried woman from a respectable family [to be] the precarious way of spending one’s life as the fifth wheel of a carriage,” in other words—useless and expendable.⁶⁸ For these many contradictory and complementary reasons, the pairing of a man committed to being at the head of his own patriarchal family with a woman unable to accept anyone’s authority over her created an unusually effective system of administration.

A more pragmatic reason for both of the Fliedners to adopt a patriarchal family ideology was the recognition of social resistance to public charity schemes involving women. As Catherine Prelinger has convincingly argued the patriarchal family model enabled Fliedner to recruit large numbers of women, created a protective sphere for otherwise unacceptable activities by women, and garnered credibility in the larger

⁶⁶ Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 40. Sticker, *Friederike Fliedner*, 40. Translation by author.

⁶⁷ Anne L. Austin, ed. *History of Nursing Sourcebook* (New York: G.P. Putnam's Sons, 1957), 270.

⁶⁸ Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 40. Sticker, *Friederike Fliedner*, 40. Translation by author.

German society.⁶⁹ Fliedner's first indication that such a reassurance of patriarchal authority was necessary may have come from his own in-laws. Prior to proposing marriage to Friederike Münster, Theodor Fliedner had been encouraged to offer her the position of head matron for the women's wards of the Dusseldorf House of Corrections. Despite her own interest and willingness, she could not attain the consent of her parents, who were horrified at the thought of their daughter working as a prison matron, even if it were infused with "a love for the souls of the poor creatures under their charge" and a conduct that proved "she desired nothing better than to serve the Lord with all her powers."⁷⁰ Fliedner later reflected that the disapproval of the Münsters toward the prison matron position opened his eyes to Friederike's true calling to be his wife—a proposition that clearly met with more favorable approval from her parents. Though Friederike immediately joined her husband in his prisoner aid work and later in the administration and training of nurses, her participation was only respectable enough to win the approval of her parents when she did so as a wife rather than a single woman. If the patriarchal relationship between husband and wife was enough to legitimate even the most socially inappropriate work for a respectable woman, it was perhaps conceivable that the employment of one's surrogate daughter within a patriarchal family would be similarly tolerated in the field of social welfare and Christian charity.

The new ideologies of Protestant nursing first conceived of by Theodor Fliedner, then continually implemented and adapted by his first wife Friederike and second wife Caroline, introduced a new paradigm for nurse recruitment, training, and service modeled more closely on the patriarchal family than a monastic order of women, but it did have

⁶⁹ Prelinger, "The Nineteenth-century Deaconessate in Germany," 216.

⁷⁰ Winkworth, ed. *Life of Pastor Fliedner*, 48-49.

signs of them both. The family of Theodor and Friederike Fliedner included their own children, as well as the deaconesses as their surrogate daughters, who addressed them as Father and Mother, and servants below them, who were also part of this patriarchal household. Theodor Fliedner, the patriarch, was at the helm of both the surrogate family as the father and the professional institution as the Inspector and Superintendent. His deputy—publically and domestically—was Friederike, who was both his wife and the Lady Superintendent. The sisters/deaconesses below them had a strict division of labor, but were relatively egalitarian among themselves and rotated their duties periodically so that all deaconesses would learn to manage all responsibilities. Finally, a number of servants, such as a male nursing aide, maids, and nannies, assisted the deaconesses in the daily work of running a hospital and household.

While confessional animosities continued to dominate social and political discourses around nursing, the actual experiences of the Kaiserswerth nurses provided Fliedner's model of nursing with even longer-term significance to the evolution of nursing practice and its eventual secularization. Despite the carefully conceived and targeted mission of deaconess nursing as an explicit form of evangelism and confessional competition, it also offered women an alternative means for articulating and channeling their own religious faith in ways that served to bolster confessional identities and antagonisms while simultaneously empowering their quest for respectability and self-actualization in ways unknown prior to this period of resurgent confessional tensions. In other words, the growing competition for the minds and souls of Germans in the Rhineland propelled women into a publicly conspicuous site of this confessional

competition and taught them to conceive of their own professional development and self-actualization as synonymous with religious devotion.

Stage II: The Patriarch's Wife, Deaconess Mother, and Lady Administrator

Despite her evident devotion to Fliedner's patriarchal family model, Friederike also established her own style of organization at the motherhouse, and was confident in her own ability to oversee and administer it, as she did during the frequent and prolonged travels of her husband. Her clear public statements of religious devotion did not preclude her own use of masculine professional values and criteria to shape the roles of the nurse deaconesses under her supervision. In 1838, Friederike Fliedner responded to her husband Theodore's "Obligations and Rights of the Lady Superintendent," by describing why she herself would accept the position of nursing superintendent at the Kaiserswerth Institute:

1. Because there is still no one better for the position. And
2. because I am called by the Lord to be a helper to my husband, therefore I am able and must, in the name of the Lord, help my husband in all of his professional duties (Berufpflichten), where he can use me. Therefore, it does not go against my domestic calling (Beruf), which lies only in God's hand, just as any man can build his house only as narrow and wide as God wants.⁷¹

From her own words and the more general statements from the Kaiserswerth Institute, Friederike Fliedner clearly understood a woman's "Beruf" to be born out of religious

⁷¹ Theodor Fliedner and Friederike Fliedner, "Instruktion für die Vorsteherin (mit Bemerkungen zur Instruktion)" in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive, 1838). Also partially transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 144-45. Translation by author.

calling and *not* as an alternative to female domesticity, as it would become later in the century. By contrast, her reference to her husband's "Berufspflichten" should be understood as "professional duties" associated with his role as Inspector of the institute and pastor of the congregation. While the religious and patriarchal values are clear from her second rationale for her being superintendent, the brief statement in the first rationale provides a glimpse into another dimension of Friederike's own conception of nursing.

"Because there is still no one better for the position," may be read in one of two ways. First, it might simply acknowledge that her husband's earlier choices for superintendent did not work out. However, by emphasizing the "still" (*doch*), it indicates that she had always felt herself the most qualified and suited for the position, and that the second statement serves to reinforce to her husband and others that her ambitions are not in conflict with God's will or her husband's patriarchal authority. Friederike herself affirms this reading in a previous diary entry stating: "My husband offered me instructions in the way of my obligations and rights. The Lord does not allow me to do anything out of defiance or vain honor or prevailing craze, but rather, allows me to manage my vocation with certainty."⁷² In this case, Friederike's religious piety allows her to use her interpretation of God's will as an alternative source of authority to the will of her husband. While her husband gave her his rules, her suggestion that God would not allow her to do something contrary to his will, leaves open the possibility for her to use her own judgment even when in conflict with the rules.

⁷² Friederike Fliedner, "Tagesbuch (Diary)," in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive, 1837), 137. Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 137. Translation by author.

Friederike Fliedner's management of nursing practice not only suggests a strategic bending of patriarchal and religious rhetoric for proto-professional ambitions, but it also introduced one of the main pillars of professionalization among both middle-class men and women—education and specialized training. Perhaps out of confessional competition or perceived practical need, weekly seminars on the theories and practices of caring for the sick, taught by a local evangelical physician, created a new form of social and professional legitimacy for the Protestant nurse deaconesses.⁷³ Unlike the mostly devotional training provided to Catholic Sisters of Charity, the Fliedners designed a comprehensive curriculum for nursing probationers that included both theoretical and practical lessons and was taught by physicians, experienced nurses, and the Fliedners themselves. While Protestant religious devotion remained the primary qualification in candidates, the Kaiserswerth Institute forged a new standard in nurse training by arguing that even Christian love must be supplemented by basic nurse training that incorporated both theoretical and practical dimensions.⁷⁴ Inadvertently, this development at Kaiserswerth undermined the gendered distinction of “Beruf” by disclaiming the unlearned, intuitive nature of nursing for women and replacing it with a religiously-infused sense of purpose paired with a theoretical and practical course of preparation.⁷⁵

The curriculum of the nurse training program at Kaiserswerth was the hallmark of Friederike's tenure as Lady Superintendent from 1836 until her death in 1842. The

⁷³ Felgentreff, *Das Diakoniewerk Kaiserswerth, 1836-1998*, 22.

⁷⁴ Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851," 79.

⁷⁵ Ruth-Ellen Boetcher Joeres, "The Authority of Representation: Class Gender, Professionalism, Technology, and the Conflicts of Change," in *Respectability and Deviance: Nineteenth-Century German Women Writers and the Ambiguity of Representation* (Chicago: University of Chicago Press, 1998), 175-218. Joeres provides a compelling overview of the challenges that industrialization presented to middle-class German women. Since the deaconesses were often less than middle-class, it reflects, in this case, a more prescriptive than descriptive account of the broader social values and debates circulating around the deaconess project.

nursing history of Lavinia Dock and Isabel Stewart credits Friederike as being the creative partner of Theodor Fliedner and notes that her unpublished journal became the basis for the writings of many pastors on the principles and practice of nursing training as well as her own book on nursing ethics and practical training. By 1865, her training program, characterized by a descending hierarchy of matron, head sister, and other ranks among nurses, had been adopted as the organizational structure for the modern training school.⁷⁶ While more critical examinations of the deaconess institute cite Fliedner's writings as evidence of his total institutional design and control, given his frequent extended absences and delegation of daily interaction with the deaconesses to his wife, it seems unimaginable that he could have offered such detailed descriptions of day to day routines without significant input from his wife.⁷⁷

Much has likewise been made of the patriarchal nature of their relationship, yet besides conforming to the expectations of their time, her administration of the deaconess institute increasingly distanced her from the ideological standards of patriarchal wives. In keeping with the taboo against married women working for pay, Friederike turned down the salary intended for the Lady Superintendent. However, she took full responsibility of the position intended for an unmarried woman, which the institute's charter defines as "A Lady Superintendent will lead the deaconess institute, educate the sisters, and with them, collectively take on the care of the sick."⁷⁸ Perhaps as an accommodation of her unique situation as a married mother, she was also relieved of her

⁷⁶ Dock and Stewart, *A Short History of Nursing*, 110.

⁷⁷ Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851," 351. Poplin argues that Friederike's administrative and ideological impact on the character and functioning of the Kaiserswerth Institute arose independent from her husband's plan or influence.

⁷⁸ Fliedner and Fliedner, "Instruktion für die Vorsteherin (mit Bemerkungen zur Instruktion)." Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 139.

domestic responsibilities as a wife through reimbursement by the institute for childcare, housekeeping, cooking, and organizational management.⁷⁹ As her own children got older, she was instrumental in founding a daycare center, which not only trained preschool teachers, but provided care for all of her children over the age of two.⁸⁰

Of course, these privileges seemed to give her little satisfaction as she lamented to Fliedner “the daily oppression of feeling like a widow,” while he was on a three-month trip to England.⁸¹ However, even in her loneliness, she demonstrated that she had not lost her fierce sense of independence and confidence after marriage. As Lady Superintendent and wife, she was solely responsible for all expenditures of the deaconess institute and the Fliedners’ personal household, which reflected her personal priorities such as nutrition and cleanliness. Her notes record that the deaconesses require sufficient nourishment for their physically-taxing occupation in justification of her decision to provide a “proper bourgeois diet” to the best of her financial ability. Receipts for meat indicate that she allowed 800 grams per deaconess per week, averaging far above the contemporary norm.⁸² Theodor Fliedner was separately responsible for only the expenses related to his trips, the pharmacy bills, and his books.⁸³ He seemed unfazed by

⁷⁹ Friederike Fliedner, "Letter to Frau Focke, 8 June 1838," in *Fliedner papers* (Kaiserswerth: Fliedner Archive, 1838). Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 135. She describes in a letter to her friend, Frau Focke, how she has hired someone to care for her 10-month old, put the older children in the daycare, and has two maids to assist a new household manager in the care of the housekeeping and kitchen. In stating that “half of this institute is my responsibility,” she justifies her professional responsibilities and domestic entitlements far beyond that due a modest pastor’s wife.

⁸⁰ Friederike Fliedner, "Letter to Karoline Fliedner (her mother-in-law), 4 August 1837," in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive, 1837). Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 118.

⁸¹ Friederike Fliedner, "Letter to Theodor Fliedner, undated (c. spring/summer 1832)," in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive, 1832). Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 54.

⁸² Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 124.

⁸³ Ibid., 123-24.

the absence of his opinions being taken into consideration regarding the household finances. In fact, when Friederike noted that income from nursing and boarding would cover only four percent of the institute's expenses in its first year, she herself was the one to send notices to Berlin in order to raise donations for the nursing institute.⁸⁴

Other men did not take as kindly to Friederike's independent management of the institute. The Kaiserswerth hospital was organized much differently than most hospitals of the nineteenth century. Unlike the usual administration by physicians, represented by a hospital board of their peers, Kaiserswerth was administered by the deaconess motherhouse with the physicians working as independent contractors with little influence over the administration and organization of the hospital. All medical, nursing, and housekeeping staff directly or indirectly answered to Theodor in his capacity as Inspector. Since he was frequently absent and his deputy was the Lady Superintendent, physicians often found themselves subordinated to a female administrator in situations of conflict. One such incident transpired in 1838, when an undisclosed disagreement between Dr. Thoenissen and Friederike left him so angry that he wrote to Theodor threatening to leave Kaiserswerth for the House of Mercy and complained to the institute's assistant pastor that "the institute has no administrator: the Pastor is not home and the Pastor's wife is too demanding a woman."⁸⁵ The terms of the ongoing conflict between Friederike and Dr. Thoenissen was essentially that the physician accepted a contract position subordinate to the Inspector with the assurances that the nurses would be respectful and obedient to his directions. The lady superintendent, however, was in an

⁸⁴ Ibid., 122-23.

⁸⁵ Friederike Fliedner, "Letter to Theodor Fliedner, 28 November 1838," in *Fliedner papers* (Kaiserswerth: Fliedner Archive, 1838). Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 152.

ambiguous position. Though she was both a woman and a nurse, she was also an administrator reporting to the Inspector in a parallel rather than subordinate position to the physician. In this case, she was also the inspector's wife and proxy.

While he considered Friederike to belong to the category of nurses, she, with the support of her husband, saw herself as the second in command taking over in his absence and having complete authority over her domains of supervising and educating the deaconesses. In the two episodes that Friederike mentions in letters to her absent spouse, Dr. Thoenissen objected first to her interference in his reorganization and rescheduling of the nurses, which she saw as an intrusion into her sphere of authority. The second episode highlighted a moral tension in the roles of medical nurse and respectable Protestant woman, when the physician ordered particular deaconesses to assist him in operating on nude male patients.⁸⁶ According to Anna Sticker, both the deaconesses and Friederike saw this position as a reflection of it not being “easy to find understanding there from [the physicians] that Kaiserswerth is for the Sisters, who want to know that special boundaries are recognized for their moral protection.” In a response letter, Theodor Fliedner supported his wife’s decision and pointed out that the physician would encounter only more careful protections of women’s morality among the Sisters of Mercy, where he endeavored to go.⁸⁷

The religious and patriarchal character of the Kaiserswerth nursing model is not surprising or new. However, Friederike Fliedner significantly blurred the demarcation between religious and professional forms of nursing in the nineteenth century, as she

⁸⁶ Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 154.

⁸⁷ Theodor Fliedner, "Letter to Dr. Ebermeier (District Physician), 3 July 1839," in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive, 1839). Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 154-55.

drew upon her religious piety and vocation in order to institutionalize limits on patriarchal control. Thus, the Kaiserswerth deaconesses are rightly seen as part of the formative history of modern nursing. Even if the religious evangelism and patriarchal values of the Fliedners' mission were characteristic of older religious models, the deaconess model also laid an ideological and organizational foundation for an explicitly profession-oriented nursing movement later in the century.

Surrogate Daughters, Protestant Deaconesses, and Nursing Sisters

In 1836, Theodor Fliedner was just a man who had “purchased the largest house in Kaiserswerth...having little notion of how or where his deaconesses would be recruited.”⁸⁸ However, his first household cohort reflected the coherent religious and social objectives of Theodor Fliedner’s ministry as well as the practical needs of the growing Fliedner family.⁸⁹ Gertrud Reichardt joined the institute as its first deaconess and potential superintendent. As the daughter and sister of physicians, she embodied the original ideals of what he sought in a nurse deaconess—Protestant, educated, socially and economically affluent, experienced in nursing and assisting physicians, and possessing a strong sense of Christian piety.⁹⁰ When Reichardt arrived on October 20, 1836, two other nurses were already placed in the hospital temporarily. Albertine Pieper was of similar

⁸⁸ Prelinger, "The Nineteenth-century Deaconessate in Germany," 216.

⁸⁹ Ibid. Prelinger argues that Fliedner's recruitment of deaconesses was based upon 1) his own religious and social goals, and 2) the needs of single women left economically and socially unsecure by industrialization. While I agree with this analysis, I think that these twin criteria developed over time rather than were originally conceived together. Instead, his identifying of Gertrud Reichardt as an ideal candidate, suggests that Fliedner was actually seeking more affluent women to fill deaconess positions than ultimately was the case.

⁹⁰ Winkworth, ed. *Life of Pastor Fliedner*, 63-64. Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 97-98.

background to Reichardt, but had no long term plans to become a deaconess.⁹¹ Katharina Bube, the Fliedners' nanny (*Kindermädchen*), volunteered to assist with patients in the hospital temporarily as needed.⁹² In addition to the administration and nursing staff were a male nursing aide and two maids, who were regarded as household servants and took their orders from the deaconesses.⁹³ That winter, Beata Roth and Johanna Deters arrived as the institute's first probationers, completing the first Kaiserswerth Institute household.⁹⁴

Among this first household cohort, the respectability and social status of the deaconesses were protected by a hierarchical division of labor. The managerial and patient care responsibilities were divided among the deaconesses while the physically strenuous and menial labor tasks were delegated to the servants. Because Reichardt further insisted that her strength should be devoted solely to the care of patients, Pieper took on the responsibility for the financial accounting and household management. As a student, Roth was subjected to a greater degree of direct instruction and supervision. The male aide was allowed to carry out tasks only as they were directly assigned to him, mainly consisting of those requiring heavy physical labor or immodest interaction with male patients. The maids were for the most part forbidden to interact with the patients.⁹⁵ At first, this hierarchical ordering of the household closely approximated the socio-

⁹¹ Gerhardt, *Theodor Fliedner: Ein Lebensbild*, 62,79. She was in charge of the kitchen and laundry for a year before returning to her family. She agreed to move from Dusseldorf only temporarily to assist with getting the deaconess institute and hospital running.

⁹² Winkworth, ed. *Life of Pastor Fliedner*, 65.

⁹³ Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 103.

⁹⁴ Theodor Fliedner, "Pflegerinnenbuch, 1836-1853" in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive).

⁹⁵ _____, "Das Konferenzbuch--III. Konferenz (19 January 1837)," in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive, 1837). Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 104.

economic background of the staff members, and it is clear that had this composition of the household been sustainable, a socio-economic sense of respectability would have been sufficient to ensure the publicly recognized respectability of Fliedner's deaconesses. However, as the example of Gertrud Reichardt will show, this method was fraught with unforeseen complications and was not sustainable.

Gertrud Reichardt was the middle-aged daughter of a well-respected Protestant physician. She had been recruited as a potential superintendent on account of her respectable background, Protestant piety, and experience with nursing as an assistant to her father.⁹⁶ Reichardt was the perfect image of a Protestant deaconess on paper. However, it was many of these sought-after characteristics that made her tenure at Kaiserswerth so difficult. Unlike the deaconesses to come, Reichardt was not subjected to a probationary period and was addressed as "Fraulein" instead of "Sister." In addition, she received a small salary and wore her own clothes (including the hat of a middle-class lady).⁹⁷ While she was regularly pointed out as a favorite among the patients, the Fliedners and other deaconesses were disappointed with her lack of managerial aptitude. Complaints ranged from her inability to supervise the maids to her failure to oversee or participate in housekeeping tasks.⁹⁸ In her mastering of patient care alongside her father, Reichardt had not developed the sense of self-reliance and regulation that was assumed of

⁹⁶ Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 98.

⁹⁷ Ibid., 97. Some of these standard deaconess practices were also established after Reichardt's arrival and would have applied to later deaconesses, even if they were of similarly elite backgrounds. It was a consequence of both her status and the provisional state of the institute rules at the time that explain her exceptional treatment.

⁹⁸ Fliedner, "Pflegerinnenbuch, 1836-1853." Also, transcribed by Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 106. The recorded complaints about Reichardt were written on a loose slip of paper, which is undated and untitled. They are surprisingly detailed and numerous, such as she set a bad example for others, she would not read aloud to the male patients in the evenings, she would not make the beds, she waited for the male aide to do things for her, says she will do things but then does not, she is unorganized, forgets food and baths, etc.

middle-class wives and expected of deaconesses. Her nursing was an extension of her role as a middle-class daughter, but nursing at Kaiserswerth also required the silent work of a lower-class woman and the managerial efficiency of a middle-class wife.

When it became increasingly clear that she was unsuited to the position of lady superintendent, it was not simply a matter for Friederike to handle personally with the deaconess (as was protocol), but required correspondence and personal conferences between Theodor Fliedner and Gertrud's brother, Johann Christian Reichardt, who left his missionary post in England to confront Fliedner in person over what he saw as an unjust mishandling of his sister's situation.⁹⁹ Admittedly, many of the infractions recorded against Reichardt were due to her middle-class sensibilities about appropriate female behavior. Fliedner's response to her brother defended the decision by emphasizing Gertrud's open agreement with his decision and offered veiled references to her age and the fact that such a large institution was both physically and spiritually overwhelming for her. However, Theodor also extended something of an olive branch in offering Reichardt a position that essentially made her a servant (*Dienerin*), but allowed her to keep the title and honorarium of a deaconess.¹⁰⁰

Still, the same family connections that had made Reichardt an appealing choice as the first Kaiserswerth deaconess and potentially its first lady superintendent also came to present the Fliedners with an unwelcome source of external meddling. Gertrud Reichardt's socio-economic affluence was not only an issue between her family and the Fliedners either. The ongoing power struggles between Friederike and the institute's

⁹⁹ Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 106-07.

¹⁰⁰ Theodor Fliedner, "Letter to Johann Christian Reichardt, 25 May 1837," in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive, 1837). Also transcribed by Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 107-08.

physicians were on several occasions predicated on complaints by Gertrud Reichardt. For example, when Dr. Ebermeier visited Kaiserswerth to perform an amputation, he directed the deaconesses to assist him in his operation without first consulting the lady superintendent. After the operation, however, Reichardt and Deters complained to Friederike about the “shamelessness” of the doctor for having forced the respectable women to view the exposed male patient’s body throughout the course of the operation.¹⁰¹ Thus, while these episodes suggest a power struggle between the physicians and lady superintendent, they were also moments in which the tensions between the entitlements of class, gender, and occupational statuses were being negotiated.¹⁰²

Although the responsibilities of the deaconesses were hierarchically organized, they also changed periodically due to initial turnover and recruitment. After Friederike settled into her role as Lady Superintendent, a rotation of duties was implemented and all of the nurses were required to become familiar with all areas including the kitchen, laundry, housekeeping, and the patient wards (male, female, and children’s).¹⁰³ The rotation was not only a practical adaptation, but was also part of an ideological commitment to broad training. Most deaconesses would be sent out to provide nursing services in hospitals, institutions, and private residences. Since they would have to be self-sufficient, working either alone or among only a few women, they needed to be trained in a wide variety of skills prior to being commissioned. The conflict over

¹⁰¹ Friederike Fliedner, "Letter to Theodor Fliedner, 14 June 1839," in *Fliedner papers* (Kaiserswerth: Fliedner Archive, 1839). Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 154.

¹⁰² Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 154. Interestingly, Friederike remarks that Marie Schäfer, a probationer from Württemberg, did not come to her to complain about the incident, but Reichardt and Deters did, suggesting that experience and rank contributed most to a comfort in challenging the authority of physicians.

¹⁰³ Dock and Stewart, *A Short History of Nursing*, 109.

Reichardt's position at Kaiserswerth led the institute to establish the significant precedent that work done in service to Jesus Christ was freed from other obligations and arguably impervious to the class-based social scrutiny of the outside world.¹⁰⁴

Perhaps as a reflection of that reality, but also as the appeal of the nurse training program expanded, the new employees who augmented the numbers of the growing Kaiserswerth in the following years were from a broader range of backgrounds. By the end of the first year, the household of the institute was responsible for around thirty people, among them: six nurses, one male aide, two maids, and two preschool teachers, plus the Fliedners' growing family and the patients.¹⁰⁵ In the following years, the Kaiserswerth Institute added 5-6 new recruits per year in 1837 and 1838, and 10-12 new recruits per year from 1839 to 1842.¹⁰⁶ Unlike Gertrud Reichardt, the probationers to enter over the following decade were not the daughters of physicians, but instead came from more humble and rural backgrounds.¹⁰⁷

From an analysis of the entrance records, most women were daughters of modest artisans, teachers, and clergy. Deaconesses who had spent time in domestic service prior to joining the institute had often lost one or both parents. For example, Eva Katharina Theißben's parents were both dead, but she had worked five years as a housekeeper for a pastor in Hünshoven, who vouched for her selflessness and patience in carrying for the

¹⁰⁴ Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 108.

¹⁰⁵ Friederike Fliedner, "Letter to Frau Focke, 19 July 1837," in *Fliedner papers* (Kaiserswerth: Fliedner Archive, 1837). Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 116.

¹⁰⁶ Fliedner, "Pflegerinnenbuch, 1836-1853."

¹⁰⁷ Ibid. and Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 202-13. An influx of "Bauerntöchtern" (daughters of farmers) from Württemberg arrived at Kaiserswerth in 1840 in response to advertisements for probationers in churches. This shifted the general socio-economic background of the deaconesses away from its local character dominated by daughters of artisans, teachers, and pastors.

poor.¹⁰⁸ Similarly, when Margareta Sophia Bolte, 21, joined the institute, she was without parents and had already spent four and a half years in domestic service.¹⁰⁹ Being orphaned seemed to elicit sympathy and understanding for one's impoverished circumstances. As an exception proving the rule, Maria Friederike Sommer's parents were still living and her father worked as a border guard, while she spent almost 4 years in domestic service. Soon after arriving at Kaiserswerth, she became the subject of unsubstantiated rumors and suspicions about an illegitimate pregnancy. After repeatedly denying the accusations to Friederike and other deaconesses, Sommer was let go and sent back to her parents on account of coarse behaviors and a lack of honesty.¹¹⁰ When she turned out not to have been pregnant, she was invited to return, but her ongoing relationship with parents of a less-than-respectable social position seemed to make Sommer more threatening to the delicate reputation of the Kaiserswerth Institute and more easily cast away.

By the end of the 1840s, the reputation of Kaiserswerth nursing as a refuge for women of respectable (i.e. middle-class) standing called by religious devotion to care for the sick was in many ways a myth. Fliedner learned from his early experiences with Gertrud Reichardt and other deaconesses that women with strong family connections and socio-economic privilege presented significant difficulties for the institute. However, the myth of respectability was so vital to his mission that Fliedner took it upon himself to create a sense of socio-economic and religious respectability that would similarly enhance the status of his deaconesses. His efforts included placing deaconesses in

¹⁰⁸ Fliedner, "Pflegerinnenbuch, 1836-1853." Transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 350.

¹⁰⁹ Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 351-52.

¹¹⁰ Ibid., 351.

positions of authority over servants and probationers, dictating the hospital uniforms and public attire of deaconesses to correspond to that of married middle-class women, and emphasizing the importance of morality and piety to a middle-class notion of female respectability that included, but was not limited to financial and familial support.

The juxtaposition is quite startling between these women's actual socio-economic background the rhetoric put forth by Fliedner and subsequent scholars who took him at his word. From an overview of the women's familial and economic background, it is clear that the criterion for acceptance as a Protestant deaconess lay almost exclusively in religious devotion and not in socio-economic standing. Though not universally destitute, the Protestant deaconesses demonstrated a significant range of social backgrounds. The majority of entrants had already been exposed to domestic service and/or the death of one or both parents, but a significant minority of the young women came from landholding parents and a comfortable standard of living, including more than average educational experience.¹¹¹ From this diversity, it is clear that the hierarchical structure of the patriarchal family and the devotion to religious piety provided their own brand of legitimacy and respectability that was not available to young women outside of marriage regardless of their existing social and economic position.

The importance of confessional sponsorship for the legitimization of women's work in pre-unification German territories is further exemplified in the candidate's own articulation and justification for her suitability for admission to the institute. After two years working in domestic service, Dorothea Bruchmüller was disheartened about her social position but wrote: "It was my eagerest desire to receive a Christian calling. I tried

¹¹¹ Fliedner, "Pflegerinnenbuch, 1836-1853."

everything possible... [then] I received a letter from my sister-in-law, which asked me if I had not a desire to become a teacher. I took this with joy as the Lord's instructions of what to devote me to." After completing the Kaiserswerth course for preschool teachers, she joined the nursing program in preparation for wide ranging duties as a deaconess in a branch location.¹¹² The obituary of still-probationer Magdalena Gundelwein, 23, emphasized how "in God's hands, the tragedy of her father's death had become the means of awakening her to a new life [as a deaconess]."¹¹³

Of course, religious piety was an understood necessity among potential deaconesses. A more surprising thread among the curricula vitae was the devotion to continued education. Gertrud Wortmann discusses her early education and the support of her parents for reading and praying. However, she laments that at age ten she was sent to live with relatives where she was unable to continue her schooling and was forced to work instead.¹¹⁴ Auguste Wolf, 28, was described as having a passion for reading and writing, far surpassing her classmates' abilities, and being particularly equipped with the talent and energy for written prose, which after a period of "worldly" experimentation she sought to apply to the work of a deaconess.¹¹⁵ Such autobiographical narratives provided the women with a forum to justify their claims to middle-class respectability beyond what their real socio-economic background would have otherwise suggested. The ongoing anxieties of the Kaiserswerth administration toward the potential for social climbing also

¹¹² "Kurzer Lebenslauf der Probeschwester Dorothea Bruchmüller," *Der Armen- und Krankenfreund* (1856).

¹¹³ "Kurzer Lebenslauf der Probeschwester Magdalena Gundelwein," *Der Armen- und Krankenfreund* (1855).

¹¹⁴ "Kurzer Lebenslauf der Diakonissen Gertrud Wortmann," *Der Armen- und Krankenfreund* (1857).

¹¹⁵ "Kurzer Lebenslauf der Diakonissen Auguste Wolf," *Der Armen- und Krankenfreund* (1862).

suggested that they were aware of the opportunity for social mobility that they were offering women of precarious social and economic means.¹¹⁶

Even with the attempt to implement strict standards of socio-economic background, recognized morality, confessional piety, and education for its entrants, the reputation of the Kaiserswerth deaconesses as pious Protestant women called to serve as nurses was blemished by the realities of the women's lived experiences. In some cases, despite convincing entrance autobiographies, the candidates did not live up to their supposed calling to be nurses. In a report on Beata Roth, the Fliedners recorded that she was first recommended to have "more wisdom and patience when dealing with the patients" and that they tried to respond to mundane comments, such as that she missed her mother, with suggestions that perhaps she was not happy at Kaiserswerth and was free to return home.¹¹⁷ Eventually, she was dismissed and found a new position through her uncle, which she imagined would lead to her becoming a lady superintendent. Instead, she was dismissed from her second position as well.¹¹⁸ On the other hand, Elise von Morsey, 21, was at Kaiserswerth for little more than a month when she was described as a "diligent" (fleißig) worker with only mild criticisms. Then, she shocked the Fliedners by telling them and the deaconesses "without external prompting" that she had been sexually involved with both a local man in her hometown and a Dutch farm boy prior to arriving at Kaiserswerth, and was immediately dismissed.¹¹⁹

¹¹⁶ Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851," 152.

¹¹⁷ Fliedner, "Pflegerinnenbuch, 1836-1853." Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 158-59.

¹¹⁸ Theodor Fliedner, "Letter to Friederike Fliedner, 17 July 1838," in *Fliedner papers* (Kaiserswerth: Theodor Fliedner Archive, 1838). Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 99.

¹¹⁹ Fliedner, "Pflegerinnenbuch, 1836-1853." Also transcribed in Sticker, ed. *Friederike Fliedner und die Anfänge der Frauendiakonie: Ein Quellenbuch*, 353.

Christian morality and socio-economic affluence among the Kaiserswerth deaconesses were not always easy to procure from among the available candidates. Yet, the Fliedners were able to create and preserve a myth of female respectability so powerful that it became something of a self-fulfilling prophecy. The most visible sign of the Fliedner's creation of female respectability was the standardized nursing uniform. According to Irene Poplin, "nurses not only became recognizable by their dress, but their uniform clothing came to symbolize caring, professional competence, and above all, unquestionable moral character."¹²⁰ The Kaiserswerth uniform consisted of a plain floor-length blue cotton dress, a matching apron, a white collar, a scarf, and a white bonnet-like cap. Outdoors, deaconesses added a simple unfitted black coat and a black silk hat. The hat was a key component of the statement made by the uniforms; it was styled after the hats of married middle-class women with a wide brim to suggest modesty. Poplin notes that for the many deaconesses of lower-class backgrounds, this would have been their first occasion to wear a hat.¹²¹

In an era of livelihoods made precarious by industrialization, the Kaiserswerth Deaconess Institute's most important attraction may have been its promise of a refuge for its deaconesses in sickness and old age.¹²² This social support system began, of course, from the deaconess's probation, which often saved her from a life of domestic labor or other work of disrepute. As a deaconess, women were further protected by the motherhouse system from the kinds of labor exploitation common in early industrialized

¹²⁰ Poplin, "Nursing Uniform: Romantic Idea, Functional Attire, or Instrument of Social Change," 153.

¹²¹ Ibid.: 159.

¹²² Florence Nightingale, *The Institution of Kaiserswerth on the Rhine, for the Practical Training of Deaconesses* (London: Colonial Ragged Training School, 1851). Reprinted in Austin, ed. *History of Nursing Sourcebook*, 195.

society. If deaconesses were overworked or not properly protected from fatigue and illness, the motherhouse would reclaim them from their station and refuse to send replacements.¹²³ Finally, in old age or long-term illness, deaconesses could return to the motherhouse to be cared for when they were no longer able to work.¹²⁴ The importance of this cannot be overestimated in the context of the second half of the nineteenth century. In 1854, Theodor Fliedner began the process of founding convalescent homes such as the “House of Evening Rest” in Salem for deaconesses “who had worn themselves out in faithful work for the Lord.”¹²⁵ With the financial and moral support of the king, its success created an impetus for other such institutions for deaconesses and the more general aged female populace.

The nursing school started in 1865 introduced a systematic training program for nursing probationers that institutionalized the ranking of nurses under the administration of a lady superintendent or matron, who was responsible for all nurses in a hospital or other institution.¹²⁶ The hospital opened in 1836 with twenty rooms; a year later, it was remodeled to add sanitary facilities such as toilets, bathtubs, a large laundry room, and a morgue. By 1842, the hospital grew to eighty beds and by 1850, it had one hundred patient beds plus extra spaces for special medical, administrative, residential, and educational needs.¹²⁷ The hospital was divided into four departments (men, women, boys, and children), with each department further subdivided into wards of up to four

¹²³ Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851," 74-75.

¹²⁴ Nightingale, *The Institution of Kaiserswerth on the Rhine, for the Practical Training of Deaconesses*. Reprinted in Austin, ed. *History of Nursing Sourcebook*, 195.

¹²⁵ Winkworth, ed. *Life of Pastor Fliedner*, 131-32.

¹²⁶ Dock and Stewart, *A Short History of Nursing*, 111.

¹²⁷ Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851: Purposes and Curriculum," 42.

patients each or perhaps more in the case of the men. Each ward was supervised by a ward sister, each of whom was also in charge of a day sister, a night sister, and up to several probationers. Male wards had male nurses who reported to the female sisters, but were responsible for making sure that “no Sister is called upon to do anything for a male patient but that which, in a private house, a lady would perform for a brother.”¹²⁸ This hierarchy did more than protect the morality of its deaconesses.

Probationers were introduced to each aspect of hospital work through rotating assignments and mentors in various sorts of wards, departments, and as they progressed through their training and levels of responsibility. Irene Poplin has compiled a generic daily routine for deaconesses based upon Fliedner’s tables of daily schedules, but as she cautions, it is limited by its idealistic emphasis on order.¹²⁹ Agnes Elizabeth Jones, an elite Irish woman, described a more variable schedule based especially upon where she was stationed. In keeping with Poplin’s overview, she consistently began her day at 5:00, checking in at the hospital briefly before breakfast and prayers between 6:15 and 7:00. The mornings were filled with household chores (mending, washing dishes, dusting and cleaning bedrooms) and patient care (washing, dressing, feeding, and distributing medications), the latter of which could be especially detailed and time consuming when assigned to the children’s ward. Since she was not a ward sister or pharmacy sister, it makes sense that the physicians rounds in the late morning do not appear on her schedules. Midday usually required dinner distribution for the patients and the deaconesses, and some time devoted to classes or educational activities. Afternoons

¹²⁸ Nightingale, *The Institution of Kaiserswerth on the Rhine, for the Practical Training of Deaconesses*. Reprinted in Austin, ed. *History of Nursing Sourcebook*, 193.

¹²⁹ Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851," 42.

might include reading to the patients, entertaining children, more cleaning, or going to church services. In the evenings, deaconesses repeated a routine of distributing supper and medications before getting patients ready for bed, eating supper themselves, and then gathering for Bible lessons or returning to the wards to sit with patients until bedtime at 10:00.¹³⁰ Night duty was done by rotation as well, with each sister taking approximately one night shift per week, which lasted only 3 hours.¹³¹ While many of the tasks were menial, the elite women who visited Kaiserswerth and recorded their experiences expressed the willingness of ladies to engage in such work. Agnes Jones remarked how even Fliedner was “astonished at the cheerfulness with which, as ‘probe Schwester,’ [Hedwig, said to belong to one of the highest families in Germany] did any menial work.”¹³²

Thus, after only a few decades, deaconess nursing had become not only suitable for respectable women, but actually had become a conveyor of respectability itself. By 1911, Lavinia Dock and Isabel Stewart had commemorated the Kaiserswerth deaconesses in four short pages, summing up in *A Short History of Nursing*, the myth that had since taken hold: “young women entered, all carefully chosen. They might come from plain families, but all were required to be of blameless life and upright character...In its early stages the deaconess movement gave an outlet and opportunity to young middle-class women who would otherwise have been doomed to dull inactive lives.”¹³³ This myth

¹³⁰ Agnes Elizabeth Jones, "Letter to her Mother, 1860," in *History of Nursing Sourcebook*, ed. Anne L. Austin (New York: G.P. Putnam's Sons, 1957), 197. Jones's father was a colonel and her uncle was the future Viceroy of India.

¹³¹ Nightingale, *The Institution of Kaiserswerth on the Rhine, for the Practical Training of Deaconesses*. Austin, ed. *History of Nursing Sourcebook*, 194. See also Chapter Five for a stark contrast in night duty practices in the early 20th century.

¹³² Austin, ed. *History of Nursing Sourcebook*, 197.

¹³³ Dock and Stewart, *A Short History of Nursing*, 109-10.

was the foundation for the next generation of nursing reform that introduced the widespread transition of nursing from a sort of working-class labor to a respectable profession for the women of the elite classes.

Stage III: The Passing Spirit of 1848—

The Kaiserswerth Institute went through an intense period of transition after the death of its lady superintendent, Friederike Fliedner, in 1842. At the time, Theodor Fliedner was actively engaged with establishing a Protestant hospital staffed with deaconesses for the Prussian king in Berlin. The search for a lady superintendent there caused Fliedner and Amalie Sieveking again to cross paths, as she was requested to fill the position or recommend another woman suited to the job. Caroline Bertheau, 32, was introduced as a suitable candidate, but Fliedner found her to be likewise suitable for replacing Friederike as his lady superintendent and wife at Kaiserswerth. After some contemplation, Caroline chose Kaiserswerth over Berlin.¹³⁴

Caroline's administration was characterized by a number of significant interactions with political and social forces beyond Kaiserswerth, which reflected the ripple effect of upheaval caused by the mid-century revolutions throughout Europe. As Catherine Prelinger has argued and the case of the Kaiserswerth Deaconess Institute exemplifies, the temporal overlap of early nineteenth-century religious radicalism and the mid-century women's movement created a unique opportunity for institutionalizing new public roles for women in religious and charitable professions, as well as for having their ideas co-opted by more conservative forces.¹³⁵ While the work done by women at the Kaiserswerth Institute clearly reflected the former, the vision of its founder and outward

¹³⁴ Felgentreff, *Das Diakoniewerk Kaiserswerth, 1836-1998*, 31-32.

¹³⁵ Prelinger, *Charity, Challenge, and Change*, ix-x.

reputation was characteristic of the latter. While Friederike was able to manage this contradiction through her personal and administrative savvy, this was a more difficult task for Caroline as the Kaiserswerth model expanded beyond her personal administrative jurisdiction and because the heightened impact of the revolutions forced the polarization of liberal and conservative ideologies. In this era between 1843 and 1865, the Kaiserswerth Deaconess Institute confronted the products of its own success: widespread implementation of its methods throughout Prussia, Europe, and North America; patronage and close association with the Prussian monarchy and the Inner Mission; and the attraction of a small but significant number of independent aristocratic ladies visiting Kaiserswerth as students.

Caroline's style was more reserved and deferent than her predecessor; her administration did not take many independent liberties and rather focused on maintaining the status quo at home while expanding the Kaiserswerth vision throughout Prussia and abroad in keeping with her evangelical values.¹³⁶ Under Caroline's administration, Kaiserswerth added over five hundred active deaconesses and ninety-nine stations, of which thirty-one were German stations outside Rhineland-Westphalia and eighteen were abroad.¹³⁷ While the earliest foreign stations mainly reflected Theodor and Friederike's earlier contacts from western Europe and North America, Caroline's own missionary impulse contributed by mid-century to expansion East toward Bucharest, Jerusalem,

¹³⁶ I use “evangelical” here descriptively, rather than as a confessional category. The Bertheau family was descended from the Huguenots, or French Calvinists, seeking religious asylum in Prussia. While her religious background was closely connected to Friederike’s, its continued connection with French linguistic and cultural traditions, and the fact she was raised in the Lutheran city of Hamburg rather than among majority co-religionists might explain why Reformed evangelism was more influential on her leadership than her predecessor’s.

¹³⁷ Disselhof, *Kaiserswerth. The Deaconess Institution of Rhenish Westphalia, Its Origin and Fields of Labour*, 79-91.

Istanbul, Smyrna, Alexandria, and Beirut.¹³⁸ The even faster growth of stations throughout Prussia reflected a broader social movement in Germany, which sought to refocus the colonial projects of Christian missionaries for the spiritual salvation and cultivation of Germans rather than distant foreign peoples.

The coordination of the Kaiserswerth Institute with the “Inner Mission” was prompted by the influence of both movements on the Prussian king in the mid-nineteenth century. The deaconess institute was officially sanctioned by Friedrich Wilhelm III in 1838, and then again under a new charter by Friedrich Wilhelm IV in 1846.¹³⁹ By 1848, the Kaiserswerth Institute had also securely positioned its nurse training program to weather the political and economic storms of liberal revolution and conservative reaction. When the dust settled after the tumultuous but short-lived 1848 Revolutions, only the Kaiserswerth deaconesses were left unscathed. Fliedner’s reputation was greatly enhanced during the conservative backlash as a highly regarded, loyal ally of the Prussian king, but he had to share such prestige with the increasingly powerful Inner Mission.¹⁴⁰ Fliedner had a tense and competitive relationship with the Inner Mission, which was also attempting to appropriate the tradition and legacy of female charitable organizations. In 1845, his wife Caroline went to Berlin to protest a nomination for lady superintendent by the Inner Mission, in keeping with her husband’s insistence that only Kaiserswerth-

¹³⁸ Felgentreff, *Das Diakoniewerk Kaiserswerth, 1836-1998*, 64.

¹³⁹ Prelinger, *Charity, Challenge, and Change*, 22. Winkworth, ed. *Life of Pastor Fliedner*, 69, 96-97. In 1846, Theodor refounded the deaconess institute as “The Society in Rhenish Westphalia for the Training and Employment of Protestant Deaconesses,” and reconceived of its organization and statutes to bring it into closer relationship to the unified Prussian church and its provincial representation in the Rhineland and Westphalia.

¹⁴⁰ Prelinger, *Charity, Challenge, and Change*, 165-67. The Inner Mission was considered the hallmark of post-revolutionary Pietist crusades and nationalization of the Protestant church in Prussia. Wichern, the leader of the Inner Mission compared the 1848 revolutions to the Anti-Christ and posited that only the creation of the Protestant church as a national institution could create a “Pietist crusade to meet the social crisis of the day.”

affiliated women be considered for the post. Thus, the Kaiserswerth Institute had already “usurped and neutralized many of the goals articulated by the women’s movement during the revolution” and paved the way for the Inner Mission to become the primary face of Protestant philanthropy in Prussia and later Imperial Germany.¹⁴¹

It is not surprising that the middle-class German-Catholic and interconfessional associations of women were now the target of a post-1848 backlash against liberalism, inter-confessionalism, and women’s public engagement.¹⁴² Amalie Sieveking’s uncompromising insistence on “the principle of female leadership independent of both male and ecclesiastical direction” had called even her otherwise conservative values into question and brushed her into the category of those feminists purged in the reaction.¹⁴³ The membership of her Female Association for the Care of the Poor and Sick declined steadily after 1849.¹⁴⁴

Another aristocratic lady and nursing leader, Marianne von Rantzau, survived both the revolutions and reactions. Von Rantzau was the lady superintendent, who eventually filled the position in the king’s hospital left behind by Caroline (Bertheau) Fliedner in Berlin. She was a follower of Johann Hinrich Wichern, who had built a reputation for her effective fundraising among her family and friends for the cause of the Inner Mission. Theodor and Caroline Fliedner used their influence with the king and other prominent aristocratic patrons to prevent the placement of women unaffiliated with

¹⁴¹ Ibid., 166-69. This is based upon an article by Louise Otto in her *Frauenzeitung* in 1850, lamenting the deaconess movement’s usurping their rhetoric for detracting from the appeal of the women’s movement.

¹⁴² Ibid., 150; Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851," 346.. Poplin describes the conservative elements of the Kaiserswerth curriculum as “order, discipline, and obedience” “firmly embedded in the centralized, autocratic institutional organization and, as such, extended the Prussian state and social system.”

¹⁴³ Prelinger, *Charity, Challenge, and Change*, 42.

¹⁴⁴ Ibid., 146.

the Kaiserswerth Institute until 1845 when von Rantzau won them over by spending a year training at Kaiserswerth and proving her capability. Still, after taking over the leadership at the Berlin Deaconess House in 1847, she was criticized by Fliedner for departing from his patriarchal model and instead leading a “sovereign women’s regiment” based upon “liberty and independence.”¹⁴⁵

Eventually, the Inner Mission led by Wichern and the Deaconess movement carried on by the Fliedners went their separate ways and continued to divide the attention and support of the king. On the one hand, the king’s own hospital became more closely associated with the Berlin-based diaconate organization of the Inner Mission and Marianne von Rantzau. On the other hand, he continued to contribute money, prestige, and gifts to the Kaiserswerth Institute and count Theodor Fliedner among his few close personal confidants and advisors. Fliedner’s autobiography tells stories of once being invited by the king to join his cabinet council, inviting him to Sans Souci to give him the infrastructure for expanding his institute, and of the king crying on his shoulder out of gratitude for his sympathy and support during the “dark year of 1848, that brought so much bitter sorrow to our sovereign and our nation.”¹⁴⁶ Both Fliedner and Wichern balanced the contradictory impulses of bringing women into public service for the good of the emerging nation and their evangelical projects on the one hand, and of keeping them subordinated within patriarchal families on the other hand. The unquestioning sympathy of men like Fliedner and Wichern for the king during the revolutions of 1848 insulated them from the conservative backlash against women’s public engagement in the

¹⁴⁵ See Ursula Röper, *Marianne von Rantzau und die Kunst der Demut: Frömmigkeitsbewegung und Frauenpolitik in Preußen unter Friedrich Wilhelm IV* (Stuttgart: Verlag J.B. Metzler, 1997); Gisela Bock, *Women in European History*, trans. Allison Brown (Oxford: Blackwell, 2002), 114.

¹⁴⁶ Winkworth, ed. *Life of Pastor Fliedner*, 100-02.

post-revolutionary era and allowed them to reign as the unchallenged purveyors of women's work and religious service, at least for the time being.

In 1851, Florence Nightingale, 31—Fliedner's most famous pupil—returned to the Kaiserswerth Institute for an extended course in nurse training following her brief visit in 1850. As an educated British woman of elite class status, her experience at Kaiserswerth varied from most of its other students. Although applicants were required to be literate, basic education courses followed at Kaiserswerth, which would have been far below the level of Florence Nightingale, who had been educated by her father at a much higher level than even most women of her own class status. So, Nightingale was excused from many of the general education courses as well as various menial chores unsuited to a woman of her social standing. Like Gertrud Reichardt, Nightingale fit more the ideal of the Kaiserswerth deaconess rather than its reality. Still, she could not escape the modesty of the Kaiserswerth motherhouse, where nurses both lived and worked. In the beginning, she seemed to romanticize the experience as girls often pretend to be Cinderella, but in her mature years, she recalled the circumstances with only contempt. Still, Nightingale forged bonds of friendship with many of the deaconesses she met as a Kaiserswerth student and throughout her later life. Their shared commitment to nursing as a Christian vocation and calling continued to undergird both the religious models and Nightingale's hospital model of nursing. The conservative values of Christian piety, obedience, and respectability that Nightingale shared with Theodor Fliedner remained at the center of her own conception of nursing. The persistent role of religious legitimization at the center of nineteenth century nursing served as an undeniable foundation for female professionalization as well as one of its major obstacles.

Florence Nightingale was not the only link between Kaiserswerth and Great Britain. Elisabeth Fry's Institution of Nursing Sisters had been active in London since 1840, sharing many of the same influences and values as Fliedner's deaconess institute.¹⁴⁷ The St. John's House Training Institution for Nurses, founded in 1848, also shared many of Fliedner's values and organizational principles, such as the emphasis on moral and religious discipline, with a confessionally-bound administrative hierarchy of a clergyman, lady superintendent, and two physicians.¹⁴⁸ Likewise, Sir Edward Parry, Superintendent of Haslar Hospital at Gosport, wrote in support of the Fliedner method of nurse training and management for the staffing of naval hospitals throughout the British Empire. His petition was supported by the signatures of five other medical inspectors and surgeons.¹⁴⁹ The reputation of the Kaiserswerth deaconess institute as the preeminent nurse training facility of Europe and perhaps the world is reflected in a letter from Elizabeth Blackwell to Florence Nightingale seeking advice on training schools for British nurses, "I suppose Kaiserswerth is the superior school; that, however, necessitates a knowledge of German, which is not always possible."¹⁵⁰

Still, Fliedner's program was also quite progressive in some of its elements. In the 1850s, the Kaiserswerth Institute could be seen to be slowly moving toward a more general model of female professional training. It added a training college for teachers to its deaconess school and a high school for girls, the latter of which was intended to give

¹⁴⁷ J.F. South, "Facts Relating to Hospital Nurses (1857)," in *History of Nursing Sourcebook*, ed. Anne L. Austin (New York: G.P. Putnam's Sons, 1957), 154.

¹⁴⁸ Ibid., 156.

¹⁴⁹ Captain-Superintendent Sir William Edward Parry, "Letter, June 1847," in *History of Nursing Sourcebook*, ed. Anne L. Austin (New York: G.P. Putnam's Sons, 1957), 181.

¹⁵⁰ Elizabeth Blackwell, "Letter to Florence Nightingale, 27 March 1854," in *Florence Nightingale on Women, Medicine, Midwifery, and Prostitution*, ed. Lynn MacDonald (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2007), 25.

them the initial preparation necessary for choosing a life of nursing, teaching, or marriage.¹⁵¹ It provided theoretical training and clinical rotations for nurses, privileged education over labor, and elevated deaconess nurses from peasant and lower-class women to the social equals of respectable middle-class wives and professionals.¹⁵² Even Florence Nightingale conceded that no such program existed in Great Britain or anywhere else in the world at this time.¹⁵³ Despite the many promising alternatives to Protestant deaconess nursing throughout the first half of the nineteenth century, in the end, Fliedner's overall conservatism was his saving grace and secured for him a lasting place in the history of German women's entrance into religious, charitable, and philanthropic service, and international nursing professionalization.

The training program at Kaiserswerth was both holistic and individualized. Though the probationary time was estimated to last between six months to three years, it varied greatly among probationers because they were judged on their mastery of requisite skills and character rather than a discrete time period.¹⁵⁴ The first dimension of the training happened outside the hospital with the ongoing assessment of a probationer's character by a mistress of probationers chosen from the more experienced deaconesses, and who lived among the probationers in order to judge their spiritual and moral preparation.¹⁵⁵ The second dimension is diversification, with probationers spending part of their training period in off-site hospitals, the orphanage, or the asylum,

¹⁵¹ Felgentreff, *Das Diakoniewerk Kaiserswerth, 1836-1998*, 40- 43; Disselhof, *Kaiserswerth. The Deaconess Institution of Rhenish Westphalia, Its Origin and Fields of Labour*, 18-20.

¹⁵² Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851," 346.

¹⁵³ Florence Nightingale, "Letter to her mother, 26 August 1851," in *Florence Nightingale's European Travels*, ed. Lynn MacDonald (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2004), 459, 64.

¹⁵⁴ Winkworth, ed. *Life of Pastor Fliedner*, ix.

¹⁵⁵ Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851," 171.

In 1864, Theodor Fliedner was moving and expanding the Kaiserswerth Institute campus to the edge of town and formalizing a distinct training program for nurses. He died before either was finished. Though these events had lasting effects for transnational nursing reform, the date is unremarked in German or nursing histories, which are embroiled in the waning months of the American Civil War, the impact of Florence Nightingale's *Notes on Nursing*, a gasp of peace between German Wars of Unification, and the inaugural year of the International Red Cross. The connections between Theodor Fliedner and a new generation of female nursing reformers, such as Florence Nightingale and Marianne von Rantzau, demonstrates the foundational impact of the Kaiserswerth deaconess training model for the next generation of nursing reform. Even though both women ultimately claimed to move away from their professional alliances with Theodor Fliedner, they continued to adopt many of the Kaiserswerth model's values and practices.

For the elite women drawn to Kaiserswerth, its offering of professional training with a guise of female respectability and religious piety was ultimately not enough to satisfy the new expectations of autonomy and self-actualization that were introduced in the liberal discourse of the mid-nineteenth century. They each went their own ways and tried to build upon what they found progressive in Fliedner's program into a more female-centered model of social and nursing reform. Still, the tension between the effectiveness of religious conservatism and the ultimate dissatisfaction with it for more progressive elite women characterized the values being institutionalized in nursing at the time.

Despite these many events signaling the dawn of a new era of nursing reform, it is important to remember that the majority of German nurses were still confessionally-

affiliated until well into the twentieth century. Furthermore, the ideologies and practices of nursing institutions—confessional or not—changed only gradually over years and generations. Already by 1865, the Kaiserswerth Institute itself had established in the course of three decades what Irene Schuessler Poplin suggests was a training school providing “a sound theoretical and clinical education in nursing” (c. 1850-1853) that “calls into question what specifically was new to the St. Thomas curriculum established by Nightingale.”¹⁵⁶ The lasting relevance of the Kaiserswerth Institute for the hagiographic narratives of nursing professionalization rests primarily with the overwhelming fame of Florence Nightingale and the tracing of her biography to the small Protestant motherhouse. This chapter suggests that the Kaiserswerth nurse training program should be recognized by contemporary scholars of nursing professionalization on its own terms since it—for better or worse—weathered the storm of industrialization, remained the unrivaled standard of nurse training throughout the 1850s, and inspired a new generation of nursing reformers seeking respectable work for women.

As this chapter has demonstrated, the Kaiserswerth Institute not only provided an approach to the Prussian problems of early industrialization and mixed confessional composition, but it also was able to disguise the effectively progressive aspects of contemporary social reform experiments with its outwardly conservative appearance, unabashed loyalty to the king, and lack of alignment with confessional and political orthodoxies during the upheaval of the 1848 revolutions. With the attention and respect of social reformers, military personnel, and political leaders, the Kaiserswerth Deaconess Institute became a lasting model of and influence on nursing professionalization because

¹⁵⁶ Ibid., 355.

of its unique ability to wrap a progressive re-imagining of women's roles in the cloak of traditional social hierarchies.

In sum, the Fliedners distinguished nursing (which treated patients holistically) as people, from medicine (which treated diseases). The regulations of the deaconess institute insisted that basic education and specialized training being the foundation for ensuring the efficacy and respectability of nurses, and that such training took precedence over providing hospital labor or physician assistance. Most importantly, the Kaiserswerth deaconesses demonstrated the power of religious sponsorship and the appearance of middle-class social status in legitimating a public and proto-professional role for women in the developing industrial society. These characteristics of nursing would not be challenged until almost the turn of the twentieth century, but in the meantime, they became the foundation upon which the next generation of nursing reforms would be built. The fact that an American military nurse in 1953 would decide to visit the Kaiserswerth Institute, and that her reflections on its importance were deemed of interest to the wider readership of the *American Journal of Nursing*, attests to the longevity of the mythical and historical role the Kaiserswerth Institute has played in the founding narrative of nursing professionalization.

CHAPTER TWO

WOMEN IN WAR, CRISIS IN NURSING: PATRIOTIC NURSING IN THE CRIMEAN WAR, AMERICAN CIVIL WAR, AND THE GERMAN WARS OF UNIFICATION, 1854-1871

On May 12, 1856, the British royal family was at Portsmouth welcoming back soldiers from the Crimean War. The fifteen year old Princess Royal (Vicky) was reported to have incited a moment of parental embarrassment by pointing and screaming, “Oh—there’s Mrs. Duberly,” at a woman wearing a riding hat among the parade of returning soldiers.¹ The Princess Royal probably recognized Frances Isabella (Fanny) Duberly from a famous Roger Fenton photograph that had appeared during the war and from the recently published journal of her wartime experiences that was popular at the time.² Duberly’s journal recorded her wartime activities, perseverance, and sacrifice in anticipation of being recognized by the Queen for her bravery, patriotism, and service to the nation. To the contrary, Queen Victoria went to great lengths to minimize the attention granted to Fanny Duberly and other regimental wives, hoping that the promotion of a new sort of military lady—the lady nurse—would distract the public from the national debacle of military hospital and supply operations in the Crimean War.³

Frances Duberly’s belief that her dedication to her husband’s regiment would be worthy of royal accolades and public distinction was based upon older military traditions

¹ Christine Kelly, ed. *Mrs Duberly's War: Journal and Letters from the Crimea, 1854-6* (Oxford: Oxford University Press, 2007), xxxiv; Piers Compton, *Colonel's Lady and Camp-Follower: The Story of Women in the Crimean War* (London: Robert Hale & Company, 1970), 189.

² Kelly, ed. *Mrs Duberly's War: Journal and Letters from the Crimea, 1854-6*, xix. *Journal kept during the Russian War: From the Departure of the Army from England in April 1854, to the Fall of Sebastopol*, by Mrs. Henry Duberly, was published in 1855, while the author was still in the Crimea with her husband and his regiment.

³ Duberly’s journal was especially critical of Crimean War military hospitals and female nurses. She found them to be inappropriate environments for respectable British women and offered embarrassing depictions of British military medical services that undermined the Queen’s alternative agenda to promote the work of lady nurses as the bright spot in the British involvement in the Crimean War.

regarding the role of soldiers' wives and other female regimental followers during previous wars.⁴ Among the many working-class soldiers' wives, Duberly stood out as the only lady and officer's wife in the Crimea for the entire duration of the war. She took pride in her independence from both the formality of upper-class Victorian society and the drudgery of most regimental wives' financial desperation. Her journal conveyed the unique perspective of an officer's wife attached to a cavalry regiment at the front, a woman who preferred the company of well-known military officers to the idle picnics of the visiting British ladies and what she saw as the indecent work of entering men's hospital wards.⁵

Despite the popularity of Duberly's journal, neither her personal experiences in the Crimea nor her publication were publicly acknowledged by Queen Victoria. Duberly was furthermore denied private permission to dedicate the publication to the Queen, "on the grounds that so many applications of this kind are made to her that she is obliged to draw a line."⁶ Duberly's journal reflects the traditional belief that ladies going to war were adventurous and sacrificing, but they remained ultimately *spectators*. The

⁴ Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914* (London: Routledge & Kegan Paul, 1988), 26; Compton, *Colonel's Lady and Camp-Follower: The Story of Women in the Crimean War*, 23. Prostitutes were the best-known regimental followers, but soldiers' wives were also common. According to Compton, while the British military staff had begun to find women of any kind "unnecessary and objectionable" in the field, they continued to tolerate them because the soldiers' wives kept up morale, did laundry for the regiment, and would have otherwise been sent to the workhouse in the absence of their husbands and wages back in Britain. Summers discusses the use of British army wives as nurses, cooks, cleaners, and laundresses during the American War of Independence and the Napoleonic Wars, but finds that the number of British women working in military hospitals declined after 1815. The gradual change may not have been evident to the public and Frances Duberly, though, since the British military did not have a major military operation between the Napoleonic and Crimean Wars. As of 1851, the British army barracks housed one woman for every four men. See Robert B. Edgerton, *Death or Glory: The Legacy of the Crimean War* (Boulder, CO: Westview Press, 1999), 140.

⁵ Kelly, ed. *Mrs Duberly's War: Journal and Letters from the Crimea, 1854-6*, xix, xxii, xxvi

⁶ *Ibid.*, xxxii-xxxiii.

expectations for women's wartime roles had shifted during the Crimean conflict. In the course of military conflicts during the 1850s and 1860s, the public image of women was broadened by the public appearance of active ladies providing angelic nursing services and a Victorian moral influence; in other words, women became *participants in* and contributors to rather than *spectators of* war. Duberly's dreams of royal and public tributes for regimental wives seems even more irreconcilable with the social prejudices of Florence Nightingale at the end of the war, as she wrote, "I must beg that a separate compartment be constructed for [the non-commissioned nurses] from the soldiers' wives as I cannot class them in the same category. "⁷ By the end of the war, the Queen and her people seemed to agree; the honors coveted by Duberly were bestowed instead upon the new ideal for ladies' wartime service—the nurses and hospital volunteers, specifically embodied in the iconic Lady of the Lamp, Florence Nightingale.⁸

A few months after the war ended, Florence Nightingale was certified as the official representation of female wartime service through the gift of a jeweled brooch with a St. George's Cross and the royal cipher and an invitation to visit the Queen at Balmoral Castle in Scotland.⁹ Queen Victoria and Florence Nightingale came to this meeting with particular personal and political agendas that led them to a fragile relationship of convenience rather than mutual affection or a common vision. Queen

⁷ Florence Nightingale, "Letter to 'My dear Sir', 13 June 1856," in *Florence Nightingale Letters* (Boston: Howard Gottlieb Historical Research Center, 1856).

⁸ It is useful to consider Florence Nightingale, the complicated and multi-faceted historical figure, as somewhat distinct from the mythical "Lady of the Lamp" who came to represent female military nursing throughout the world and modern history. The latter attracted legions of upper-class ladies to volunteer for national wartime service and brought them recognition and honor alongside soldiers. The former resisted the employment of lady volunteers and had an inconsistent attitude toward nursing professionalization.

⁹ Lynn McDonald, *Florence Nightingale on Society and Politics, Philosophy, Science, Education, and Literature*, vol. 8 Collected Works of Florence Nightingale (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2003), 412-13.

Victoria saw Nightingale as a popular and useful public figure who reinforced the moral authority of Victorian values without calling attention to its numerous class, religious, and gender contradictions. Nightingale arrived with detailed plans for sanitary and nursing reform for the British military, but found the Queen to be simple-minded and unresponsive toward her ideas. However, the Princess Royal was also in attendance at the Balmoral reception, paying careful attention to the guest of honor and her plans for future nursing reform. Queen Victoria must have been at least relieved that her daughter's continued fascination with Crimean War heroines was being redirected toward a more acceptable sort of British lady, even if Florence Nightingale did not yet realize the impact this meeting had on the young princess.¹⁰

Prior to the Crimean War, military nursing was provided through an informal mixture of male orderlies (usually drawn from regiments), female religious orders, and the wives or mothers of soldiers. During the Napoleonic Wars, Catholic nuns and German patriotic women's associations gained acclaim for their well-organized deployments of women to care for the wounded and sick. As discussed in Chapter Two, these precedents inspired the proliferation of women's associations and religious orders dedicated to social reform, nursing, and public charity.

¹⁰ Martha Vicinus, "What Makes a Heroine? Girls Biographies of Florence Nightingale," in *Florence Nightingale from a 20th Century Perspective: A Collection of New Scholarship*, ed. Vern L. Bullough, Bonnie Bullough, and Marietta P. Stanton (New York: Garland Publishing Inc., 1990). Vicinus argues that nineteenth-century biographies of Nightingale aimed at girls highlighted the adventure inherent in caring for people outside one's own family and emphasized religion, morality, and self-discipline as the ingredients for individual women's success. Since many female heroines at the time did not have formal education or training for their pursuits, their example did not threaten the social or political order and became suitable models for girls of respectable families (even princesses) to admire.

The British recruitment of female nurses during the Crimean War incited a dramatic historical shift in the organization, practice, and social status of nursing by women by incorporating it into the military and political blueprints for war mobilization. Although the deployment of nurses was small, belated, unorganized, and of questionable efficacy during Crimean War, the lessons learned from the “Crimean Experiment” were being detailed carefully by foreign observers. The British Sanitary Commission appointed at the end of the Crimean War was an influential model for the United States Sanitary Commission created at the beginning of the Civil War. The latter represented the foresight of national coordination of American military hospitals, which at least in part had benefited from the mistakes of the British. German hospitals also benefited from British reports on military hospital design and sanitary conditions. During the three German Wars of Unification, the Prussian military placed a high priority on the efficient integration of medical and nursing services into its immediate and long-term military planning.

The rough simultaneity of these wars was a historical coincidence, but it created the opportunity for innovations in military hospital organization and practice to be tested, observed, and refined over the course of several military conflicts under a variety of national, geographic, and demographic circumstances, especially with respect to nursing. As Anne Summers has argued, “an important shift in perceptions of war took place in strikingly similar ways in Britain, France, Italy, Germany, Austria and the United States between 1848 and 1870, and it is clear that each country observed and was influenced by

the others.”¹¹ In the British, American, and German cases especially, women were propelled into nursing reform in response to the needs of military conflicts and were the primary reason that these nations emerged as the next generation’s international leaders in nursing reform.

Nineteenth-century wars gradually incorporated modern industrial technologies, a shift from elite professional armies to large-scale volunteer or conscripted regiments, and media coverage that created more public and political scrutiny of the war based upon not only official war reports, but also embedded newspaper correspondents, photographs, journals, and letters from a wide variety of civilian and military participants at the front.¹² By the time of the Franco-Prussian War, organized movements such as civilian hospital training schools, army nursing corps, national sanitary commissions, and the International Committee of the Red Cross were all active in improving the recruitment, training, and organization of female nurses. However, as this chapter will demonstrate, the development of military hospitals staffed primarily by women was a contentious process that only occurred incrementally through a combination of practical necessity and political expediency.

Understanding how these distinct military conflicts engendered a transnationally shared context and impetus for nursing reform is the primary purpose of this chapter. In order to reach such an understanding, this chapter will retrace the intertwined histories of mobilizing women for warfare, the roles of paid and voluntary female nurses in military

¹¹ Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, 126.

¹² Trevor Royle, *Crimea: The Great Crimean War, 1854-1856* (New York: St. Martin's Press, 2000), 505-11. Duberly was among these civilian observers at the front, but her status as an officer’s wife overshadowed any claim to official or professional recognition of her recorded experiences.

hospitals, and the integration of female nurses into modern military orders. The practical effects of these two decades of wars were collectively to facilitate the entrance of women first into military hospitals, then into the rank-and-file of the military apparatus, and to make more realistic the possibility of women as active citizens. These transitions did not happen quickly or easily, when they happened at all. However, even the challenges and shortcomings of wartime hospital nursing created an impetus for postwar nursing reform—not only in the military and during times of war, but also for civilians in times of peace.

Although the Crimean War, American Civil War, and German Wars of Unification were separate military conflicts with distinct systems of hospital organization, all three were also part of a collective endeavor to respond to the changing needs of an industrialized military with an engaged and active civilian population. Rather than seeing each conflict as a parallel national engagement with similar social and technological changes, this chapter suggests that each nation grappled with successive challenges to military hospital administration and care based upon the ongoing observation and evolution of military operations transnationally. Thus, a new organized distribution of basic supplies and recruitment of adequate nursing personnel was institutionalized by the U.S. Sanitary Commission at the onset of the American Civil War as a result of the problems that had plagued the British army in the Crimean War. Meanwhile the plethora of unprepared hospital volunteers in the Civil War was an unintended effect of successfully mobilizing hospital volunteers. By the time of the German Wars of Unification, international observers marveled at the organization and

efficacy of volunteer nursing corps, but raised the final question of how they may or may not be fully integrated into the structure of the military, and later, the state.

Transnational Perspective on Mid-century Wars

The first generation engaged in European and American wars after the onset of widespread industrialization collectively grappled with the effects of modern technology on the social and political aspects of waging war with other major military powers. The overlapping timelines of the American Civil War (1861-1865) and German Wars of Unification (1864-1871) have created tantalizing comparisons and contrasts for historians.¹³ Most notably, Stig Förster and Jörg Nagler's edited volume on the origins of total war in the two conflicts establishes the 1860s as the turning point in the way wars were planned and fought based upon industrialization, conscription, and the increasing impact on civilians.¹⁴ The British military in the Crimean War (1854-1856) appears less often in this comparative framework, but as Robert Edgerton argues, it was the Crimean War, not the American Civil War, that was first publically documented by photographers, relied upon the technologies of telegraphs, railroads, steam ships, and widely utilized new forms of industrial weaponry.¹⁵

While Förster and Nagler recognize the similar impact of industrialization on the Crimean War, they continue to characterize it as a cabinet's war because the British people were spared the burden of experiencing firsthand the lack of food and supplies,

¹³ See Edgerton, *Death or Glory: The Legacy of the Crimean War*.

¹⁴ Stig Förster and Jörg Nagler, eds., *On the Road to Total War: The American Civil War and the German Wars of Unification, 1861-1871* (Washington D.C.: German Historical Institute and Cambridge University Press, 1997), 1-8.

¹⁵ Edgerton, *Death or Glory: The Legacy of the Crimean War*, 1-2.

loss of property, and everyday sights of warfare between industrialized military powers.¹⁶

The limited and late deployment of civilian forces and the foreign location of the front support this military categorization in contrast to the American Civil War or German Wars of Unification. Even if the rhetoric of a “people’s war” or a “total war” are premature for describing ideas about the form and function of military nursing in Crimean War, the British army in the Crimea is clearly an important starting point. As nursing historian Anne Summers argues, “The manner in which wars were waged between the end of the Crimean War in 1856 and the end of the Franco-Prussian War in 1871 transformed the relationship between soldiers and civilians, and hence affected women deeply.”¹⁷ In particular, it was during this fifteen-year period when women were first openly recruited and recognized for their contributions to the war effort as nurses.

The recruitment of women for Crimean War nursing began abruptly and in haste. On the basis of her sixteen volume edited collection of Florence Nightingale’s private and public writings, Lynn McDonald suggests that the War Office had considered the use of female military nurses in the Crimea before the war began, but ultimately rejected the idea as being too radical.¹⁸ The War Office had not anticipated the effects of allowing journalists and photographers at the front with telegraph capabilities to reinforce the timeliness of their observations. On 12 October 1854, less than two weeks after reports on the first battle of the Crimean War reached London, war correspondent Thomas Chinery illuminated the horrific suffering of soldiers in the aftermath of the Battle at the

¹⁶ Förster and Nagler, eds., *On the Road to Total War: The American Civil War and the German Wars of Unification, 1861-1871*, 6.

¹⁷ Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, 125.

¹⁸ Lynn McDonald, ed. *Florence Nightingale: An Introduction to Her Life and Family*, The Collected Works of Florence Nightingale (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2001), 27.

Alma in *The Times*. Two days later, letters expressing public sympathy and outrage in London were printed alongside the famous lines that clearly added insult to British injury: “the French [military hospitals and ambulances] are greatly our superiors. Their medical arrangements are extremely good, their surgeons are numerous, and they have also the help of the Sisters of Charity, who have accompanied the expedition in incredible numbers. These devoted women are excellent nurses.”¹⁹ With that, the British people were left to ponder, “Why do we have no Sisters of Charity?”

The French Sisters of Charity, a network of Catholic orders, were an easy foil for the British press, but did not represent a viable practical, political, or military strategy for the British army.²⁰ Religious sisterhoods had proliferated across Great Britain through the 1840s, but unlike those on the continent, they were usually precarious, short-lived, autonomous organizations that did not gain a significant foothold outside of Ireland and were not mainstream enough to have been expected to adequately serve the entire British army.²¹ Furthermore, the lack of nurses in British military hospitals was merely one small piece of the overall crisis, and probably not even the most important piece at that. The lack of many essential supplies and the archaic bureaucratic system associated with

¹⁹ Royle, *Crimea: The Great Crimean War, 1854-1856*, 246-48.

²⁰ Sisters of Charity would have been difficult to mobilize on that large of a scale in any Protestant country, as demonstrated later in the American Civil War and German Wars of Unification. Even though the majority of German nurses were Catholic sisters, there were still far too few to meet the demand of military hospitals.

²¹ JoAnn G. Widerquest, ""Dearest Friend" The Correspondence of Colleagues Florence Nightingale and Mary Jones," *Nursing History Review* I (1993): 27-28. Elizabeth Fry's Society of Protestant Sisters of Charity remained active as the nursing staff at Guy's Hospital in London; the sisters of St. John's House likewise provided nursing services to King's College Hospital, and various Catholic orders did their work autonomously throughout the British Empire (though the strongest were based in Ireland). Yet, these notable exceptions proved the rule that British society was not a fertile environment for orthodox religious orders and Catholicism continued to be regarded with suspicion.

the distribution of others was the foremost concern to outside observers.²² Yet, while the public overwhelmed store houses and charitable funds with donations in support of the soldiers, the military medical officers anxious to prevent civilian interference in military affairs denied they had any need for such contributions, and in turn made the problems worse.²³

Tensions between military medical officers and the civilian government reached their height by February 1855, when the Prime Minister, Lord Palmerston quietly assembled a Sanitary Commission to visit the British hospitals in the Crimea. The Sanitary Commission was not welcomed by the military medical officers because it was perceived as interference by civilians, especially the anti-medical followers of Edwin Chadwick, in military matters.²⁴ Secretary of War Lord Panmure did not wait for the Sanitary Commission to return before dispatching the McNeill-Tulloch Commission to study Army supply arrangements, sickness and mortality statistics, and nutrition.²⁵ The

²² Royle, *Crimea: The Great Crimean War, 1854-1856*, 299. Royle describes a system in which supplies were sent from Great Britain, arrived in Balaklava, but then rotted in storage without a means of distribution or while waiting for bureaucratic red tape to be navigated.

²³ Hugh Small, *Florence Nightingale: Avenging Angel* (New York: St. Martin's Press, 1998), 25.

²⁴ Ibid., 39-41. Military officers were not wrong to fear significant civilian intrusions into military hospitals. Florence Nightingale banned alcohol and set up a system to remit soldiers' wages to their families in Britain so they could not be wasted on alcohol and other diversions; Lord Panmure, Palmerston's Secretary of War, had an established pattern of preferring civilian administrative operations to their military equivalents, and the Sanitary Commission owed its origins to Edwin Chadwick, formerly the Secretary of the Poor Law Commission and co-leader of the Board of Health. He was dismissed and the Board of Health disbanded by the Parliament in 1852, and he remained an unpopular figure for his outspoken views against medical science and the belief that sanitary reform was within the purview of engineers and lawyers—not doctors. The experts sent to the Crimea were all his associates from the Board of Health, but the Sanitary Commission was careful to avoid public association with Chadwick himself.

²⁵ Ibid., 45-59. The McNeill-Tulloch Commission was instructed on 19 February 1855 to investigate the civilian department of the Commissariat that supplied the army, but was not officially part of the military. The distinction was important because it meant that Panmure could claim that it was not a civilian interference with the military. However, three days later, he quietly sent supplemental directions expanding the jurisdiction of the commission to investigate both civilian and military reasons for supplies

McNeill-Tulloch findings were released before the war ended and implicated the high military command for negligence of provisioning soldiers, suggesting that thousands of soldiers' deaths could have been prevented with supplies in the army stores or available nearby.²⁶ The Sanitary Commission findings were published more quietly after the war, but became the primary basis for Florence Nightingale's postwar sanitary and nursing reform plan.

At the same time that the British were investigating their failures in the Crimea, American Secretary of War Jefferson Davis was watching their operations with keen interest in the role of technological change in military innovations. He sent the Delafield Commission to the Crimea in 1855, which allowed the United States to preemptively ponder the growing impact of industrialization on its own military before it was mobilized for war.²⁷ Among Davis's specific subjects for the commission to investigate were medical and hospital arrangements (both permanent and in the field) and ambulances or other types of transports for sick and wounded.²⁸ By the time civil war broke out in April 1861, the Union Army was prepared with field hospitals, telegraph and signaling capabilities, and railroad transports for sick and wounded.²⁹ Three days following the first shots being fired, President Lincoln called upon women and civilians

not reaching the soldiers. Small argues that Panmure's strategy was complicated and risky, and part of a much larger intrigue directed at wresting military authority away from the Queen.

²⁶ Ibid., 56. The commission report identified overwork, inadequate food and shelter, and scurvy as primary preventable causes of soldiers' deaths. The focus on scurvy was especially illustrative of the problematic class stratification problem in the British army at the time. While officers received baskets of foodstuffs and luxuries bought from private contractors, the soldiers were forced to split or alternate already meager and unhealthy rations while fresh produce and grains rotted in storage nearby.

²⁷ Matthew Moten, *The Delafield Commission and the American Military Profession* (College Station: Texas A&M University Press, 2000), 88-89, 100, 206.

²⁸ Ibid., 109.

²⁹ Royle, *Crimea: The Great Crimean War, 1854-1856*, 505.

in northern cities to organize relief operations. Within two weeks, over twenty thousand local aid societies were active in collecting, organizing, and distributing supplies and support services for the Union army.³⁰

American women enthusiastically sought to follow in the footsteps of the famed Florence Nightingale, whose *Notes on Nursing* appeared in 1860 with the introductory claim that “every woman is a nurse.”³¹ While this slight volume emboldened middle-class and aristocratic women to seek hospital service as the patriotic expression of their own domestic skills, it failed to prepare them for the harsh rigors of military hospitals and the strong critiques of medicine and hospital organization that provided the ideological fuel for conflicts between lady nurses and physicians.³² In contrast to just over one hundred British female nurses in the Crimean War, traditional estimates indicate that female nurses numbered over 9,000 for the Union and 1,000 for the Confederacy; more recent studies suggest over 20,000 women served as Civil War hospital workers more

³⁰ Sister Mary Denis Maher, *To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War* (New York: Greenwood Press, 1989), 55.

³¹ Florence Nightingale, *Notes on Nursing: What it is and What it is Not*, original American ed. (New York: Dover Publications, Inc., 1860; reprint, 1969), 3. Much has been made of the impact of Florence Nightingale’s *Notes on Nursing*. As it is referenced in almost every account of wartime nursing and hospital organization in Europe and the United States, its influence and importance cannot be doubted. However, it does remain unclear exactly what it was that Nightingale was emboldening nurses and hospital staffs to do. The actual book has little to do with hospital nursing; it indicates clearly in her preface that the nursing of which all women have participated is the care of children or invalids that she would presumably encounter in her home—not a public or military setting. She describes it not as a guide or manual, but rather a collection of “hints” for a woman to reflect upon when teaching herself to be a better nurse.

³² Small, *Florence Nightingale: Avenging Angel*, 150-51. Small likewise observes that *Notes on Nursing* is a rather misleading title for a work that is particularly critical of professional nursing, medicine, and hospital administration. It is a strange text to serve as a hospital nurse’s handbook because it supposes that nursing is being done in the private family home. However, Nightingale neither intended it to be used in that way, nor did she support the mistaken interpretation of her writing that women need not be trained before becoming hospital nurses.

broadly defined.³³ The anticipated and real organizational crisis of managing the thousands of well-intentioned but unprepared female volunteers went far beyond the scope of Nightingale's imagination or advice.³⁴

Dr. Elizabeth Blackwell founded the (American) Woman's Central Administration for Relief in 1861 for the purpose of coordinating women's volunteer efforts and providing at least a minimum degree of orientation and preparation for their work. Women who wanted to be hospital nurses were to undergo a short training program in preparation and other women would focus on the management and distribution of donated supplies. Blackwell was concerned about women like Dorothea Dix, who had no nursing or medical experience. Dix capitalized on the Nightingale rhetoric of female moral authority to be entrusted by the federal government to oversee the Sanitary Commission's deployment of female military nurses during the Civil War. As head of the Army Nursing Corps of the Sanitary Commission, Dix pursued a conception of military nursing rooted in Victorian ideologies of embodied gender and class characteristics, which were inconsistent with the professionalizing impulse of Blackwell's association.³⁵

³³ Maher, *To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War*, 51; Jane E. Schultz, *Women at the Front: Hospital Workers in Civil War America*, ed. Gary W. Gallagher, Civil War America (Chapel Hill: University of North Carolina Press, 2004), 20-21. Schultz includes nurses, matrons, laundresses, cooks, chambermaids, seamstresses, and dining room girls among her list of hospital workers compiled from the Carded Service Records.

³⁴ Selina Bracebridge, "Letter to Mary, 25 December 1854," in *History of Nursing Archive* (Boston: Howard Gottlieb Archival Research Center, 1854). Nightingale was quite clear in her opposition to sending lady nurses to the Crimea and to the overstaffing of military hospitals, considering both to be an unnecessary and cumbersome addition to her responsibilities as the nursing superintendent.

³⁵ Lynn McDonald, ed. *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, vol. 8, Collected Works of Florence Nightingale (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2005), 27, Appendix.

Although the United States Sanitary Commission denied a direct connection beyond the shared name with its British forerunner, the proactive planning for hospital supply and distribution and female nursing recruitment of the American civilian organizations as a whole reflected the lessons learned from observation of the British in the Crimean War. The original proposal for an American Sanitary Commission was modeled to address the problems that Britain's Crimean War Sanitary Commission was thought to have remedied.³⁶ The American army medical establishment registered opposition similar to its British counterpart in criticizing civilian interference and presence of women in military hospitals.³⁷ The American Sanitary Commission had both more and less expansive forms of authority over wartime nursing. On the one hand, the Sanitary Commission was conceived and implemented on a much grander and more public scale than its British counterpart—both because it came at the start of the war and because the proximity of citizens to the front created a greater number of volunteers. Sanitary Commission nurses were generally middle- to upper-class white women, held in higher esteem than nurses generally.³⁸ On the other hand, the American Sanitary Commission had no exclusive authority over hospitals or female nurses due to the high number of spontaneous volunteers and opportunities for even rejected nursing candidates

³⁶ Judith Ann Giesberg, *Civil War Sisterhood: The U.S. Sanitary Commission and Women's Politics in Transition* (Boston: Northeastern University Press, 2000), viii, 37; Richard H. Hall, *Women of the Civil War Battlefront* (Lawrence: University Press of Kansas, 2006), 21. The British Sanitary Commission was not actually affiliated with Nightingale in any way, but the American perception of such a link following the war is likely given her public display of cooperation and support for the endeavor after the war ended.

³⁷ Hall, *Women of the Civil War Battlefront*, 21.

³⁸ Jane E. Schultz, "The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine," *Signs* 17, no. 2 (1992): 369.

to find a nursing position independent of the Sanitary Commission.³⁹ Clara Barton, Harriet Tubman, and Walt Whitman are just a few high-profile examples of Civil War nurses working independently of the Sanitary Commission. After October 1863, surgeons were allowed to choose their own nurses and Dix's monopoly of power over nursing appointments completely ended.⁴⁰

While the Prussian state was keenly aware of military and technological advances among other industrialized military powers, its own military modernization before and during Prussian-Danish War (1864), the Prussian-Austrian War (1866), and the Franco-Prussian War (1870-1871) followed a different course. The Prussian preparations for war were considerably more proactive in the area of hospital and nursing services than either the British or American militaries. Unlike the ongoing tensions between military and civilian jurisdictions in Great Britain and the United States, the Prussian military recognized hospital and sanitary reform as an important aspect of their military operation and wartime strategy.⁴¹ The Prussian founding of the Patriotic Women's Association and its affiliation with the International Red Cross in 1866 represented a further state centralization of auxiliary women's charitable and philanthropic work similar to that of the short-lived (American) Woman's Central Administration for Relief, but drew upon the collaboration of existing local associations that had their origins as far back as the

³⁹ Harold Elk Straubing, ed. *In Hospital and Camp: The Civil War through the Eyes of Its Doctors and Nurses* (Harrisburg, PA: Stackpole Books, 1993), 104; Hall, *Women of the Civil War Battlefront*, 239, 55. Numerous applicants record their circumvention of Dix's authority. Sophronia E. Bucklin recalled Dix berating her as being too young to nurse, but then allowing her to return to nursing work the next morning with no further explanation. Maria M.C. Hall and Elida B. Rumsey were also considered by Dix to be too young, but went on to work as independent hospital volunteers.

⁴⁰ Schultz, "The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine," 366-67.

⁴¹ John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder, CO: Westview Press, 1996), 72.

Napoleonic Wars (1812-1815). Its founding and patronage by Queen Augusta provided it with even greater prestige and recognition in Prussia and throughout Europe.⁴² By 1870, Clara Barton considered the Patriotic Women's Association to be "exceptional in its foresight and inexhaustible means" compared with the U.S. Sanitary Commission in the Civil War.⁴³ In other words, the Prussian military and civilian population learned from the mistakes of the Crimean War and the American Civil War, but these lessons were incorporated more organically into an older tradition that was already driven by military innovation and refinement. While the patriotic fervor generated by actual wars did create a surge in women volunteering for hospital service, hospital nursing continued to be handled primarily by religious orders and aristocratic volunteers coordinated the relief effort of supply collection and distribution.

In sum, the Crimean War, American Civil War, and German Wars of Unification present distinct yet transnationally-linked processes of military modernization and civilian integration. Women experienced these shifts primarily as civilians who found new opportunities to participate in the national project of warfare. As the case of Fanny Duberly illustrated, the informal presence of women on the front had been overshadowed by the opportunity to become participants in the military operation as nurses. Women flocked in large numbers to demonstrate their patriotic and practical devotion to the nation and its soldiers, and their experiences shed light on the complicated navigation of the uncharted territory of recruiting women to military nursing, organizing and

⁴² Jean Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916* (Ann Arbor: University of Michigan Press, 2001), 67.

⁴³ Elizabeth Brown Pryor, *Clara Barton: Professional Angel* (Philadelphia: University of Pennsylvania Press, 1987), 168.

administering female labor within military hospitals, and introducing women officially for the first time into the military establishment.

The Nightingale Paradox

There is a heroism in dashing up the heights of Alma in defiance of death and all mortal opposition, and let all praise and honour be, as they are, bestowed upon it: but there is a quiet forecasting heroism and largeness of heart in this lady's resolute accumulation of the powers of consolation, and her devoted application to them, which rank as high, and are at least as pure. A sage few will no doubt condemn, sneer at, or pity an enthusiasm which to them seems eccentric or at best misplaced; but to the true heart of the country it will speak home, and be there felt, that there is not one of England's proudest and purest daughters who at this moment stands on so high a pinnacle as Florence Nightingale.⁴⁴

-- *The Times*, 30 October 1854

As *The Times* reported a little more than a month after the Battle of the Alma, Florence Nightingale was on her way to oversee the introduction of female nurses and reform of hospital supply distribution in the Crimea. Sidney Herbert, Secretary at War, had appointed her to the position on October 14, less than two weeks prior, yet she was already celebrated as a national heroine by the press. The fact that Florence Nightingale would not arrive in the Crimea until November 4, 1854, was of little importance to the writers at *The Times* or the members of the British government, who all had by this time a large stake in assuring the British people that Miss Nightingale would preserve the military and moral superiority of Victorian Britain.⁴⁵

Even before she set foot into the British military hospital at Scutari, Florence Nightingale represented the ideal of mid-nineteenth century hospital reform and the

⁴⁴ "Who is Mrs. Nightingale?," *The Times*, 30 October 1854, 7.

⁴⁵ Ibid, Wai-Fong Chua and Stewart Clegg, "Professional Closure: The Case of British Nursing," *Theory and Society* 19, no. 2 (1990): 140. According to Chua and Clegg, "Nightingale was presented by the media as the woman that had saved the British army and implicitly the Empire from disease and death in alien countries."

female military nurse. She was neither so young as to be considered immature, naïve, or in search of a husband from the ranks of military men, nor so old as the much decried caricatures of drunken and argumentative widow nurses. Her family had unassailable wealth and social connections among the English elite, which counted Sidney and Elizabeth Herbert among its closest personal friends. Most uniquely, Nightingale had been well-educated for endeavors far beyond the expectations of a Victorian lady, including the advanced study of math and several European languages, for which she found a practical application during her tours of the continent in search of respectable training programs for women in nursing and poor relief. When she returned to London, she added institutional administration to her growing body of work as the Lady Superintendent of the Hospital for Poor Gentlewomen in Harley Street.

The implausible but true constellation of personal characteristics and achievements embodied in Florence Nightingale led to her emergence as an icon of nineteenth-century female military nursing—not only during the Crimean War, but also subsequently for the Americans and continental Europeans throughout the course of the American Civil War and German Wars of Unification. This legacy had little to do with Nightingale's actual work in the Crimea or thereafter, but everything to do with representing a brand of female nursing that could be celebrated by civilian spectators of war while remaining unthreatening to the male dominated and rigidly hierarchical military hospital establishment. The “Crimean Experiment” of female military nursing was observed carefully by the military and civilians, in Great Britain and abroad. By the time of the American Civil War (1861-1865) and the Prussian-Danish War (1864),

governments, militaries, and local associations were adopting and adapting ideas liberally from their perceptions of Nightingale's wartime mobilization of female nurses.⁴⁶

The actual role of Florence Nightingale during the Crimean War remains a topic mired in deep scholarly debate. While the orthodox narrative suggests that she brought the principles of sanitary reform to the British military hospital at Scutari, the most comprehensive historical studies have cast significant doubt upon these claims.⁴⁷ Her

⁴⁶ Elise von Mellenthin, *Briefe einer freiwilligen Krankenpflegerin aus den Kriegen 1864, 1866, 1870/71 und Aufzeichnungen aus ihrem Leben* (Potsdam: Druck und Verlag von Edmund Stein, 1911), 233. Florence Nightingale became a universally-recognized symbol of capable wartime nursing by respectable women.

⁴⁷ McDonald, ed. *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, 1041; W.H. Greenleaf, "Biography and the 'Amatuer' Historian: Mrs. Woodham-Smith's 'Florence Nightingale,'" *Victorian Studies* (1959). These important sources have persuasively demonstrated the problematic influence of Cecil Woodham-Smith's biography of Florence Nightingale (1950), which remains one of the most frequently-cited sources on Nightingale's life and work in otherwise reputable and valuable scholarship on Victorian women, the Crimean War, and peripherally-related nursing topics. However, it is generally dismissed by nursing historians and Nightingale specialists as providing a great deal of misinformation and misleading impressions. Efforts to reconstruct the historical narrative of Florence Nightingale's nursing career and contributions are apparent in a subsequent generation of scholarship. See Monica E. Baly, *Florence Nightingale and the Nursing Legacy*, 2nd ed. (London: Whurr Publishers, 1997); Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*; Small, *Florence Nightingale: Avenging Angel*. In its first edition in 1986, Baly's critical analysis of biographies on Florence Nightingale started a major scholarly debate on the Nightingale legacy. Her main assertion is that the "Nightingale System," credited with the pioneering of the modern nursing profession, was actually implemented against Nightingale's own advice and did little initially to improve the state of nursing. Rather, it became a product of forced compromises and slow reforms, over which Nightingale had little control. She remarked a decade later in the second edition that the debate had grown to include scholarship ranging from "those who attribute all the ills nursing has suffered...to her legacy, to those who say that if only she were alive today...all would be well." A year after Baly's first edition, Summers begins her book by disclaiming, "Contrary to legend, Nightingale did not subsequently fill the army hospitals with professional nurses trained in her own image. Twenty-five years after the Crimean War, the British army employed barely a dozen female nurses." She is similarly modest in her assessment of Nightingale's personal responsibility for nursing reform, introducing many other women's active roles in the same movement. Finally, Small's book represents an extreme reassessment of Nightingale's personal experience with nursing and sanitary reform by suggesting the provocative thesis that Nightingale came to the realization after the Crimean War that she had been unknowingly responsible for the highest hospital death rate in the Crimean War, and that her findings led to her mental breakdown in 1857 and later reemergence as a tireless leader in sanitary reform. He goes on to create a vast political conspiracy of ministers, MPs, and even the Queen in building Nightingale up as a national heroine and then using her popularity to cover up gross government negligence during the war and to democratize and civilianize the military. While Baly's work has become the starting point for all serious historical examinations of Nightingale nursing, Small remains buried in footnotes or ignored altogether despite receiving favorable scholarly reviews and

presence caused no measurable improvement in mortality rates, containment of infectious diseases, or sanitary practices at Scutari Hospital. Most new scholarship credits her control over all donated supplies and money, in addition to a government budget as large as the Inspector-General of Hospitals at Scutari, with ameliorating the worst problems in British military hospitals—supply shortages, complicated requisition procedures, and low-quality consumable and seasonal products.⁴⁸

After the war, Nightingale herself concluded that the Army and British honor were saved “in the only way in which it could be saved, by lavish expenditure, by destroying all that there was left of the former system, radically defective.” She gives Lord Panmure credit for temporarily diffusing the worst problems with a large infusion of money, but points out that the construction of a new system was left until after the war ended.⁴⁹ She was unhappy with most of the nurses recruited for service, but opposed sending reinforcements from Great Britain. Still, even the best historical accounts of topics broader in scope continue to dismiss these more critical accounts and (perhaps inadvertently) perpetuate the Nightingale myth.⁵⁰

When Nightingale accepted her position as the Superintendent of the Female Nursing Establishment of the English General Hospitals in Turkey, she insisted upon

no significant counter evidence to his claims. His analysis and argument are simply too complicated for casual verification, and his theory almost too neat and tantalizing to be believed without more evidence.

⁴⁸ Royle, *Crimea: The Great Crimean War, 1854-1856*, 254.

⁴⁹ McDonald, ed. *Florence Nightingale: An Introduction to Her Life and Family*, 432.

⁵⁰ Royle, *Crimea: The Great Crimean War, 1854-1856*; Seth Koven, *Slumming: Sexual and Social Politics in Victorian London* (Princeton: Princeton University Press, 2004); Martha Vicinus, *Independent Women: Work and Community for Single Women, 1850-1920* (Chicago: University of Chicago, 1985). It is unfortunate that the insights that have arisen in the field of nursing history are most often not represented in the otherwise indispensable historical analyses of the Crimean War, Victorian Women, and the reform of nursing and sanitation. The widely discredited Cecil Wood-Smith biography of Florence Nightingale remains the most-often-cited secondary source on her nursing and sanitary work and renews the Nightingale myths in subsequent scholarship even when it makes mention of “alternative views.”

control over choosing her own nursing staff.⁵¹ Herbert had already received letters from numerous ladies volunteering to serve as nurses in the Crimea since the alarming reports by *The Times*, but Nightingale wanted no ladies.⁵² Other than her insistence on this one ironic but adamant prohibition, she delegated the selection of working nurses to Selina Bracebridge, Elizabeth Herbert, and Mary Stanley, three English ladies also dedicated to expanding the presence of women nurses in hospitals.⁵³ Beyond her control, Irish Catholic nuns publically volunteered their services and did not wait to receive invitations before setting out for the Crimea. Considering how the public was enamored then with the French Sisters of Charity, they could hardly be turned away, but their relationship to Nightingale's leadership was left uncertain.⁵⁴ In the end, twenty-four of the thirty-eight women sent to the Crimea with Nightingale were Catholic or Anglican sisters; the rest were paid working-class nurses.⁵⁵ The composition of Nightingale's nursing corps expressed the contradictory values in mid-nineteenth-century nursing. While the ladies were deemed to have the moral authority to reform hospital nursing, they represented a small minority of the overall nursing staff and were not expected to do much of the actual work. Rather, it was the religious sisters in Nightingale's party who provided most of the knowledgeable nursing organization and the working-class nurses who provided the majority of hospital labor.

⁵¹ Royle, *Crimea: The Great Crimean War, 1854-1856*, 249.

⁵² Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, 36.

⁵³ *Ibid.*, 38.

⁵⁴ See Sioban Nelson, *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century* (Philadelphia: University of Pennsylvania Press, 2001); Mary Ellen Doona, "Sister Mary Joseph Croke," *Nursing History Review* 3 (1995). Scholarship on religious orders of nurses suggests a generally tense relationship between nurses from religious orders, their secular co-workers, and the state since their allegiances were always being questioned by nursing superintendents, Protestant patients and doctors, and the state.

⁵⁵ Maher, *To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War*, 29.

Even before Nightingale had completed her work in the Crimea, the “Lady with the Lamp” myth seemed to drown out the real Florence Nightingale’s orders that English ladies should not be sent to the Crimea. Mary Stanley received permission to lead forty-seven more female volunteers—ladies and sisters—to the British military hospitals under Nightingale’s superintendence. These women may have had some charitable experience in administering supply distribution for the poor and sick, but were also well-connected enough to solicit private donations for pillows, flannel, handkerchiefs, jam, and other simple comforts not provided by the military.⁵⁶ The British government saw that the placement of a few well-regarded British ladies, fluent in the practice of supplying and administrating a British hospital, could capitalize on Florence Nightingale’s popularity and distract the soldiers and public from the problematic hospital conditions beyond their control or reasonable expectation of reform. The main contributions of volunteer lady nurses were the improved distribution of hospital provisions and the appearance of a Victorian moral order in military hospital life.

Ironically, Nightingale refused to accept the ladies into her service when they arrived. Her friend and companion at Scutari, Selina Bracebridge explained that “people at home seem to imagine that there is no having enough of a good thing—Where as to have a host of women scampering about a military hospital would soon bring us to disgrace—Miss N[ightingale]...has offered her resignation in consequence.”⁵⁷ Although

⁵⁶ Fanny Taylor, *Eastern Hospitals and English Nurses: The Narrative of Twelve Months' Experience in the Hospitals of Koulali and Scutari* (London: Hurst and Blackett, Publishers, 1857), 181.

⁵⁷ Bracebridge, “Letter to Mary, 25 December 1854.” Nightingale offered her resignation multiple times throughout the course of the war when she felt that her authority was being questioned or unenforced. She recognized such an act, if carried out, would have a detrimental impact on the perception of the British military operation since public sympathy would surely be in her favor.

these ladies were meant both to report to Nightingale and be a reflection of her iconic image, lady nurses seldom liked competition or immediate authority figures and Nightingale was no exception.⁵⁸

The iconic image of Florence Nightingale was understood by the state, media, and public to represent the new ideal of female nursing—mature, but not old; upper-class, but not idle; religious, but not a proselytizer. The singular devotion to this narrow archetype of female nursing was subsequently adopted in the American Civil War and the German Wars of Unification as elite women, armed with a sense of intrinsic self-worth and moral superiority, flooded wartime hospitals and relief organizations. Dorothea Dix was so enamored of the Miss Nightingale she read about in public reports on the Crimean War that she actually visited Scutari Hospital to meet and observe her.⁵⁹ *Harper's Weekly* published an illustrated layout reading, “Glory and fame awaited the charitable efforts of Florence Nightingale and her noble band of lady nurses. This war of ours has developed scores of Florence Nightingales, whose names no one knows.”⁶⁰ Prussian soldiers during the Franco-Prussian War complimented the kindness and efficacy of a voluntary lady

⁵⁸ Pryor, *Clara Barton: Professional Angel*, 173. Pryor suggests that Clara Barton and Florence Nightingale were mutually uninterested in meeting one another even when they were living only blocks apart from one another in London after the Franco-Prussian War. She attributes their lack of interest as reflecting their shared discomfort with competition, but indicates that they followed Victorian custom by exchanging notes and subsequently requiring bed rest for the strain.

⁵⁹ Giesberg, *Civil War Sisterhood: The U.S. Sanitary Commission and Women's Politics in Transition*, 35.

⁶⁰ Schultz, "The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine," 364. According to Schultz, the spread appeared in the 5 September 1862 issue and that by that year "Nightingale" and "nurse" were synonymous to Americans. While Nightingale did not actually have other ladies in her party, the message supports the argument that Nightingale's image had more impact than her actions.

nurse by calling her “Miss Nightingale Nr. 2.”⁶¹ The “Lady with the Lamp” quickly became the undeniable touchstone in female military nursing that, for better and worse, tied the development of separate civilian and military nursing programs together across different hospitals, national operations, and wars.

The Recruitment and Ordering of British Military Nurses

[Mr. Herbert Spencer had] begged us to remember that we all went out on the same footing as hospital nurses, and that no one was to consider herself as in any way above her companions...[But]the evils of the equality system began to appear. The ladies had suffered from...having no authority to restrain the hired nurses...Whispers were heard amongst [the hired nurses] on the first evening that they had come out to nurse the soldiers, and not to sweep, wash, and cook.⁶²

--Fanny Taylor, lady nurse in the Crimean War, from her memoir *Eastern Hospitals and English Nurses*, 1857.

In December of 1854, Fanny Taylor was among the group of ten ladies, fifteen Irish Sisters of Mercy, and twenty-two paid nurses assembled in the home of Sidney and Elizabeth Herbert. Sidney Herbert, then Secretary at War, gave a speech emphasizing the egalitarian nature of military nursing and the women sorted through boxes of modest uniform pieces for their hospital attire consisting of ill-fitting gray tweed dresses and unfashionable accessories, including a brown straw bonnet, veil, and the much maligned sash reading “Scutari Hospital.”⁶³ The lady nurses discontinued wearing the offending garments in order to better distinguish themselves from the hired nurses, citing “the bitter humiliation the charge of the hired nurses brought upon us” and the unnecessary

⁶¹ Mellenthin, *Briefe einer freiwilligen Krankenpflegerin aus den Kriegen 1864, 1866, 1870/71 und Aufzeichnungen aus ihrem Leben*, 233. Elise von Mellenthin records soldiers yelling “Miss von Mellenthin, by God, I call that bold, beloved Miss Nightingale Nr. 2!”

⁶² Taylor, *Eastern Hospitals and English Nurses: The Narrative of Twelve Months' Experience in the Hospitals of Koulali and Scutari*, 20-21.

⁶³ Ibid., 7-8.

discomfort of the government costume as their rationale.⁶⁴ While entrenched Victorian class prejudices made such a homogenized nursing corps an unrealistic expectation, the level of discord over issues of status and authority that it created was a major source of disorder in British military hospitals during the Crimean War. Social anxieties about class, religion, sexuality, and race were articulated in the guise of debates on Victorian morality and aptitude for nursing.

Nightingale had requested that only religious orders and practicing hospital nurses with good references be considered for her nursing party. Kitchen maids, household servants, monthly nurses, and hospital matrons applied to the Ladies Herbert and Stanley for consideration.⁶⁵ The interviewers were disheartened by the process of choosing paid nurses when they would have preferred to interview ladies and these narrow expectations were expressed in the handwritten interview notes on the applications. Mary Stanley summarized their sentiments that “All London was scoured for them... [but] we felt ashamed to have in the house such women as came.”⁶⁶ However, Anne Summers has demonstrated that the financial desperation of the candidates did not necessarily mean that some of them were not well-intentioned or qualified. She cites the cases of at least six women who applied with references attesting to their years of commendable nursing experience in English hospitals. She also notes that many of them had gained the respect

⁶⁴ Ibid., 187.

⁶⁵ Sue M. Goldie, *Florence Nightingale: Letters from the Crimea* (Manchester: Manchester University Press, 1997), 32.

⁶⁶ Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, 38.

of the Anglican sisters as widows who were willing to confront disease and death in order to support their families.⁶⁷

Furthermore, the handwritten notes on the applications suggested that class was not the lone factor to blame for the complaints of the committee. Elite women were especially open to admitting that paid nurses were considered to be a necessary evil. Victorian hospitals, particularly military hospitals, were not for the faint of heart and many necessary duties were considered unseemly for a respectable woman. Sisters of religious orders and lady nurses would share the responsibilities of supervising and regulating the labor of the paid nurses, but did not imagine that there would be any overlap or confusion over the boundary between their job descriptions. Still, the selection committee had narrowly-defined character standards for its candidates. Emily Baily was considered too young at twenty-three, but Mary Jarman was too old at forty-eight. Miss Eccle had questionable morals, Miss Downing was unmarried with a baby, and Elizabeth Purcell was noted as “almost black.”⁶⁸ Even among the candidates who were accepted, over one third did not survive the duration of the war in the military hospitals. Out of 108 nurses sent from Great Britain and Ireland during the whole of the Crimean War, 68 either died, were invalidated, or were dismissed within a year from the first arrival in November 1854.⁶⁹ One nurse sent back to Britain was Mrs. Lawfield, who

⁶⁷ Ibid., 38-39.

⁶⁸ Jane Robinson, *Mary Seacole: The Most Famous Black Woman of the Victorian Age* (New York: Carroll & Graf Publishers, 2004), 89.

⁶⁹ Carol Helmstadter, "'A Real Tone": Professionalizing Nursing in Nineteenth-Century London," *Nursing History Review* 11 (2003): 12. The numerical breakdown of the 68 nurses who did not survive the first year in the Crimea was as follows: 6 died, 18 invalidated, 12 dismissed for alcoholism, 12 dismissed for incompetence, 4 dismissed for impropriety, 16 dismissed for miscellaneous reasons.

was considered “too much of a fine lady to be a good Nurse.”⁷⁰ Miss Salisbury, a lady placed in charge of the “Free Gift” Store, was dismissed for stealing and later joined Miss Stanley in conspiring against Florence Nightingale after the latter had been dismissed by the British ambassador’s wife for proselytizing on behalf of the Roman Catholic Church.⁷¹ Such examples make clear that dismissals were in no way limited to the hired working-class nurses.

While alcoholism and incompetence often represented thinly-veiled class prejudices, anxieties about female sexuality within the masculine space of the military hospital prompted nursing leaders to be extra cautious about controlling the perception of dubious behavior even among the ladies and religious sisters. In one episode, the Anglican Sisters of St. John’s House were reprimanded for what Nightingale described as “not keep[ing] the rules which I have made to ensure female decorum, but run scampering over the wards by themselves at night, feeding the men without medical orders.”⁷² The superintendent of St. John’s House in London defended her nurses from Nightingale’s complaints by calling into question the strict rules that kept nurses from even “speaking to patients.” Nightingale defended herself directly to the all-male Council of St. John’s House and concluded that their complaints show them “not well-fitted for the work of this hospital” and asked that they be recalled to London.⁷³

⁷⁰ Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, 39.

⁷¹ “Archivist Summary of Letter from Sidney Herbert to Mr. Bracebridge concerning case of Mary Stanley,” in *Florence Nightingale Letters* (Boston: Howard Gottlieb Archival Research Center, 1855).

⁷² Goldie, *Florence Nightingale: Letters from the Crimea*, 43. The Sisters of St. John’s House were generally of a higher class background and entitled to more comfortable lifestyles within their order than the deprivation characteristic of Catholic orders.

⁷³ Ibid., 44-45.

Although the lady nurses and religious sisters were sent to infuse military hospitals with a dose of upper-class Victorian moral superiority, the reality of hospital work required that working-class nurses and servants accompany the more respectable ladies to perform the tasks considered beneath their dignity and modesty. The mandate of class egalitarianism put forth by Herbert may have been an attempt to pacify Nightingale by minimizing the status difference between lady nurses and hired nurses while emphasizing the deference that need be accorded to their superiors, namely Nightingale herself.⁷⁴ If this was his strategy, it failed miserably. Nightingale threatened to resign over the sending of Mary Stanley's party of ladies, claiming variably that they had come seeking marriage, spiritual flirtation, the spread of Catholicism, and/or the influence of non-professionally oriented philanthropy.⁷⁵

There was some truth in these accusations, but that was less of a problem for Nightingale than the reflection such allegations cast on her own reputation in a position she described as primarily being responsible for the enforcement of morality.⁷⁶ Similar rumors levied against Nightingale are referenced in letters from her sister Partha. One begins by quoting a letter from the Crimea, "please write to my sister saying that we are doing well and that the report which she mentioned about Florence Nightingale [having

⁷⁴ Taylor, *Eastern Hospitals and English Nurses: The Narrative of Twelve Months' Experience in the Hospitals of Koulali and Scutari*, 8.

⁷⁵ Small, *Florence Nightingale: Avenging Angel*, 30; Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, 43.

⁷⁶ Selina Bracebridge, "Letter to Mary, 25 December 1854," in *Florence Nightingale Letters* (Boston: Howard Gottlieb Archival Research Center, 1864). Selina Bracebridge explains the cause of Nightingale's resignation threat as her feeling that "such an unconscious party" will ruin the scheme she had set forth "unless she is allowed to keep only such a limited number as she can keep under her Control." Thus, her personal authority and control over the reputation of British nursing in the Crimea as a whole were the primary factors in her negative response.

married] is wholly without foundation.”⁷⁷ Her own spiritual flirtation with Catholicism is well-documented, as is Mary Stanley’s further step of being received by the Roman Catholic Church in Balaclava and later converting to the Catholic faith.⁷⁸ For Nightingale, distancing herself from any similarities with her subordinates kept her own reputation from becoming tainted.

The role of religion in the recruitment of British military nurses was called into question when the public began agitating for British Sisters of Charity at the same time the Church of England was criticizing religious sisterhoods on the grounds that they “destroy[ed] women’s primary loyalties to their families, and [set] them on the road to Rome.”⁷⁹ The appearance of these sisterhoods was quite recent as Catholic and Protestant orders appeared only after the Catholic Emancipation of 1829, and they continued to be regarded with a mixture of fascination and suspicion by the largely Protestant population.⁸⁰ However, when the public demanded a British counterpart to the French Sisters of Charity, these orders quickly saw the opportunity to enhance their reputation and volunteered to go. The Irish Sisters of Mercy, Bermondsey Sisters of Mercy in London, and St. John’s House (a Protestant order) were deployed to the Crimean War hospitals with Florence Nightingale and Mary Stanley. Catholic sisters and Protestant deaconesses were the existing standard for respectable female nursing in continental Europe, but the replication of continental religious orders had already been

⁷⁷ Lady Frances Parthenope (formerly Partha Nightingale) Verney, "Letter to the Sister of Charles Bracebridge, 31 May 1855," in *Florence Nightingale Letters* (Boston: Howard Gottlieb Archival Research Center, 1855).

⁷⁸ Nelson, *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century*, 57-58, 76-77

⁷⁹ Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, 36.

⁸⁰ Nelson, *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century*, 56-60; Doona, "Sister Mary Joseph Croke," 7.

tried in earnest a decade earlier with limited success. For the military and hospital administrators, Catholic nurses presented a particular challenge to the chain of command by requiring the division of authority among the military command, physicians, priests, and the mother superior. From Florence Nightingale's perspective, the divisiveness among the religious sisters at Scutari hampered even her arrangements for meal breaks, as "the Sisters of Mercy won't dine with the Roman Catholics, the Nursing Sisters of St. John's won't dine with the hospital nurses—so we please all by sending messes into their several apartments."⁸¹

Although Nightingale preferred sisters of religious orders to English ladies, her relationship with the Irish Sisters of Mercy and especially their leader, Mother Francis Bridgeman was tense and often mean-spirited. Bridgeman and her nurses had significantly more nursing experience than Nightingale, so an order allowing Bridgeman only to ladle soup was not appreciated. Irish Sister of Mercy Mary Joseph Croke recorded in her journal, "Reverend Mother was determined not to recognize [Nightingale's] authority...It was well-known [that we] were no Nightingales but...we were [treated as] something far more—even birds of paradise" by the physicians and patients.⁸² Sidney Herbert found himself frequently put in the middle of this public personality conflict and his own political and social capital had been too heavily invested in Nightingale to turn against her in public. In an awkward maneuver to appease both sides, he adopted a sharp anti-Irish rhetoric that allowed him to criticize the Irish Sisters

⁸¹ Selina Bracebridge, "Letter to Mary, 19 November 1854," in *History of Nursing Archive* (Boston: Howard Gottlieb Archival Research Center, 1855).

⁸² Doona, "Sister Mary Joseph Croke," 20.

of Mercy without angering supporters of the Catholic sisters in England. Eventually benefitting from the support of Catholic sympathizers and the military medical officers opposed to Nightingale for different reasons, the Irish Sisters of Mercy gained more autonomy in other Crimean hospitals while the English Bermondsey Sisters worked more amicably under Florence Nightingale.⁸³

The final threat to a unified nursing organization in the Crimea was the potential for women to reject Victorian values of decorum and simply provided nursing and relief services without the sanction of the state or a church. Such examples reinforced Robinson's initial stark contrast between the two women she deems the most celebrated veterans of the Crimean War, "One of them was a small, pale, thin-lipped spinster from the English shires with a rarefied upbringing and an urge for reform. The other was Mary Seacole."⁸⁴ When Mary Seacole, the Jamaican daughter of a "Scotch" father and Creole mother, applied to Nightingale to join her party of nurses, since she at first developed the "feeling that I was one of the very women they most wanted, experienced and fond of the work, I jumped at once to the conclusion that they would gladly enroll me," but she had misjudged their standards.⁸⁵ She was flatly denied by Nightingale's interviewers with the transparent lie that they had already filled their quota of women. Her assessment of the situation then changed to reflect her perception that the other applicants "marveled exceedingly at the yellow woman whom no excuses could get rid of, nor impertinence

⁸³ Ibid.: 15-18.

⁸⁴ Robinson, *Mary Seacole: The Most Famous Black Woman of the Victorian Age*, 1.

⁸⁵ Ibid., 7, Mary Seacole, *Wonderful Adventures of Mrs Seacole in Many Lands*, ed. Z. Alexander and A. Dewjee (Bristol: Falling Wall Press, 1984), 125.

dismay, and showed me very clearly that they resented my persisting in remaining there.”⁸⁶

It is not surprising then that Mary Seacole never found herself among the uniformed nurses of a British military hospital, but rather became a popular and successful entrepreneur in a homemade establishment near the front who provided a commissary, lodging house, restaurant, bar, and sickrooms for whoever might wish to pay for them. However, it was an exceptional case for a non-white woman to have the financial means, popularity, and public trust to coordinate such an enterprise alone. The more disappointing fate of Elizabeth Purcell, the “almost black” nursing candidate, was probably far more typical.⁸⁷ After all, the selection committee at least gave her the interview that they denied Mary Seacole, whose age, independence, or claimed expertise in practicing traditional Jamaican medicine could alone have landed her on the rejection pile, but she was not wrong to question whether her rejection was primarily because her “blood flowed beneath a somewhat duskier skin than theirs.”⁸⁸ Still, her exclusion from the hospitals led her to provide nursing services closer to the front in anticipation of battlefield nursing that would create heroines out of nurses in the next decade.

The power struggles among British nursing factions in the Crimean War and their willingness to use physicians, military men, and public opinion against one another inhibited the development of any uniform standard for the recruitment and organization

⁸⁶ Robinson, *Mary Seacole: The Most Famous Black Woman of the Victorian Age*, 88.

⁸⁷ Ibid., 88-89.

⁸⁸ Seacole, *Wonderful Adventures of Mrs Seacole in Many Lands*, 125-26; Compton, *Colonel's Lady and Camp-Follower: The Story of Women in the Crimean War*, 131. Compton suggests that it only took one look at Seacole, “who now, perhaps, was not quite so beaming” before she was told that the nurses roster was full.

of a national nursing corps of women. Nightingale's attempts to retain a nursing staff only as small and as close as she could personally administer were thwarted by the arrival of additional ladies, insubordinate waged nurses, religious sisters, and independent nurses—all of whom brought their own vision of wartime nursing with them. Even when she regained nominal official authority over all British nurses shortly before the end of the war, the factionalized ranks of female nurses left appeals to class, race, and sexuality-based claims to Victorian moral superiority unpersuasive. In subsequent military conflicts, states would take a more decisive role in establishing the parameters and protocols for wartime nursing service.

Refining Requirements--United States Civil War

If she requested me to shave them all, or dance a hornpipe on the stove funnel, I should have been less staggered; but to scrub some dozen lords of creation at a moment's notice, was really—really—. However there was no time for nonsense...I drowned my scruples in my wash-bowl, clutched my soap manfully, and, assuming a business-like air, made a dab at the first dirty specimen I saw.

--Louisa May Alcott, *Hospital Sketches* (1863)⁸⁹

As the experience of this Civil War novice posed by Louisa May Alcott illustrates, volunteer nurses posed a startling lack of training and preparation for their duties. Unlike the Crimean War nurses, American volunteers were not drawn from a pool of women with previous nursing experience.⁹⁰ Even if Nightingale's nurses in the Crimea had been questionable, they were among a small selection of applicants with

⁸⁹ Straubing, ed. *In Hospital and Camp: The Civil War through the Eyes of Its Doctors and Nurses*, 114.

⁹⁰ Taylor, *Eastern Hospitals and English Nurses: The Narrative of Twelve Months' Experience in the Hospitals of Koulali and Scutari*, 5. For example, in Mary Stanley's party, only eleven nurses were accepted from a pool of sixty to seventy applicants.

letters of recommendation from physicians or matrons attesting to their previous nursing experience. The sheer scale of mobilization necessary for a war on the nation's own soil made even low standards, such as familiarity with nursing, simply impossible. In contrast to a roughly estimated one hundred British nurses in the Crimean War, at least twenty-one thousand Union nurses served in the American Civil War, and nearly twenty-six thousand German nurses were active in the Franco-Prussian War.⁹¹

In the American conflict, women were appealed to as nurses by nature and led to believe that their domestic upbringing was sufficient to prepare them for hospital nursing. After avidly following Florence Nightingale's activities in the Crimean War, British and American women responded with enthusiasm to the publication of *Notes on Nursing*, which reiterated Nightingale's emphasis on moral character and perpetuated the belief that women were naturally gifted with the ability to nurse. Dr. Elizabeth Blackwell, founder of the Woman's Central Association for Relief (WCAR), described the pamphlet as creating a "mania" that caused American women to "act Florence Nightingale."⁹² Even as Blackwell attempted to impose training courses and standards for Civil War nurses, the distribution of *Notes on Nursing* (which actually has surprisingly little to say about military nursing work) left her unable to stem the tide of unprepared American

⁹¹ Schultz, *Women at the Front: Hospital Workers in Civil War America*, 20-21; McDonald, ed. *Florence Nightingale: An Introduction to Her Life and Family*, 27-29; Kimmle, 1910 #217. Schultz identifies a minimum of 21,208 female Union hospital attendants identified by the Carded Service Records, but suggests that unpaid volunteers, members of religious orders, Confederate women, and slaves are left unaccounted for due to the lack of records. According to Nightingale's records, McDonald counts 50 French Sisters of Charity, 85 British nurses, and an unknown number of Russian nurses, but others have suggested higher numbers of French and British women. Kimmle's numbers include both men and women nurses from Prussia, with women based primarily away from the front in military hospitals and relief transports while they made up only about 27% of field nurses at the front.

⁹² Giesberg, *Civil War Sisterhood: The U.S. Sanitary Commission and Women's Politics in Transition*, 22, 31.

women pouring into Civil War hospitals. Some of the women were recruited through Catholic and Protestant religious orders, hired as waged hospital workers, or worked independently on the battlefield and with military regiments. However, the showcase of American Civil War nurses was the Army Nurses' Corps, organized under Dorothea Dix and the United States Sanitary Commission. Though they were mythically armed with the moral authority of a Victorian lady and the *Notes on Nursing* of Florence Nightingale, Alcott's description of a lady's first awkward patient encounter in a mid-nineteenth century military hospital was typical of many volunteer experiences during the American Civil War and German Wars of Unification.⁹³

Prior to the Civil War, the reputation of private duty nurses as penniless widows and hospital nurses as "dregs of female society" deterred any but the most desperate women from entering the occupation.⁹⁴ Most nurses were privately hired and joined a household for the duration of the patient's need. These women were most often middle-aged, poor, white women pressed into nursing service out of financial necessity. They were badly paid and their position ranked between that of the household cook and a regular domestic servant.⁹⁵ The demographic description of hospital nurses is similar, though the requirements were much more lax and sometimes even included partially-recovered patients. However, the work and status of hospital nurses was even worse than

⁹³ Nightingale, *Notes on Nursing: What it is and What it is Not*, 139. *Notes on Nursing* was a pamphlet published by Florence Nightingale in 1860; its appearance in the United States just before the Civil War allowed it to become a popular handbook for American volunteer nurses. Although it said little about the role of the nurse in a military hospital and was not intended to be a teaching manual for untrained nurses, it defined nursing broadly to include "any person in charge of the personal health of another...amateur and professional" and emphasized that the qualities of a nurse were inherent in all women's nature and experience.

⁹⁴ Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987), 22.

⁹⁵ Ibid., 15.

those in private duty. They maintained a physically demanding routine of cleaning, feeding, and monitoring patients. Yet hospital nurses did not receive any of the sympathy or gratuities that may have ameliorated the situation of the private duty nurses. Rather, they were widely depicted in literature and testimonials as drunken women unable or unwilling to accomplish anything better.⁹⁶

The major exception to the desperate socio-economic circumstances of secular nurses was the various orders of religious sisters that had a long tradition of caring for the sick in Europe and had more recently spread to the United States in the form of the Sisters of Charity, Sisters of Mercy, Sisters of the Holy Cross, and a few Protestant deaconesses who all arrived shortly before or in response to the Civil War.⁹⁷ Both Catholic and Protestant orders of nurses were active in the Crimean War and had arrived in the United States to practice and pass on their methods and traditions prior to the Civil War.⁹⁸ According to Sister Mary Denis Maher, approximately six hundred Catholic sisters provided nursing services during the Civil War.⁹⁹ Some prejudice against religious orders and charges of proselytism surfaced, but previous nursing experience and orderly internal administration appealed to doctors and hospital administrators over the sometime unwieldy group of inexperienced volunteers.¹⁰⁰

⁹⁶ Ibid., 22.

⁹⁷ Barbara Mann Wall, "Grace Under Pressure: The Nursing Sisters of the Holy Cross, 1861-1865," *Nursing History Review* 1 (1993).

⁹⁸ Maher, *To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War*, 13-18; John R. Brumgardt, ed. *Civil War Nurse: The Diary and Letters of Hannah Ropes* (Knoxville: Tennessee Press, 1980), 30.

⁹⁹ Maher, *To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War*, 1; Nelson, *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century*, 48. Nelson elaborates on Maher's count, but her estimation that the 600 Catholic Sisters made up about 20 percent of Civil War nurses overall seems too high based upon estimates of Civil War nurses in the tens of thousands.

¹⁰⁰ Nelson, *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century*, 47-49.

Secular charitable nursing appeared about the same time as part of the American government's planning for war. Dr. Elizabeth Blackwell's relief workers and Dorothea Dix's Civil War nurses were the first major coordinated effort to provide secular nurses, though there was a longer history of individual women choosing to volunteer their services in their communities or among kin. Blackwell and Dix followed the strategies that elevated Florence Nightingale's reputation over other British women involved in the Crimean War. They were both personal acquaintances of Nightingale, and corresponded with her during the Crimean War. Blackwell and Nightingale were long time correspondents on the issues of women, nursing, and medical reform. Dix admired Nightingale greatly, mostly from afar by reading her work and reports about her, but also planned a special trip to Scutari hospital during the Crimean War in order to meet and observe Nightingale in person.¹⁰¹ They learned from her to cultivate relationships with men of political and military influence. Just as Nightingale relied upon Secretary at War Sidney Herbert, Blackwell invited several male physicians to serve and lead her administration with an eye to smoothing the path with government officials and Dix went straight to the White House and Secretary of War to gain support for her initiative.¹⁰²

Blackwell and Dix also recognized quickly that the circumstances they faced were quite different from those of Nightingale in the Crimean War. Although Nightingale was similarly preoccupied with gaining support from the military, physicians, government, and public, she did not have a mass mobilization of women lacking nursing experience flooding her with requests to become wartime nurses. The applicants for the Crimean

¹⁰¹ Giesberg, *Civil War Sisterhood: The U.S. Sanitary Commission and Women's Politics in Transition*, 35.

¹⁰² Ibid., 34-35.

War were a small number of ladies and a large number of working-class nurses, small enough to all be interviewed in Elizabeth and Sidney Herbert's apartment. The American Civil War was plagued by the proximity and ease of women appearing on the doorsteps of hospitals and at the heels of military regiments, and the recent emboldened spirit of Nightingale's own call to arms that "every woman is a nurse." Thus, while the quality of women suited to wartime nursing may not have been different from Great Britain, the quantity was overwhelmingly so.

Like Great Britain during the Crimean War, the United States had insufficient numbers of women from religious orders to fully staff military hospitals during the Civil War. American observers in the Crimea had returned with the outline of a Sanitary Commission based upon the British precedent of 1855. Dorothea Dix responded to a Union government mandate to mobilize middle-class women for voluntary war nursing services under the banner of the Sanitary Commission guidelines. Like Nightingale and Stanley, she was given personal responsibility for choosing her recruits from the many voluntary applicants sent to her. While her selection criteria have been regarded as particularly strict and arbitrary, within the broader transnational context of emergent female military nursing, they were a clear reflection of Florence Nightingale's iconic image from the pre-emptive *Times* article. Dix explicitly required white women from "the higher walks of life", over thirty years of age, healthy, of good moral character, modest in dress, unattractive, and able to cook.¹⁰³

¹⁰³ Brumgardt, ed. *Civil War Nurse: The Diary and Letters of Hannah Ropes*, 32; Judith Ann Giesberg, "In Service to the Fifth Wheel: Katharine Prescott Wormeley and Her Experiences in the United States Sanitary Commission," *Nursing History Review* 3 (1995): 47.

Dix herself was not a nurse, but was a well-known social reformer with strong political connections in Washington D.C. Her influence among high-ranking politicians secured her the position as head of the United States Sanitary Commission's (USSC) volunteer nurses and the autonomy to institute her personal conception of nursing based upon feminine domestic ideologies. While these methods were frowned upon by some male politicians as well as other female leaders of the USSC, Dix effectively marketed USSC nursing as an elite and alluring opportunity for respectable women to join the war effort. The inclusiveness of Dix's selection method allowed her to attract many more women in the North than the United States Sanitary Commission program could bureaucratically manage. The primacy of morality to Dorothea Dix's conception of nursing seemed to be a perfect fit for the large number of women desiring to contribute to the war effort or those uncomfortable being left behind when their husbands and sons joined the army. As a result, Civil War hospitals like those of the Crimean War were filled with a mixture of religious, volunteer, and waged labor nurses. Preserving respectability in such a public and socially-mixed environment was a key function of both religious orders and volunteer organizations. For the religious nurses, the sanction of the church as marked by their clothing and adherence to religious vows provided clear legitimization of their activities and propriety. Secular volunteers, who served in much greater numbers and came from a wider range of class backgrounds had more difficulty and thus exhibited much more anxiety about their social position within hospitals and nursing. A common strategy was to depict their nursing work as an extension of

women's domestic responsibilities and skills as mothers and mistresses of bourgeois homes.¹⁰⁴

The experience of this elite stratum of Civil War nurses is reflected in the letters of such a volunteer nurse. Mary von Olnhausen describes being ready to leave before beginning any work at the Mansion House hospital in Alexandria because the doctors refused to provide her with a room and the male nurse threatened "he would make the house so hot for me I would not stay long," but Dix gave her no choice, knowing that these were well-practiced strategies to keep upper-class women out of hospitals.¹⁰⁵ As she got comfortable in her new role, in which she had first described herself as being "horribly ignorant," von Olnhausen recognized a poorly-organized system in which soldiers were foremost deprived of supplies and nutritious food. Her list of complaints sounds remarkably similar to Nightingale's at Scutari: uneatable soup, badly prepared beef tea, hard beans, and no extras for patients requiring special diets. Like other women of economic means, she was able to overcome these privations by supplementing the available hospital supplies with her own purchases and solicited donations from friends of milk, eggs, apples, and other luxuries.¹⁰⁶

On December 8, 1962, Hannah Ropes, the nursing matron at Union Hospital, wrote a letter to a friend and former co-worker providing updates on the latest activities of the Civil War soldiers' hospital. "Of the nurses," she wrote:

¹⁰⁴ Patricia O'Brien D'Antonio, "The Legacy of Domesticity: Nursing in Early Nineteenth-Century America," *Nursing History Review* 1 (1993): 229.

¹⁰⁵ Mary von Olnhausen and James Phinney Munroe, *Adventures of an Army Nurse in Two Wars. Edited from the Diary and Correspondence of Mary Phinney, Baroness von Olnhausen* (Boston: Little, Brown, and Company, 1903), 32-35. Olnhausen was at first the only one of Dix's nurses, but they gradually came to dominate the hospital staff.

¹⁰⁶ Ibid., 39.

“Miss Stevenson stayed till October, then went to Boston to rest. Miss Kendall has just returned from a visit home. Mrs. Hopkins has charge of invalid diet, with a nice cooking stove in the small kitchen of the small house. Miss Best has the ward on the second floor front. The others are strangers and mere hired nurses, disposed as nurses seem disposed to be from time immemorial.”¹⁰⁷

Though brief and perhaps cryptic, Hannah Ropes provides us with a glimpse into the routine and nature of Civil War era nursing. Like the four other nurses she has mentioned by name, Ropes was a volunteer nurse without any formal experience working with the sick. Most of these nurses were recruited, hired, and placed by Dorothea Dix and the U.S. Sanitary Commission. They were almost exclusively middle-class, white, married or widowed women.

As Ropes suggests, she was both uncomfortable with and disdainful of the other kinds of nurses in her hospital. The “mere hired nurses” were working-class women and men performing their duties for wages. Unlike our contemporary understanding of a dichotomy between amateur volunteer work and paid professional work, nurses at this time would have recognized an inverse relationship based almost entirely on class status. Paid nurses were always at the bottom of the nursing hierarchy and considered the least competent. Complaints about hired nurses often included drinking and stealing. Mary von Olnhausen described in a letter, “those miserable toads [male nurses and orderlies] had eaten and drank everything but twelve cans of milk. Isn’t it a shame? Just look how

¹⁰⁷ Brumgardt, ed. *Civil War Nurse: The Diary and Letters of Hannah Ropes*, 107. According to the editor, this letter was probably sent to Dr. William Hays, a former surgeon at Union Hospital; though, the address read only “My Dear kind friend”.

the people at home are cheated and duped!”¹⁰⁸ By contrast, Hannah Ropes as the matron was the highest ranking nurse in the hospital despite her lack of formal training or experience.

The experience of Ada Bacot was similar. As a wealthy widow from a plantation family, Bacot’s intentions to go to South Carolina as a nurse were not well-received. Though she was intent on her decision, she faced multiple fronts of criticism and must have been anxious herself since she wrote about the reassurance she felt that the hospital offer came from the well-reputed wife of the Confederate Secretary of War.¹⁰⁹ Her neighbors tried to deter her and sponsors declined her requests. It was only with the support of her father and the assurance of her pastor that she finally embarked for South Carolina.¹¹⁰ Despite Ada Bacot’s elite background and the hospitals’ intention to segregate upper-class women from direct contact with male patients, she began her hospital work as a housekeeper and then became a dietician/laundress when another woman was removed for being disruptive in the wards. Bacot describes this other woman, apparently single and young, as “a wild one, with very little sense of propriety,” which illustrates fluidity in the hospital roles of women that would have horrified Dorothea Dix and the lady nurses of the North.¹¹¹ Still, Bacot recorded her experiences

¹⁰⁸ Olnhausen and Munroe, *Adventures of an Army Nurse in Two Wars. Edited from the Diary and Correspondence of Mary Phinney, Baroness von Olnhausen*, 101. Olnhausen complains that “twenty-five pounds of sugar, twelve bottles of pickles, twelve bottles of cordial, and some other things had all been confiscated by them for their own use.”

¹⁰⁹ Kathleen S. Hanson, “I Think that You Should Get a Job as a Nurse,” *Nursing History Review* 5 (1997): 73. Interestingly, this position was the same as occupied by Elizabeth Herbert in Great Britain during the Crimean War recruitment of nurses.

¹¹⁰ Jean V. Berlin, ed. *A Confederate Nurse: The Diary of Ada W. Bacot, 1860-1863* (Columbia: University of South Carolina, 1994), 5-6, 12.

¹¹¹ Ibid., 77.

positively and was proud of her patriotic service to the Confederacy and her abilities to extend her familial role to a public setting.

Charitable volunteering remained the primary avenue through which elite women became nurses during and for a short time after the Civil War. However, the experiences of these women during the war demonstrated the insufficiency of untrained nurses for providing health care on a mass scale. In contrast to their beliefs about the incompetence of working-class nurses, many of these women must have wondered at their own level of skill after only a short time of hospital service. As Drew Gilpin Faust has observed, “The nineteenth-century creed of domesticity had long urged self-denial and service to others as central to woman’s mission. But war necessitated significant alterations, even perversions of this system of meaning...”¹¹² No longer could elite women continue to believe in the myth that their good moral composition and natural domestic inclinations were sufficient prerequisites for nursing.

Nurses who worked on the battlefield rather than in a hospital a safe distance away had particularly different experiences. Some of these women were regimental followers, including wives of soldiers and prostitutes. Others volunteered independently to assist in field hospitals, which were ad hoc stations made out of tents near the front. According to Jane Schultz, regimental work was primarily taken on by Midwestern women, free blacks, and Irish immigrants, but was shunned by white urban middle class women.¹¹³ With no defined job description, these women served in an unofficial capacity

¹¹² Drew Gilpin Faust, "Confederate Women and Narratives of War," in *Divided Houses: Gender and the Civil War*, ed. Catherine Clinton and Nina Silber (New York: Oxford University Press, 1992), 178.

¹¹³ Schultz, *Women at the Front: Hospital Workers in Civil War America*, 57.

as cooks, laundresses, and nurses.¹¹⁴ Women were generally not allowed on the battlefield and battlefield tasks were done largely by male orderlies; according to Maher, only one in five field hospital nurses were women.¹¹⁵ The British army tried to phase out such female regimental followers, but even where they existed, they often remained at a camp away from the front and did not provide nursing services. Clara Barton protested against such regulations in the early stages of the Civil War, and eventually she was granted a pass on account of the warehouses of supplies she had accumulated through donations.¹¹⁶ Throughout the war, Barton worked directly with injured and ill soldiers on the battlefield. She triaged cases and prepared viable patients for railroad transport to larger military hospitals while providing immediate care and comfort to dire cases on the battlefield or at a mobile field hospital nearby. The urgency of post-battle injuries necessitated the blurring of lines between duties and Barton did everything from cooking and cleaning to bandaging wounds and minor surgery.¹¹⁷ While she was often referred to as the American Florence Nightingale, her experiences with independent war nursing suggest a closer comparison to Mary Seacole.¹¹⁸ Still, her cool relationship with Dorothea Dix and distancing from the nurses of the Sanitary Commission show that these privileges derived from her respectable class status and social connections; they set her apart from the legions of waged hospital workers and regimental followers.

¹¹⁴ _____, "The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine," 371.

¹¹⁵ Maher, *To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War*, 51.

¹¹⁶ Pryor, *Clara Barton: Professional Angel*, 87-88.

¹¹⁷ *Ibid.*, 93-94.

¹¹⁸ See for example: "Miss Clara Barton. The American Nightingale," *The Nursing Record and Hospital World* XXII, no. 563 (1899).

The late nineteenth-century gendered ideology of domesticity and separate spheres held women's respectability to be incompatible with waged labor; professional nursing work in the United States had thus far been relegated to nameless working-class, immigrant, and non-white women. In the United States, working-class white women and freed or enslaved black women most often provided the labor-intensive nursing services while it was the reward of middle- to upper-class white women to usually "win the attention and accolades" of contemporary historians and other observers.¹¹⁹ This is not to say that middle-class women were not also engaging in large numbers in the nursing of the sick. Rather, middle- and upper-class white women cloaked their public care of the sick in a moral calling to do charitable work, which could be undertaken either under the protection of the church or the state. By contrast, lower-class women nurses held no recognizable calling or charitable inclination, but were merely fulfilling their baser needs through paid employment.

Particular duties such as scrubbing floors, washing laundry, cooking, and other chores reminiscent of domestic service were considered less prestigious than caring directly for patients, organizing and managing supplies, and interacting with physicians.¹²⁰ However, the distinction between paid and volunteer Civil War nurses was not nearly as pronounced as in the Crimean War. In fact, Jane Schultz has argued, "the nomenclature had less to do with the job description than with a worker's race and class;

¹¹⁹ Drew Gilpin Faust, "'Ours as Well as That of the Men': Women and Gender in the Civil War," in *Writing the Civil War: The Quest to Understand*, ed. James M. McPherson and William J. Cooper (Columbia, S.C.: University of South Carolina, 1998); Jane E. Schultz, "Race, Gender, and Bureaucracy: Civil War Army Nurses and the Pension Bureau," *Journal of Women's History* 6, no. Summer (1994).

¹²⁰ Schultz, *Women at the Front: Hospital Workers in Civil War America*, 34.

it thus functioned as coded language.”¹²¹ For example, freed black women, slaves, and working-class white women were most often assigned the job label of laundress or cook, even if they did the same day-to-day work as their higher-class, white counterparts who were recorded as nurses. The reality of Civil War hospitals called upon all female hospital workers to take on cooking and washing with some regularity, but the differences in titles became the foundation for unequal recognition of women’s wartime service, especially in the form of the Army Nurses’ Pension Act.¹²²

Given the wide range of backgrounds, experiences, and motivations that American women brought to Civil War nursing, only a few generalizations about an American nursing model can be made. First, the popular conception of the Nightingale nursing ideology misled all but the previously-experienced religious nursing orders into overestimating their preparedness for providing adequate nursing services over an extended period of industrialized warfare. The Nightingale rhetoric of moral superiority and efficient administration concentrated surveillance and discipline in the position of the nursing superintendent, and she insisted to Sidney Herbert that “as large a number are now employed in these Hospitals as can be usefully appropriated, & as can be made consistent with morality & discipline.”¹²³ Second, Civil War hospitals consequently became chaotic spaces for negotiating the tensions between impetuses toward standardized nursing work and established social hierarchies. As Adeline Blanchard Tyler, Superintendent of Clamden Street Hospital in Baltimore during the Civil War,

¹²¹ _____, “The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine,” 370.

¹²² _____, *Women at the Front: Hospital Workers in Civil War America*, 187.

¹²³ Goldie, *Florence Nightingale: Letters from the Crimea*, 46.

observed, "The sick, the wounded and the dying are all around; jealousies exist among the subordinate nurses; difficulties arise between physicians and nurses; complaints made alike by nurses and patients; ceaseless inquiries and interruptions coming from visitors and sub-officials."¹²⁴ Overall, the American model benefited from the British popularization of female nursing service, but failed to account for the added practical and organizational challenges of administering tens of thousands of non-contractual female volunteers within hospitals already filled with patients, doctors, and waged domestic and nursing staff.

Coming Together: Neutrality and Nationalization in the German Wars of Unification

My attention was drawn to the many young ladies, whose white field bandages with the Red Cross proved they were my compatriots... The patriotic fervor had become epidemic and the most tender greenhouse plants of the residence shot themselves out into the horrors of war.¹²⁵

--Elise von Mellenthin, *Letter from Breslau*, 1866

Prussian women moved by patriotism to volunteer as military nurses seem strange representatives for the ideals of neutral humanitarianism put forth by the Geneva Convention in 1864. However, Elise von Mellenthin's first reaction to the International Red Cross badges was typical of Prussian nurses, who did not perceive an ideological or practical contradiction between patriotic nursing service and the Red Cross mandate of neutral humanitarian aid. She wore the Red Cross badge with pride, nursed soldiers from the various belligerent nations through three consecutive wars, and still articulated her

¹²⁴ Quincealea Brunk, "Caring without Politics: Lessons from the First Nurses of the North and South," *Nursing History Review* 2 (1994): 122.

¹²⁵ Mellenthin, *Briefe einer freiwilligen Krankenpflegerin aus den Kriegen 1864, 1866, 1870/71 und Aufzeichnungen aus ihrem Leben*, 130. Translated by author, the original German reads: "Mehrere junge Damen fesselten meine Aufmerksamkeit, die weiße Feldbinde mit dem roten Kreuz erwies sie als meine Gesinnungsgenossen... Der patriotische Eifer war epidemisch geworden und trieb selbst die zartesten Triebhauspflanzen der Residenzen hinaus in die Schrecknisse des Krieges."

purpose as seeking “to put her strength into the service of the Fatherland,” in the same way her brother did as a military officer.¹²⁶

The Prussian monarchy and military seemed to hold a similar reconciled commitment to both militaristic national patriotism and neutral international relief in times of war. John F. Hutchinson’s analysis of the International Committee of the Red Cross underlines how surprising the Prussian support was for the neutrality clause of the Geneva Convention treaty, especially when juxtaposed with American and British resistance.¹²⁷ After all, the Red Cross design was in a large part modeled after the recommendations of American and British sanitary commissions.¹²⁸ Yet, in the end, it was the Prussian King Wilhelm I, who immediately championed the neutrality clause and adopted the Geneva Convention as a complement to his own proposed military reforms, while the Bowles Report on the Geneva Convention (1864) recorded, “the Treaty as then to be signed, could not include...[the governments of the United States, England, Sweden, and Saxony], who had, nevertheless, so largely contributed, both in its

¹²⁶ Ibid., VII.

¹²⁷ Hutchinson, *Champions of Charity: War and the Rise of the Red Cross*, 30; Clara Barton, *The Red Cross in Peace and War* (Washington D.C.: American Historical Press, 1906), 78, 203-07. Gustave Moynier, the chief architect of the Geneva Convention Treaty (1863) and International Committee of the Red Cross charged with carrying out its mission, was horrified at the news that Henri Dunant and the Dutch Dr. J.H.C. Basting had distributed the so-called “Berlin Circular,” among the Prussian royal court, advocating the controversial issue of nursing and relief corps neutrality in the name of the International Committee. Moynier’s long-time experience with networks of European philanthropists and participation in international welfare congresses led him, like many others, to the practical conclusion that demanding international recognition of neutral medical, nursing, and relief personnel would be a deal breaker for militaristic, nation-building, potentially-belligerent states.

Barton suggests that plans for an American Red Cross Society dissolved when the U.S. failed to ratify the treaty by 1872, but that the United States and its Sanitary Commission made their opposition known earlier by declining invitations to the Berlin Conference of 1869, due to the neutrality clause.

¹²⁸ Barton, *The Red Cross in Peace and War*, 77. Barton cites “Instructions of the American Army,” edited by Dr. Lieber and adopted by President Lincoln on 24 April 1863, as one of the basic models for the Geneva Convention Treaty.

formation, and towards a universal extension and appreciation of the advanced ideal which it embodied.”¹²⁹

From the perspective of both states and civilians, the adoption of the Red Cross was a natural corollary to the increasing participation of civilian volunteers in ameliorating the financial and human costs associated with waging modern warfare that began in Prussia even before the first Red Cross badges appeared on the battlefield. The Prussians were fortunate to have three relatively short and sequential military confrontations rather than a long protracted war. Like the Crimean War and American Civil War, the Prussian-Danish War (1864) tested the introduction of untrained patriotic volunteers into a space primarily dominated by military men, religious sisters, and waged laborers of questionable social status. Military hospitals preferred to staff their wards with male nurses and Protestant deaconesses, in part due to tradition and familiarity but also because deaconesses had a reputation for being orderly and efficient trained nurses. However, as a relatively contained and local military conflict, the disorder and suffering did not reach the point of public crisis characteristic of its British and American counterparts, nor did it require a mass mobilization of civilian women into military hospitals.

German religious nursing orders were more prevalent than either British or American had been; both Catholic and Protestant sisterhoods flourished throughout continental Europe since the Napoleonic Wars. The reputation and numerical strength of

¹²⁹ Hutchinson, *Champions of Charity: War and the Rise of the Red Cross*, 29; Charles P. Bowles, "Report of Charles S.P. Bowles, foreign agent of the United States Sanitary Commission, upon the International congress of Geneva, for the amelioration of the condition of the sick and wounded soldiers of armies in the field, convened at Geneva, 8th August, 1864," in *FRPR (Groupe): Guerre franco-prussienne, 1870-1871* (Geneva: International Red Cross Archives, 1864).

religious nurses relative to secular volunteers was reflected in the hospital staffing. In the Schloß Gottdorf hospital, there were eleven Sisters of Mercy (the Sisters of St. Francis) from Aachen, five Protestant deaconesses from Kaiserswerth and only two unaffiliated ladies.¹³⁰ Overall, the number of deaconesses was probably closer to that of Catholic nuns because deaconesses were routinely dispatched in parties of two or three nurses while sisters of Catholic orders tended to stay together. The Prussian military hospitals received a total of twenty-eight deaconesses from Kaiserswerth and twenty-three Catholic nuns from the Sisters of St. Francis in Aachen, though other orders of Protestant and Catholic sisters were most likely active in other hospitals.¹³¹ These numbers illuminate the relative scarcity of secular lady volunteers, but they also overlook the prominent role of soldiers, religious brothers, and male and female hospital workers, who were not called nurses, but did provide a significant amount of the nursing services in Prussian military hospitals.¹³² Soldiers and general hospital workers are difficult to account for because their nursing work was often transitory and incidental to their primary job, but at least sixteen Protestant deacons from Duisberg and four Brothers of Mercy from Breslau were

¹³⁰ Mellenthin, *Briefe einer freiwilligen Krankenpflegerin aus den Kriegen 1864, 1866, 1870/71 und Aufzeichnungen aus ihrem Leben*, 17.

¹³¹ Jan de Liefde, *The Romance of Charity* (London: Alexander Strahan, 1867), 82; Mellenthin, *Briefe einer freiwilligen Krankenpflegerin aus den Kriegen 1864, 1866, 1870/71 und Aufzeichnungen aus ihrem Leben*, 52, 72.

¹³² “Krankenpflegepersonen” is the categorical term used to describe all hospital care workers. “Krankenpfleger” and “Krankenpflegerin” are the most common labels for male and female nurse respectively, with “Pfleger” and “Pflegerin” for short. At this time, “(Kranken) Schwester” and “Bruder” are used in the documents solely in reference to members of a religious order, though female nurses were sometimes indiscriminately called “Schwester” by patients. In addition to the many lower-class domestic job descriptions related to nursing, the category called “Krankenwärter und Krankenwärterinnen” refers to nurse aides or orderlies, whose job description focuses on the more physical or laborious aspects of caring for patients. Wärter (innen) and other domestic job titles would not have been translated as “nurses” in English, so for the sake of even comparisons, I focus my discussion on the “Pflegerinnen” and “Schwestern.”

sent to the front, the former in response to a personal request by the Prussian king.¹³³ Thus, unlike the initial prejudices against religious orders of nurses in the British and American military hospitals, the Prussian monarchy and military actually preferred them to the recruitment of civilians.

The strength and numbers of Catholic and Protestant nurses relative to unaffiliated ladies in the Prussian-Danish War was not for lack of volunteers. Elise von Mellenthin described almost being turned away upon her arrival at Altoona in February 1864, “Some seventy were sent back to Berlin from here by the Duke, and he told me himself that if he had not received the recommendation from Prince Karl on my behalf, I would have met with the same fate.”¹³⁴ Like Florence Nightingale or Phoebe Pember, her family’s reputation and social connections to national political elites, such as Prince Karl, were invaluable for opening doors to opportunities not otherwise possible or socially acceptable for upper-class women in the nineteenth century.

As in the British and American hospitals, significant tensions existed among religious orders, elite volunteers, and classes of workers. Von Mellenthin’s first observation about her co-workers at Schloß Gottdorf was that “none of them can get along with most people.” She did become close friends and confidants with Elise Hepp, a Kaiserswerth deaconess, until the latter met with an untimely and tragic death from

¹³³ Liefde, *The Romance of Charity*, 171; Mellenthin, *Briefe einer freiwilligen Krankenpflegerin aus den Kriegen 1864, 1866, 1870/71 und Aufzeichnungen aus ihrem Leben*, 27.

¹³⁴ Mellenthin, *Briefe einer freiwilligen Krankenpflegerin aus den Kriegen 1864, 1866, 1870/71 und Aufzeichnungen aus ihrem Leben*, 8. Translation by author, originally: “Einige 70 hat der Graf von hier nach Berlin zurückgewiesen, und er sagte mir selbst, wenn er es nicht der Empfehlung des Prinzen Karl zuliebe getan, so hätte mich dasselbe Schicksal getroffen.”

typhus in July 1864.¹³⁵ While she seemed to mix freely with the Protestant deaconesses and other voluntary lady nurses, she does not often mention the Catholic sisters or male nurses in her midst.¹³⁶ Still, lady nurses seemed not to lack for company. Von Mellenthin's letters describe visiting with dignitaries and elite patients, writing ten letters per day for soldiers, and attending a dinner party in honor of the king's birthday.¹³⁷

Like the British and American lady nurses before her, von Mellenthin confronted male hospital staffs skeptical toward the presence of upper-class ladies and her own surprising lack of preparation for a job that social and moral prescription had convinced her she could do with ease. Even the most patriotic of volunteer nurses would admit that they were ill-prepared for the tasks at hand and that volunteer mobilizations were not sufficient to meet the challenges of lengthy modern military conflicts. She wrote naively to her siblings prior to her departure to the front in February, "The nursing superintendent in Berlin wanted me to first spend a month being trained, which I simply would not accept. The war would have been over by then."¹³⁸ By that summer, the realities of warfare, combat injuries and epidemic disease must have settled into her mind as she wrote three letters in a row to her siblings detailing the deaths of four hundred to five hundred soldiers on the battlefield, her close friend dying of typhus, and the teasing she received about all of her patients dying.¹³⁹ Her experience departed from British and American lady nurses, however, as the Prussian-Danish War was relatively brief, which allowed her to avoid the most horrific challenges of extended warfare and gave her an

¹³⁵ Ibid., 98.

¹³⁶ Ibid., 17, 109.

¹³⁷ Ibid., 23-24, 54.

¹³⁸ Ibid., 3.

¹³⁹ Ibid., 98-110.

opportunity for respite before she rejoined the Prussian military in its next military operation—the Prussian War with Austria.

The Prussian-Austrian War (1866) was the first military conflict to arise after the creation of the Red Cross Treaty, and although Austria had not yet signed it, the Prussians publically announced on the first day of the war that they would still abide by the treaty “so that Europe is aware that at least Prussia is firmly decided to respect humanitarian principles even if its adversary does not believe it is in a position to do the same. Public opinion will be our judge.”¹⁴⁰ Prussian military hospitals rose to the challenge. Utilizing a large number of experienced female volunteers, Prussian hospitals could oversee the broadened scope of relief and hospital services necessary for a war against another major European military power and provided medical and nursing services to Prussian and Austrian soldiers as they had promised.

Despite the reckless gamble Henri Dunant had taken in pressing the neutrality clause of the Geneva Convention treaty, the International Committee’s anxieties over its debut on the Prussian-Austrian front in 1866 were unnecessary. The significant proportion of Prussian nursing done by religious orders meant that as high a priority was placed upon the charitable as the patriotic mandate of nursing in the Prussian military hospitals. Kaiserswerth deaconesses kept up a friendly correspondence with deaconesses from Copenhagen serving the Danish army throughout the Prussian-Danish War, even accepting an invitation to visit them in Copenhagen during the armistice and meeting the

¹⁴⁰ Hutchinson, *Champions of Charity: War and the Rise of the Red Cross*, 74-75.

Danish queen to be thanked for their kind service to all the soldiers.¹⁴¹ Even as an elite patriotic volunteer and sister to a Prussian officer, Elise von Mellenthin wrote to her siblings, “The wounded lay friend and enemy side by side, and I feel, God knows, no difference among them in my heart. On the contrary, I go to everybody I see suffering; the Danes have the worst wounds, and therefore they are also cared for with even greater love.”¹⁴² If she had any intention of acting differently toward the Austrians, it dissipated with her first steps into the ward at Breslau. She described entering for the first time the old barracks, when a patient among the wounded Austrian soldiers grabbed her hand to kiss it in thanks for the nursing she provided him in the previous war. He was sobbing and explained, “Do not be angry with me, I beg of you dear lady. I can’t believe that we are enemies.” She assured him that neither she nor any of the Prussians there thought him and his co-nationalists to be their enemies.¹⁴³ After only two years of fighting a war with Austrians as allies, this brief chance meeting must have represented the difficulty facing many military nurses to distinguish between friend and foe within the walls of a hospital. The ideology of neutral humanitarianism, then, offered them a convenient framework within which to process their own mixture of feelings about patriotism, national identity, and charity.

¹⁴¹ Liefde, *The Romance of Charity*, 83.

¹⁴² Mellenthin, *Briefe einer freiwilligen Krankenpflegerin aus den Kriegen 1864, 1866, 1870/71 und Aufzeichnungen aus ihrem Leben*, 17. Translated by author, originally: “Die Verwundeten liegen Freund und Feind nebeneinander, und ich fühle, weiß Gott, keinen Unterschied in meinem Herzen. Und so geht es allen, die die Leiden sehen; im Gegenteil, die schwersten Verwundungen haben die Dänen, und somit warden sie auch mit noch größerer Liebe gepflegt.”

¹⁴³ Ibid., 124. Translated by author, originally: “Sein’s mir nit bös, I bitt’ liebe Dame.” . . . “I kann hold nit dafor, daß mer Feind sein.”

The Franco-Prussian War (1870-71) was different from previous military operations. As the third Prussian military mobilization within a decade (during which the military had intentionally and thoroughly refined its operations), the Franco-Prussian War represented the successful centralization of a system for medical and relief work by the Prussian state, military, and female auxiliaries—a triumph in efficient medical and relief operations. However, it was also the first true test of the Geneva Convention treaty and the newly-founded International Red Cross in action, with volunteer nurses, physicians, and relief workers flocking to the French-German front from across Europe and as far away as the United States. The most prominent tensions in the nursing movement during the Franco-Prussian War related to issues of national identity and the ideal of international neutrality.

The centralization of Prussian women's wartime nursing and relief efforts was characterized by its integration into the Prussian military strategy and organization of medical care and hospital support services.¹⁴⁴ According to John H. Hutchinson, the reorganization of the Prussian Ministry of War's army field medical services in 1868-1869 innovatively focused on centralization, system, and professionalism, which incorporated a national aid society as its civilian auxiliary under Queen Augusta's patronage and leadership to the military medical service and the army.¹⁴⁵ It had begun in earnest with Queen Augusta's creation of the Patriotic Women's Association out of the many existing local associations across Germany in 1866. By the start of the Franco-

¹⁴⁴ Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*, 79.

¹⁴⁵ Hutchinson, *Champions of Charity: War and the Rise of the Red Cross*, 117.

Prussian War in 1870, centralization also included the extension of relatively simple privileges granted to women's associations by the state, including free rail passes, postage, telegraph usage, and freight transportation for nurses and medical personnel as well as the more novel and significant undertaking of keeping female nurses active between military conflicts for the purpose of training and preparation.¹⁴⁶

The Prussian military reforms inclusive of women's nursing work had so changed and improved the way wartime nursing functioned that the International Committee of the Red Cross reconsidered its signature commitment to voluntary relief work.¹⁴⁷ However, the integration of female nursing into the military and national project was part of a more extensive process of centralization by the monarchy, state and medical bureaucracies, and transnational influences over a longer period of time that contributed to the successful display of volunteer relief in the Franco-Prussian War. For the Prussian medical and relief operations, the Franco-Prussian war was an opportunity to demonstrate the seamless collection, distribution, and application of supplies and personnel.

By most accounts, the Franco-Prussian War went well for the Prussians and the International Committee of the Red Cross. Both had intently studied, tested, and refined their approaches to modern war relief over the past two decades and had reason to be confident in their preparation. However, the war did introduce subsequent challenges for the transnational deployment of female nurses. The accompanying national centralization of patriotic women's associations under the patronage of Queen Augusta

¹⁴⁶ Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*, 79.

¹⁴⁷ Hutchinson, *Champions of Charity: War and the Rise of the Red Cross*, 126.

had already created an effective network of German nurses, but their increased experience and confidence led to some conflicts over gender, class, and expertise within military hospitals. The addition of legions of foreign volunteers from neutral countries also illuminated latent national tensions within the neutral and humanitarian framework of the International Red Cross and the Prussian military.

Nurses were well-supplied in the Austro-Prussian War of 1866 and Franco-Prussian War of 1870-71. Despite the fact that the fronts were farther away from domestic supply lines and female nurses began to be allowed in field hospitals or on the battlefield, the hospitals were still well-provisioned in comparison to the Crimean and American Civil Wars. Elise von Mellenthin's 1864 living quarters with private rooms and comfortable furnishings in the Schloß Gottorf presents a cozy image. There she had occupied a large private room with a bed, table and chairs, sofa, large round picture window with live plants growing on the ledge, and a desk complete with a vanity mirror,¹⁴⁸ not to mention the more than three thousand pounds of chocolate that had arrived as a gift from the Austrian Emperor, to which von Mellenthin joked that the patients would be receiving chocolate for supper instead of soup.¹⁴⁹ At Sedan in 1870-71, Sister Catharine Williams's describes more basic lodgings, with their beds consisting only of straw mattresses, two sheets, no pillow, and towels only as a luxury. However, the All Saints Sisters of the Poor could regularly count on providing basic daily rations of coffee, bread, fresh meat and potato soup, eggs, wine, biscuits, cigars, chocolate, and a

¹⁴⁸ Mellenthin, *Briefe einer freiwilligen Krankenpflegerin aus den Kriegen 1864, 1866, 1870/71 und Aufzeichnungen aus ihrem Leben*, 19, 37, 48.

¹⁴⁹ Ibid., 55.

half-bottle of Claret for all patients throughout the course of the Franco-Prussian War.¹⁵⁰

Even Mary von Olnhausen, who complained constantly about the food and drink, focused her wrath on her particular co-workers rather than the German system of provisions in clarifying that “there is no excuse, for the houses are large and supplied with every convenience, and there is an abundance of food; but it is cooked like Satan.”¹⁵¹

With provisions and medical supplies well-provided for, the more frequent complaints of Franco-Prussian War nurses dealt with the challenge of deploying large number of foreign nurses. Difficulty of communication, cultural differences, and status conflicts were often common in ambulances or hospitals with a nursing staff of mixed national, religious, or class backgrounds. Von Olnhausen also felt herself disadvantaged by her minimal French and German speaking ability and sought to join an English-speaking ambulance eventually. Communication among the hospital staff and patients was inhibited by language barriers to an annoying but not insurmountable extent. Most volunteer nurses and physicians could speak at least two of the major languages, though Sister Catharine Williams noted that her Welsh accent made her English difficult for non-native speakers to understand and that the Bavarian dialect spoken by most of her patients

¹⁵⁰ Sister Catharine Williams, “The Franco-Prussian War Diary,” reprinted in Susan Mumm, ed. *All Saints Sisters of the Poor: An Anglican Sisterhood in the Nineteenth Century* (Suffolk: The Boydell Press, 2001), 217.

¹⁵¹ Olnhausen and Munroe, *Adventures of an Army Nurse in Two Wars. Edited from the Diary and Correspondence of Mary Phinney, Baroness von Olnhausen*, 233. Many of von Olnhausen’s complaints seem to reflect her personal preferences and cultural differences. For example, she did not like sweet potatoes or black bread, found the wine too sour tasting, and disapproved of the liberal distribution of hard liquor to patients.

challenged her as well.¹⁵² In short, differing regional and linguistic backgrounds often presented more difficulties in everyday military nursing than national identities.

Of course, nurses were not immune to nationalist sentiments and nurses frequently recorded incidents of other nurses showing favoritism to a particular nation's soldiers. For example, the diary of Sister Catherine Williams illuminates part of the complex range of ways that nationalism and patriotism affected Franco-Prussian war nursing. In general, she marveled at how national antagonism ceased with the injury or death of a soldier, in her own words following the burial of Prussian soldiers by the French: "'he is wounded' seems sufficient to quell all animosities."¹⁵³ Innocent acts of nationalist sympathies also struck her as more laudable than problematic, such as when the Prussian Red Cross personnel arranged for British nurses to treat Bavarian soldiers so that the Prussian soldiers could be tended by their own countrymen and women.¹⁵⁴

For the most part, such behaviors were deemed inappropriate for and by nurses. British nurses Emma Pearson and Louise McLaughlin were eventually fired for inefficiency and insubordination after a number of conflicts with physicians and other nurses over their open support of the French and criticisms of Red Cross neutrality.¹⁵⁵ In short, nationalist fervor was a respectable justification for joining the war effort as a nurse and to a modest extent was tolerated or even praised, but wartime nurses were also expected to reflect well upon their country by treating all patients humanely and to the best of their ability. The large number of foreign nurses from neutral countries further

¹⁵² Sister Catharine Williams, "The Franco-Prussian War Diary," reprinted in Mumm, ed. *All Saints Sisters of the Poor: An Anglican Sisterhood in the Nineteenth Century*, 220.

¹⁵³ Ibid., 218.

¹⁵⁴ Ibid., 222.

¹⁵⁵ Sister Catharine Williams, "The Franco-Prussian War Diary," reprinted in Ibid., 220.

supported an implicit belief that nursing the enemy's soldiers with care helped to ensure that nurses would be doing the same for their soldiers on the other side.

The hospital experience that nurses gained over the course of the war and the rather limited state of medical education and training at the time created the impetus for female nurses to question the hegemony of male professional knowledge and posit the potential for creating their own area of expertise and service.¹⁵⁶ In both the Crimean and American Civil War, military discipline was already seen as a barrier between the well-being of the patient and the application of common sense. Fanny Taylor complained that “an infringement of one of its smallest observances was worse than letting twenty men die from neglect.”¹⁵⁷ Jane Schultz attributed a similar occurrence during the American Civil War to American nurses beginning to see themselves as patient advocates and being willing to act independently for what they saw as the good of the patient. Of course, this implies that they believed themselves more knowledgeable and better qualified to assess such needs and deprivations.¹⁵⁸

These early pre-conditions for rising professional consciousness among nurses developed unintended out of gendered and class tensions between nurses and physicians. But despite these unprecedented challenges, the German Wars of Unification marked the reconciliation of local charity, national patriotism, and international humanitarianism

¹⁵⁶ Maher, *To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War*, 62-64.

¹⁵⁷ Taylor, *Eastern Hospitals and English Nurses: The Narrative of Twelve Months' Experience in the Hospitals of Koulali and Scutari*, 47. Fanny Taylor later joined the Catholic Church, became Mother Magdalen Taylor, and devoted her life to service of the poor. She was proposed for sainthood by the Vatican in March 2009.

¹⁵⁸ Schultz, *Women at the Front: Hospital Workers in Civil War America*, 106.

under the royal patronage of Queen Augusta and growing influence of the International Red Cross in times of war and peace.

A Princess Returns: Women, War, and National Nursing Projects

It is with unfeigned pleasure that I learn from various sources that my wife's presence in the hospitals at Homburg, Frankfort and in the Rhine province is properly appreciated, and also that the officials and physicians declare that they are astonished at the wide range of her knowledge...it is high time my wife should win the grateful recognition she has long deserved. At this moment she is building a hospital at Homburg at her own expense, in order to see her own special principles brought into operation.¹⁵⁹

--War diary of Friedrich Wilhelm, Crown Prince of Prussia,
10-11 September 1870

The Crown Princess of Prussia, wife of Friedrich Wilhelm, was the same British Princess whose fascination with Crimean War heroines had both embarrassed her parents and introduced her to Florence Nightingale. Since her departure from Great Britain, the Crown Princess Victoria maintained correspondence with Nightingale from Berlin and developed her own plans for nursing reform over time. To the Germans, Princess Victoria and her ideas about modern nursing could appear too British. On the contrary, Nightingale's letters complain of the Princess advocating ideas that are "so German" and misguided by the German way of "action and reaction."¹⁶⁰ In reality, Princess Victoria's ideas represented the convergence of British, American, and continental nursing traditions, which made palatable greater transnational interaction and cooperation among national military nursing operations. Of course, these processes were not primarily or solely her doing; rather, she was embracing a historical moment in which the

¹⁵⁹ Frederick Ponsonby, ed. *Letters of the Empress Frederick* (London: Macmillan & Co., Ltd, 1928), 128.

¹⁶⁰ McDonald, ed. *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, 825.

convergence of charity, national patriotism, and international humanitarianism might be focused upon the cause of nursing and hospital reform.

The natural limits to such an idealistic agenda were apparent in the course of the Franco-Prussian War. While her husband, Crown Prince Friedrich Wilhelm, commanded a German army at the front of the Franco-Prussian War, the Crown Princess Victoria was caught up in a political and diplomatic conflict over her patriotism and national allegiance. Her brother, the Prince of Wales, had publically indicated his French sympathies, and their mother, Queen Victoria, had maintained silent neutrality, both of which cast a shadow of suspicion over the English-born Princess Royal in the kingdom of Prussia.¹⁶¹ Her dedication to establishing modern military hospitals throughout Prussia reflected her efforts to convey sufficient German patriotism and to implement the advances in hospital design, management, and nursing that had been learned in the course of several preceding wars during her lifetime, namely the Crimean War (1854-1856), the American Civil War (1861-1865), and the previous Prussian Wars with Denmark (1864) and Austria (1866). The three Prussian wars provided an opportunity for directing her girlhood fascination with Crimean War heroines into a nation-wide network of local women's patriotic nursing and relief work, as started by her mother-in-law, Queen Augusta of Prussia, and successfully promoted by her sister-in-law, Grand Duchess Luise of Baden.

As the Crimean War had demonstrated, heroines were chosen by the public and political viability of a figure created in the modern media. Florence Nightingale became

¹⁶¹ Roger Fulford, ed. *Your Dear Letter: Private Correspondence of Queen Victoria and the Crown Princess of Prussia, 1865-1871* (London: Evan Brothers Limited, 1971), 285-87.

the most famous woman in British history outside the royal family, not because she was exceptional or popular in her nursing work at Scutari military hospital, but because she embodied the illusive triad of characteristics desired in the model of female military nursing: she was a respectable and wealthy aristocratic lady, an experienced institutional manager, and a formidable diplomat with her own network of loyal and influential allies. American and German women, such as Clara Barton, Dorothea Dix, Elise von Mellenthin and the Prussian Crown Princess continued to pursue an elite course of nursing reform and leadership. However, the challenges of meeting the demands of industrialized warfare called for expertise, experience, and numbers far beyond what could be provided by the elite women of the nation and in fact, never really had been provided by them alone.

CHAPTER THREE

POSTWAR NURSING REFORMS: NIGHTINGALE HOSPITAL TRAINING SCHOOLS, THE RED CROSS MOTHERHOUSES, AND THE ELUSIVE CLASS OF LADY NURSES, 1859-1900

The specially revolutionary feature of Miss Nightingale's plan for nurse-training...was, in short, nothing else than the positive mandate that the entire control of a nursing staff as to discipline and teaching, must be taken out of the hands of men, and lodged in those of a woman, who must herself be a trained and competent nurse.

The International Committee of the Red Cross was organized in Miss Nightingale's day and owed much to her example and suggestions...the best organized countries abroad had developed Red Cross hospitals, where nurses were trained who would be called to serve with the Red Cross in time of war or disaster. To maintain and extend so costly a system [in the United States] was burdensome to the societies and it was difficult to maintain a desirable professional standard.

-- L.L. Dock & I. M. Stewart, *A Short History of Nursing*, 1931.¹

The narrow emphasis on Florence Nightingale in the era of postwar nursing reforms, between approximately 1860 and 1880, has eclipsed a broader understanding of how multiple plans for nursing reform co-existed and were mutually-influential in this time period. While Nightingale clearly plays an important role in this era, expanding the framework beyond her impact in Great Britain and the United States challenges scholars to re-evaluate Lavinia Dock's and Isabel Stewart's singular origin story of modern nursing—in part, still referenced today.

The Nightingale Reforms and the advent of Red Cross nursing are not usually considered within the same historical framework. Their strengths and influences were almost mutually exclusive; Nightingale training programs attracted working and middle-class women across the British Empire and North America, while the Red Cross motherhouses' targeting of middle to upper-class women remained a strictly German

¹ Lavinia Dock and Isabel Stewart, *A Short History of Nursing* (New York: Putnam, 1931), 127, 29, 67.

phenomenon. Yet, together these two postwar nursing models represented a significant turning point in a larger narrative about the emergence of modern warfare, the negotiation of tensions between nationalism and internationalism, and growing anxieties over changing gender and class order of European and American societies.

The postwar nursing models grew out of a common experience with the human carnage, suffering, and disease of early industrial warfare. Finding the religious models of the past insufficient for meeting the heightened demands of medical and humanitarian care in the industrial age, the Nightingale Fund and the International Committee of the Red Cross brought their secular models for female nursing and hospital reform to international prominence during the 1860s-1870s. These models demonstrated some ideological continuity with their religious predecessors, such as their strong belief in women's unique moral qualifications and their approach to their work as a spiritual or patriotic rather than professional calling. Bolstered by their positive public portrayal during the wars, these elite women had responded to the growing national and international demands for elite women's voluntary nursing services and returned home intent upon nursing reform but divergent in their views of how to do so.

Within the contested space of postwar reform initiatives, both the Nightingale Reforms and the International Red Cross movement offered new systems of nursing organization based upon contemporary notions of women's moral authority and occupational training. The Nightingale System was characterized by a secular nurse training program, in which students from non-elite backgrounds lived and studied under the administration of a female nursing matron, but also provided low-paid staffing for the

hospital.² The Red Cross system of nursing varied significantly from country to country; in Germany, it was a highly organized network of secular nursing orders that focused upon training elite women for civilian and military nursing service.³ Both the Nightingale and Red Cross systems pursued a somewhat contradictory course of reinforcing the belief in women's innate moral authority and suitability to nursing, while also emphasizing the need for standardized theoretical and practical training for aspiring female nurses. Despite comparable goals and values, the Nightingale training schools appeared predominantly in Anglo-American hospitals while the formation of Red Cross motherhouses remained within Germany.⁴ This chapter will provide a deeper analysis of the two ideological models, the experience of their leaders and students, and their long-term national and transnational impact on nursing in order to illustrate how their contemporaneous, yet non-competitive, campaigns for nursing reform broadened the spectrum of possibilities in modern nursing organization in the late nineteenth century.

For Autonomy and Secularity: The Nightingale System

The foundational role of Florence Nightingale to the nursing profession is both real and hyperbolic. Her writings and reforms did inspire a revolution in postwar nursing reform, her training programs were adopted around the world, and she wielded tremendous influence on topics of women, nursing, and public health with politicians,

² Monica E. Baly, *Florence Nightingale and the Nursing Legacy*, 2nd ed. (London: Whurr Publishers, 1997), xii.

³ Jean Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916* (Ann Arbor: University of Michigan Press, 2001), 19, 80.

⁴ Motherhouses were traditionally the physical and organizational institution of religious nursing sisterhoods, both Catholic and Protestant. The sisters lived here in community and the hospital they staffed was usually attached or nearby. See Chapter One for more details.

physicians, and military leaders in Great Britain and abroad.⁵ However, she was also heavily reliant upon the expertise and experience of others to supplement her increasingly rare hospital visits after the Crimean War and consequently was often misappropriated as an icon even in her own time. Nightingale's vision for nursing reform was conceived as part of a national project to use respectable and capable—though not aristocratic—women to ameliorate the experiences of modern industrial society and warfare. But the schools, institutions, and ideas bearing her name or crediting her influence often functioned independently, overriding her will or advice.⁶ As Monica Baly has argued, “the Nightingale System was not an ideal scheme of Miss Nightingale’s devising, but a pragmatic experiment and the result of enforced compromise.”⁷ Seeing it as such releases the Nightingale System from the expectations of ideological coherence and consistency; it instead reflects the competing values in circulation at the time and the priorities that Nightingale attached to her nursing legacy.

Nightingale’s vision of postwar nursing was first articulated in the privately-circulated *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War*, as wanting “to improve hospitals by improving hospital-nursing...This I propose doing, not by founding a Religious Order; but by training, systematizing, and morally improving as far as may be permitted.”⁸ This remains the clearest and most complete overview of her nursing vision even though it was not as publically circulated as *Notes on Hospitals* (1858) and *Notes on Nursing* (1859) were,

⁵ Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914* (London: Routledge & Kegan Paul, 1988), 64-71.

⁶ Baly, *Florence Nightingale and the Nursing Legacy*, 4.

⁷ Ibid.

⁸ Florence Nightingale, *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War* (London: Harrison & Sons, 1858), 13.

both of which also depict a shift toward hospital design, nutrition, and sanitation practices related to, but are not solely focused upon, nursing.⁹ Still, Nightingale's publications inspired a change in public sentiment toward hospital nursing and inspired the requisite support for the creation of secular nurse training schools for women in Europe and North America.

Autonomy and secularity meant particular things to Nightingale. Autonomy was specifically focused on the relationship between the nursing community and the medical men and hospital administration—not the nurses as individuals or professionals. The ambiguity surrounding Nightingale's rank and position for most of the Crimean War had made clear to British ladies—both friends and competitors of Florence Nightingale—that the independence of the Lady Superintendent from the medical men was essential to the long-term success of female hospital nursing. Jane Shaw Stewart advised Nightingale shortly after the war, “You were Super.t Gen: [sic] of Nurses—a distinct office...you also had powers and duties assigned...That you accomplished far more good than you could have done had you not had these independent powers is most certain.”¹⁰ Dock and Stewart suggested that Nightingale felt the designation of rank had come too late and that “she always knew, though, that she could have prevented many mistakes had she been earlier endowed with official status.”¹¹ For elite ladies, the autonomous administration by a lady superintendent or matron was a means of assuring a sense of class-based

⁹ Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, 76-77; Florence Nightingale, *Notes on Nursing: What it is and What it is Not*, original American ed. (New York: Dover Publications, Inc., 1860, reprint, 1969);———, “Notes on Hospitals,” in *Adelaide Nutting History of Nursing Collection (microfilm)* (Minneapolis: Wilson Library, University of Minnesota, 1863). *Subsidiary Notes* may have provided a more comprehensive plan for postwar nursing reform, because Nightingale incorporated a great deal of material that was not her own, but the collaborative contribution of another Crimean War lady—Jane Shaw Stewart.

¹⁰ Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, 78.

¹¹ Dock and Stewart, *A Short History of Nursing*, 124.

hierarchy and respectable distance from domestic labor. Since Nightingale consistently opposed the staffing of hospitals with elite ladies, her rationale for female nursing autonomy reflected more of an attempt to limit the authority of medical men and administrators rather than to enhance the status or influence of British ladies.

Nightingale's frequent and passionate insistence on female autonomy in nursing is seemingly at odds with her reference to medical men as "our masters."¹² However, autonomous female administration represented less a general feminist statement than a more narrowly defined rejection of the "ward system" in British nursing, in which nurses who were assigned to particular wards of the hospital reported to that ward's physician and hospital administrators. This decentralized organization of nurses robbed the hospital matron of the ability to enforce standards of nursing practice across the wards, while inadvertently locating the power of ward administration in the "sister," whose loyalties were more directly attached to the interests of the ward physician and hospital administrators than the interests of the matron.¹³

The historiography on Florence Nightingale is confused by her seemingly contradictory positions on nursing as an endeavor to keep nursing institutions autonomous from hospitals and medicine, but to keep nurses as subordinates to physicians. In her own mind, the two positions expressed a duality in the position of the

¹² Nightingale, *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War*, 9.

¹³ Carol Helmstadter, "Old Nurses and New: Nursing in the London Teaching Hospitals Before and After the Mid-Nineteenth Century Reforms," *Nursing History Review* 1 (1993): 56–57. Helmstadter credits the Sisters of St. John's House, an autonomous upper-class Protestant order of nurses in London, with the advent of centralized nursing organization and rotational training. However, it is important to note that this practice originated at the Kaiserswerth Institute and spread to London through colleagues of Theodor Fliedner, such as Elizabeth Fry. Fry was the founder of the first Protestant order of women in Great Britain in 1840. St. John's House followed in its footsteps with an order specifically for nursing, which was active from 1848 at King's College Hospital.

nurse but not a problematic contradiction. In *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and War*, she clearly embraces the duality in her declaration that “Simplicity of rules, placing the nurses, in some respects, absolutely under the Medical man, and, in others, absolutely under the Female Superintendent, is very important...”¹⁴ Thus, the autonomy of the nurse training school under the administration of the female matron or superintendent and the subordination of practicing nurses to medical authority were not incompatible in her mind, but a necessary compromise within the relationship of hospitals to nursing schools.

On the proposed secularity of nursing, Nightingale is similarly complex. *Notes on Hospitals* suggested that she was amenable to either a religious order or a secular community of female nurses, so long as they remained under the authority of their own hospital matron (secular or spiritual) with “the hospital having its own separate and secular government.”¹⁵ These caveats seemed never to be realized in England though. As JoAnn G. Widerquest illustrates through Nightingale’s long-time correspondence with Mary Jones, Nightingale was always skeptical toward religious orders because she doubted the ability of the clergy “to understand the sound principles of independence, of non interference.”¹⁶ For Nightingale, “secular” most closely meant the absence of confessional or institutional religious control rather than a lack of religious values and beliefs among nurses. Her insistence upon religion as a cornerstone of moral character

¹⁴ Nightingale, *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War*, 8.

¹⁵ _____, “Notes on Hospitals,” 183.

¹⁶ JoAnn G. Widerquest, “‘Dearest Friend’ The Correspondence of Colleagues Florence Nightingale and Mary Jones,” *Nursing History Review* I (1993): 31. She is referring specifically to the Church of England (Anglican) here, but it is conveyed clearly in the broader context of the article that she had similarly found this fault with the Catholic orders. She made similar criticisms even of Theodor Fliedner for his propensity for micromanaging the physicians in his hospital rather than respecting a sense of church-medicine divide that Nightingale embraced.

sits uncomfortably with her disdain for religious intervention and proselytizing to patients.

Nightingale criticized the control of nursing and hospitals by religious orders as being “inclined to make into a special object the spiritual (often fancied) good of their members, and not the general and real good of the inmates of the hospital (for whom, nevertheless, the hospital was intended, and not for working out the salvation of the order).”¹⁷ Yet, *Notes on Nursing* makes clear that “[the nurse] must be a religious and devoted woman; she must have a respect for her own calling, because God’s precious gift of life is often literally placed in her hands.”¹⁸ In other words, the purpose of the hospital should primarily be to provide opportunities, not for its nurses’ spiritual fulfillment and salvation, but rather for healing the health and well-being of its patients.

Her critiques of religious orders placed her in an awkward position with the Fliedners, the founder and lady superintendent, respectively, of the Kaiserswerth Deaconess Institute where she trained and with whom she remained in correspondence as a friend, colleague, and godmother to their son Karl. In response to the claim that “there was no Christian education in any of our ‘institutions’ of nurses in London” she wrote to Theodor Fliedner in 1863 that the accuser was merely attempting to “veil a total absence of religious modesty and discretion with the appearance of religious zeal.”¹⁹ Furthermore, she considered that if nursing supervisors in hospitals in London were “really religious women,” “they would neither take any present themselves, nor be guilty

¹⁷ Nightingale, "Notes on Hospitals," 185.

¹⁸ _____, *Notes on Nursing: What it is and What it is Not*, 126.

¹⁹ Lynn McDonald, ed. *Florence Nightingale's European Travels*, vol. 7, Collected Works of Florence Nightingale (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2004), 583. The accuser in this case was Agnes Jones, a nurse whose biography intersects frequently with Nightingale’s—both at Kaiserswerth and St. Thomas hospital. For the most part, Nightingale spoke highly of Jones, even personally recommending her for a post as a superintendent.

of any kind of impropriety...[and would] exercise a far more efficient surveillance over assistant-nurses.”²⁰ For the most part, Nightingale preferred to emphasize character over spirituality in order to differentiate her ideology from its religious forbearers, but it is clear throughout her writing and designs that she never envisioned nurses without Christian religious affiliations and spiritual beliefs.

In many ways, Florence Nightingale’s vision of nursing demonstrates strong ideological continuities with existing religious models of nursing. She believed nursing was a Christian calling for women. She emphasized character and morality as entrance requirements but was hesitant to support exit requirements, examination, or certification. The Nightingale training schools continued to value religious devotion, moral character, and the sole authority of the matron. Her preferred method of training guided nursing probationers through hospital rotations intended to teach practical skills through firsthand experience—a method pioneered at the Kaiserswerth Institute.²¹

What set Nightingale apart from her predecessors and contemporaries was her ability to popularize nursing reform among officials and the public. Nightingale dismissed the notion that nurses required a male spiritual and organizational authority to be socially respectable in their work and rather insisted upon a female administrator with unfettered authority over nurses in a hospital setting. She dismissed the monopoly of confessional churches over religious piety by criticizing church interference in hospital nursing while simultaneously providing a secular alternative that appropriated the

²⁰ Nightingale, "Notes on Hospitals," 187.

²¹ See Chapter One in this dissertation and Irene Schuessler Poplin, "A Study of the Kaiserswerth Deaconess Institute's Nurse Training School in 1850-1851: Purposes and Curriculum" (Ph.D. dissertation, University of Texas at Austin, 1988). Poplin argues that, due to the lack of in-depth comparative work on the Kaiserswerth and Nightingale training programs, the extent of their similarities have been obscured by their ideological and rhetorical differences. Her own inclination was that the Nightingale program adopted a great deal from the Kaiserswerth program.

rhetoric of Christian calling and service. Most of all, she did not view nursing to be a profession in the contemporary sense of the term but rather was adamant and influential in institutionalizing a distinction between the “profession” of medicine and the “art” of nursing.²² According to a biographer, Florence Nightingale recognized a professional motive in nursing only when intertwined with those of nature and religion, and even then was quoted at the 1893 World’s Fair as identifying the “making [of] nursing [into] a profession and not a calling,” as one of the three greatest dangers of nursing alongside fashion and money-getting.²³

The challenge of creating a secular corps of female nurses broke with many established precedents in Great Britain, but the Anglo-American hospitals were largely receptive to such a development since the viability of religious nursing orders was tenuous in both Great Britain and the United States. The Crimean War and the American Civil War had established a public consensus on the need for trained and prepared female nurses, and Florence Nightingale’ heroic war reputation positioned her ideally to carry out what was most importantly a public campaign to legitimize and implement the training and hospital staffing of respectable women as nurses.²⁴

Meanwhile, another movement was gaining momentum on the continent of Europe. As Chapter Two introduced, the International Committee of the Red Cross was

²² Helmstadter, "Old Nurses and New: Nursing in the London Teaching Hospitals Before and After the Mid-Nineteenth Century Reforms." Helmstadter refers to the “art and science of nursing,” but not the profession.

²³ Lois Monterio, "Response in Anger, An Unsent Letter to the Editor, presented to the University Nursing Archives Annual Meeting," in *Anne L. Austin Collection* (Boston: Howard Gottlieb Archives, Boston University, 1973).

²⁴ Martha Vicinus, *Independent Women: Work and Community for Single Women, 1850-1920* (Chicago: University of Chicago, 1985), 20. Vicinus argues that Nightingale’s class connections and public image gave her a decisive advantage in steering the path of nursing reform. While true, it did not inhibit others from capitalizing on her name and reputation independently of her as well.

created in the wake of the German Wars of Unification. If there was a heroic figure left after these military operations, it was the Prussian Queen Augusta, now Empress of Germany, and her female kin, who had begun a coordination of national nursing services in war and peace under the patriotic banner of the Red Cross.

For Nation and Knowledge: German Patriotic Women's Associations under the Red Cross

In 1868, the Prussian Crown Princess Victoria described to Florence Nightingale the four major themes in her agenda to reform German nursing. First, she wanted to set up modern training schools, most likely reflecting a synthesis of the British Nightingale model with the German tradition of religious and public charity by men and women certified by institutions and examinations.²⁵ Given that Nightingale's treatise was then at the height of its success and had shared connections in London with the English-born princess, her consultation of Nightingale from Berlin makes sense. However, the other three agenda items clearly placed her at odds with Nightingale and prevented the Nightingale method from taking hold in Germany despite earlier enquiries by the princess's sister Alice about sending a cadre of German women to Britain to be trained in the Nightingale method and to bring it back to Germany. Among the points of contention was the Princess's idea of expanding the purview of nurse training to separate schools for men, an idea that Nightingale considered both "truly German" and "very objectionable."²⁶ Her assault against female autonomy seemed to continue as

²⁵ These examinations and certifications were not of the standardized, state-regulated form that would become the goal of early twentieth-century nursing reform. Rather, nursing schools independently undertook such methods in order to enhance the prestige of their institutions.

²⁶ Lynn McDonald, ed. *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, vol. 8, Collected Works of Florence Nightingale (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2005), 825.

Nightingale lamented her willingness to allow male physicians to replace clergymen in the hospital hierarchy above nurses. Finally, the Princess asked Nightingale, “ought not the nurses to pass an examination like students?” a major point of tension, not only because Nightingale answer was, “Now my opinion is that such examinations for women are almost useless,” but also because Nightingale had apparently written a paper to this effect and rather than answering the Princess’s inquiry directly, asked if it might “do to send [her] printed paper with a little written explanation?...”²⁷

Although the Crown Princess and Florence Nightingale remained friendly until the end of Nightingale’s life, the brevity of Victoria’s ninety-nine day rule as the German Empress Friedrich and the virtual confinement of Nightingale by this point in her life, limited the efficacy of either to control the direction of nursing reform. Although the reputation of Nightingale in England was enough to keep her as at least part of the conversation there, her various diatribes, personal and public, against Germany in her later years assured her no such revered place among German reformers. With this ideological divorce from a nursing legacy they could have legitimately claimed as their own, the German reformers were propelled in a new direction. Unlike the Anglo-Americans who continued to cling to the Nightingale plan, the German path to reform followed the new idea of an International Red Cross. It is more than a little ironic that the lasting legacy of the International Red Cross has not overtaken the power of the Nightingale myth.

Aristocratic models of charitable associations, including the Red Cross, provided the first non-confessional alternative to the Nightingale model for the foundation of

²⁷ Ibid.

German nursing professionalization from the 1860s to the 1890s. Patriotic women's associations in Germany were increasingly a standard feature throughout the nineteenth century. Usually comprised of upper middle-class or aristocratic women, these organizations provided a multitude of volunteer services inspired by the rhetoric of elite women's moral obligations to society. The first lasting German Patriotic Women's Associations were formed in Württemberg and Weimar following the Napoleonic Wars.²⁸ However, the formation of the Baden Women's Association in 1859 provided a notable renaissance in elite women's charitable and humanitarian activism. Due to the patronage and active support of Grand Duchess Luise, the Baden Women's Association was founded with a 95% female membership and could boast 95 local associations within a few months of the outset of the 1859 war between Austria and France over Italian land.²⁹ It was the Grand Duchess Luise, who had influenced her mother, Queen Augusta of Prussia, to pursue similar endeavors in her own realm.

During the Prussian-Austrian War and the Franco-Prussian War, the Red Cross armband had been worn by numerous female and male religious orders, patriotic associations, and independent volunteers.³⁰ As the German Wars of Unification created a practical need for volunteer nurses, the campaign that recruited elite women for the war effort appropriated the language of patriotism in order to challenge the churches' control

²⁸ Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*, 69.

²⁹ Ibid., 69-73. Both of these statistics were tremendously high in comparison with other German states. For instance, in Prussia, only 41% of founding members were women.

³⁰ Dr. [Ludwig] Kimmle, *Das Deutsche Rote Kreuz: Entstehung, Entwicklung und Leistungend der Vereinsorganisation seit Abschluss der Genfer Convention i.J. 1864* (Berlin: Boll u. Pickardt Verlagsbuchhandlung, 1910), 102.

over respectable forms of nursing.³¹ The recruitment campaigns were effective. The number of charitable patriotic organizations of women doubled from 400 to 800 between 1877 and 1891.³² The memberships of organizations such as the Patriotic Women's Association under the Red Cross teemed with elite women previously unassociated with nursing services. The Patriotic Women's Association had at one time over 800,000 members in its Prussian chapter.³³ After the wars ended, most independent volunteers and religious orders ended their wartime affiliation with the Red Cross, and the Red Cross societies began to think about their role in times of peace.

After the Franco-Prussian War, the national aid society that had become a civilian auxiliary to the military medical service and the army was, under the Prussian Queen Augusta, adapted for continued peacetime activity. The founding of Red Cross motherhouses as secular and patriotic variations on the Kaiserswerth model began in earnest in 1869 but grew quickly after the war ended.³⁴ In 1874, the German Women's Associations under the Red Cross decided to open their own nurse training schools, which provided courses between three months and one year in duration.³⁵ By 1876, there

³¹ Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*, 5.

³² Angelika Schaser, "Women in a Nation of Men: the Politics of the League of German Women's Associations (BDF) in Imperial Germany, 1894-1914," in *Gendered Nations: Nationalisms and Gender Order in the Long Nineteenth Century* ed. Ida Blom, Karen Hagemann, and Catherine Hall (Oxford: Oxford International Publishers Ltd, 2000), 251.

³³ Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*, 9.

³⁴ John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder, CO: Westview Press, 1996), 119-20.

³⁵ William Gilman Thompson, *Training-schools for Nurses with Notes on Twenty-Two Schools* (New York: G.P. Putnam's Sons, 1883), 44; Stacey Freeman, "Medicalizing the Nurse: Professional and Eugenic Discourse at the Kaiserin Auguste Victoria Haus in Berlin," *German Studies Review* 18 (1995): 423.

were 525 Red Cross nurses in Imperial Germany—gaining quickly on the 633 women counted by the state as paid nurses.³⁶

Red Cross motherhouses were a specifically German institution that integrated the Kaiserswerth deaconess tradition and the new imperative for elite, secular nursing associations as part of the new state and nation-building project. According to John Hutchinson, the Red Cross after 1880 underwent a fundamental shift away from the neutral service of civilization to the absorption of “aggressive nationalism and militarism...prepared to live with the cult of the nation.”³⁷ Jean Quataert attributes the growth in patriotic nursing to the success of dynastic and military patronage in recasting older humanitarian traditions in the new cloak of nationalism.³⁸ Similarly, the American Civil War prompted a recruitment of upper-class women into nursing service in a national context, though it lacked such military and dynastic traditions. Both cases demonstrate the importance of elite class status as a marker of respectability that was central to the way these nurses legitimated their work.

Respectability and aristocratic service in this case were not always incompatible with professionalization. The Prussian military and state were more often accused of preferring professional military nursing auxiliaries to volunteer corps of women. According to the American participants in the Geneva Convention, the voluntary system of wartime relief “would be entirely at variance with the principles on which most European governments rest. It would bring the soldier too near the people, and might

³⁶ Freeman, "Medicalizing the Nurse: Professional and Eugenic Discourse at the Kaiserin Auguste Victoria Haus in Berlin," 422.

³⁷ Hutchinson, *Champions of Charity: War and the Rise of the Red Cross*, 150.

³⁸ Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*, 77.

demoralize the chief support of the existing order of things.”³⁹ However, the Prussian military invited and protected Red Cross volunteers from various belligerent and neutral countries during the Prussian-Austrian and Franco-Prussian Wars. Their stated preference for professional military nursing auxiliaries was part of their general military professionalization and modernization reforms of 1868-1869, which sought to offer training and preparation for nurses not only during wars but also in times of peace. Florence Nightingale was actually the worrisome opponent to voluntary nursing corps, who refused to support the International Red Cross because of its failure to demand the integration of female war nurses into the military establishment.⁴⁰ Members of the International Committee anxiously hoped that Nightingale would not make her opposition to voluntary Red Cross nurses public for fear the publicity might derail their plans. In this case, Florence Nightingale and the Prussian military were entirely in agreement about the necessity of professionalizing military medical services and incorporating women through trained auxiliary corps, but the Prussians were willing to compromise in the meantime. Stacey Freeman articulates several reasons for arguing that patriotic nursing associations actually initiated concrete steps toward professionalization. For one, only the patriotic secular nursing organizations had a testing and certification process for their members—a measure that set the tone for increasing standardization and regulation of nursing in Germany during the era of the Kaiserreich (1871-1918).⁴¹

³⁹ Geo[rg]e W. Fogg, "Letter to Hon. William H. Seward, Secretary of State of the United States of America, 14 September 1864," (Geneva: International Red Cross Archives, 1864).

⁴⁰ Hutchinson, *Champions of Charity: War and the Rise of the Red Cross*, 40.

⁴¹ Freeman, "Medicalizing the Nurse: Professional and Eugenic Discourse at the Kaiserin Auguste Victoria Haus in Berlin," 423.

The general goal of these German nursing reformers was to create a permanent category of nursing for middle-class and aristocratic women that would distance them from the ill-reputed “wild” or “free” (unaffiliated) nurses, without requiring them to join a religious motherhouse. Patriotic women’s associations were the most successful model for this in the early decades of the Kaiserreich since their work was sponsored, legitimated, and promoted by the Empresses Augusta, Victoria, and Auguste Viktoria. By differentiating the mission of their associations as being “humanitarian” in nature, rather than “promoting women’s interests,” the elite patriotic organizations may have many times silently expanded the boundaries of women’s public roles by working under the radar of the state’s ban on women’s political engagement. Instead, patriotic nursing was enthusiastically supported by the state due to its desire to continue “the ongoing political work of patriotic German women” as they helped “to translate abstract values like ‘the nation’ into more tangible and imagined popular sentiments.”⁴² Roger Chickering’s study of women’s patriotic activism in Imperial Germany adds the observation that upper-middle-class women, whose unquestionable patriotic activism won over even stalwart opponents to women’s public emancipation, were actually able to use “symbols and rhetoric of patriotism in order to extend or defend the autonomy of their public roles and to claim a measure of public equality with men.”⁴³ Thus, their practices and ideologies were important factors in the continued emphasis in German nursing on maintaining social norms of class and gender respectability and attaining recognition by the German state for work contributing to the national interest. By the

⁴² Ibid.: 452.

⁴³ Roger Chickering, "'Casting their Gaze More Broadly": Women's Patriotic Activism in Imperial Germany," *Past & Present*, no. 118 (1988): 160.

1884 International Red Cross Conference in Geneva, the German Red Cross was held up as a model “with its unified organization, popular appeal, and its peacetime program of war-related activities.”⁴⁴ Despite the misguided consequences these adaptations to nineteenth-century nationalism had for the history of warfare, in peacetime, the Red Cross promised to supply the new nation-state of Germany with a corps of well-respected, trained, elite female nurses.

The founding of the International Committee of the Red Cross in 1864 provided a momentous opportunity for expanding the scope and building the reputation of nursing both nationally and internationally under the guise of peace work and patriotism. The movement was strongest in continental Europe, with the German Wars of Unification providing the first major test of the organization’s ability to meet its chartered goals. The level of dynastic patronage from German princesses and foreign volunteers introduced an elite and conservative conception of nursing that was resisted by but eventually adopted by British and Americans and was found to be quite adaptive to modern circumstances, being the longest lasting model of nursing reform of the nineteenth century.

On Female Patrons: The Transnational Proliferation of Hospital Training Schools

The small private nursing institute founded in 1875 by Olga Freiin von Lützerode in Hannover formally joined the Red Cross in 1882. Von Lützerode was trained in the University Clinic in Kiel, volunteered during the Franco-Prussian War as a nurse in a reserve ambulance near Frankfurt a. d. Oder, and then joined the Augusta-Hospital in

⁴⁴ Hutchinson, *Champions of Charity: War and the Rise of the Red Cross*, 155.

Berlin as a lady nurse.⁴⁵ As Lady Superintendent, she continued to administer the small Hannover institute as it grew into a large Red Cross motherhouse with a new modernly-designed building and an attached hospital. The Clementine House, as this mother house was called, trained nurses for the hospital in Celle and the Göttinger University clinic, and later specialized in preparing nurses for private duty.⁴⁶ Such stories of small local institutions joining German network of Red Cross motherhouse were typical across Imperial Germany in the 1870s and 1880s, following the affiliation of patriotic women's associations into the German Red Cross in 1866 and its adoption of the motherhouse system in 1874.⁴⁷

While Red Cross motherhouses remained a particularly German model of nurse training and organization, they were also part of a broader transnational movement of female training programs that appeared after the mid-century military conflicts in Europe and the United States. The diversity of training programs appealed to women of various nationalities and social strata. In this section, the German Red Cross motherhouses are considered in relationship to the contemporary Nightingale hospital training schools in the British Empire and North America. Taken together, a postwar pattern of nursing reform emerges, in which pre-war values of female respectability, character, and gendered understandings of religious calling continued to provide the basic justification for female nurses. The practical necessity of training and experience, however, called for

⁴⁵ Generalarzt a.D. Dr. Gähde, "Das Clementinenhaus in Hannover," in *Das Deutsche Rote Kreuz: Entstehung, Entwicklung und Leistungend der Vereinsorganisation seit Abschluss der Genfer Convention i.J 1864*, ed. Dr. [Ludwig] Kimmle (Berlin: Boll u. Pickardt Verlagsbuchhandlung, 1910), 409.

⁴⁶ Anna Sticker, Agnes Karll: *Die Reformerin der deutschen Krankenpflege. Ein Wegweiser für Heute zu ihrem 50. Todestag am 12. Februar 1927*, 3rd ed. (Stuttgart: Kolthammer, 1984), 27. Private duty nurses were usually working-class or lower middle-class due to their dependency on wages and the ambiguous status of the nurse within an employer's household.

⁴⁷ Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*, 73; Thompson, *Training-schools for Nurses with Notes on Twenty-Two Schools*, 44.

slightly altered secular institutions to address the insufficiency of religious and volunteer nurses for a modern industrialized society.

The Augusta Hospital in Berlin opened a nurse training school in 1869 at the urging of the Prussian Queen for which it was named. The training school provided courses to women of all classes, but Augusta decided that only women of noble birth should be employed as trained nurses in her hospital in order to offer “daughters of the nobility” a life of usefulness.⁴⁸ The complete staffing of a hospital with only aristocratic women was highly unusual because there were not that many elite women seeking to work in a hospital. But the Empress may have wanted to set her institution apart as an ideal type and a few institutions of elite women nurses had to exist in order to prepare such women to be lady superintendents of their own hospitals. The training program consisted of lectures and practical instruction in nursing, which was so internationally-renowned that the American author of the guide, *Training-Schools for Nurses*, praised its proficiency in nursing as “not to be excelled in this country.”⁴⁹

Around the same time that Queen Augusta was setting up her hospital, the Nightingale Fund, created by Sidney Herbert in honor of Nightingale’s Crimean War service, was seeking an outlet for its investment. St. Thomas’ Hospital in London was chosen in 1860, though the reasons for the choice have been the subject of much scholarly debate. Nightingale’s letters make clear that she was dissatisfied with the designs for a training school to be attached to St. Thomas’ in her name. She wrote adamantly to Elizabeth Blackwell, “That all hospitals will ultimately be in the

⁴⁸ Clara Tschudi, *Augusta, Empress of Germany*, trans. E.M. Cope (New York: E.P. Dutton & Co., 1900), 132.

⁴⁹ Thompson, *Training-schools for Nurses with Notes on Twenty-Two Schools*, 3-5.

country[side], as I have emphatically said, both in and out of print.”⁵⁰ Yet, St. Thomas’ was located on the bank of the Thames River in central London. Further compromises were required as well. Even though the Nightingale system’s primary tenet hinged upon the autonomous authority of the female matron, the hospital administration insisted that their existing matron, Mrs. Wardroper, remain in her position despite her lack of training and of Nightingale’s approval. Conditions at St. Thomas’ did not seem to improve in keeping with the expectations for the flagship training school of the Nightingale nursing method. Two decades later, Nightingale wrote to the Grand Duchess Luise of Baden, “What is meant by ‘training’ is the key to the whole,” and she could still name only three institutions worthy of such a designation—St. Thomas was conspicuously not among them.⁵¹

German hospitals struggled less with the balance between the autonomy of the superintendent and medical authority of the physicians. Catholic nuns and Protestant deaconesses had lived within motherhouse communities administered by a mother superior or lady superintendent for most of the nineteenth century and came to reflect a normative German understanding of nursing organization. Although religious nurses carried out treatment plans from male physicians, their contracts stipulated a separate administrative hierarchy so that religious nurses reported only to their female head—not the male doctors. Red Cross motherhouses followed this precedent by founding their own hospitals with physicians hired as independent contractors or by placing nurses in

⁵⁰ Florence Nightingale, “Letter to Elizabeth Blackwell, 10 February 1859,” reprinted in McDonald, ed. *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, 25.

⁵¹ Florence Nightingale, “Letter to Luise of Baden, 31 March 1879,” reprinted in Ibid., 836. The three institutions that did meet such standards were St. Mary’s Hospital in London, St. Bartholomew’s Hospital in London, and the Royal Infirmary in Edinburgh.

private duty positions where there was no regular medical presence.⁵² German lady superintendents were also more difficult for physicians to ignore, order around, or antagonize than British matrons. Unlike the untrained widow Mrs. Wardroper, Olga Freiin von Lützerode was the wealthy and well-connected daughter of a German diplomat—probably much better connected and higher in social position than the physicians in her midst.⁵³ At the Augusta Hospital, the Empress personally visited the wards and patients on Sundays and festivals when in residence in Berlin to ensure that her expectations and standards were being enforced. The Empress also held a private conference with her lady superintendent to respond to any concerns she might have.⁵⁴

In Baden, Grand Duchess Luise expanded upon her earlier nurse recruitment and training efforts with the planning of the Ludwig-Wilhelm-Krankenheim, named for her two sons as a memorial to her husband, who died in 1881. The new hospital cost 325,000 Marks and in addition to the main 107-bed hospital, included a motherhouse, a training institute, a retirement home for nurses, and various specialty clinics.⁵⁵ The medical administration was carried out by two chief physicians and three assistant physicians. The lady superintendent was otherwise in charge of managing the entire institution and overseeing the training of the nursing students, which was identified as one of the primary purposes of the institution.⁵⁶

⁵² A Red Cross hospital and nurse training school opened in New York in 1894 but was a short-lived enterprise. See History of Medicine in NY, 789.

⁵³ Sticker, Agnes Karll: *Die Reformerin der deutschen Krankenpflege. Ein Wegweiser für Heute zu ihrem 50. Todestag am 12. Februar 1927*, 27.

⁵⁴ Tschudi, *Augusta, Empress of Germany*, 196.

⁵⁵ Geh. Rat Ernst Müller, "Die Schwesternschaft des Badischen Frauenvereins vom Roten Kreuz," in *Das Deutsche Rote Kreuz: Entstehung, Entwicklung und Leistungend der Vereinsorganisation seit Abschluss der Genfer Convention i.J. 1864*, ed. Dr. [Ludwig] Kimmle (Berlin: Boll u. Pickardt Verlagsbuchhandlung, 1910), 6-10.

⁵⁶ Ibid., 16.

The Organization of German Red Cross Hospitals, of which the Prussian and Baden Red Cross societies and hospitals were members, met annually and over time established a standardized mission and regulations for Red Cross hospitals and clinics.⁵⁷ All institutions were then effectively under the authority of the Central Committee of the German Red Cross Society. A national network of associations and institutions was created for the common purpose of training and supporting Red Cross nurses dedicated to public nursing service. A common uniform, logo, and provision for pension and disability care were created.⁵⁸ Many of these standards were reminiscent of the Kaiserswerth General Conference, but the Red Cross was distinctly non-denominational in matters of religious confession. Instead, the Organization of German Red Cross Hospitals effectively standardized secular nurse training and hospital administration as a national model closely tied to the benevolence of the ladies of the German royal dynasties and aristocratic class.⁵⁹

Despite the success of the German Red Cross and the only mixed reviews of the St. Thomas' Hospital nurse training school, the Nightingale Fund was so effective in its promotion of the first generation of “Nightingale nurses” that the program was enthusiastically emulated and adapted throughout the empire and North America with little consideration that a possible alternative even existed. The adoption of the Nightingale method in the United States came about a decade later than in Great Britain.

⁵⁷ Landgerichtspräsident Chuchul-Stendal, "Der Verband Deutscher Krankenpflege-Anstalten vom Roten Kreuz," in *Das Deutsche Rote Kreuz: Entstehung, Entwicklung und Leistungend der Vereinsorganisation seit Abschluss der Genfer Convention i.J 1864*, ed. Dr. [Ludwig] Kimmle (Berlin: Boll u. Pickardt Verlagsbuchhandlung, 1910), 46-47. The organization has 12 members in 1882, 16 in 1894, and 41 in 1910.

⁵⁸ Ibid., 45.

⁵⁹ Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*. This is in agreement with Quataert's broader argument about charity and philanthropy.

Dr. Alfred Worcester, founder of Waltham training school near Boston, recollects, “Florence Nightingale had started a splendid school at St. Thomas’s. In Germany training schools were multiplying, and why in the world were there none here?”⁶⁰ In 1872, Dr. W. Gill Wylie Esq., M.D. was in England to research nurse training schools on behalf of the Bellevue hospital planning committee. He observed St. Thomas’ Hospital, the Liverpool Infirmary, and several other institutions in Paris and Vienna.⁶¹ He had also corresponded with Florence Nightingale and a well-regarded German physician before settling on the Nightingale method for the Bellevue nursing school. Despite his contentious study of European training schools, it seemed that the reputation and popularity of Florence Nightingale herself in the United States played a major role in the final decision.⁶² Not only Bellevue Hospital in New York, but also Boston Training School (later Massachusetts General Hospital Training School) and Connecticut Training School in New Haven opened in 1873 and were said to be of the Nightingale System.⁶³

As nursing historian Josephine Dolan has noted, the similarities between these institutions in the United States and the Nightingale System were notably few.⁶⁴ The Nightingale System was characterized by its emphasis on secularity and autonomy. Since Nightingale envisioned a definitive break from the domination of nursing by

⁶⁰ Alfred Worcester, *Address: The Waltham Training School for Nurses* (Waltham, Mass.: Waltham Training School for Nurses, 1899), 7.

⁶¹ Florence Nightingale, “Letter to W. Gill Wyle Esq. M.D., N.Y. State Woman’s Hospital, September 1872 (copy),” in *Florence Nightingale Collection* (Boston: Howard Gottlieb Archives at Boston University, 1872).

⁶² *Report of the Committee on Hospitals (December 23, 1872): Training School for Nurses to be Attached to Bellevue*, (New York: G.P. Putnam’s Sons, Printers, 1877), 5.

⁶³ The Waltham nursing school was also greatly influenced by Florence Nightingale’s methods but, as a physician-driven project, significantly departed from some of her basic tenets. Worcester was also much more interested in using nurse training for the creation of a more orderly workforce for the benefit of the physicians and hospital profits rather than for the enrichment of women’s occupational possibilities.

⁶⁴ Josephine Dolan, “Nurses in American History: Three Schools: 1873,” *American Journal of Nursing* 75, no. 6 (1975): 992.

religious orders, the choice of Sister Helen, a member of the All Saints Sisterhood (an Anglican order) of Great Britain, as Bellevue Hospital's first lady superintendent was strangely inconsistent.⁶⁵ Perhaps less surprising but more important was the American schools' lack of financial independence from the hospital and the subordination of educational objectives to hospital labor demands. The Nightingale Fund had endowed the St. Thomas' training school with at least £44,000, but the school remained under the autonomous control of the Fund's council—not the hospital's.⁶⁶ Likewise, most German Red Cross motherhouses were fully endowed by royal or wealthy aristocratic patrons. By contrast, the American schools were dependent upon allocations from the hospital administrators and private donations or subscriptions.

Some of the financial support from the hospitals was also contingent upon the labor of nursing students in the hospitals.⁶⁷ In a pamphlet targeting American hospital administrators and physicians, Dr. Worcester even openly advocated that all hospital training programs should last two years (at a time when one year courses were standard) so that the second year nursing students “can be earning more money for the school.”⁶⁸ The schools earned money through a combination of hospital compensation for nursing services, private family nursing fees, and tuition from lady nursing students. In 1883, Bellevue reported that it had taken a number of nurses out of hospital service, despite

⁶⁵ Ibid.: 990.

⁶⁶ *Report of the Committee on Hospitals (December 23, 1872): Training School for Nurses to be Attached to Bellevue*; Dolan, "Nurses in American History: Three Schools: 1873," 989. According to the report, it was £50,000. Dolan cites £44,000.

⁶⁷ Dolan, "Nurses in American History: Three Schools: 1873," 989.

⁶⁸ Alfred Worcester, *A New Way of Training Nurses* (Boston: Cupples and Hurd, 1888), 24; Sandra Beth Lewenson, *Taking Charge: Nursing, Suffrage, and Feminism in America, 1873-1920* (New York: National League for Nursing, 1996), 20. According to Lewenson, one year training programs were standard until the early 1890s when two year programs became more common. Three year programs began to be recommended by nursing superintendents but were very rare even in the early twentieth-century.

adequate demand, because they could earn higher wages for the school from private duty assignments and the difference was needed to cover the school's expenses.⁶⁹ Thus, the American training schools seemed drawn toward the Nightingale System because of its connection to a contemporary nursing heroine but were undeterred from adapting its tenets to suit their own professional and economic agendas. Only the tacit separation of medicine and nursing into different departments with the latter under the administration of a lady superintendent confirmed that the Nightingale System was being implemented.⁷⁰

Still, some of the adaptations of the Nightingale System actually anticipated reforms to come and kept American nurses from sinking into the shadow of the Nightingale school in London. Of foremost importance, given the lack of financial autonomy, was that the American schools did not honor Nightingale's intention to exclude middle- and upper-class lady nurses. Dr. Wylie's report suggested that the class of "upper servants" preferred by the Nightingale System were more appropriately suited to England, whereas in the United States, such women enjoy high wages and diverse opportunities besides nursing. Instead, he stated, "we propose...to offer the advantages of our school to women of a higher grade."⁷¹ In other words, nurse training and its resulting occupation should be reserved for respectable American women, who were the educated daughters and widows of middle-class professional men, farmers, and clergy.⁷² As some of these ambitious women went on to superintend their own nursing programs,

⁶⁹ Thompson, *Training-schools for Nurses with Notes on Twenty-Two Schools*, 30.

⁷⁰ Dolan, "Nurses in American History: Three Schools: 1873," 992.

⁷¹ *Report of the Committee on Hospitals (December 23, 1872): Training School for Nurses to be Attached to Bellevue*, 25.

⁷² Ibid. This composition seems remarkably similar to the recruits of the Kaiserswerth Institute in the 1830s. See Chapter One.

the American training schools began to create a foundation for a broad and powerful network of training schools, alumnae associations, and lady superintendents.

Despite their different positions on the economic and supervisory roles of the nurses vis-à-vis the doctors and the hospital, in the late nineteenth-century, European and American war nurses could agree upon the necessity of postwar nursing reform.

Influenced by the transnationally-shared values of Victorian morality and gender norms, these primarily elite women were inspired to provide civilian hospitals and homes with the care of trained and respectable nurses while simultaneously offering such women a useful and economically-secure occupation. Both the Nightingale System and the Red Cross Motherhouses were greatly influenced by the Kaiserswerth Deaconess Institute, mid-century military operations, and Victorian morality and gender norms. The one issue that set them far apart and proved irreconcilable was their attitude toward lady nurses.

Elite female nurses were the cornerstone of German Red Cross nursing. The Red Cross motherhouses were organized around aristocratic lady superintendents of nursing. In Germany, these two classes of nurses were distinguished as professional/occupational sisters (*Berufsschwestern*) and volunteer nurses (*freiwillige Krankenpflegerinnen*). In training schools, the volunteer nurses were called lady students (*Damenschülerinnen*) in reference to their affluent class standing. Lady students provided their own room and board and paid tuition of 30 Marks.⁷³ The regular students (*Schülerinnen*) received their instruction, room and board, and laundry service for free during the three-month training program, after which she was required to pass an exam and remain with the association for three years at a salary of 10 Marks per month. The three year obligation included a

⁷³ Müller, "Die Schwesternschaft des Badischen Frauenvereins vom Roten Kreuz," 13.

nine-month probation, in which the nurse was considered to still be practicing the practical aspects of nursing.⁷⁴

Florence Nightingale's prejudice against upper-class nurses had less to do with their financial or social position and more to do with the attitudes accompanying them. Recounting her experiences during the Crimean War for the Secretary of State for War in 1858, Nightingale plainly states, "The Ladies were useful, exactly in proportion as they approached the professional and not the dilettante, mode of thought."⁷⁵ Though, she added, that such a proportion was less than that of paid nurses, seemingly of a lower class.⁷⁶ While Nightingale was clear about instilling the nurse matron with autonomous or even autocratic authority over the hospital's nursing staff, her view of the nurses beneath the matron was characterized by a more diffuse attitude of obedience to both the matron and hospital physicians. Lady nurses represented the larger challenge of maintaining the social order out of context while still providing effective nursing service.

The recruitment of women to nursing schools yielded candidates far from the ideals posited in the ideological schemes of the Nightingale training schools or the Red Cross motherhouses. The simple reality of the late nineteenth century was that the ideal candidate for a respectable training program did not usually need or want the job. Nightingale suggested that such women might exist, whose families had fallen upon hard times necessitating outside employment but who still benefitted from an elite social network and upbringing. Queen Augusta was similarly unrealistic in thinking that

⁷⁴ Ibid., 10-11.

⁷⁵ Nightingale, *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War*.

⁷⁶ Ibid. Also reprinted in Anne L. Austin, ed. *History of Nursing Sourcebook* (New York: G.P. Putnam's Sons, 1957), 281.

aristocratic women were willing to enter hospital service in large enough numbers to fulfill staffing needs. Instead, the candidates for the new generation of training schools varied little from the candidates that had been rejected or criticized during the mid-century military operations. Consequently, a strict hierarchical ordering of hospital staff was deemed necessary for ensuring the reputation of some women at the expense of others.

On Nurses and Doctors: The Creation of Modern Hospital Hierarchies

In correspondence with an American physician and nurse reformer, Nightingale described an “organization of discipline,” in which the sole purpose of nurses is to “carry out the orders of the medical and surgical staff” and nurses function in an established “hierarchy of women.”⁷⁷ Matrons or lady superintendents were at the top of this female hierarchy, followed by Sisters or Head Nurses, then Assistant and Night Nurses, and finally Ward maids or Scrubbers at the bottom. The matron or superintendent acted as an intermediary between nurses and the physicians or hospital administrators. This hospital hierarchy was descriptive of training school designs in general; both the Nightingale schools and the Red Cross motherhouses struggled with public conflations of nursing with domestic work and saw the strictly ranked division of nursing labor to be necessary for the protection of women’s social status and respectability.

The reality of hospital work was that it included a great deal of physical and domestic labor. One former nursing student complained anonymously to the *Nursing Record* in 1895, “The probationer will, during the first month, be given every kind of

⁷⁷ Nightingale, "Letter to W. Gill Wyle Esq. M.D., N.Y. State Woman's Hospital, September 1872 (copy);" Lewenson, *Taking Charge: Nursing, Suffrage, and Feminism in America, 1873-1920*, 21. Lewenson notes that in American training schools, head nurses were often second-year students.

menial work to do—the labor is harder than that of the ordinary general servant, with less opportunity for rest.”⁷⁸ The importance attached to physical strength and stamina is clear from recruitment and selection materials. The application form for the Waltham Training program asks, “Are you strong and healthy? Have you always been so? Have you any physical defect?”⁷⁹ Aspiring nurses of the Baden Women’s Association were required to provide a reference form from their physicians confirming their “good health and strong physical build” and responding to questions posed on the standard health form of the association.⁸⁰

According to the diary of one hospital probationer, she was on duty from 7 am to 8:30 pm.⁸¹ Her morning activities included household cleaning, washing patients, sanitizing medical supplies, preparing and serving patients lunch, and attending prayers. She left the ward for 3 hours and 15 minutes in the late morning to go to classes and eat dinner. Her afternoon and evening was spent in a similar manner: cleaning, washing patients, preparing meals, as well as preparing for and participating in doctors’ rounds. She was given one 25 minute break for tea in the early evening. There was no time set aside for studying, even though she was still a nursing student. After going off duty, the probationer went again to prayers and ate supper before going to bed only 50 minutes after leaving the ward.⁸² Given the monotony of these domestic chores and little time set aside for personal, educational, or social activities, it is no wonder that Nightingale training schools failed to attract women from the higher classes.

⁷⁸ “Hospital Nursing. By One Who Failed,” *The Nursing Record* Vol. 1, no.6, (December 1895), 147.

⁷⁹ Worcester, *A New Way of Training Nurses*, 116.

⁸⁰ Müller, “Die Schwesternschaft des Badischen Frauenvereins vom Roten Kreuz,” 21. Translated by author, originally: “einer festen Gesundheit und eines kräftigen Körperbaues”.

⁸¹ “Probationer” is the title given in English to student nurses. They are called “Probeschwestern” in German.

⁸² Baly, *Florence Nightingale and the Nursing Legacy*, 231.

In Great Britain, Nightingale sought to eliminate the lowest ranks of hospital nurses, who were primarily tasked with housekeeping, cooking, and physical labor. By raising the entry level nursing positions in military hospitals to the civilian hospital equivalent of head nurses (ward sisters), Nightingale was effectively ridding the hospitals of its female maids and cooks.⁸³ Only a few servants and orderlies under the authority of the matron were allowed. While she acknowledged that the lack of dedicated domestic workers would be a hardship for the women she hoped to recruit, her hope was that expectations of light housekeeping and cooking by all nurses would deter all but the most sincerely-dedicated upper-class women from applying.⁸⁴ In spite of a claim to higher social status, German and American women were not spared from regular housekeeping either. As a probationer, Agnes Karll wrote to her mother after her first day at the Clementine House in Hannover about awakening at 6 am in order to clean her room before coffee at 7 am followed by bed-making and the expectation that the entire building would be cleaned each day by the six nurses and five probationers.⁸⁵ Dr. Worcester indicates that in addition to physician-taught lessons, probationers also received instruction in cooking and housework.⁸⁶

Despite the detailed job descriptions and lengthy applications for nursing positions, the overall qualifications and success of nursing students were not markedly higher than in other London hospitals. The register of incoming nurses to the training school at St. Thomas' Hospital recorded basic information, such as names, dates, and

⁸³ Nightingale, *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War*.

⁸⁴ Ibid., 22-24.

⁸⁵ Sticker, Agnes Karll: *Die Reformerin der deutschen Krankenpflege. Ein Wegweiser für Heute zu ihrem 50. Todestag am 12. Februar 1927*, 28.

⁸⁶ Worcester, *A New Way of Training Nurses*, 25.

ages about the incoming nursing students, as well as their health conditions, training performance, disciplinary infractions, and subsequent positions after leaving the program. The minute details on health included everything from a headache to scarlet fever. The most common ailment was a sore throat, but, on more than one occasion, mental health conditions such as hysteria were also recorded. Disciplinary infractions far exceeded the expectations for a population vetted for their character and moral capacity. Most probationers were simply ranked somewhere between “excellent” and “poor” without further comment, but those warranting comments provide significantly greater perspective on the expectations for and evaluations of nurses’ performances. Nearly one third of candidates are listed as “dismissed” followed with a brief rationale, for which “insobriety,” “disobedience,” and “poor health” were common.⁸⁷

The Nightingale System had created an ideological paradox in its standards. Greater incompetence and desperation among nursing candidates was a logical effect of the compromise between nursing schools and hospitals. The slow erosion of Nightingale’s original expectations of female autonomy and high moral entrance requirements was replaced with the physicians’ own anxieties about female competition and the desire for a docile staff to support their own tenuous professional authority. Dr. Wylie’s letters indicate clearly that he and his colleagues continued their struggle to define a course of instructions for nurses that did not threaten the position and authority of physicians. While this became a characteristically American preoccupation, it was also one which Nightingale was well-aware of in Britain. There were as yet, no textbooks or curriculums for nursing training, other than a few references and

⁸⁷ Baly, *Florence Nightingale and the Nursing Legacy*, Appendix.

Nightingale's *Notes on Nursing*. Nor was there a previous generation of trained and experienced nurses to teach the next generation. Sometimes courses were taught by physicians especially for nurses and sometimes nurses might hear the same or simplified lectures of medical students. There were numerous problems with this haphazard system to which Nightingale was clearly sensitive and which explain her distinct agitation in response to Wylie's simple query, as she forcibly states,

Nurses are not 'Medical men.' On the contrary. The nurses are there, and solely there, to carry out the orders of the Medical and Surgical Staff, including of course the whole practices of cleanliness, fresh air, disease/diet (?). The whole organization of discipline to which the Nurses must be subjected is for the sole purpose of enabling the Nurses to carry out intelligently and faithfully such orders and such duties as constitutes the whole practice of nursing. They are in no sense the Medical Man. Their duties can never clash with the Medical duties.⁸⁸

The letter continues on in this manner quite a bit longer, but makes clear her impatience with such accusations of trained nurses stepping on the toes of physicians. So much so, that perhaps her original commitment to female nursing autonomy was eroded in the attempts to quell the anxieties and contempt of male physicians. This development had two major consequences for the nursing movement. American training schools founded a decade later were characteristically more closely controlled (economically and in practice) by male physicians, often without even the illusion of female autonomy.

In 1873, the first generation of secular hospital training schools based upon the Nightingale method of nurse training were opened in Boston, New York and New Haven after an eight-year lobby campaign by a small group of affluent women who had been

⁸⁸ Florence Nightingale to W. Gill Wyle Esq. M.D., N.Y. State Woman's Hospital; from London Sept. 18/72 (Original at Bellevue Hospital School of Nursing)—photostatic copy, 14p.

volunteer nurses during the Civil War.⁸⁹ With the support of many doctors, these women argued that the untrained nurse posed a hazard to the patients and undermined the treatment process and authority of the physician. Some physicians even went as far as providing nurses with some educational or practical medical training themselves, but they often met with harsh reprisals. One such doctor was reprimanded by colleagues for teaching nurses to use a stethoscope, since this represented “too much knowledge for a nurse,” which was a source of trouble.⁹⁰ Likewise, x-ray machines, thermometers and other diagnostic tools were kept out of nurses’ hands in the attempt to aid the authority of physicians that could easily have been undermined at the level of observation because nurses spent much more time around the patients.⁹¹

This was not quite what Dr. Charles H. Merz had in mind when he suggested that trained nurses might alleviate the burden of physicians having to deal with untrained nurses, whom he described as being like the “indulgent mother who boasts of her various qualifications as nurse, yet ‘had not the heart to make the child take the medicine.’”⁹² Rather, he recommended training professional nurses so, “The advice of the physician, every direction carried out, hygienic laws observed, and, which is of as much value, a trained nurse can insist upon obedience in the family as to quiet and non-interference of the friends who insist upon seeing the patient.”⁹³ However, the eventual clash between doctors and nurses could already be foretold in this anecdote. Doctors did not want

⁸⁹ Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987), 47.

⁹⁰ Margarete Sanelowski, “The Physician’s Eyes: American Nursing and the Diagnostic Revolution in Medicine,” *Nursing History Review* 8 (2000): 17.

⁹¹ Ibid.: 8.

⁹² Charles H. Merz, “Physician and Nurse,” *The Nursing Record* November 1895, no. 5 (1895): 121.

⁹³ Ibid.

untrained nurses to challenge their authority, but they would not accept such challenges from trained female nurses either.

What physicians really wanted may have been best articulated by Dr. F.O. Donohue, as he praised the virtues of nursing as an “art,” “calling,” or “vocation.”⁹⁴ This emphasis on female gendered terms was a means of strengthening the conceptual divide between the status of male doctors and of female nurses. Although Donahue did suggest nurses should be more appreciated, better compensated, and trained to the level of ability to assist physicians, his statement concludes with an admonition against professional recognition: he is “convinced that she must accept as part compensation a consciousness of having done some good to humanity.”⁹⁵ In sum, most late nineteenth-century physicians preferred nurses who did little more than fluff pillows, feed patients, report to doctors, and follow their orders to the letter.

A clear example of physician opposition to nurse training arose surrounding the establishment of a hospital endowed by philanthropist Johns Hopkins that would demand “excellence in service and innovation for education.”⁹⁶ The terms of his will stipulated a nurse training school be founded in connection with the hospital. William Osler and Howard Kelly, the first medical faculty members at Johns Hopkins Hospital, were left partially responsible for implementing Hopkins’ vision. The two men regularly articulated their hostility to training nurses, admonishing them with reminders of “their lowly status.”⁹⁷ Osler and other administrators at the hospital believed that nurses

⁹⁴ F.O. Donohue, "Progress of the Art of Nursing," *The Nursing World* V, no. 3 (1898).

⁹⁵ Ibid.: 59-62.

⁹⁶ Mary Carol Ramos, "The Johns Hopkins Training School for Nurses: A Tale of Vision, Labor, and Futility," *Nursing History Review* 5 (1997).

⁹⁷ Ibid.: 23-25.

belonged outside the medical and educational realm, but given the constraints of the endowment, they settled for demanding that the nursing school be subordinated under their control. Another doctor, John Shaw Billings, echoed their sentiments by voicing support for the tradition of a “strong authoritarian model with a clearly defined, male-dominated hierarchy.”⁹⁸ The outcomes of these attitudes were nurse training schools that were financially controlled by hospital administration, the separation of nurse training from university-based education, and the opportunity for the exploitation of the labor of student nurses in hospitals.

Admittedly, the men in control of Johns Hopkins were especially mean-spirited and unilaterally inclined to sabotage the hospital’s nursing program. However, they also exemplify a strong ideological current in the United States and Europe. In theory, Nightingale nursing schools were to be affiliated with hospitals but separately funded so that physicians opposed to trained female nurses could not undermine the system of nurse training in the name of medical and male authority.⁹⁹ In practice, financial shortfalls usually made the nursing school dependent upon the hospital for survival. The result of these mergers was the use of nursing students as cheap labor and the erosion of both the time and quality of their training. The directors of Johns Hopkins were typical of late nineteenth-century male physicians. This legacy of enforcing nurses’ strict obedience to authority translated into a strong backlash against nursing reform efforts. The most vociferously guarded ground was that of education, since physicians considered it the key to their expertise and to the authority that maintained the distance between doctors and

⁹⁸ Ibid.: 24.

⁹⁹ Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, 47.

nurses.¹⁰⁰ Nurses believed that avoiding specific medical knowledge and skills would allow them to be more amenable to male physicians. Even as nurses did gain medical training, physicians and many nurses remained committed to the sense of hierarchy in the medical field that kept female nurses always near but subordinate to the male physicians.

Of Collaboration and Conflict: National or Transnational Nursing Reform?

In 1888, I read [in Wilhelm II's] first speech...something about the three K's: [Kinder (children), Kirche (church), Küche (kitchen)].¹⁰¹ I understood only part of what I read...[but] this further inspired me to become a children's nurse...In 1890 [at age 17, I was hired as] an untrained nurse...Little Edgar became very ill, and was obviously deteriorating. The next day, when [the mother] said to me, "Tomorrow Edgar is going to die, and you are to blame for it," I was driven to despair, because I had entered nursing without any basic knowledge.

--Antonie Zerwer, German nurse reformer¹⁰²

Following the Wars of Unification, German debates over the character and training of nurses proliferated in the 1870s and 1880s just as they had in Great Britain and the United States following the Crimean War and Civil War. German women of respectable social status but needing paid work were increasingly recognizing their need for specialized training and often challenged the gendered rhetoric about the sufficiency of their "natural" moral capacities. Although Zerwer was not as elite as the aristocratic German ladies who entered the Augusta Hospital or superintended at the Red Cross motherhouses that were endowed by the patronage of dynastic ladies, she was attracted to the patriotic and nationalist ideology surrounding the Red Cross model of nurse training. Entrance into a patriotic women's association provided a respectable public role for

¹⁰⁰ Y.G. Waters, "Foreign News: The Clementina Hospital; Hanover, Germany," *American Journal of Nursing* 1, no. 6 (1901): 149.

¹⁰¹ Translation: children, church, and kitchen.

¹⁰² Freeman, "Medicalizing the Nurse: Professional and Eugenic Discourse at the Kaiserin Auguste Victoria Haus in Berlin," 419. This anecdote was part of her "Betrachtungen und Gedanken über meine Lebensarbeit am Karfreitag."

German women under the protection of an aristocratic female patron, but outside the conventions of motherhood, the home, and the church.¹⁰³ Contrary to the belief that such reforms were heavy-handedly imposed from the state down, women like Antonie Zerwer demonstrate that nurses were already searching for learned nursing knowledge and practical training. A few decades later, Zerwer was able to rise through the ranks of nurses to become the first non-aristocratically titled matron of the *Kaiserin Auguste Victoria Haus* (KAVH).¹⁰⁴

Despite articulating differing visions of modern secular (or non-confessional) nursing, the Nightingale and Red Cross training programs were never direct competitors. The Nightingale methods were adopted almost exclusively in English-speaking countries, exactly those that resisted membership into the International Red Cross. As a result, the two nursing models coexisted separately for most of the nineteenth century. However, as this chapter has argued, the two models were closely tied together by a transnational exchange of ideologies, practices, and organizational patterns in pursuit of their similar mission to create a secular corps of female nurses. As the idealistic reforms posited by the Nightingale Fund and the German Red Cross met with the more difficult task of local adaptation and implementation, the mythology of their success was driven by nationalist and professional propaganda that has overshadowed the actual improvements for nurse training, practice, and welfare that were institutionalized in this period.

¹⁰³ Ibid.: 420.

¹⁰⁴ Ibid.

CHAPTER FOUR

A NEW GENERATION OF NURSING REFORM: NURSING ASSOCIATIONS, STATE REGISTRATION, AND THE WOMEN'S MOVEMENT, 1887-1912

The development of medical science demanded increasingly high qualifications, and if the Red Cross Motherhouses continue to turn themselves toward the ideological path of their religious forerunners, then indeed what is missing from their model has already spoken out clearly for the recognition of nursing as a profession, especially for the woman of the educated class.¹

--Agnes Karll, founder of the German Nurses' Association, 1906

[Miss Nightingale] was the first person appealed to for help and advice. She accorded neither... It was her distinct duty in a great national question concerning the calling of which she is recognized head to at least give the benefit of her opinion and...that in withholding it she lays herself open to the accusation of lack of... sympathy with the progress of nursing as a Profession.²

--Ethel Fenwick, founder of the British Nurses' Association, 1888

The Red Cross motherhouses and Nightingale training schools were innovative syntheses of nineteenth century gender ideologies and the demands of modern warfare and industrial society, but less than three decades later, a new generation of nursing reformers was pressing to move nursing reform in a different direction. Although the critiques of the established nursing order arose asynchronously throughout Europe and the United States, the gradual formation of national and international nursing associations in the pursuit of nursing professionalization collectively represents a broader transnational response to the professional and social challenges created by layers of nineteenth-century nursing reform. These associations were first founded in Great Britain, but followed closely in the United States/Canada and Germany, reflecting a

¹ Agnes Karll, "Unsere Ziele," *Unterm Lazaruskreuz: Mitteilungen der Berufsorganisation der Krankenpflegerinnen Deutschlands* I, no. 2 (1906). Translated by author.

² Ethel Fenwick, "Letter to Dr. Norman Moore, 22 February 1888," in *Royal British Nurses' Association* (London: King's College Archive, 1888).

shared historical pattern of collective engagement with nursing professionalization locally, nationally, and transnationally. Their tripartite leadership was further evident in the early years of the International Council of Nurses, in which their national leaders also guided an international association of nurses closely linked to an even broader international women's movement.

Although the national nursing associations functioned in similar ways within the International Council of Women and International Council of Nurses, in their own national contexts each had a very distinct relationship to the national women's movement, the state, and the medical establishment. This chapter first analyzes the growing dissatisfaction with nineteenth-century constructs of femininity and respectability in nursing comparatively among Germany, Great Britain and the United States, especially as it was manifested in physician-driven, legal reforms and in closer relationships between nurses and their national women's associations near the end of the nineteenth century. It then goes on to show how campaigns for the state registration of nurses drew attention to nurses as objects for state social welfare and government regulation, which prompted large numbers of women to question and challenge their relationship to the nation-state. Finally, it examines alternative sources of political and social organization, status, and power, which empowered female nurses to seek transnational collaboration in such associational bodies as the International Council of Nurses and International Council of Women. Whether through legislative hearings or international congresses, the characteristics of existing male professions and the values of the international women's movement became the foundations for a cohesive transnational agenda for nursing professionalization in the early twentieth century.

BREAKING FROM THE PAST

The Free Sisters and the League of German Women's Associations

The women's movement unfurled itself quickly and powerfully in Germany as well as around the world, and it provided for the first time the possibility for the respectable self-sufficiency of the [female] nurses in their profession who for many ages could only be members of confessional and social welfare associations, if they did not want to be seen as inferior in broader circles of society.³

--Agnes Karll, President of the German Nurses' Association, 1906

After experience as a Red Cross and private duty nurse in Germany, Agnes Karll came to believe that only professional recognition and regulation by the state was powerful enough to ensure the health, well-being, and security of "a superior type of woman," whose father would not otherwise allow her to demean her status by working as a nurse.⁴ Earlier generations of nursing reform—both religious and patriotic—had successfully pursued similar objectives, and nursing had become a respectable and popular occupation for middle-class women by the end of the nineteenth century. However, by the early twentieth-century, nurses were experiencing firsthand the gulf between the ideology and practice of nursing work. Physical debilitation and illness paired with social and economic insecurity led middle-class nurses, such as Agnes Karll, to become increasingly disillusioned with the promise of respectability and socio-economic security by late nineteenth-century nursing reforms. After decades of seeking religious, aristocratic, and medical administration to ensure the respectability of their work, the "free sisters," who had represented the socially-inferior and unregulated nurses

³ Agnes Karll, "Rückblick und Ausblick," *Unterm Lazaruskreuz: Mitteilungen der Berufsorganisation der Krankenpflegerinnen Deutschlands* 1, no. 1 (1906). Translated by author.

⁴ Margaret Breay and Ethel Gordon Fenwick, *History of the International Council of Nurses, 1899-1925* (Geneva: International Council of Nurses, 1931), 41.

of the past century, were striving to become the leaders of a nursing profession that relied only upon the state as an enforcer of its standards and reputation in the future.

Middle-class women were also anxious to prove their respectability and loyalty to the German state. Given growing middle-class anxieties about respectability and status, this intentional distancing from the working-class was extremely important and helps to explain the development and resonance of “spiritual motherhood”⁵ and social welfare as ideological justifications for middle-class nurses to guard both their respectability and material interests. The effect of this was not meant to limit the activities of middle-class women, but rather was a means of expanding the “maternal” sphere designated for women into the public sphere that had been reserved for men. In the name of “spiritual motherhood,” middle-class women could articulate their material hardships to the state without conflating their situation with that of working-class laborers. These conditions inspired an ideological conception of nursing and professionalization particular to the German political climate. By conceiving of nursing as a form of “spiritual motherhood” serving the state and society as female citizens, they could then claim entitlement to the social welfare benefits provided to German men as citizens.

This intersection of aristocratic and bourgeois women’s interests centered on nationalism, education, and respectability. As Angelika Schaser suggests, “The

⁵ Ann Taylor Allen, *Feminism and Motherhood in Germany, 1800-1914* (New Brunswick: Rutgers University Press, 1991), 135. Allen’s work on “spiritual motherhood” or maternalist feminism is useful for understanding the misconception of German nurses’ political inclinations by British and American nurses. Allen characterizes middle-class German women as understanding “motherhood as a metaphor for an ethical commitment that extended to both private and public worlds.” Her more recent work, *Feminism and Motherhood in Western Europe, 1890-1970: The Maternal Dilemma* (New York: Palgrave MacMillan, 2005) broadens the geographic and temporal scope of this argument in order to demonstrate how the tensions between women’s roles as mothers and individuals continued to characterize not only the German women’s movement of the long-nineteenth century, but also Western European feminism throughout most of the twentieth century.

invocation of the nation proved an ideal catchphrase for expanding women's sphere of influence without appearing to be too radical."⁶ For German nurses and even many feminists of the bourgeois class, duty and service to the nation not only granted them legitimacy to expand their work in the public sphere, but it also allowed them to gain respectability through alliance with aristocratic women and greater distance from the working-class.

In 1891, family obligations forced Karll to leave her nursing work at the Clementinen House of the Red Cross in Hannover to take on an unaffiliated, private duty position until she was too physically debilitated to work. This experience, at the age of 33, made her fully aware that unaffiliated nurses had no protections against sickness or work-related injury. Despite Chancellor Bismarck's initiative to extend these social welfare benefits to male laborers, nurses were not eligible for any protection from state or local public health funds. In 1898, Karll sought advice from a leader in the German women's movement, Minna Cauer, who had created a common health care fund for female trade and office workers.⁷ Soon after, she learned of Deutsche Anker, a private insurance company providing a customized plan for female teachers with an interest in targeting working women more broadly.⁸ Karll began working with a female agent there in 1899. Together, they created a private version of social welfare insurance for unaffiliated nurses, which attempted to ameliorate their situation by using a small portion of their wages for affordable disability, short-term illness, and accident, and old-age

⁶ Angelika Schaser, "Women in a Nation of Men: the Politics of the League of German Women's Associations (BDF) in Imperial Germany, 1894-1914," in *Gendered Nations: Nationalisms and Gender Order in the Long Nineteenth Century* ed. Ida Blom, Karen Hagemann, and Catherine Hall (Oxford: Oxford International Publishers Ltd, 2000), 258.

⁷ Anna Sticker, *Agnes Karll: Die Reformerin der deutschen Krankenpflege. Ein Wegweiser für Heute zu ihrem 50. Todestag am 12. Februar 1927*, 3rd ed. (Stuttgart: Kolthammer, 1984), 102.

⁸ Ibid., 104.

pension coverage.⁹ Karll promoted the insurance policy to other unaffiliated nurses as well as Red Cross associations and their patron, the German Empress. Although she knew that the premiums were still out of reach for many German nurses and that the problem would require a more systematic and large-scale response, her intention was to raise awareness of the growing crisis being created by an expanding network of uninsured Red Cross nurses who had no social or economic recourse once they were no longer able to provide a service.¹⁰ Promoting insurance for nurses eventually led Karll to work more closely with other German nurses, various representatives of the state, and other social reformers similarly concerned with the contradictions that unaffiliated nurses illuminated in the state's social welfare rhetoric. In a country whose nurses were dispersed among so many unaffiliated private duty positions, religious orders, and patriotic associations, the connection to a larger organizational network was vital to its initial formation and eventual success.

Agnes Karll first became aware of the German League of Women's Associations (BdF) and their support for working women, social welfare, and higher education after she observed with interest the firestorm created by Elisabeth Storp's pamphlet, "The Social Position of Nurses" in 1901.¹¹ Storp was a trained nurse from the highly regarded Victoria House in Berlin, which was founded by the Empress Frederick, daughter of Queen Victoria, under the influence of personal correspondence from Florence

⁹ Geertje Boschma, "Agnes Karll and the Creation of an Independent German Nursing Association, 1900-1927," *Nursing History Review* 4 (1996): 154-55; Stacey Freeman, "Medicalizing the Nurse: Professional and Eugenic Discourse at the Kaiserin Auguste Victoria Haus in Berlin," *German Studies Review* 18 (1995): 426-27.

¹⁰ Sticker, *Agnes Karll: Die Reformerin der deutschen Krankenpflege. Ein Wegweiser für Heute zu ihrem 50. Todestag am 12. Februar 1927*, 104.

¹¹ Boschma, "Agnes Karll and the Creation of an Independent German Nursing Association, 1900-1927," 155-56.

Nightingale.¹² Together, Storp and Karll met with Marie Cauer and Helene Meyer, who were already involved with the BdF. Their discussions turned into an invitation to present a paper on nursing at the BdF national meeting in 1902 and marked the formal introduction of Agnes Karll and other individual nursing reformers to the German women's movement and to their broader transnational network of international associations and "sisters."

As Karll became better acquainted with nursing leaders outside of Germany, she learned that overwork and the debilitating effects of nursing work were common themes among nursing reformers. Aligning with the League of German Women's Associations (BdF) yielded distinct advantages for German nurses. Its members served as knowledgeable resources and important allies in advocating for expanded educational opportunities and training standards for middle-class nurses, sharing their commitment to preserving education and training as middle-class markers of respectability. At one point, Agnes Karll publicly declared "only the German woman's movement will enable such modern views of the profession to penetrate the whole country."¹³ Yet, in response to international nursing reform, the BdF could also appear short-sighted in its national agenda and resistant to the type of political radicalism apparent in the strategies of its Anglo-American counterparts. Even after the repeal of the Anti-Socialist Laws in 1890, the BdF was timid about forging international feminist alliances that had for so long been

¹² Ibid.: 156; Lavinia Dock, "Nursing in Germany," *The Nursing Record and Hospital World* 23, no. 599 (1899); Lynn McDonald, ed. *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, vol. 8, Collected Works of Florence Nightingale (Waterloo, Ontario, CA: Wilfrid Laurier University Press, 2005); Anna von Helmholz, "The Victoria House, Berlin," *The Nursing Record and Hospital World* 23 (1899).

¹³ Herman Hecker, "The Overstrain of Nurses: An Address Delivered by Dr. H. Hecker, Regierungs und Geheimer Medizinalrat in Strasbourg-Alsace to ICN Cologne, 1912," in *Adelaide Nutting Historical Nursing Collection (microfilm)* (Minneapolis: Wangenstein Historical Library of Biology and Medicine, 1912), 13.

associated with radicalism and socialism within Germany. Instead, the BdF sought a superficial sense of national unity among middle-class and aristocratic women, which even prompted it to refuse explicitly endorsing woman suffrage for fear of alienating any of its more conservative member organizations. It maintained this position until 1902 when it issued a resolution recommending, but not mandating, that its member organizations support suffrage as a means of ensuring the success of the BdF.¹⁴

The continued attention to the lack of sufficient compensation and social welfare benefits such as sickness insurance and pensions had already driven a wedge between middle-class and aristocratic nursing by the time Karll was ready to organize a national nursing association in Germany. For bourgeois women, who could not actually afford to follow the charitable model or their aristocratic counterparts, professionalization offered an alternative source of legitimacy without the sacrifice of social or economic respectability. In addition, as Stacey Freeman has argued, regulation (and standardization) measures from the state had the added benefit of excluding the working-class from membership.¹⁵ Even the limited achievements in nursing standardization were clearly class exclusive, as Agnes Karll celebrated the state's sponsoring of nursing certification as a confirmation of nursing as a "bourgeois profession."¹⁶

The maintenance of an appropriate or respectable position in the class stratification and the German nation continued to be more of a priority for German nurses than suffrage and/or women's emancipation. However, the problem for German nurses

¹⁴ Schaser, "Women in a Nation of Men: the Politics of the League of German Women's Associations (BDF) in Imperial Germany, 1894-1914," 257.

¹⁵ Freeman, "Medicalizing the Nurse: Professional and Eugenic Discourse at the Kaiserin Auguste Victoria Haus in Berlin," 422-23.

¹⁶ Ibid.: 429.

was that the moderation that granted them social respectability within the nation was continually a setback for collaborations with international colleagues and for achieving material benefits and the enforcement of standards from the state. In the first few years of the twentieth century, when Agnes Karll lamented to her international colleagues her limited success in lobbying the state for nursing regulations, she cited the lack of female nursing superintendents able to express a woman's point of view on the acceptability of nursing candidates and the all-male composition of governing bodies that influenced the state's resistance.¹⁷

The “modern” nurses of Germany had taken a new ideological and practical path that led them to pursue the professionalization of their work through recognizable markers of both the masculine politics of professionalization attempts and particularly feminist-inspired ideological commitments. The developments in nursing reform since the 1860s in Germany grew out of the attainment of respectability granted to nursing by the participation of aristocratic women. Under the leadership of Agnes Karll, German nurses began to push reform further toward a particularly middle-class agenda emphasizing education, standardized nurse training programs, state registration, and social welfare benefits such as sickness insurance and old age pensions.

The (Royal) British Nurses' Association

A great crisis has come for the Nursing Profession, and no steps can be taken to meet it without the assistance and advice of leading medical men... Thus, as in the Medical and Legal Professions, being Registered,

¹⁷ For an example, see "Niederschrift über die Beratung die Ausschusses des Reichs-Gesundheitsrats für Heilwesen in allgemeinen u.s.w. am 2. August 1904, vormittags 9 Uhr über einen Entwurf von Grundsätzen, betreffend die Hebung des Krankenpflegewesens," in R86: *Reichsgesundheitsamt* (Berlin: Bundesarchiv, 1904), 14-15.

would be a direct guarantee to medical men and the public, that the Nurse was fully trained and trustworthy.¹⁸

--Speech attributed to Ethel Fenwick, 1887

Although debates over nurses' background, qualifications, and working conditions were present throughout the nineteenth century, in the 1880s they began to be characterized by a desire for standardization in both Great Britain and Germany. The acceptance of differing standards among hospitals was becoming less tolerable; hospital administrators, physicians, and nurses themselves began to exchange ideas for standards of reform. While some nurses resented the intrusion of the medical establishment into what they saw as an autonomous vocation for women, most acquiesced to the perception at the time that physician support was fundamentally necessary to successful nursing reform. For many nurses of the new generation, their professional aspirations allowed them to emulate and trust physicians blindly, while freely severing ties with nursing reformers of past generations.

In the year 1886-1887, the London Hospitals' Association, representing hospital administrators under the leadership of Henry C. Burdett since 1884, endeavored to reform nursing in its member hospitals.¹⁹ As a member of the association and the committee charged with making recommendations on nursing reform, Ethel Manson (later Fenwick), 29, nursing matron at St. Bartholomew's Hospital, received a rough introduction to the male politics of hospital administration. When her committee concluded that an organizational register of nurses should be limited to those nurses with three or more years of training, the general leadership rejected the committee's recommendation and set

¹⁸ Ethel Fenwick, "Untitled Speech," in *Royal British Nurses' Association* (London: King's College Archives, 1887).

¹⁹ "A Selective Chronology," in *Royal British Nurses' Association Catalogue*, ed. King's College Archive (London).

the standard at one year, befitting the existing preference of male physicians and administrators who felt more training for nurses would undermine doctors' claims to professional knowledge, experience, and authority. Her unpleasant experience working with Burdett led her to continue pressing for a state register of nurses with at least three years of training, and she began her campaign by staging a sit-in of London matrons in Burdett's office in 1887. Following her marriage to Dr. Bedford Fenwick later that year, she had to resign her post as matron and member of the Hospitals' Association but had no plans to exit the battle for registration and nursing reform. In the brief letter from one of her trusted colleagues still in the Hospitals' Association, a glimpse into Fenwick's new strategy appears. First, nurses should monitor by name the allegiances of London physicians to either the Hospitals' Association or the matrons. Second, the early whispers appear to be targeting particularly sympathetic physicians to the join an alternative association.²⁰ Shortly thereafter, Ethel (Mason) Fenwick redirected her energy into founding with her husband a new organization called the British Nurses' Association later that year.²¹

The British Nurses' Association was first organized and led by current and former nursing matrons in London, but their success was heavily reliant on the support of physicians and hospital administrators, who held influence over members of parliament and were responsible for the implementation of the reforms when they were passed. Burdett would have once been a logical ally since he had been an early supporter of nursing reform nursing in theory, but his power struggles with Fenwick and other

²⁰ Caroline C. Gale, "Letter to Mrs Fenwick, 4 January 1887," in *Royal British Nurses Association* (London: King's College Archives, 1887).

²¹ D.P. Griffon, "Crowning the Edifice: Ethel Fenwick and State Registration," *Nursing History Review* 3 (1995): 205.

matrons over the training standards led him to become one of the most virulent enemies of the British Nurses' Association and state registration.

After the power struggle in the Hospitals' Association, the physician-targeted strategy of nursing reform must have been a bitter pill for Ethel Fenwick to swallow, and other physicians (besides her husband) remained, at best, ambivalent toward her plans. A number of physicians would logically have supported Burdett's position, but even among those that the matrons chose to target first as the most receptive to their plan raised serious obstacles. Dr. Steele assumed that the conflict was personality-driven and expressed hope that the Hospitals' Association's overthrow of Henry Burdett would pave the way for the matrons to return to the fold.²² Dr. Henry Aucland questioned their level of seriousness and preparation when he offered a list of concrete considerations that he felt must be figured out before proceeding.²³ Other physicians indicated that they were choosing to withhold their decision until they could examine the bylaws of the proposed British Nurses' Association as well as the individuals chosen to serve on its executive committee.²⁴ Even close colleagues of Fenwick, such as Dr. Norman Moore, head of medical instruction for nurses at St. Bartholomew's Hospital, disappointed the matrons in writing: "While anxious to do anything which can improve the education or condition of nurses I feel great hesitation as to becoming a member of a large General Council, powerless to control the proceedings of the Association and at the same time

²² Gale, "Letter to Mrs Fenwick, 4 January 1887."

²³ Sir Henry Aucland, "Letter to Miss Gale, c. 1 January 1887," in *Royal British Nurses Association* (London: King's College Archive, 1887).

²⁴ Norman Moore, "Letter to Mrs. Bedford Fenwick, 21 February 1888," in *Royal British Nurses' Association* (London: King's College Archive, 1888).

practically involved in them.”²⁵ Fenwick was frustrated. She replied to Moore that he was “one of these specially requested to act on the sub-committee to consider its By-laws [and the] Constitution” and although they had full confidence in them as they were, she acceded, “but as the By-Laws are not yet confirmed, there is still time to make alterations.”²⁶

Fenwick’s correspondence indicates that prominent British physicians, whose support was considered key to ensuring the legitimacy of the association, were skeptical about her plan and the early direction it took was heavily influenced by attempts to win them over. It seemed that the matrons seeking a new reform agenda were so haunted by the ubiquitous presence of the Nightingale mythos that courting sympathetic physicians remained a more amenable strategy. Of course, pursuing registration was alone a rebuke of Florence Nightingale’s advice, but even the physicians supporting a new registration system were extremely concerned with what Miss Nightingale might think. Almost all of the letters she received from physicians ask her if she had gotten the support of Florence Nightingale—an early litmus test of the association’s legitimacy. While some expressed optimism that Nightingale would eventually join the cause, others were rightly skeptical. Moore dismissed the strategy of seeking Nightingale’s support, writing: “I feel that it would add much to the public estimation of the British Nurses Association if she would

²⁵ Ibid. Fenwick probably believed that Dr. Norman Moore would be a stronger ally for the proposed British Nurses’ Association since they had worked closely with one another as matron and nursing instructor respectively since 1881 at St. Bartholomew’s Hospital.

²⁶ Fenwick, “Letter to Dr. Norman Moore, 22 February 1888;” Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London: Routledge, 1996), 63. The anxieties expressed by physicians over their ability to have a voice in the proposed British Nurses’ Association seemed to be either a power play or were unwarranted since the By-Laws reserved the offices of Vice Presidents for physicians with the long-standing President who was neither a physician or a nurse, but the Princess Christian (Helena) of Schleswig-Holstein, daughter of Queen Victoria. Also, physicians outnumbered nurses 2:1 (14:7) on the Executive Committee.

in any way associate herself with it; though I do not think it likely that she would.”²⁷

Fenwick agreed with his assessment. Her decision to pursue the physician support without Florence Nightingale attests to the deep divisions among nurses at the time and her commitment to pursuing a new course in nursing professionalization even when she had no expectation of unified nursing support. After all, Henry Bonham-Carter, secretary of the Nightingale Fund and close confidant of its namesake, published his answer to his own Socratic question: “Is a General Register for Nurses Desirable?” by stating,

No one will...deny that moral as well as professional qualities are everything in a Nurse, that she has to be judged by her character and conduct as well as by her technical skill, by the possession of such qualities as kindness, patience, trustworthiness, self-control, discretion. How are these intangible things to be registered?²⁸

For Fenwick, the insistence on character and morality were undermining, not enhancing, the treatment and respect afforded to trained nurses. In her own words, “A nurse, for instance might be possessed of every virtue in a superlative degree; but if, through ignorance, she allowed her patient to bleed to death, his friends and relatives might consider her moral qualities were not all-sufficient.”²⁹ In the end, Fenwick had a tough choice to make between two unwelcoming allies—the physicians of London or Florence Nightingale. Fenwick’s willingness to be flexible in her allowance of male physician-driven nursing reform was at clear odds with Nightingale’s preference for organizational autonomy for nursing schools, but Fenwick herself saw the move as a strategic recognition that nurses needed to follow in the professional footsteps of

²⁷ Moore, "Letter to Mrs. Bedford Fenwick, 21 February 1888."

²⁸ Henry Bonham-Carter, *Is a General Register for Nurses Desirable?* (London: Blades, East and Blades, 1888), 3.

²⁹ Ethel Fenwick, "The Better Organization of the Nursing Profession," *The Nursing World* (1897): 327,30.

physicians rather than experience a de-skilling of their work by seemingly respectable but unsuitably trained women.³⁰

The Society of Superintendents

The establishment of nursing reform as a middle-class woman's cause in the United States was rooted in a much different history than that in Germany and Great Britain. The growing influence of the women's movement undoubtedly influenced the eventual nursing professionalization movement; in addition to the leading nursing superintendents associated with successful Nightingale schools, Susan B. Anthony and other prominent members of the women's movement were early supporters of the American Society of Superintendents of Training Schools for Nurses.³¹ The original discussion of such a society took place during a Nursing Congress organized by Ethel Fenwick at the 1893 World's Fair in Chicago, which brought together active participants in women's movements around the world, from which most of the prospective nurses were drawn.³² The circumstances for an explicit nursing professionalization movement in the United States were also being shaped in the 1880s and 1890s by the success of its own Nightingale nursing schools and the final resolution of Civil War pensions for nurses.³³ Both of these historical developments accelerated the monopolization of

³⁰ Griffon, "Crowning the Edifice: Ethel Fenwick and State Registration," 204. The 1858 Medical Act required the registration of physicians and surgeons in Great Britain.

³¹ Mary E. Thorton, "Official Reports of Societies: Meeting of the New York State Nurses' Association," *American Journal of Nursing* 3, no. 3 (1902): 210. The first three Nightingale training schools founded in the United States in 1873 were the Bellevue Training School for Nurses in New York, Connecticut Training School at the New Haven Hospital, and the Boston Training School at Massachusetts General Hospital.

³² Josephine A. Dolan, "1893-1912: Fusing the Past for Future Action," in *Three Score Years and Ten, 1893-1963*, ed. National League for Nursing (New York: National League for Nursing 1963), 5.

³³ The Army Nurses Pension Act of 1892 established categories of hospital workers during the Civil War as qualifying for military pensions in honor of their wartime nursing services. The Act was celebrated as a wedge for nurses and women to claim patriotic national service befitting full citizenship and was instrumental in establishing a legal definition of nursing in the United States, which would influence the

nursing by respectable middle-class women and helped to institutionalize nursing as a means of independence for women both socially and legally.

American nurses had a decidedly different experience with the Nightingale tradition. First introduced during the crisis of the Civil War, Nightingale's *Notes on Nursing* became an invaluable guide for volunteer lady nurses unfamiliar with hospitals and nursing. After the war, it logically was adopted as the cornerstone of postwar hospital nursing reforms. Unlike the Nightingale training school founded at St. Thomas' Hospital in London in 1860, the American Nightingale schools of the 1870s remained closer to her dictates and were subjected to fewer compromises with the agendas of hospital administrators and physicians in London. The superintendents of the Nightingale training schools became powerful administrators over their domain and the students became devoted alumnae, spread throughout other hospitals in the United States. Although American nursing superintendents encountered their own sorts of conflicts with administrators, physicians, and other nurses, the lack of competing nursing models and the early success of nursing superintendents to establish control over their own standards and practices positioned well ideologically and practically to join the new reform movement in the 1890s.

In the early 1890s, the standards of qualification in the American veteran pension system were the focus of increasing national debate. As the criteria for inclusion among male soldiers and their dependents expanded liberally throughout the 1870s and 1880s,

foundations and scope of later plans for the state regulation of nursing. For a longer discussion of the American training schools and nursing professionalization movement, see "Chapter 7: Professionalization and its Discontents," in Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, (Cambridge: Cambridge University Press, 1987). On Civil War pensions for nurses, see page 15 of this chapter and Jane E. Schultz, *Women at the Front: Hospital Workers in Civil War America*, ed. Gary W. Gallagher, Civil War America (Chapel Hill: University of North Carolina Press, 2004), 186-87.

female nurses became more conspicuous in their exclusion. Like the members of the German women's movement, American nursing pension advocates were middle-class white women who believed wartime nursing services should be recognized by the state as the female equivalent of male combatants. Their feelings of entitlement to pensions and citizenship in exchange for their service provided the necessary support for the passage of the Army Nurses Pension Act of 1892.³⁴ As the work of Jane Schultz demonstrates, the exclusion of laundresses and kitchen staff from the ranks of nurses in the 1892 Act institutionalized in law a class- and race-based definition of nursing that clearly demarcated respectable nurses from their less elite counterparts.³⁵ With a clear rejection of working-class and non-white women from the ranks of recognized nurses, with no Red Cross nursing corps, and with religious nursing orders too few and too dispersed to challenge the image of nursing put forth in the Army Nurses Pension Act, the next generation of American nursing reformers had an early lead in overcoming some of the challenges still facing their European counterparts.

REGISTERED NURSES; PROFESSIONAL WOMEN

Ten years after the founding of the British Nurses' Association, the original founders came to believe that many physicians and opponents of nursing registration had joined the association during its early membership drive only for the purpose of stifling its progress. As a result, the conflicts among the member nurses and physicians had reached the point of almost comedic dysfunction culminating in a resolution *against* state registration in 1895. Although this opposition to its own mission was a short-lived power play, by 1898, it no longer mattered because the Privy Council objected to the Royal

³⁴ Schultz, *Women at the Front: Hospital Workers in Civil War America*, 186-87.

³⁵ Ibid., 188.

British Nurses' Association use of the term "register" altogether, which, it argued, was the implied endorsement of the state and "would be confounded with the State registration of medical men."³⁶ When members agreed to change the term "register" to "list" in their By-Laws, Dr. Bedford Fenwick (husband of Ethel Fenwick) entered numerous successive objections until the members voted to silence him on all but the details of changing the By-Laws. Nevertheless, the man who had become something of a standard nuisance in these meetings went on to create a ruckus by stating that "all the result that has been obtained by five years work has been to discredit the association, to lower its prestige...and I desire to point out that this Association cannot hope to succeed when it has alienated the matrons who were the founders and the mainstay of the Association."³⁷

The question of how important female matrons would be to nursing reform in general and to state registration and examination in particular was considered throughout North America and Europe from the 1890s until at least World War I. The first series of serious legislative debates over nursing registration took place between 1902 and 1907 in Germany, Great Britain, and the United States after non-controversial implementation of a state register of nurses in New Zealand in 1901 and of midwives in Great Britain in 1902.³⁸ The participation of the legislatures began with American bills to the states of

³⁶ "Minutes of Special General Meeting, 24 May 1898," in *Royal British Nurses' Association* (London: King's College Archive, 1898), 4; Rafferty, *The Politics of Nursing Knowledge*, 56. The British Nurses' Association became the Royal British Nurse' Association as the result of having received a royal charter in 1891.

³⁷ "Minutes of Special General Meeting, 24 May 1898," 11. The last assertion is in reference to the enforcement of a rule that only active matrons can serve on the Executive Committee, essentially forcing out its founder, Ethel Fenwick, who was forced to leave her hospital position when she married. As a result, her husband had become an advocate on her behalf as the long-standing treasurer of the association.

³⁸ Rafferty, *The Politics of Nursing Knowledge*, 76-77; "Midwives Act, 1902, 2 Edw 7, c.17.," in *Royal British Nurses' Association* (London: King's College, 1902). According to Rafferty, state registration laws

North Carolina, New York, and Virginia in the course of 1903. In November 1903, the Imperial German Ministry of Health began gathering information from all of the German states about their existing nursing practices and regulation in anticipation of implementing greater standardization and state registration within the next three years. Then, in February 1904, a bill to regulate the registration of trained nurses appeared in the British House of Commons. These legislative discussions were increasingly linked together through transnational networks of nursing reformers and the mutual observation of nation-states, as they navigated through modern social, political, and economic challenges. But the direct participation of female nursing leaders varied greatly among nations in the first decade of their shared campaigns.

A campaign for state registration is intuitively a national project due to the legal and practical meanings that nation-state borders have in the application of laws, such as nursing registration. However, in Germany and the United States, no such national uniformity in nursing regulation could be assumed since individual federal states, rather than the national government, had the primary authority to regulate nursing.³⁹ The fact that national and transnational organizations, agendas, and strategies emerged despite the relatively smaller units of legislative jurisdiction demonstrates the potential of collaboration across such borders. Rather than working from bureaucratic or legal

already existed in the Cape of Good Hope (1891) and Natal (1899) under Medical and Pharmacy Acts but without meeting the criteria set forth by nurses themselves; the New Zealand law was significant because it met with all the standards put forth by the nursing movement; and, as a British colony, it could be used to pressure British parliamentarians with the assertion that they were less progressive than their own colonial subjects. A year later, the British Parliament passed the Midwives Act, which regulated and certified Midwives to the exclusion of nurses.

³⁹ I use the term “federal state” to describe American states and German Bundesländer, such as New York or Prussia. The nation-state governments of Germany, the United States of America, and Great Britain are interchangeably referred to as national states and nation-states. The use of “state” on its own is applied to the general concept of a ruling government and its bureaucracy.

commonalities, Anne Marie Rafferty suggests that the many overlapping international associations of the late nineteenth and early twentieth century worked from “a common vocabulary in order to articulate their ideals and mission.”⁴⁰ Although she specifically suggests British and American collaboration, the German nurses should also be included. In all three national contexts, proponents and some opponents understood proposed schemes of nursing registration as being composed of three primary markers: 1) a uniform matriculation standard prior to acceptance into a training program, 2) a uniform theoretical and practical training curriculum over a designated time period at an institution deemed capable by the state, and 3) a certification examination for trained nurses wishing to join a state-regulated register of trained and tested nurses.⁴¹ What remained contested was by what measure matriculation would be decided, how long training programs would last and what would be taught, and how the whole process would be tested to the satisfaction of the state, nurses, medical establishment, and public. In these debates, the German and American leaders seemed to be more in-sync with one another than their British colleagues, which perhaps illuminates their earlier legislative success.

These early discussions of the foundational values and structure being institutionalized in nursing reforms suggest that male nursing reformers and representatives of individual states were mostly ambivalent to the long-term goals of the female professionalization movement. They saw themselves as being concerned instead with narrowly targeted social and medical reforms, such as specifying the content of proposed plans for state regulation, the role of the matrons, and the prerequisite

⁴⁰ Rafferty, *The Politics of Nursing Knowledge*, 69.

⁴¹ Dolan, "1893-1912: Fusing the Past for Future Action," 7.

qualifications required for admittance to the examination, the composition of the examination committee. Although it is clear that these German, British, and American nurses came to pursue state registration from different ideological and historical circumstances, the content of their proposed regulation bills were almost identical.⁴² The recognition of variable obstacles in their path toward state registration and professionalization actually fostered a sense of solidarity among the supporters of state registration across national borders because although they adopted nation-specific strategies, they essentially saw themselves as part of a transnational campaign.

In 1895, Canadian nurse Mary Agnes Snively explicitly laid out these three stages for the state registration of nurses.⁴³ These stages also appear in the questionnaire of the German Imperial Health Ministry (Reichsgesundheitsamt) to the individual state governments in 1902, although they provoked great debate among members of the Imperial Health Advisory Board (Reichsgesundheitsrat). The House of Lords, however, was working from different assumptions about the process of nursing regulation in 1905. In Great Britain, students were usually chosen for matriculation by the matron of the particular training school in question. Training periods generally ranged from one to three years in the most prominent hospitals with a required service commitment of totaling two to five years; the hospital certificate was variably issued after one to three years, not corresponding to the total length of the commitment or the training program.⁴⁴

⁴² This includes a certificate from the state for nurses with three years nursing training from a state-recognized school of nursing and the passing of a state nursing examination on an established standard curriculum. However, even though the template of this proposal was shared, the national differences were reflected in the final version of the bill after other interests had contributed to it.

⁴³ Snively went on to become the first treasurer of the International Council of Nurses.

⁴⁴ "The Nursing Question. Reprint from the Third Report of the House of Lords Select Committee on Metropolitan Hospitals, 1892," in *Royal British Nurses' Association* (London: King's College Archive, 1892), 2.

Diversity among training schools was seen as an important aspect of unique hospital reputations and opposition to standardizing matriculation was vehement. In practice, German schools also lacked standardization, but like the American Society of Superintendents, the Imperial Health Ministry sought to impose some variation of this three-part model, even if the specifics were still under consideration. By contrast, the British parliament was heavily lobbied by loyal supporters of the Nightingale system as well as supporters of the physician-controlled systems at non-Nightingale training schools. Only St. Bartholomew's, the hospital of Ethel Fenwick, appeared to fit the proposed American model of a three year training program certified by state registration.

Discussions or contributions of matrons appeared sporadically in the parliamentary negotiations. In Germany, the German Nurses' Association seems to have no clear advocate among the members of the state and does not appear in legislative records until 1908.⁴⁵ However, nursing matrons clearly were a subject of interest to the Imperial Health Ministry even if they were not granted the agency of representing themselves there. The Imperial Health Ministry was working on the implementation of a state nursing examination in 1904, following years of studying the training and regulation of nursing in individual German states and abroad. After the circulation of a draft order concerning the state nursing examination, the Imperial Health Advisory Board met on August 2, 1904, to discuss the proposal and their recommended revisions.⁴⁶

⁴⁵ "Ärzte, Zahnärzte, Heilpersonen, Kurpfuscher, Krankenpfleger: Arbeitsverhältnisse der Krankenpflegepersonen, 1902-1914," in R86: *Reichsgesundheitsamt* (Berlin: Bundesarchiv, 1908).

⁴⁶ "Niederschrift über die Beratung die Ausschusses des Reichs-Gesundheitsrats für Heilwesen in allgemeinen u.s.w. am 2. August 1904, vormittags 9 Uhr über einen Entwurf von Grundsätzen, betreffend die Hebung des Krankenpflegewesens."

The Imperial Health Advisory Board lacked the characteristic hostility toward female matrons, which was displayed by the London physicians in the Hospitals' Association or the RBNA. German physicians were generally favorably inclined toward the state regulation of nursing and the improvement of nurses' preparation, working conditions, and social status. Rather than seeing nursing reform as a threat to their own professional status, German physicians saw trained and state registered nurses as their allies in broader public health care and hospital reform. Reflecting their extensive search for progressive solutions to the social and medical needs of a rapidly expanding modern industrial nation, their template for state nursing regulation in 1903-1904 was almost identical to the three phase model of matriculation requirements, standardized training school curriculums, and state examination put forth by the American Society of Superintendents in 1895.⁴⁷

The German board welcomed the public and political demand to reform medical care and drew upon the familiar strategies of elevating the social status of its nurses to the level of middle-class, educated, young women. They also drew a direct correlation between the idealistic recommendations of the American superintendents and the elevated class composition of their profession there. Some members, such as Dr. Dietrich of Prussia, supported higher entrance requirements for training programs because they appealed to the traditional class-based principle of nursing reform that he described as "the higher the prerequisites set, the better substance yielded."⁴⁸ German

⁴⁷ Dolan, "1893-1912: Fusing the Past for Future Action," 7.

⁴⁸ "Niederschrift über die Beratung die Ausschusses des Reichs-Gesundheitsrats für Heilwesen in allgemeinen u.s.w. am 2. August 1904, vormittags 9 Uhr über einen Entwurf von Grundsätzen, betreffend die Hebung des Krankenpflegewesens," 4. Dr. Dietrich was a Königlich Preußischer Geheimer Medizinalrat, vortragender Rat im Ministerium der geistlichen, Unterrichte-und Medizinal-Angelegenheit—Berlin.

physicians were of mixed minds about the length and content of training programs; but again Dietrich overcame opposition by reminding his colleagues that in order to “elevate the entire class” of nurses, they need be better trained and on at least a higher educational platform than that of midwives.⁴⁹ Finally, the certification of nurses on the basis of a state examination was the key component to German nursing reform. Just as American laundresses, cooks, and aides had been artificially separated from recognized nurses in the Army Nurses’ Pension Act and American nursing schools claimed to refuse women who had previously worked as domestic servants, Dietrich and Dr. Wutzhoff, director of the Imperial Health Ministry in Berlin, led the majority of the advisory board to oppose any sort of housekeeping skills from being placed on the examination.⁵⁰

The influence of the American superintendents’ reform proposal, though mediated by the state indirectly through members of the transnational professionalization movement, was clearly reflected in the content of the German state examination documents and discussions. However, its guidelines for implementation reflect many reservations about loss of physician control shared with the British opponents of state nursing registration. After many attempts by the medical establishment to reserve all or a significant part of the New York Board of Examiners for physicians, nursing reformers finally triumphed with a board comprised completely of nurses and the examiners chosen

⁴⁹ Ibid., 5; Reinhard Spree, *Health and Social Class in Imperial Germany: A Social History of Mortality, Morbidity and Inequality* (Oxford: Berg, 1988), 157-73. Spree sees German physicians as a model of professionalization success in the second half of the nineteenth century, but explains their anxieties toward midwives and lay healers by pointing out that they still felt it necessary to compete for the public trust after sacrificing their quasi state official status in the 1860s and having to combat a resurgence of competition around the turn of the century when the state reinserted itself into the medical marketplace by allowing lay healers to serve recipients of the state sickness insurance.

⁵⁰ "Niederschrift über die Beratung die Ausschusses des Reichs-Gesundheitsrats für Heilwesen in allgemeinen u.s.w. am 2. August 1904, vormittags 9 Uhr über einen Entwurf von Grundsätzen, betreffend die Hebung des Krankenpflegewesens," 14-15.

from among members of the New York State Nurses' Association.⁵¹ By contrast, a clause in the draft order from the German Imperial Health Ministry specified that the examination committee be comprised of three physicians. At the August meeting, Dr. Hauser suggested that one of them be a woman, particularly a nursing matron of a training school, so to save the (male) physicians from having to assess the candidate's mastery of housekeeping.⁵² The proposition met with a range of negative reactions, but surprisingly none of them specifically targeting the matron's gender. Some members, such as Dr. von Gusemann of Württemburg, benignly claimed that the matron's assessment was already implicit in her referral of the candidate to take the exam.⁵³ (Ironically, this was the exact rationale given by American superintendents against allowing physicians on the New York Examining Board.)⁵⁴

The perceived taboo against recognizing the housekeeping skills required of nurses originates again with the German attempt to emulate the American system at this particular point in time and their hypersensitivity to their own wildly diverse spectrum of nursing associations and practices. The perceived proliferation of the so-called free sisters (wilde Schwestern) without associational ties or claims to respectability in Germany was the root cause of the serious contemplation of nursing reform by the state. Although similar issues of unregulated nursing labor and class consciousness permeated

⁵¹ Champe S. Andrews, "The Campaign for Registration of Nurses in New York," *American Journal of Nursing* 3, no. 9 (1903): 699.

⁵² Obermedizinalrat und Mitglied des Reichsgesundheitsrats Dr. Hauser, "Letter to the President of the Imperial Health Ministry in Berlin, 7 July 1904," in R86: *Reichsgesundheitsamt* (Berlin: Bundesarchiv, 1904). Dr. Hauser was the district medical officer of the Grand Duchy of Baden, Senior Medical Advisor, and Technical Officer of Medical Affairs to the Ministry of the Interior.

⁵³ "Niederschrift über die Beratung die Ausschusses des Reichs-Gesundheitsrats für Heilwesen in allgemeinen u.s.w. am 2. August 1904, vormittags 9 Uhr über einen Entwurf von Grundsätzen, betreffend die Hebung des Krankenpflegewesens," 15. Dr. von Gussmann was the Senior Medical Advisor to the Kingdom of Württemberg, and member of the Medical College of Stuttgart.

⁵⁴ Andrews, "The Campaign for Registration of Nurses in New York," 698.

British and American societies as well, American nursing leaders had at the time effectively disseminated a myth to the contrary throughout the realms of their transnational colleagues.

One example is particularly relevant for depicting the perceptions nurses and politicians held of other national situations. Although it happened after the Imperial Health Advisory Board meeting, Lavinia Dock and Major Kenneth Balfour provided an illuminating exchange during her testimony in the British House of Commons in May 1905. Balfour asked Dock if nursing registration in the United States had stopped any women "from going into the profession from the lower strata."⁵⁵ She quickly retorted, "superintendents in America have never admitted to training schools what you call the lower strata. We have never admitted women who have been employed in domestic service, and I think for that reason we have avoided a good deal of difficulty that other countries seem to have."⁵⁶ While the all-female examination boards were also controversial in the United States, Lavinia Dock's testimony to the British House of Commons demonstrated that these were not just raw power struggles between men and women or physicians and nurses, but rather part of ongoing negotiations over how to safeguard the precarious respectability and social status of the old and new professions in light of changing circumstances and values in modern industrial society.

⁵⁵ "Report from the Select Committee on Registration of Nurses; together with the proceedings of the Committee, Minutes of evidence, and appendix," in *Royal British Nurses' Association* (London: King's College Archive, 1905).

⁵⁶ Ibid. This quote is part of Lavinia Dock's testimony and is taken from item numbered 811. For a longer and more in-depth description of Dock's perception of nursing challenges in other countries, see her address "International Relationships" reprinted in Sophia F. Palmer, Mrs. Hunter Robb, and L.L. Dock, "Proceedings of the First Meeting of the American Federation of Nurses," *American Journal of Nursing* 5, no. 10 (1905). Her speech appears on pages 679-686.

In Germany, these debates also played out in a larger context. Unlike the parliamentary hearing in London, which focused mainly on the state of nursing within the city, the meeting of the Imperial Health Advisory Board was made up of representatives from the various kingdoms, duchies, principalities, and free cities throughout the German empire. Logically, the topic of rural nursing surfaced far more often in the German discussions. German discussants of the proposed examination were still all physicians and bureaucrats clearly sympathetic to the perceived dangers of over-training and overregulation of nurses in the eyes of physicians, especially in rural areas. Dr. Phillips registered his objection to the term “nursing school” (Krankenpflegeschule) and wished to replace it with “particular tutorials” (besondere Unterrichtskursen) in order to accommodate those administrative districts with no nursing schools or ability to provide state-certified training, which he argued would create nursing shortages in rural areas.⁵⁷ Ultimately, the Imperial Health Ministry as a whole deemed a two year training program sufficient for combating the social ills of unregulated nursing and set the training requirement to one year in a state-approved training school.⁵⁸ Their ambivalence to the German Nurses’ Association is not surprising given it was only a year in the making. More surprising is the level of effect that the broader transnational professionalization movement had on the terms of the professionalization movement in Germany and the template for its reforms.

In Great Britain, the most progressive matrons had already anticipated the mutiny afoot in the Royal British Nurses’ Association (RBNA) when they founded a factional

⁵⁷ "Niederschrift über die Beratung die Ausschusses des Reichs-Gesundheitsrats für Heilwesen in allgemeinen u.s.w. am 2. August 1904, vormittags 9 Uhr über einen Entwurf von Grundsätzen, betreffend die Hebung des Krankenpflegewesens."

⁵⁸ Ibid., 4.

organization called the Matrons' Council in 1894; soon after, Ethel Fenwick and other nursing leaders were expelled from the RBNA in 1895.⁵⁹ Dr. Fenwick's public outburst at the special meeting of the RBNA in 1898 made clear how little value its member physicians as a whole placed upon their cooperation with the matrons and symbolized the final end of an alliance between supporters of nursing professionalization and the medical establishment. Dr. Fenwick claimed that the Privy Council ruling had set back the cause of nursing registration. However, it had also provided the "alienated matrons," as Fenwick called them, with a clearer sense of the gendered power dynamic between the matrons and the medical establishment that was resolved to hinder rather than help the cause of nursing professionalization. Having now severed ties with both the Nightingale supporters, the medical establishment, and their royal patrons, British nursing reformers looked outward, beyond national boundaries, for new allies in a transnational campaign for state registration.

The Imperial Health Advisory Board was also well aware of the tense parliamentary hearings in London, as it regularly received reports from the German State Department and Ministry of the Interior from the German embassy in London, which was collecting records of the parliamentary debates and progress on nursing reform in 1904-1905.⁶⁰ One such report from 26 July 1904 included the testimony of 32 well-known witnesses and concludes that nursing conditions were in need of reform and that a central administration of nursing registration is desirable without prohibiting the practice of non-

⁵⁹ Rafferty, *The Politics of Nursing Knowledge*, 64. The RBNA voted to rescind lifetime memberships, which effectively expelled the nursing leaders who had subsequently married or for other reasons retired from their positions as active hospital matrons. The "royal" in Royal British Nurses' Association was added to recognize the royal charter gained by the association in 1892.

⁶⁰ *Imperial German Embassy in London to Auswärtige Amt in Berlin*, R86: 1.5.1 Reichsgesundheitsamt (#1503-1504), Bundesarchiv, Berlin, Germany.

registered nurses.⁶¹ In May of the following year, the House of Commons extended its interviews of witnesses to Ethel Fenwick and American nursing reformer, Lavinia Dock, providing the British and German governments a sense of nursing reform and state registration campaigns in the United States and transnationally.⁶² The rapt attention to the British parliamentary activities shows that the British process—though ultimately unsuccessful—also influenced the German legislation in 1906. Furthermore, Dock’s testimony on state-by-state strategy of nursing registration probably resonated with the German parliamentarians, faced with a similar political structure. Since the German government would have had little knowledge of the Society of Superintendents, it is more likely that it learned of the eight states to pass nursing registration indirectly through Dock’s testimony and Agnes Karll’s representation of her.

A draft of the German bill to create a state examination for nurses was distributed to the individual German states in 1904, which attempted to establish the parameters for a trained and certified class of nurses. A nurse wishing to take the state exam was required to have a public school certificate and to pay significant examination fees of 44 Marks at a time when 50 Marks was a common *month’s* salary for nurses (though nurses belonging to orders received no salary). The fees were set to cover the honorariums and maintenance of the examination committee over the three days of the exam and to reimburse the medical institute for the costs incurred while hosting the examinations.⁶³

For comparison, in New York state, the nurse’s cost for registration was the equivalent of

⁶¹ *Report from the Select Committee on Registration of Nurses; together with the proceedings of the Committee, Minutes of evidence, and appendix* (26 July 1904), (London: Wyman & Sons, Limited, 1904).

⁶² "Report from the Select Committee on Registration of Nurses; together with the proceedings of the Committee, Minutes of evidence, and appendix," 30, 40.

⁶³ Kaiserliches Gesundheitsamt, "Vorläufiger Entwurf. Anweisung betreffend die Kommission zur staatlichen Prüfung der Krankenpflegepersonen.," in *R 86: Reichsgesundheitsamt* (Berlin: Bundesarchiv, 1904), 106-08.

25 Marks, but comprised less than forty percent of a *week's* wages in a hospital and even less than that for private duty nurses.⁶⁴ Thus, the ability of the proposed German reforms to realize their self-proclaimed intent of protecting physicians and the public from quackery and incompetence was questionable because the pool of candidates able to navigate such an examination process was quite small.

Although early twentieth century nursing regulation bills were limited by the still insufficient legal, economic, and professional power entrusted to nursing leaders, the degree of transnational awareness and mutual influence suggested that European and North American nursing reformers shared a common conception of what professional nursing should eventually be. During this time, personal connections among European and North American nursing reformers facilitated even greater means of transnational interaction and direct collaboration. For example, the royal patronage of the Princess Christian (and later the Queen's honor of a royal charter) was originally seen as a national source of legitimacy for the (now Royal) British Nurses Association that bridged the interests of physicians and nurses, distinct from those of Nightingale training schools or the majority of British physicians. However, this royal affiliation also broadened the appeal of professional nursing reform to other parts of Europe and provided an organizational model for national professional nursing associations. The Empress Fredrick (Vicky) of Germany, sister of the Princess Christian (Helena), became a Vice

⁶⁴ "Report from the Select Committee on Registration of Nurses; together with the proceedings of the Committee, Minutes of evidence, and appendix," items 807-20. Because her testimony was to the British Parliament the amounts are in pounds. Dock states that the registration amount is less than two pounds, and hospital wages for sisters were approximately five to eight pounds per week. She also adds that the examining committee is only paid for their time, not their expenses, so that would account for the significant difference in expenses between the German and American registration systems. According to R.L. Bidwell, *Currency Conversion Tables: A Hundred Years of Change* (London: Rex Collings, 1970)., the pre-World War I exchange rates were approximately 1 pound = 5 dollars = 20 Marks, so the 1 £ 1s registration fee would be just over half of the German fee.

President of the British Nurses' Association in 1889 "in evidence of the great interest she takes in the organization and objects," and from which a direct and lasting connection between the national British association and the German state was to be formed.⁶⁵ Despite the lack of a royal kinship network in the United States, the work of the British Nurses' Association also was brought there during the 1893 World's Fair in Chicago. Ethel Fenwick herself organized a "nursing section" similar to other professional congresses meeting there in tangent with the fair. She personally convinced Dr. John S. Billings, the American Chairman of the Hospital and Medical Congress, to add a subsection on nursing under the chairmanship of Isabel A. Hampton, nursing superintendent at Johns Hopkins. From this position, Hampton founded the American Society of Superintendents of Training Schools for Nurses in 1893, which would later be expanded to create a national nursing association in the United States.⁶⁶ The Matrons' Council, a British organization with similar ideological and organizational principles, appeared in London the following year, demonstrating that nurses were paying attention not only to other nursing associations within their national frames of reference but were also looking forward to a new generation of nursing reform based on transnational strategies for professionalization.

INTERNATIONAL SISTERHOODS

...a sisterhood of nurses is an international idea, and one in which the women of all nations therefore could be asked and expected to join. The work in which nurses are engaged in other countries is precisely the same as that in our own...We should today here inaugurate an international

⁶⁵ "Fifth Meeting Minutes, 12 April 1889," in *British Nurses' Association General Council Meeting Minutes, Royal British Nurses' Association* (London: King's College Archive, 1889), 33. The Empress Fredrick was Queen Victoria's eldest daughter and namesake, the Crown Princess Vicky, therefore also the elder sister of British Nurses' Association president, the Princess Christian (Helena).

⁶⁶ Dolan, "1893-1912: Fusing the Past for Future Action," 5-6.

council of nurses...which shall afford to those countries the information acquired in England and America in the progress and development of our work, aiding them with our experiences, helping them to avoid the difficulties which we have met.⁶⁷

--Ethel Fenwick, Address to International Council of Nurses, 1899

A spirit of internationalism seemed to be contagious in the 1880s and 1890s. The International Council of Women (ICW) was first proposed and organized by Elisabeth Cady Stanton and Susan B. Anthony in 1888 after touring France and Great Britain in 1882-1883 to meet and exchange ideas with women reformers in Europe.⁶⁸ The first International Congress of Women brought women together at the World's Fair in Chicago (1893) from around the world to exchange ideas on various issues of social, political, and professional reform. The ICW was then organized as a federation of national associations with Anglo-American interests dominant in both numbers and influence. Yet, affiliated associations from beyond the British Empire—past and present—provided the most dynamic avenues through which new professional connections and wider ranging transnational networks were spread; and the ICW came to envision itself as the coordination center for a federation of national women's associations which were founded in response to its mandate.⁶⁹

⁶⁷ Ethel Bedford Fenwick, *Address to the Matron's Council Conference* (1 July 1899) reprinted in Barbara L. Brush and Melyn Stuart, "Unity Amidst Difference: The ICN Project and Writing International Nursing History," *Nursing History Review* 2 (1994): 195.

⁶⁸ Leila Rupp, *Worlds of Women: The Making of an International Women's Movement* (Princeton: Princeton University Press, 1997), 15. The founding of the International Committee of the Red Cross in 1864 had since prompted numerous affiliated women's associations throughout Europe. And the World Women's Temperance Union created a formal precedent for such an independent international organization for women in 1884. While this early generation of international women's associations sought broad membership, their platform remained rather conservative and tried to be less overtly political. More radical organizations would follow in the 20th century. The International Suffrage Alliance of Women (later International Woman Suffrage Alliance) in 1904 and the Women's International League for Peace and Freedom in 1915 both split off peacefully from the ICW to pursue narrower political agendas.

⁶⁹ At the time of its founding at the 1893 World's Fair in Chicago, no such national women's associations existed in any country but Canada. By the second meeting in 1899, Germany, Sweden, Great Britain,

The International Council of Nurses (ICN) was one of several daughter organizations that represented a particular dimension of the broader transnational collaboration among middle class women dedicated to social and professional reform. It was proposed at the second annual conference of the (British) Matrons' Council in 1899, which was scheduled in tandem with the International Congress of Women in London. The Matrons' Council was a small association of less than a hundred current and former British hospital matrons led by Ethel Fenwick and Isla Stewart, which had extended invitations and honorary memberships to sympathetic foreign members of the ICW with connections to the nursing profession in their own countries.⁷⁰ This international association proposed to offer both a standard definition of a “trained nurse” and a means of self-monitoring the nursing profession.⁷¹ For nurses, a significant rise in transnational collaboration resulted from the formation of national nursing associations, the participation in international congresses and meetings, the proliferation of professional journals and cross publication, and the coordinated channeling of nationalism into the service of a transnational nursing professionalization agenda. This section will depict how an ideological investment in “international sisterhood” allowed German nurses to become part of a vast network of national and international women’s associations while pursuing a narrower course of nursing professionalization at state and local levels.

The Anglo-American Model of International Sisterhood among Nurses

At the outset, the goals of the ICN reflected the particularly Anglo-American experience of nineteenth-century nursing reform and Ethel Fenwick made clear in her

Denmark, the Netherlands, Australia, and of course Canada, had been entered in the register as charter members.

⁷⁰ "The Matrons' Council Conference," *The Nursing Record and Hospital World* 23, no. 588 (1899): 29.

⁷¹ Breay and Fenwick, *History of the International Council of Nurses, 1899-1925*, 7.

opening remarks (excerpted above) that she did not envision international collaboration among equal members, but assumed from the start that Anglo-American nursing traditions would be the standard to which all other national delegations aspired.⁷² The mutual respect between North American and British nursing reformers was rooted in their early experiences with the Nightingale system, their effective ostracizing of religious nursing orders, and the growing authority of elite nursing school matrons over the standards and practice of nursing. However, Fenwick's apparent confidence in the self-evident superiority of Anglo-American nursing was belied by the extent to which she had orchestrated the first public proposal of the International Council of Nurses during an invitation-only session of the (British) Matrons' Council rather than the international congress itself, and to which the primary standard bearers of the Anglo-American nursing tradition were recognized as the American superintendents. Fenwick frequently expressed her admiration for the American Society of Superintendents of Training Schools that provided the model for her own Matrons' Council and for the Nurses' League at Johns Hopkins' Hospital that inspired the professional League at St. Bartholomew's Hospital.⁷³ Lavinia Dock, an American delegate to International Congress of Women and now honorary member of the Matrons' Council, simply concurred, "The Matrons' Council believes in and advocates the things which American nurses believe in and advocate."⁷⁴ Though, she also added that the deplorable practices,

⁷² Given that Great Britain had the only unified national nursing organization at the time and the two antagonistic American organizations would necessarily need time to merge, the charter for the ICN was not set to be ratified and in effect until 1904. It is doubtful that these nurses realistically considered that more members would be able to join them as charter members.

⁷³ L.L. Dock, "As Others See Us. Nursing in England," *The Nursing Record and Hospital World* XXIII, no. 606 (1899): 396; "Nursing Organization," *The Nursing Record and Hospital World* XXIII, no. 602 (1899): 313.

⁷⁴ Dock, "As Others See Us. Nursing in England," 396.

such as hiring out probationers for private duty nursing, against which the British nurses were so strongly fighting, “is now in America fast disappearing” due to the fierce opposition of American superintendents.⁷⁵

The independently held beliefs of American Society of Superintendents and British Matrons’ Council that they were the vanguard of early twentieth-century nursing reform created occasional competitive tensions between them but were more often channeled into their attempts to differentiate their shared markers of success from the lack thereof in the continental European nursing traditions. The Matrons’ Council conference, held in tandem but not as a part of the International Congress of Women, provided Fenwick with a self-selected audience of British members, honorary foreign members, and invited guests numbering about 200.⁷⁶ As one of the founders and recognized leaders of the Matrons’ Council, Fenwick had there an unfettered stage for performing a well-coordinated, but seemingly spontaneous, call for the application of the international spirit of sisterhood to nursing—according to her terms. Dock later recounted that she “inquired why none of [the German matrons] were present at the Congress, and was told that...[they] were not encouraged to appear!”⁷⁷ This was not for lack of German women attending the congress or their disinterest in questions of professionalization, as a German speaker was present in every section of the congress program and the German member association, the BdF, demonstrated significant interest

⁷⁵ Ibid.

⁷⁶ “The Matrons’ Council Conference,” 28-29.

⁷⁷ _____, “Nursing in Germany,” 248. Dock visited Germany as well as Great Britain during her trip to Europe for the International Congress of Women in 1899. She was deeply interested in the state of German nursing, which she found to be much less understood by American nurses than the British system.

in the entrance of women into professional roles at this time.⁷⁸ Few nurses from other European nations were welcomed either, and all but one of the women invited to join the Matrons' Council as honorary members were from either North America or the British Empire.⁷⁹

Second, when a provisional committee was nominated to create a constitution for the newly formed International Council of Nurses, it was comprised of twelve women from the British Empire, six from the United States, two each from Canada and Holland, and one from Denmark. At the first planning meeting, held before the congress delegates left London, it was agreed that the British delegates would meet independently to compose the constitution of the ICN with foreign members having the opportunity to provide feedback on the draft.⁸⁰ Ironically, the composition of the ICN constitution solely by British committee members was not considered a contradiction to its proposed "view to making the Council as efficient and representative as possible" because the British leadership seemed genuinely to believe that they represented the unanimity of the international nursing community.⁸¹ A letter to the editor of the *Nursing Record* signed "Another Old Pupil" suggested, "No thinking woman who attended the Nursing Sessions at the Congress—and especially the Matrons' Council Conference—could fail to realize the fact of how universally the teaching of the [Nursing] RECORD has been accepted and

⁷⁸ Countess of Aberdeen and Temair Ishbel Gordon, ed. *The International Congress of Women of 1899*, 7 vols. (London: T.F. Unwin, 1900); Schaser, "Women in a Nation of Men: the Politics of the League of German Women's Associations (BDF) in Imperial Germany, 1894-1914," 256. See Tables of Contents. Although German women are least represented in the Professional Section, this was more likely because the Section was administered by Ethel Fenwick than because of a lack of interest, since according to Schaser, the BdF (League of German Women's Associations) devoted two of its five founding objectives to aiding women in particular professional pursuits (medicine, secondary education, and poor relief).

⁷⁹ The one exception was a nurse from Holland.

⁸⁰ "Conference of Provisional Committee," *The Nursing Record and Hospital World* XXIII, no. 588 (1899): 33.

⁸¹ Ibid.

has produced a consensus of opinion.”⁸² Another letter from “Legislator,” praises the Congress for “bringing out the unanimity of feeling which prevails between members of the nursing profession all the world over.”⁸³ While these letters seem to an extent to be self-selected and often overly profuse in their praising of the editor (Ethel Fenwick) and her associations, in this cause they also demonstrate an acute lack of awareness of the diverse interests of nurses both within and beyond Great Britain.

Finally, the superficial and exaggerated display of international consensus by British nursing leaders was an attempt to conceal the deep anxieties and frustrations of British matrons over their own marginalized efforts at nursing professionalization. The most famous achievement in British nursing reform had been the Nightingale system of hospital training schools, but since Fenwick’s own campaign was founded upon such a virulent critique of the Nightingale system and Florence Nightingale’s personal role in opposing the state registration and professionalization of nursing, Fenwick was always intentional about how she invoked the Nightingale legacy. During the International Congress of Women, Nightingale sent a personal note to the Nursing Section of the conference, which thanked them for the progress they have made setting an example of “what women should be” and offering God’s blessings upon them.⁸⁴ It was an uncontroversial message marking what would have been a conspicuous absence at the star-studded congress in Nightingale’s own city, but the necessary response proposed by Ethel Fenwick during the Matrons’ Council conference reflected careful and strategic

⁸² Another Old Pupil, “The International Council of Nurses. To the Editor of the ‘Nursing Record,’ ” *The Nursing Record and Hospital World* XXIII, no. 589 (1899): 59.

⁸³ Legislator, “Legislation. To the Editor of the ‘Nursing Record,’ ” *The Nursing Record and Hospital World* XXIII, no. 589 (1899): 59.

⁸⁴ “The Nursing Session at the International Congress,” *The Nursing Record and Hospital World* XXIII, no. 588 (1899): 23.

thought about how she characterized the relationship between the Nightingale legacy of the past and the professionalization movement of the future. Expressing the nurses “warm appreciation for her kind and inspiring letter,” Fenwick’s reply simply provides an unexpectedly respectful acknowledgement of the gesture; but the addition of their “earnest desire to uphold the high standard which she has placed before the Nursing Profession” exemplifies a budding strategy by Ethel Fenwick to appropriate the legacy of Florence Nightingale to her own ends.⁸⁵ Her reference to the “high standards” related to the “Nursing Profession” demonstrates Fenwick’s method of feigning ignorance at the obvious juxtaposition between her campaign for nursing as a profession, certified by a three year training program and state register, and Nightingale’s one year training program and opposition to professionalization and state registration.⁸⁶

Using Florence Nightingale or the Matrons’ Council as evidence of British superiority was also a complicated endeavor abroad. While the letter to the editor rightly considered the broadly transnational audience of *The Nursing Record* a credit to British nursing leadership, it also meant that the readership abroad was well-versed in Fenwick’s regular tirades against all that is wrong with British nursing in her efforts to call for substantive legislative reform. Both Lavinia Dock and Ethel Fenwick acknowledged the challenges facing English nursing in the November 11, 1899 issue of *The Nursing Record*, in which Dock recognized the American perception that English nurses were “perpetually quarreling and are all divided up into factions.”⁸⁷ The Nightingale legacy seemed similarly unpersuasive when, as Lavinia Dock reasoned, “Germany comes first,

⁸⁵ Ibid.: 28.

⁸⁶ Ibid. Fenwick continued this strategy even after Nightingale’s death when she re-envisioned her as a symbol of collegiate education and professionalization for nurses.

⁸⁷ Dock, “As Others See Us. Nursing in England,” 395.

both in my observations, and because it is from the German forms that the English and our own nursing systems have developed.”⁸⁸ Thus, to credit Nightingale with the model for all other hospital training schools is to then credit Theodor, Friederike, and Caroline Fliedner of the Kaiserswerth Institute with its organization and discipline.⁸⁹

German Nurses and the International Sisterhood

At the end of the International Congress of Women in 1899, ICW President May Wright Sewell gave her congratulatory comments on the creation of the International Council of Nurses. She pondered aloud, “Now let us see what an International Council of nurses would mean.”⁹⁰ Among her answers: “If you start this movement, every one of these affiliated National Councils will get an impulse to bring the nurses of their own country into that National Council, and then through them, all National Councils of Nurses into the International Council.”⁹¹ For the German delegation to the ICW, this message was almost prophetic. German nurses were conspicuously absent from the congress program in 1899, but not for a lack of concerned and active nursing reformers and matrons outside the international association and its affiliates. As previously described, Agnes Karll was already engaged in providing affordable insurance policies for unaffiliated and Red Cross nurses through Deutsche Anker even before she was aware of contemporary foreign nursing reforms.⁹² Meanwhile, Lavinia Dock recorded her praise in her travel accounts for the Hamburg Nursing Sisters and the Victoria House in Berlin, which she deemed to meet with the essential organizational and efficacy standards

⁸⁸ _____, “Nursing in Germany,” 246.

⁸⁹ Ibid.

⁹⁰ “The Matrons’ Council Conference,” 31.

⁹¹ Ibid.

⁹² Sticker, *Agnes Karll: Die Reformerin der deutschen Krankenpflege. Ein Wegweiser für Heute zu ihrem 50. Todestag am 12. Februar 1927*, 102-04.

of Anglo-American nursing schools. She went on to provide a sketch of an organization of lay sisters at the Victoria House in Berlin, a nursing institution founded by the Empress Frederick, under the influence of Nightingale, as a respectable and intellectually stimulating hospital and home for educated women under the direction of a female matron and offering a laundry list of enviable benefits.⁹³

A couple years later, as Anglo-American nurses gathered in Buffalo, New York, for a second ICN planning conference in 1901, Agnes Karll took note of a pamphlet, *The Social Position of the Nurse*.⁹⁴ The pamphlet was written by a Victoria House-trained nurse, Elizabeth Storp, and it had a significant impact on the public perception of nursing exploitation in Germany. In 1902, Karll met for the first time with League of German Women's Associations (BdF) members, among whom were Storp and Marie Cauer, the nursing matron at San Remo hospital and stepdaughter of Minna Cauer.⁹⁵ By this time, Karll seemed prepared to follow Minna Cauer's original advice to organize a professional association with the support and cooperation of her new nursing colleagues.⁹⁶ After presenting a paper for the first time at the 1902 national meeting of the BdF, Karll worked with Marie Cauer to write a constitution for a German nurses' association based on the mandate for national nursing associations codified in the proposed ICN

⁹³ Helmholz, "The Victoria House, Berlin," 286-87; Dock, "Nursing in Germany," 247-48. Sisters at the Victoria House received free theoretical and practical training lasting one year, freedom of religious preference, a graduated salary, a private bedroom, free room, board, and laundry, a pension and social insurance plan, and three to four weeks vacation annually. The Empress Frederick was Queen Victoria's daughter Vicky, who was a long-time correspondent of Florence Nightingale.

⁹⁴ Boschma, "Agnes Karll and the Creation of an Independent German Nursing Association, 1900-1927," 151.

⁹⁵ Barbara L. Brush, *Nurses of all Nations: a History of the International Council of Nurses, 1899-1999* (Philadelphia: Lippincott, 1999), 27-28. San Remo hospital is in present day Italy, but was the vacation destination of the Prussian crown prince and princess.

⁹⁶ Sticker, *Agnes Karll: Die Reformerin der deutschen Krankenpflege. Ein Wegweiser für Heute zu ihrem 50. Todestag am 12. Februar 1927*, 102.

constitution and on the precedents of the BdF and other national women's associations.⁹⁷

For the nurses, the BdF introduced them into a vast transnational network of allies and strategies brought together under the umbrella of the International Council of Women—just as May Wright Sewall had predicted, but much sooner than her Anglo-American colleagues had believed. Had not the German delegation been so active in the ICW abroad while being currently occupied with questions of nursing reform back home, their establishment of the German Nurses' Association in 1903 and charter membership in the ICN in 1904 would not have been possible.⁹⁸

Such a quick turn of events must have been at the very least surprising to the British and American nurses.⁹⁹ As Dock and Stewart's *A Short History of Nursing* recalled, "The German nurses, who had so difficult a step to take in organization, carried registration through in a surprisingly short time and with comparatively little

⁹⁷ Boschma, "Agnes Karll and the Creation of an Independent German Nursing Association, 1900-1927," 155-57. Unaffiliated nurses included any nurses that were not part of a religious order or the Red Cross. They were often derogatorily called "Free Sisters," "Free Nurses," "Wild Sisters," or "Wild Nurses" interchangeably. Since the numbering of the congresses began with the Berlin Congress of 1904, all members present there were considered founding members.

⁹⁸ Ibid.: 154. Since the numbering of the ICN congresses began with the Berlin Congress of 1904, all national nursing associations establishing their compliance with ICN mandates were invited to be charter members in Berlin. The chronology in the ICN's early years is otherwise extremely confusing. The founding of the ICN in 1899 refers to the meeting of the British Matrons' Council, in which the idea of an international association was first proposed and agreed upon. In 1900, a committee meeting in London was held to create a constitution and propose officers but included only provisional committee members. After circulating the proposed constitution, By-laws, and organizational scheme, there was an irregular (not part of planned 5 year cycle) but official congress in Buffalo, New York, in 1901, in order to formally prepare for the first regular quinquennial ICN congress in Berlin in 1904 and in order to raise support for the new organization in the United States and Canada.

⁹⁹ Breay and Fenwick, *History of the International Council of Nurses, 1899-1925*, 10. The meetings of provisional committees and the first official international congress at Buffalo, New York, in September 1901, provided ample opportunities for leaders to codify the ICN as an essentially British and American organization. Prior to 1904, the nurses in attendance were primarily from the United States and Great Britain with a few delegates from other parts of the British Commonwealth and Holland. The full list of members at this point included: Great Britain (8), United States (6), Canada, Australia, and Holland (2 each), and New Zealand (1).

opposition.”¹⁰⁰ In 1904, an editorial in *The British Journal of Nurses* suggested that holding the first International Congress of Nurses in Berlin would provide the opportunity to bring the gift of scientific nurse training to the land of Friederike Fliedner and to “help them reform themselves in the image of Anglo-American nurses.”¹⁰¹ While the author was probably Fenwick, even she likely recognized by then the exaggeration inherent in such a claim. After all, a signed letter from Fenwick to BdF leader Marie Stritt dated January 28, 1904, expressed similar sentiments but toned down the condescending language significantly in writing, “The Trained Nurses of Great Britain and America will be a numerous party—and we hope to learn much of our work in the land of Friederika Fliedner of blessed memory.”¹⁰²

Early ICN leaders continued to believe that their association would provide an Anglo-American model of professional nursing reform for the rest of the world to emulate; and given the qualifications they had established for admittance into the ICN, they would be alone in Berlin as the charter members of the ICN. Still, Agnes Karll graciously accepted the ICN’s decision to hold the congress in Berlin and took charge of arranging the logistical details and playing social hostess at the conference. She was naively new to international women’s associations and transnational nursing reform, but she saw the Berlin Congress was an opportunity to join a circle of internationally well-known and well-respected women. She fully embraced the opportunity for international cooperation and found Germany able to benefit from the American lessons. According to a modern scholar, Agnes Karll envied the “unity of the American and English nursing

¹⁰⁰ Lavinia Dock and Isabel Stewart, *A Short History of Nursing* (New York: Putnam, 1931), 256.

¹⁰¹ Brush, *Nurses of all Nations: a History of the International Council of Nurses, 1899-1999*, 24.

¹⁰² Ethel Fenwick, "Letter to Frau Stritt, 28 January 1904," in *Helene Lange Archiv* (Berlin: Berlin Landesarchiv, 1904).

organizations [that] contrasted greatly with the narrow-minded ‘caste’ mentality of the German nursing leaders”.¹⁰³ Yet, at the Berlin Congress, Karll became quickly aware that her colleagues, especially the British nurses, also had their own deeply ingrained social hierarchy of nursing in their minds. Karll found herself placed near the bottom, perhaps just above the working-class and religious orders, whom they would not allow to join at all.

The initial success of the German Nurses’ Association in joining the ICN was overshadowed by longer held prejudices against the German nursing tradition. The German Nurses’ Association represented an uncomfortable contradiction in the ideology of the ICN because the ideological premise of the international association was so tightly tied to the agendas of Anglo-American nursing leaders. British and North American nurses pursued professionalization in opposition to physicians, hospital administrators, and sometimes the state. Continental nursing reformers oriented their professional reforms against what they saw as the domination of religious orders and Red Cross motherhouses, but considered physicians, hospital administrators, and the state as potential allies. Yet, in Germany, nurses actually held a middle position between the willingness and ability to pursue Anglo-American reforms and alliances, and the hesitancy toward alienating potential nursing allies from among the majority of nursing associations still affiliated with religious institutions or the Red Cross.

THE MARKERS OF TRANSNATIONAL COLLABORATION

For much of the nineteenth century, confessional institutions such as the Kaiserswerth Deaconess Institute, private organizations such as the Nightingale hospital

¹⁰³ Boschma, "Agnes Karll and the Creation of an Independent German Nursing Association, 1900-1927," 160.

schools, and social welfare associations such as the Red Cross, created a sense of moral and professional respectability for women in nursing. The Protestant deaconesses of the Kaiserswerth Institute had established nursing as a calling distinct from the practice of medicine—a particularly female role of caretaking and holistic management of a patient's well-being beyond the treatment of disease and injury. Nightingale nurses emphasized their autonomy from male clergy and physicians in pursuing a socially-laudable form of nursing based upon women's moral character and willingness to engage in administration and manual labor. Aristocratic volunteers of patriotic women's associations, later unified under the banner of the Red Cross during the Franco-Prussian War, introduced patriotism and nationalism as ideological signals of nurses' respectability and social status. However, by the 1890s, none of these associations were equipped to handle the growing demand for competent civilian nursing services and unaffiliated nurses were looking to broaden the metaphorical sisterhood of nursing beyond the grasp of church and state.

The German experience departed from the Anglo-American model of nursing professionalization, which assumed the presence of a well-educated and influential stratum of middle-class matrons and superintendents in hospital training schools. Nevertheless, German nursing leaders were able to capitalize on nursing reforms initiated at the upper levels of state bureaucracy in order to similarly display markers of nursing professionalization and which provided them with perhaps even greater awareness of the ideological utility of international sisterhood for German nurses working to overcome the next stage of challenges against German nursing professionalization.

International sisterhood became a metaphor encompassing the broad support for “enlarged borders, [so] that the various units working in solitary places, and powerless as

single individuals, were consolidated into an organization forceful for the good of their profession.”¹⁰⁴ It at once paid homage to the religious sisterhoods that pioneered nursing reform in the past and also robbed them of their rhetorical power to ensure the respectability, community, and security of their female members. Likewise, the bonds of “international sisterhood” imagined political and professional solidarity among women in the growing number of internationally affiliated women’s movements. Such a complex ideological construct as “sisterhood” was not natural but purposefully created out of the spectacle of international gatherings, the normality of professional publications, the deployment of competitive nationalisms, and the dynamics of personal and professional relationships and dialogues.

As Lavinia Dock suggested, many women were not drawn to the London Congress out of a preconceived political or professional commitment, but rather because they were individually “curious to see what a great congress of women would be like” or because, by chance, they were already in London.¹⁰⁵ The attraction and legitimacy of the international congresses clearly rested upon the presence of well-recognized leaders in the women’s movement, such as Susan B. Anthony and Elizabeth Cady Stanton, who were regularly featured in the advertisements for the congress program.¹⁰⁶ When Clara Barton was nominated as a member of the American delegation to the congress, a full page story was published in *The Nursing Record*, which likened her reputation for service to the Red Cross with those of the German Empress, the Grand Duchess of Baden, and

¹⁰⁴ "Editorial. The International Congress of Women," *The Nursing Record and The Hospital World* XXII, no. 586 (1899): 490.

¹⁰⁵ Palmer, Robb, and Dock, "Proceedings of the First Meeting of the American Federation of Nurses," 680.

¹⁰⁶ "Editorial. The International Congress of Women," 490.

the Japanese Empress.¹⁰⁷ The promised spectacles continued with the Queen's reception of some foreign delegates, Florence Nightingale's invitation to foreign nursing leaders for tea in her home, and all the conference participants receiving a commemorative photo of Queen Victoria and an opportunity to see her in person as she agreed to drive by at a designated time.¹⁰⁸ Although none of these famous women played a significant role in the nursing professionalization movement in the early twentieth century, their symbolic gestures of goodwill were used by international nursing leaders to draw attention and legitimacy to their cause through the implied support of the famous figures.

A more substantive strategy for garnering the support of nurses for transnational collaboration and an international council of nurses was the practice of cross-publication, the practice of reprinting, translating, or commenting upon the content of foreign nursing associations, meetings, and publications. Nursing journals were central to the legitimacy of the professionalization movements—nationally and transnationally. Not only were professional journals a classic marker of the established male professions, but the practice of printing and distributing papers, speeches, and programs abroad was the key to maintaining the transnational relationships among women in the international women's movement given that international congresses remained infrequent for financial and logistical reasons.

For nurses, the advent of cross-publication was already evident by the second volume of *The Nursing Record* (1889), a letter to the editor read: "There is an American

¹⁰⁷ "Miss Clara Barton. The American Nightingale," *The Nursing Record and Hospital World* XXII, no. 563 (1899): 30.

¹⁰⁸ Countess of Aberdeen and Temair Ishbel Gordon, ed. *International Council of Women. Report of Transactions. The Second Quinquennial Meeting*, 7 vols., vol. 1, The International Congress of Women of 1899 (London: T.F. Unwin, 1900), 174-75; "Two Queens," *The Nursing Record and Hospital World* XXIII, no. 588 (1899): 34. This is clearly what Florence Nightingale had in mind when she criticized nursing for becoming too fashionable.

paper called *The Trained Nurse*...it has done us the honour to copy, word for word, the prospectus of this journal as its own production, and many extracts from articles from these pages...Its original articles are good and sparkling."¹⁰⁹ Another reader thanked the editor in 1899 for the journal's consistent support of nursing education and registration, which she had been following from abroad for four years.¹¹⁰ These letter writers demonstrate that from the beginning of professionally-oriented nursing reform, the audiences for publications of ideologies and practices reached far beyond national borders. American nurses had been paying such rapt attention to British reform efforts that they could recognizably adopt British publication and association practices as their own. British nurses were likewise so engaged with nursing developments abroad that they could tell an American nurse that *she* was "rather late in the field" for not knowing that an American nursing association in emulation of the British Nurses' Association was already underway.¹¹¹

More than anyone, Lavinia Dock utilized cross-publication by sending articles and translations on American or German nursing to *The Nursing Record* even before the *American Journal of Nursing* was in print. Her articles and translations focused on facilitating a deeper understanding of foreign nursing ideologies and practices. She was particularly interested in German nursing and was eager to balance her enthusiasm for offering "Anglo-American" style reform with diminishing the negative stereotypes held of German nurses in Anglo-American countries. Her regular segment started in the *American Journal of Nursing*; Dock continued to appear frequently in the British (and

¹⁰⁹ "Nursing Echoes," *The Nursing Record* II, no. 52 (1889): 200.

¹¹⁰ "Across the Seas. To the Editor of 'The Nursing Record,'" *The Nursing Record and Hospital World* XXIII, no. 599 (1899): 259.

¹¹¹ "Nursing Echoes," 201.

later the German) nursing journals through a mutual practice of reprinting relevant articles and announcements.¹¹² Both British and American nursing journals reprinted the conference proceedings of their foreign colleagues, in part or full; and when the German nursing journal *Unterm Lazaruskreuz* debuted in 1906, it too adopted the custom of featuring as many relevant American and British pieces as it could reasonably afford to translate and print.¹¹³ All three national journals had a standing segment for brief foreign news announcements or correspondence. In addition, *Unterm Lazaruskreuz* frequently featured articles translated from the British or American journals, and German leaders contributed regularly in English to the *American Journal of Nursing* and the *Nursing Record/British Journal of Nursing*.

Of course the increasing level of transnational interaction and mutual understanding during the decade before and after the turn of the twentieth century also inspired competitiveness and strained the rhetoric of sisterhood among national nursing associations. As the discussion of state registration bills indicated, each legislative body and the interest groups lobbying for them were actively watching the processes play out abroad. Pro-registrationists benefitted from their negative comparisons of the British parliament to the administrations of its semi-autonomous colonies. The increasing numbers of nursing representatives from South Africa, New Zealand, Australia, and India were a bittersweet commentary on the successful spread of British nursing reforms

¹¹² Attention to foreign nursing matters became institutionalized in nursing journals by such segments as “Our Foreign Letter” and “The American Nursing World,” which appeared in *The Nursing Record*, or “Foreign News” and Lavinia Dock’s “Foreign Department,” which appeared in the *American Journal of Nursing*.

¹¹³ Agnes Karll, editor of *Unterm Lazaruskreuz*, was frustrated by an exchange with Ethel Fenwick, in which the latter thought Karll was not reprinting enough British material in her journal. Karll replied that she was the only member of her office staff who could properly translate English articles into German and could only print more if Fenwick sent them already translated or paid for the translations to be contracted out.

through the empire and the embarrassing lack of progress still extant in the metropole.¹¹⁴

While the initial legislative successes of American superintendents remained weaker than those proposed by the British nurses, they were also emboldened to follow the precedent of the medical profession in incrementally raising the standards dictated by the existing registration laws. Like their American colleagues, German nurses benefited from physician support for nursing registration and were able to attain basic legislation early in the movement. However, their limited success in raising the state standards for registration and the continued influence of physicians on the examination boards caused German nurses to become the displaced target for British resentment of American nursing progress, which had surpassed its own early in the twentieth century.

Thus, the metaphor of sisterhood was never descriptive of an egalitarian relationship among similarly progressing national nursing associations and their leaders. Rather, international sisterhood represented a transnational strategy to channel the assurances of respectability and social welfare already established by religious and patriotic sisterhoods of the nineteenth century into internationally-influential professional and political sisterhoods for nurses in the twentieth century. The transnational dynamic of the early twentieth century arose out of older models for local, national, and international women's associations and demonstrated that nursing professionalization need not be bounded by the limitations placed on women by their nation-states and

¹¹⁴ Ethel Fenwick, "Editorial: State Registration of Nurses in Queensland," *British Journal of Nursing* XLVIII, No. 1247 (24 February 1912): 141. Fenwick congratulates the nurses in Queensland for gaining a state registration law, but also complains, "we have to remember that in the United Kingdom where the movement for State Registration of Trained Nurses was first advocated, nurses have still no legal status. The movement has spread to the four quarters of the globe, proving that it voices a universal need. At the Antipodes, in our own Colonies, in America, in Africa, the right to recognition is accorded to our colleagues. The legislation for which nurses have been asking, working, and towards the promotion of which they have been subscribing for the last quarter of a century, is now long overdue."

political systems. The International Council of Women, its relations, and the International Council of Nurses came to represent a space for nurturing the metaphorical bonds of sisterhood that made possible a vision and platform for collaborative female professionalization movements to proceed around the world. However, they also institutionalized the deeply-held exclusions, prejudices, and antagonisms of the elite transnational nursing leadership, which would return to undermine the progress of nursing professionalization in the almost immediate future.

CHAPTER FIVE

“THE RELATION OF THE NURSE TO THE WORKING WORLD”: PROFESSIONALIZATION, CITIZENSHIP, AND CLASS BEFORE THE FIRST WORLD WAR¹

On 26 June 1913, Lavinia Dock gave her final address to the American Nurses' Association. Her paper, "The Status of the Nurse in the Working World," challenged the notion of middle-class exclusivity aimed at setting nurses of respectable means apart from—and in fact above—the working class.² Dock called on nurses to jettison this nineteenth-century legacy and to instead recognize the tripartite demands of the worker—"education, hours of work, wages"—as issues of shared relevance between professional nurses and the world of workers. She justified her radical support of protective labor legislation by criticizing "the sentiment too often skillfully suggested by hospital directors personally interested, that a 'profession' must not become tainted with 'trade unionism'...[which would] destroy professional ethics" as being manipulative and self-serving.³ Dock's support for cross-class unity reflected a broader disillusionment with middle-class models of male professionalization. Male professionals, especially physicians, were no longer reliable allies in nursing reform efforts by the 1910s. As a result, the imagined ideal of male middle-class professionalization was being adapted into a model particularly suited for professional women.

¹ A modified version of this chapter appears as an article in the forthcoming *Nursing History Review* (New York: Springer Publishing, 2010). Thank you to the publishers for allowing use of the material here and to the editor, Patricia D'Antonio, and the anonymous reviewers for their constructive and generous feedback.

² Lavinia Dock, "The Status of the Nurse in the Working World," from "Proceedings of the Sixteenth Annual Convention of the American Nurses' Association," *American Journal of Nursing* 13, no. 12 (1913): 971. Dock suggested in her address that the paper should more accurately be called "The Relation of the Nurse to the Working World," capturing the ambiguity that characterized nurses as workers and professionals.

³ *Ibid.*: 972-75.

Dock's suggestion that nurses were being exploited by hospital administrators made palatable, to international nursing leaders and working nurses alike, the formerly inconceivable idea that nurses would embrace working-class alliances over professional solidarity with physicians and administrators. At the same time that Dock remained devoted to education and women's enfranchisement as the primary paths to professionalization, she was also integrating tenets of protective labor legislation into the foundations of nursing professionalization. This message holds significance not for its foresight or effectiveness, but because it reflects how gender, class, and nation-state formation had vastly complicated the transnational nursing professionalization movement by the second decade of the twentieth century even while the movement was preparing to embark on a new path.

In the decade before World War I, the International Council of Nurses (ICN) and the transnational professionalization movement it represented had reached the height of their collaborative success in pursuit of state registration for nursing. Registration was a logical strategy for nurses to follow based on the professionalization patterns of physicians, lawyers, and professors in Europe and the contemporary professionalization efforts of the female-dominated occupations such as social work, elementary education, and midwifery.⁴ In the quarter-century prior to World War I, nursing registers were developed in 22 of the 26 German states,⁵ 32 of the 48 American states, and various other

⁴ Henry Bonham-Carter, *Is a General Register for Nurses Desirable?* (London: Blades, East and Blades, 1888), 1. Bonham-Carter quotes the BNA, representing the nursing position, as claiming "that nursing is a profession as Medicine and Law are professions; but that it is not acknowledged as such; and that the legal registration of Nurses is the only means by which Nursing can be established as an acknowledged and legally constituted profession."

⁵ Agnes Karll, "The Results of State Registration for Nurses in Germany," in *Third Regular Meeting of the*

nation-states belonging to the ICN.⁶ Great Britain, however, still had no such system of nursing registration prior to World War I.⁷ However, this uneven attainment of nursing registration between 1909 and 1912 challenged the ideological unity among nursing leaders in Great Britain, the United States, and Germany.⁸ Because nursing leaders saw professionalization as an ongoing campaign to establish national associations, training schools, nursing registration, and postsecondary education, the potential for transnational collaboration diminished as their common goals and measures of success became more reliant on the particular laws and policies of individual nation-states. Consequently, the agenda of the transnational movement for nursing professionalization was increasingly shaped by changing ideas about national identity, citizenship, and class within women's associations and professions.

By 1912, efforts to design and implement postsecondary educational programs were at the forefront of the professionalization movement. By that point, however, state registration had changed the relationship between female nurses and the state in unintended ways and had fueled growing tension in their international collaborations. Because the most outspoken nursing leaders had come to see that the legislative processes required for registration relied upon state cooperation and that raising the bar of

I.C.N [AN1069], ed. I.C.N, *Adelaide Nutting History of Nursing Collection* (Cologne: 1912), 42.

⁶ "Proceedings of the Fifteenth Annual Convention of the American Nurses' Association (5-7 June 1912)," *American Journal of Nursing* 12, no. 11 (1912): 890.

⁷ Hester Viney, "The State in Relation to the British Nurse," *American Journal of Nursing* 30, no. 8 (1930): 1019. The British Parliament first implemented a system of nursing registration in 1919.

⁸ Barbara L. Brush and Mervyn Stuart, "Unity Amidst Difference: The ICN Project and Writing International Nursing History," *Nursing History Review* 2 (1994): 198-99. Brush and Stuart argue that professional ideology neutralized political and demographic differences among nurses in the ICN and quote Ethel Fenwick as claiming that nurses were "happily untroubled by national considerations." While they rightly depict the role of professionalization as a foundation for ideological unity in the ICN, the period between the attainment of state registration and the outbreak of World War I was also characterized by increasing recognition of the central role of the nation-state in nursing professionalization.

professional requirements would become continually more difficult unless women gained political influence, they ended up pursuing an agenda emphasizing national priorities and political citizenship, including women's suffrage, as critical forms of leverage in the interest of nursing reform.⁹

At the same time, some nursing reformers were distracted from an exclusive focus on the traditional goals and tactics of professionalization. Overwork, illness, and social insecurity were becoming dire problems for many working nurses, who could no longer be ignored by the international nursing leaders hoping to forge cross-class bonds of sisterhood and a common professional identity among nurses. The lack of cross-class unity was a particularly dangerous threat as unaffiliated local and national nursing organizations turned to working-class strategies of protective labor legislation and broader nursing recruitment, which undermined the middle-class leadership of the transnational movement.

On both fronts, the implementation of registered nursing systems required nurses to adapt to the increasingly divergent political climate and opportunities within nation-states; they simply could not continue to sustain a common transnational model of nursing based upon a shared sense of professional identity and goals. Instead, they began to proceed on the courses most adapted to their national context at the time.

Nursing and the Emergence of Twentieth-Century Nation-States

At the turn of the twentieth century, both well-established and newly-founded

⁹ For more on the relationship between nurses and the state, politics, and feminism, see Cynthia Anne Connolly, "Beyond Social History: New Approaches to Understanding the State of and the State in Nursing History," *Nursing History Review* 12 (2004): 5-24; Sandra Lewenson, "Of Logical Necessity . . . They Hang Together": Nursing and the Woman's Movement, 1901-1912," *Nursing History Review* 2 (1994): 99-117.

nation-states grappled with the changing face of modern citizenship. Economically, industrialization and urbanization had created labor unrest and growing working-class consciousness, which led eventually to greater government regulation of labor practices and social welfare provisions. Politically, these economic conflicts and solutions created the foundation for a new type of politics that moved governments toward the enhancement of the state's power and obligation to protect the safety and welfare of its workers and consumers.

The extent and nature of state power and social welfare programs varied greatly among Great Britain, Germany, and the United States. Historians have noted that there was no automatic or easy connection between economic development and political development.¹⁰ Industrialization began earliest in Great Britain, yet the British state still resisted universal suffrage for men of lesser means and all women through the early twentieth century. Labor organizations, militant suffragettes, and colonial uprisings throughout the vast British Empire weakened the once confident national identity of the British people and the ruling elite of the state. The liberalism that had been touted by sectors of the British elites throughout the nineteenth century gave way to a series of concessions that introduced expanded enfranchisement, protective labor legislation, and the beginning of a state welfare system.¹¹ Yet the registration of nurses remained an

¹⁰ This is the central argument of the classic text, David Blackbourn and Geoff Eley, *The Peculiarities of German History: Bourgeois Society and Politics in Nineteenth-Century Germany* (Oxford: Oxford University Press, 1984). See pages 75-90 for Eley's explicit discussion of how the German bourgeoisie was able to meet its goals within a semi-authoritarian state and without the particularly British constellation of bourgeois revolution, liberalism, and democracy.

¹¹ See the classic work of George Dangerfield, *The Strange Death of Liberal England* (Stanford, CA: Stanford University Press, 1935) or a more contemporary analysis from Jose Harris, *Private Lives, Public Spirit: Britain: 1870-1914* (Oxford: Oxford University Press, 1993).

elusive goal for a group that lacked the professional consensus, consistent message, and powerful lobbying capabilities of the opposing hospital administrators and physicians.¹²

Germany's transformation to an industrial nation came later in the nineteenth century, but the German government was much quicker to implement labor legislation, offer social welfare provisions, and extend universal male suffrage than both Great Britain and the U.S., although the motivation and extent of these gestures has been much debated. In Germany, political unification came about in 1871 with the end of the Franco-Prussian War, and a major industrial boom followed shortly thereafter. Having defeated Austria, Denmark, and France, the Prussian state was able to expand its borders, incorporating some swathes of land against the preference of their inhabitants, and in the end securing for itself a dominant position within a unified German nation-state and empire ruled from Berlin. The awkward combination of power concentrated in the hands of the emperor and the concession of many important powers to the individual German states (*Länder*) undermined national unity and orderly administration, but it also provided a space for political liberalism and progressive reform to develop locally in an otherwise authoritarian leaning national state.¹³

The decentralized governing structure of Imperial Germany, comparable to the United States federal system, made the practical implementation of state registration for trained or educated nurses particularly challenging. In contrast to the situation in Great Britain, the passage of a Prussian state registration bill in 1906 was in large part due to

¹² Robert Dingwall, Anne Marie Rafferty, and Charles Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1988), 83.

¹³ Andrew Lees, *Cities, Sin, and Social Reform in Imperial Germany* (Ann Arbor: University of Michigan Press, 2002), 398-99; Blackbourn and Eley, *The Peculiarities of German History: Bourgeois Society and Politics in Nineteenth-Century Germany*, 200.

the early and independent support of German doctors. In other German states, attitudes toward nursing regulation varied greatly with some states already in the process of creating certifications and examinations, while others insisted that such regulations were either dangerous or unnecessary.¹⁴ When the same physicians blocked later attempts to increase the required training period from one to three years because they viewed it as a threat to their own interests, female nursing leaders were forced to acknowledge the insufficient level of political influence they could wield against medical practitioners and administrators.¹⁵ As an adaptation, nursing reformers brought their campaign to the professionally and maternally oriented women's movement, which had learned to effectively deploy socially acceptable discourses of maternalism and charity that drew on feminized ideologies of social motherhood and domesticity to disguise conflicts with the state over women's increasing visibility in the public sphere.¹⁶

As in Great Britain, political pressure in the United States made government leaders hesitant to depart from its free market framework and they resisted the

¹⁴ Kaiserliches Gesundheits-Amt. Abteilung II. Akten betreffend: Krankenpflege (vom Anfang September 1904 bis Dezember 1907), Band 4 siehe Fortsetzung Band 5, Medizinalwesen XV, No. 1., German Federal Archives, Berlin. Prussia was the leader in state registration, but was hardly representative of the diverse approaches taken by the German states to nursing regulation. For example, Hamburg had recently passed a nursing law in 1902, which provided for the standardization of entrance examinations and training school certificates, but found completion certificates and physician recommendations to make post-training examinations redundant.¹⁴ By contrast, Mecklenburg-Schwerin supported an examination, but believed that most free sisters were rejects from religious or patriotic orders and that their certification amounted to the legalization of quackery.¹⁴ In Baden, the government had no intention of pursuing certification or examination since less than 10 percent of its nurses were unaffiliated and the health ministry knew of no complaints against nurses in its jurisdiction.¹⁴

¹⁵ Kaiserliches Gesundheits-Amt. Abteilung II. Akten betreffend: Krankenpflege (vom Anfang September 1904 bis Dezember 1907), Band 4 siehe Fortsetzung Band 5, Medizinalwesen XV, No. 1., German Federal Archives, Berlin. These archival records include an ongoing dialogue among bureaucrats in the Imperial Health Ministry and physicians interested in the cause of nursing registration, but reflect little input from the German Nurses' Association or other nurses as individuals or groups.

¹⁶ See Ann Taylor Allen, *Feminism and Motherhood in Germany, 1800-1914* (New Brunswick: Rutgers University Press, 1991); Kathleen Canning, *Gender History in Practice: Historical Perspectives on Bodies, Class, and Citizenship* (Ithaca: Cornell University Press, 2006).

development of welfare state institutions. American feminists, however, had gleaned valuable knowledge from their trans-Atlantic correspondence and collaboration and began to offer maternalist arguments for the improvement of nursing and for government involvement in the registration of nurses.¹⁷ The key differences in American and European women's appeals to their natural maternal capacities was that American women more urgently saw such strategies as making demands that would lead to women's suffrage, full citizenship, and control over a system of state welfare and social reform.¹⁸ Female social reformers of the Progressive Era (1890-1913) in the United States saw suffrage, social reform, and control of their personal and professional lives as intimately connected.¹⁹ While a small group of German social reformers joined their American counterparts in a movement of social justice feminists, the explicit introduction to political reform was not characteristic of German nursing reformers or continental European social reformers more generally.²⁰

Even with no overt political campaign for suffrage, the emergence of welfare state institutions and a re-emergence of political liberalism around a progressive state interventionist strategy at this time in Europe created alternative opportunities for German maternalist feminists to shape the roles available to women in the new industrial

¹⁷ Kathryn Kish Sklar, Anja Schüler, and Susan Strasser, *Social Justice Feminists in the United States and Germany: A Dialogue in Documents, 1885-1933* (Ithaca: Cornell University Press, 1998), 23.

¹⁸ For comparative analyses of the relationship between women and the emerging welfare state and related strategies of maternalism, see Seth Koven, *Slumming: Sexual and Social Politics in Victorian London* (Princeton: Princeton University Press, 2004); Gisela Bock and Pat Thane, *Maternity and Gender Politics: Women and the Rise of the European Welfare States, 1880s-1950s* (London: Routledge, 1994)..

¹⁹ Sandra Beth Lewenson, *Taking Charge: Nursing, Suffrage, and Feminism in America, 1873-1920* (New York: National League for Nursing, 1996), 29-33.

²⁰ See Sklar, Schüler, and Strasser, *Social Justice Feminists in the United States and Germany: A Dialogue in Documents, 1885-1933* for a full-length study focused on the relationship of American and German social justice feminists.

economy. But rather than focus on suffrage, German feminists instead gravitated toward an ideology of women's importance based upon their differences rather than an assumption of their commonalities with men.²¹ For example, the associations under the umbrella of the League of German Women's Associations often tackled issues of women's sexuality, social welfare programs, and professional opportunities for women to an extent not seriously considered or implemented in the United States until the New Deal of the early 1930s, which was long after the attainment of suffrage in either the U.S. or Germany.²²

The federalist structure of the United States government presented many of the same obstacles to nursing reform and professionalization efforts as was the case in Germany. In both cases state registration was under the purview of individual state rather than federal jurisdiction, meaning that nursing reformers had to pass their registration and regulation bills through not just one legislative process, but 48 separate legislatures. However the decentralized nature of the American and German states may have been advantageous to nursing reformers in the sense that a few successful examples could provide compelling evidence in the campaigns in other states. For example, the passage of state registration in the largest and most powerful German state of Prussia was followed by all but a few purposely resistant states within two years.²³ Meanwhile, in Great Britain, the all-or-nothing system of focusing on the national government created

²¹ Lees, *Cities, Sin, and Social Reform in Imperial Germany*, 296.

²² See Robyn Muncy, *Creating a Female Dominion in American Reform, 1890-1935* (New York: Oxford University Press, 1991).

²³ The Imperial Registration Act of 1909-1910 called for nursing registration throughout the German Empire, but its implementation was still being stalled by the states of Bavaria, Baden, Oldenburg, and Mecklenburg as of 1912.

the more formidable burden of persuading the Parliament to implement a national register.

In short, British, German, and American nursing leaders were all excluded from the political process necessary for the state regulation of nursing, but their responses to such exclusions reflected unique national traditions of broader professional development and political representation. For British nurses, nursing regulation was a national question that led them to adopt a strategy of pressuring potentially-sympathetic male physicians and MPs to introduce the cause of nurse training and registration in the British Parliament. German nurses found male politicians and medical bureaucrats on the state and federal levels to be collaboratively—if not uniformly—engaged with legal and social questions of nursing regulation, but found it difficult to influence a process already in motion. Since American physicians and politicians showed no autonomous support of nursing regulation and the legislative process was dispersed among the federal states, American nursing reform can be characterized as more elite-driven, but essentially local, as it built up support for its regulation platform through individual institutions and a growing grassroots network of alumnae, physicians, and benefactors. Each national context presented its own perils and challenges for the transnational professionalization movement in the early-twentieth century.

Professionalization through Registration

The ICN's successes over its first decade had brought a sense of great accomplishment and pride as nurses began to see the fruits of their faith in a democratic, feminist, and transnational nursing tradition of their own making. Nevertheless, national political challenges would continue to undermine it before the war. In 1909, the ICN

Congress returned to its institutional origins in London in what was planned to be a grand celebration of the triumphant success of nursing professionalization throughout its member countries, but especially in the nation of the ICN's founding and leadership—Great Britain. Florence Nightingale was honored for her early connections to German and American nursing traditions and her transnational influence on nursing reform. Later in the day, Isabel Hampton Robb of the United States urged a resolution in favor of state registration and proclaimed the growing sentiment that “the last word on State Registration had been spoken”²⁴—a reference to the recent wave of successful nursing registration bills in ICN member nations, and in various U.S. and German states.

However, the 1909 London International Congress of Nurses also marked a point of transition for the ICN and the transnational nursing professionalization movement it represented. The ICN shifted its organizational center from Great Britain to Germany in terms of both leadership and location. The contrast between the jubilant backdrop of the 1909 London Congress and the more subdued 1912 Congress in Cologne is striking. Ethel Fenwick, the organization’s founder and first president (1904-1907), fell short of realizing her triumphant vision of British state registration and regulated training requirements even after the London Congress. The eventual disappearance of celebrated British and American personalities symbolically brought to a close the era of reform dedicated to improving hospital training schools and implementing state registration. A new era began that was focused on professional unity, political engagement, and postsecondary education. In fact, several prominent nursing leaders from the British

²⁴ Margaret Breay and Ethel Gordon Fenwick, *History of the International Council of Nurses, 1899-1925* (Geneva: International Council of Nurses, 1931), 52-53.

Empire and United States most closely identified in continental Europe with nursing reform had died between the two meetings, most notably Isabel Hampton Robb; Isla Stewart, a founding member of the ICN from Great Britain; Clara Barton, well-known volunteer nurse in the Franco-Prussian War and founder of the American Red Cross; and Florence Nightingale, who continued to be honored by the organization in spite of their disagreements over state registration and women's suffrage.²⁵

Furthermore, state registration in all member states no longer seemed imminent, as Great Britain, the center of registered nursing campaigns for over two decades, still had no state-sponsored registration system. The significance of this setback was not lost on Ethel Fenwick. In the first 1912 issue of the *British Journal of Nursing*, her front page editorial outlines the agenda for the new year, including her plea that a state registration bill be passed before the international congress in Cologne, so that British nurses could meet their international colleagues "with the right to use a legal title, instead of still being forced to own that, though the registration of trained nurses was first proposed in this country, others have outstripped us in attainment."²⁶

Deaths and defeat for British nurses were clearly not what Agnes Karll had hoped for during her presidency, but elevating German nursing to the international prominence of British and American nursing was one of her primary goals. In February 1912, she wrote to American leader Lavinia Dock, "I always meant this Congress *to be the turning point for German nursing*. As I can tell Germany about the College for Nurses on 1st of March in Berlin and afterwards in Cologne the year 1912 may mean a great deal for our

²⁵ Ibid., 90.

²⁶ Ethel Fenwick, "Editorial. Nurses and the New Year," *British Journal of Nursing* 48, no. 1240 (1912): 1.

profession in Germany.”²⁷ Her other writings reaffirm again and again her hope that the 1912 Congress would facilitate a “turning point” for German nurses who sought to join Great Britain and the United States as recognized partners in the international nursing professionalization movement.

The Cologne Congress was also a turning point for the ICN nurses more broadly. Divisions between members now able to speak on the effects of state registration and those who had no such success to speak of sparked an escalated sense of competition among national members. Nurses wishing to showcase their progress in creating postsecondary nursing programs clashed with those wishing to stay focused on improving training and examination. As the fruits of the first major victory became apparent, the sense of unity and common purpose started to decay. International leaders remained committed to fostering “sisterhood” and transnational professionalization, but their pursuit of state registration as the primary goal of nursing reform demanded state-specific strategies, choices, and compromises that diluted their common vision for the professionalization of nursing.

By 1912, the expectations of nursing leaders no longer focused predominantly on state registration and three-year training schools. Rather, the Cologne Congress marked the consolidation of a new path in nursing professionalization that built on the goals of the past but placed much greater emphasis on building a shared professional identity, female political participation, and higher professional education. German nurses in particular intended to demonstrate to the international community their preparedness to

²⁷ Agnes Karll, “Letter to Lavinia Dock, 7 February 1912,” in *Agnes Karll Briefe* (Berlin: Agnes Karll Archiv, 1912).

strengthen the regulatory policies of the German state, support of women's suffrage, collaborations with their national and the international women's movement, and commitment to implementing education beyond a three-year nurse training course.

Professionalization through Education

By the early twentieth-century, the established pillars of professionalization were organization, state recognition, and education. While state registration had taken priority in the association's first decade, the ICN leadership always viewed it as a stepping stone toward the higher ideal of professional education. In the organizational phase of the ICN, founder and British nursing leader Ethel Fenwick described the vision for their association:

I claim that the time has come when nurses need their educational centre, their endowed colleges, their chairs of nursing, their university degrees, and State Registration, and the present seems the psychological moment to come to the public, not as strangers, but as professional workers known and trusted through the length and breadth of the land, and to urge that, as nurses pour out on its behalf a skill and devotion for which gold is no real recompense, the public shall now prove its appreciation and interest in the noble work of nursing by giving something of its wealth to place nursing education and the status of trained nurse on a strong financial basis.²⁸

With the symbolic attainment of state registration and the growing acceptance of women in colleges and universities, nursing leaders called for a significant shift in the goals of nursing reform toward a growing list of educational mandates.

The first foray of nurses into postsecondary education came in 1899 with a course in Hospital Economics offered at Teacher's College, Columbia University. The course was not specifically in nursing, but instructed nursing superintendents in how to teach

²⁸ Mrs. Bedford Fenwick, "A Plea for the Higher Education of Nurses," *Address to the International Congress of Nurses, Buffalo, New York* (1901).

nursing subjects in a training school.²⁹ Over the next decade, this program was incrementally expanded as Adelaide Nutting gradually introduced nursing into the academy and went from part-time instructor to the first Professor of Nursing in 1907, and head of the new department of Nursing and Health in 1910. Nutting's major priorities included revising the three-year curriculum in nursing, separating nursing schools from hospitals, and gaining the recognition of universities for nursing education.³⁰

Meanwhile, Nutting and other American nursing leaders were consulted by a group of physicians in Minnesota seeking to reform medical education along similar lines and who, at the urging of Dr. Richard Olding Beard of Minnesota, added a School of Nursing to their plans for a university-based medical school at the University of Minnesota. The first university-based School of Nursing the University of Minnesota opened in 1909 under Superintendent Bertha Erdmann. The Minnesota school was tied closely to the nursing leadership at Teacher's College, Columbia University. On her appointment as superintendent, Erdmann was sent immediately to Teacher's College for graduate education until the Minnesota school opened.³¹ Her successor, Louise Powell, also highlighted the connection between the University of Minnesota and Teacher's College, as she was chosen for the position based on the recommendation of Nutting, who had been her mentor.³²

As president of the ICN from 1909 to 1912, Agnes Karll paid close attention to educational trends in the United States. The International Education Committee of the

²⁹ "Teacher's College, Columbia University, New York," *American Journal of Nursing* 3, no. 6 (1903): 33.

³⁰ James Gray, *Education for Nursing: A History of the University of Minnesota School* (Minneapolis: University of Minnesota Press, 1960), 15-16.

³¹ Ibid., 19-20.

³² Ibid., 22.

ICN received a prime time slot on the Cologne conference program. The committee's pairing with Karll's own report on the effects of State Registration gave attendees the distinct impression that the president was symbolically celebrating the success of one phase in nursing professionalization while she launched the ICN on to the next. Her own plan to expand postsecondary nursing education in Germany, despite barriers to the entrance of women and nursing into the universities, was modeled closely on Teacher's College and was finally realized in the opening of a postsecondary program in nursing at the Women's College of Leipzig in 1912. For Karll, this program was the "crowning achievement" of German nursing professionalization.³³ As she described it:

The purpose of training is to give state registered nurses with at least five years of practical experience (of which at least three years were spent in a hospital) the opportunity both to deepen and to expand their specialized and general knowledge, in order that they are able to satisfy the demands that are put before matrons and ward supervisors...the theoretical training is provided at the College for Women in Leipzig.³⁴

Because of the stratified system of German education, secondary and postsecondary trade or professional training programs existed alongside universities, and carved out a respectable niche for nursing at these alternative educational institutions. Of course, this would later have negative ramifications, since nursing developed its preparatory tradition outside the university system, where it largely remains today.³⁵ Since university degrees were signature symbols of social capital and professional

³³ Agnes Karll, "Jahresbericht der B.O.K.D.," *Unterm Lazaruskreuz: Mitteilungen der Berufsorganisation der Krankenpflegerinnen Deutschlands* VIII, no. 6 (1913): 1.

³⁴ _____, "Ausbildung von Krankenpflegerinnen zu Oberschwestern und Oberinnen und für soziale Arbeit an der Frauen-Hochschule Leipzig (Entwurf)," in *Personal papers of Agnes Karll* (Berlin: Agnes Karll Archive, 1912), 1.

³⁵ While a college or university degree does have greater prestige than one from other postsecondary educational institutions, many technical occupations, like nursing, are offered in other institutions.

credibility, the exclusion of nurses from the German university prior to 1908 prevented some of the upward social and professional mobilization of nurses that took place subsequently in the United States and Great Britain. From the perspective of 1912, however, German nurses saw the founding of a theoretical and practical training program in the context of a postsecondary education program as a major step forward that kept them competitive with other members of the transnational professionalization movement. The discussions surrounding the College for Women in Leipzig demonstrated that the university programs in the United States had opened the door to a new era in nursing professionalization, in which collegiate education would begin to edge state registration out of the limelight. For German nurses, this was a short-lived tenure at the helm of the transnational nursing reform movements before their progress was eclipsed by World War I.

Political circumstances inhibited nursing programs from developing in universities, yet the space made available in the College for Women served as a platform for integrating preparation and theoretical instruction similar to those in the advanced nursing education programs of other countries. Karll describes the nursing curriculum at Leipzig as “mandating comprehensive social and legal, pedagogical, scientific, historical, literary historical and philosophical lectures and practicum.”³⁶ More specifically, this curriculum prepared nurse superintendents with three levels of biology, hygiene, chemistry, and physics, plus various history, psychology, discipline-related sciences, and practical courses in discipline-related social welfare and law. Furthermore, at the time,

³⁶ Karll, "Ausbildung von Krankenpflegerinnen zu Oberschwestern und Oberinnen und für soziale Arbeit an der Frauen-Hochschule Leipzig (Entwurf)," 1.

this program was considered an advanced course aimed at nurses already equipped with experience equivalent to a three-year practical training program. At the end of the four semesters, a diploma would be issued to students who successfully completed all coursework, complied with character expectations, and passed the final examination.³⁷

In all three national cases, the combined power of state registration and higher education was twofold: first, it both bestowed a recognized guarantee of social respectability and professional qualification, and second, it acted as a gatekeeper to determine who could aspire to such status. While the public recognition of nurses' respectability and professional skills were already part of an earlier generation's program of reform, the subsequent generation was even more fixated on raising the level of exclusivity, experience, and expertise required to become part of the nursing profession. The transnational professionalization movement in nursing seemed close to attaining state and educational guarantees of enhanced professional status, but the practical considerations of instilling a unity of purpose and a shared identity among nurses of varying backgrounds and experiences proved more difficult. As nurses found out, a strategy that called on the nation-state to be the arbiter of respectability and capability also called on groups of nurses within each nation-state to forge a common vision of nurses as female professionals and citizens.

Professionalization through Suffrage

The emphasis on state registration that dominated nursing reform from the late 1880s to the 1910s in Great Britain grew out of conversations among both physicians and

³⁷ Ibid., 2-3.

nursing matrons. As previously discussed, nursing reform was taken up by physicians, politicians, and nurses in the 1880s, but opinions differed over whether regulation of nursing should remain under the purview of hospitals or be taken over by an independent external body such as the state or an autonomous nursing association.³⁸ In the early years of the British Nurses' Association, Dr. and Mrs. Bedford Fenwick had poured a great deal of their efforts into bringing supportive physicians into the association. In a speech in 1887, Ethel Fenwick stated, "A great crisis has come for the Nursing Profession, and no steps can be taken to meet it without the assistance and advice of leading medical men." She ended her speech with a reference to the by-laws of the British Nurses' Association that discussed the potential number of physicians in the governing bodies of the association, so that "*the medical profession may always have a controlling voice in the management of the Association.*"³⁹

Compared with Ethel Fenwick's speeches and actions later in her life, this early support for physician intervention seems truly out of character. However, the British Nurses' Association did have an executive committee comprised of both physicians and matrons, where physicians filled the ranks of vice presidents and exerted various means of influence over the association, including membership for all interested "medical men," physician and surgeon approval over the terms of registration, and essentially veto power by the "medical men" as a group against measures proposed within the association.⁴⁰

³⁸ For a more extensive discussion of these debates within the medical community, see Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London: Routledge, 1996), 48-67.

³⁹ Ethel Fenwick, "Speech about the Founding of the British Nurses' Association," in *Royal British Nurses' Association Collection* (London: King's College London Archives, c. 1887).

⁴⁰ "British Nurses' Association. Draft Bye-Laws" (*to be confirmed at General Meeting on Friday February 24, 1888*), General Council Minutes, Royal British Nurses' Association Collection 1/1, King's College

Typical of nineteenth-century strategies in nursing and professional reform, the attainment of broad membership and alliances was meant to grant legitimacy and acceptance for new pursuits in the short term, though in the long term it often had the effect of pushing pioneering women reformers to the periphery of their own movements.

Even in the short term, the strategic incorporation of physicians in the British Nurses' Association had done little to diminish the overall opposition of the medical community to state registration. By the time the principle of state registration was widely accepted enough for a bill to reach Parliament, debates over implementation and standards split the fragile collaborative relationship apart, leading to several new nursing organizations independent of physician interests. Conflicts between nurses and physicians/hospital administrators made clear to female nursing reformers that it was physicians who had the ear of legislators and parliamentarians, and in some cases were the unreceptive MPs themselves.

As nurses experienced marginalization from the political process of regulating their own work and qualifications, many became more convinced of the need for suffrage as a foundation for professionalization. This gravitation toward endorsement of women's suffrage was a marked ideological shift from the earlier era of Nightingale nursing schools and the International Red Cross, which tried to elevate the role of the nurse above politics. Still, as early-twentieth century nurses incorporated women's suffrage into their existing platform for educational reform and state registration laws, they found it increasingly difficult to solicit the support of working nurses for their professional

associations and goals.⁴¹ The very nature of state registration campaigns demonstrated to nurses that elevating their role as nurses could only be attained through politics and that their exclusion from the political process was undermining the attainment of their original objectives.

German nursing leaders of the late imperial era (1880-1918) intuitively recognized this dilemma of being caught between the political citizenship that promised them greater influence over their own professional regulation and the social citizenship that had already secured their legitimate and respected role in imperial German welfare institutions. Because the nursing professionalization movement to some extent based its strategies on the emulation of male professions such as medicine, education, and law, it is not surprising that attaining political citizenship through suffrage and education was a central tenet of the new generation of nursing reform.

Agnes Karll was much less vocally or publicly devoted than other ICN leaders to the cause of suffrage in her own country. In a letter to Lavinia Dock dated 14 September 1911, she wrote that the suffrage movement had not yet established a significant foothold among German women and she feared, “If I had not to be so careful in the interest of our nurses, I would talk much more about it, but I needt risqué [sic] to make enemies for them,” suggesting that open advocacy of the position would alienate some potential members of the German Nurses’ Association or its male supporters. But she also went on to state, “I feel more strongly every day, that [in Votes for Women] lies the only help for our ghastly conditions...I shall be at the front, if the real fight for Votes should begin in

⁴¹ Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987), 142.

Germany in my lifetime. I am sure of that.”⁴²

As members of the International Council of Women, through which nursing leaders first collaboratively discussed and founded the International Council of Nurses, Ethel Fenwick and Lavinia Dock were characteristically sympathetic to the cause of suffrage. They were also not hesitant to use the ICN as a platform for advocating women’s suffrage. Fenwick regularly edited a column in the *British Journal of Nursing* called “Outside the Gates,” which focused on the political position of nurses as women and disenfranchised citizens.⁴³ Dock used her column in the *American Journal of Nursing* as well to highlight news from the suffrage movement, but her introduction of a resolution supporting suffrage to the ICN created open drama in the 1909 international meeting. The first resolution failed because a few American delegates were unsure of the propriety of endorsing a political position on behalf of colleagues who had not been asked their opinion on the issue.⁴⁴ The hesitancy of others to follow the lead of Fenwick and Dock reflected the contentiousness of the issue of women’s suffrage among nurses at this time. Although suffrage was a popular cause, many nurses believed that open and public agitation for it would undermine their sense of moral authority, social respectability, and, more pragmatically, professional alliances with male reformers.

But for Dock, suffrage was in no way an issue to be left for the future. In her May 1912 column in the *American Journal of Nursing*, she called on American nurses to come

⁴² Agnes Karll to Lavinia Dock, 14 September 1911, AKA.

⁴³ “Outside the Gates,” *BJN* 48, no. 1242 (20 January 1912): 51; this example expresses a suffragist’s response to an anti-suffrage press statement belittling women’s ability to contribute to victory in war. “Outside the Gates,” *BJN* 48, no. 1244 (3 February 1912): 94, includes several events reported for their association with the cause of women’s suffrage and advice was given for dealing with anti-suffrage methods.

⁴⁴ Breay and Fenwick, *History of the International Council of Nurses, 1899-1925*, 55.

together to unanimously support the suffrage resolution to be introduced in Cologne (and to avoid another embarrassing debacle of a suffrage resolution being both submitted and defeated by American nurses). She offered that Great Britain and Ireland had already committed their delegates to the cause and that state registration and suffrage were closely linked, with six nurses [suffragettes] in Great Britain currently in prison for “the cause of setting women free.”⁴⁵ The rest of the column detailed the imprisonment of militant suffragettes in England and alluded to the growing gulf between “our lordly Law-makers” and decent women, further insinuating to nurses that the ringleaders against these suffragists were rumored to be medical students from Guy’s and London Hospital—two institutions notoriously opposed to the cause of state registration.⁴⁶

In tying the lack of women’s suffrage to the exploitation of nurses, Dock was able to rally the support of some nurses to the cause of suffrage and some suffragists to the cause of nursing professionalization. This twin strategy characterized the new generation of nursing leaders, who had put their faith in the ICN and the transnational movement it represented, and had also pursued a unique direction in nursing reform that was present neither in the generation before nor in the one after it. Still, the gradual alignment of the nursing reform movement with the suffrage movement was not without its perils, and often further marginalized nursing leaders from physicians, administrators, and even many working nurses.

By the time of the 1912 Congress, the position of the German Nurses’ Association and ICN under Karll’s leadership on the issue of suffrage was still ambivalent because of

⁴⁵ Lavinia Dock, "Foreign Department," *American Journal of Nursing* 12, no. 8 (1912): 656.

⁴⁶ Ibid.: 657.

her conscious and overt hesitation to alienate any potential supporters to the cause of professionalization. Nevertheless both the publications of the International Council of Nurses and German Nurses' Association provided ample space for suffragists to make their case under Karll's administration. The increasing openness with which suffrage was discussed in nursing circles and the strategic alignment of nursing interests with those of the international and national women's movements led to a gradual acceptance of suffrage as a necessity for the nursing professionalization movement rather than a distraction from nursing reform efforts. Whereas the 1909 Congress in London had been marked by the continued influence of older nursing ideologies that emphasized the moral authority, social respectability, and essentially apolitical nature of proper nurses, the 1912 Congress passed a pro-suffrage resolution with barely a ripple of dissent.

Despite their increased radicalization on the issue of suffrage, nurses were wary of the class implications of demanding labor legislation similar to those benefiting working-class industrial laborers. Pursuing professionalization validated claims to living wages, insurance, and pensions without losing their sense of middle-class respectability. However, without organizational unity among all nurses and the backing of the state, claims to professionalization could cause a backlash from recognized male professionals if not tempered by a gender-specific ideology that continued to infuse ideas about professionalization with ideas about female moral capacity and caretaking ability. Yet nurses still realized in the course of their reform work that their exclusion from suffrage and full citizenship hampered their efforts and held them at the mercy of the male professionals who dominated discussions on professionalization and state regulations.

By characterizing nursing as a particularly female profession, reformers also built

upon a sense of nursing autonomy in which they claimed that nursing was not a medical profession and thus did not present a threat to the authority of doctors, but at the same time should not be controlled by doctors. Creating a professional identity for nurses was a project with roots far back into the nineteenth century; the explicitly professional concept of nursing, which now emphasized collegiate education and state recognition at the Cologne Congress, showed an intentional distancing from such nineteenth-century concepts as “social motherhood.”⁴⁷ It gravitated instead toward an ideological mixture of equal rights feminism, socioeconomic and racial superiority, and commitment to educational advancement.⁴⁸ Together, these characteristics depicted a new concept of the female professional, one in which an educated woman of middle-class background would gain recognition as a good nurse through her educational experience and scientific training. National and international nursing leaders saw it as their priority to downplay references to respectable women’s innate nursing capacities. Indeed they hoped that such notions would be thoroughly extinguished by legislation that would require minimum standards for nurse training and examination, and by an increased sense of professional loyalty among nurses rather than to particular doctors or institutions. In pursuing such an agenda, however, nursing leaders often alienated themselves from the nurses they hoped to represent and exacerbated the underlying ideological conflicts within nursing and early twentieth-century health care more broadly.

Professionalization through Social Welfare and Labor Legislation

⁴⁷ See Allen, *Feminism and Motherhood in Germany, 1800-1914*.

⁴⁸ See Leila Rupp, *Worlds of Women: The Making of an International Women’s Movement* (Princeton: Princeton University Press, 1997); Sklar, Schüler, and Strasser, *Social Justice Feminists in the United States and Germany: A Dialogue in Documents, 1885-1933*. Both provide an overview of the historical, political, and economic context from which these women’s transnational collaborative relationships arose.

In 1912, C. W. Saleeby, a British doctor and author, observed, “The modern nurse... may be of widely variable social antecedents, and the public has not yet learnt whether to regard her as an ally, if not almost an equal, of the doctor—or, on the other hand, as a domestic servant, who gives herself airs.”⁴⁹ The significant variation in the class background and social status of nurses that Saleeby observed was an ongoing challenge to professionalization.⁵⁰ Superintendents or matrons, who managed staff nurses in hospital or other institutions, were usually of an educated middle-class background, had completed a three-year course of training, and constituted the elite stratum of nurses who could afford the time and money to write papers and travel internationally on behalf of their professional cause.⁵¹ The workers under their management worked physically and mentally strenuous hours as nurses and probationers in hospitals and private duty; they may have felt their situation was better represented by industrial labor organizers in opposition to, rather than in alliance with, the higher-class superintendents.

Although national and international nursing associations claimed to represent all nurses within their scope, only graduates of three-year training programs were eligible for membership in the national councils (and therefore the ICN). Given that nursing

⁴⁹ M.B., "Professional Review. Modern Surgery and Its Making: A Tribute to Listerism, by Dr. C.W. Saleeby," *British Journal of Nursing* 48, no. 1247 (1912): 154.

⁵⁰ Jean Quataert, "Introduction 2: Writing the History of Women and Gender in Imperial Germany," in *Society, Culture, and the State in Germany, 1870-1930*, ed. Geoff Eley (Ann Arbor: University of Michigan Press, 1996), 57. Carole Adams is quoted as arguing that the “rewards of professionalization favored class solidarity over feminist collaboration.” As evidence, Adams illustrates the collusion of bourgeois women with male clerks against working-class women. This was yet another example of “respectable” women consciously distinguishing themselves from their working-class counterparts and the more radical feminist commitments of socialist women.

⁵¹ A superintendent (American), matron (British), or Oberin (German) is a nursing manager for a hospital or institution. They are higher in rank than an Oberschwester or ward sister, which more closely approximates a department manager. I will attempt to use the term that fits geographically with the reference, or superintendent as the generic.

registration in Germany required only one year's training and few three-year programs existed, Karll thought this requirement exacerbated artificial divisions among nurses committed to reform rather than unifying them to work for their shared cause. Three-year programs were common enough in Great Britain and the United States that nursing leaders had little sympathy for nurses who did not join one of their affiliated professional associations. The frustrations on both sides of the divide spilled out on the pages of the British and American nursing journals. In 1912, for example, a series of letters between nurses and the editor of the *British Journal of Nursing* made these tensions clear. A nurse who identified herself as A.C.F. first wrote to the British editor,

Can you tell me how I am to attend the International Congress at Cologne?—I do not belong to a League. If I went “on my own” should I be recognized—and be invited to social functions? I am a great believer in international intercourse between classes of workers—but at the hospital where I trained we were discouraged from joining any nurses’ societies, and from reading the professional nursing journals.⁵²

The editor's response stated that the treatment of nonmembers had not yet been decided, but that all three-year-trained nurses should join the Society for the State Registration of Trained Nurses or its Scottish or Irish counterparts.⁵³ Two weeks later, another letter was printed in the journal from “One who loves unity,” suggesting that the editor’s response did not sufficiently recognize the pressures working nurses felt about joining a professional organization:

I dare not belong to the Society for State Registration because our Matron and Committee do not approve of it. ...It does seem unfair that we nurses in England seem to be the only ones who have no freedom of action—in every other country in the world, even China and Japan, they are not such serfs as we are. When the

⁵² A.C.F., “The Cologne Congress” (Letter to the Editor), *BJN* 48, no. 1241 (13 January 1912): 37.

⁵³ “The Cologne Congress” (Response to Letter to the Editor), *BJN* 48, no. 1241 (13 January 1912): 37.

splendid International Congress was held in London in 1909 we were not permitted to take any part in it—and unless one risks one's livelihood one has just to grin and bear it.⁵⁴

This time, the editor's response angrily admonished the writer and other nurses who did not join the association for fear of losing their position: "It is only those who have sufficient courage to risk loss of work, for what is right, who ever are free to do their duty. Personally, we have little sympathy for those who consider their immediate self-interest before everything." A couple of months later, Lavinia Dock referenced the second letter in her column in the *American Journal of Nursing*. Softening the tone of the British editor, Dock optimistically posited that "this nurse would surprise herself by the good results of showing a little more spirit, if she would try...our advice to the nurse is: 'Dare to revolt!'"⁵⁵

In some ways, this particular series of examples characterized the stratified structure of British and American nursing organizations in the early twentieth century and the mixed attitudes among nursing leaders toward integration of a wider spectrum of interests into their organizational platforms. The best known and most active nursing associations were heavily dominated by superintendents or matrons. The American Society of Superintendents of Training Schools in the United States and Canada, which became the National League of Nursing Education (NLNE) in 1911, dedicated itself mainly to the expansion of educational and professional possibilities for the elite among

⁵⁴ One Who Loves Unity, "The Cologne Congress" (Letter to the Editor), *BJN* 48, no. 1243 (27 January 1912): 78.

⁵⁵ Lavinia L. Dock, "Foreign Department," *AJN* 12, no. 6 (March 1912): 490-91.

North American nurses.⁵⁶ In Great Britain, the Society for State Registration began working explicitly and uncompromisingly for state registration after some nurses became frustrated with the hesitation by the Royal British Nurses' Association⁵⁷ to support a bill for state registration. The Matrons' Council, also founded and led by Ethel Fenwick, could be considered the counterpart to the NLNE and was even more selective in membership and ambitious in agenda than the Society for State Registration.

By contrast, Lavinia Dock was a known advocate of organizing the support for trained nurses beyond superintendents, and worked to broaden the movement's appeal rather than make it more exclusive. Her address to the Sixteenth Annual Convention of American Nurses warned nurses already affiliated with the professional association "that the nurse is a worker no one can deny. However professionally she may build her career, however distinguished and noble she may make it...she is still closely related to the world of workers whom we may call toilers."⁵⁸ While Dock was not proposing lowering professional standards in the name of inclusivity, she was suggesting that the professional association had an obligation to consider the interests of working nurses in the national representative body. The pragmatist in Dock recognized the potential of working nurses to undermine the professionalization movement if they continued to feel more loyalty to their own hospitals than to the national nursing association. Meanwhile, the her social reform impulses inspired a genuine sympathy for the social ills that afflicted the industrial working class, even if such sympathy was laced with an aura of middle-class

⁵⁶ Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, 123.

⁵⁷ The British Nurses' Association became the Royal British Nurses' Association to correspond with the royal charter it received in 1893.

⁵⁸ Lavinia Dock, "The Status of the Nurse in the Working World," from "Proceedings of the Sixteenth Annual Convention of the American Nurses' Association," 971.

paternalism.

Interestingly, the conflicts between the national organizations and working nurses were more often the product of clashes among superintendents than between superintendents and working nurses directly. The sense of autonomy and competition among hospital training schools inhibited the development of professional loyalties among nurses at different institutions. Thus, a community of physicians, matrons, and working nurses often developed out of a sense of pride or loyalty to a particular hospital program, in contrast to and in competition with the programs and personnel of other hospitals. In the aforementioned letters, Dock characterized the “disunity” of British nursing as arising from the strife between the Matrons’ Council and more conservative elements in British nursing.⁵⁹ The Matrons’ Council, like the NLNE, was often accused of being exclusive and personality-driven.⁶⁰ Superintendents from less prestigious hospitals or training schools resented its concentration of power and disregard for internal dynamics that varied from institution to institution. Often superintendents were merely enforcing the will of physicians and hospital administrators on the nurses under them out of the same fear and insecurity that kept their charges from rebelling.

In Germany, nurses were also distributed across the class spectrum, from the legions of nursing aides (male and female) who provided domestic service and some patient care in hospitals and homes to the aristocratic members of Red Cross-affiliated women’s associations who offered their services as patrons, managers, and volunteer

⁵⁹ Lavinia Dock, "Nursing Organizations in Germany and England," in *A Lavinia Dock Reader*, ed. Janet Wilson James (New York: Garland Pub., 1900), 23-24.

⁶⁰ Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, 124.

nurses. In 1912, the German Nurses' Association estimated that active German nurses were divided among Catholic orders (26,000), Protestant motherhouses (12,000), Red Cross motherhouses (4,500), the Evangelical Diaconate (1,800), and those with no institutional affiliation (30,000). It was this last group that the German Nurses' Association hoped to represent, but the requirement that members hold a three-year training certification limited the actual membership to about 3,000 German nurses.⁶¹

The other significant subgroup in nursing was male nurses, who according to 1909 occupational figures numbered 12,881, about 19 percent of the total number of nurses in Germany, though only about 9 percent of those in religious orders.⁶² By these numbers the German Nurses' Association looks insignificant in the grand scheme of German nursing, but its privileged position in relationship to nurses outside Germany and its relatively recent founding gave the impression that it was growing in size, prestige, and influence.⁶³ The result was that while the German Nurses' Association envisioned drawing other nursing organizations under its umbrella, other organizations and unaffiliated nurses saw their own interests in opposition to those of professionalization movement.

Divisions and conflict among nursing factions over race, class, and ideological underpinnings were not unique to Germany. The American Nurses' Association (ANA) had been the nationally representative body for only a year, and though more broadly representative than the NLNE, it was also considered to be disproportionately dominated

⁶¹ Agnes Karll, "Der Weltbund der Krankenpflegerinnen," *Unterm Lazaruskreuz* 7, no. 14 (1912): 160.

⁶² Claudia Bischoff, *Frauen in der Krankenpflege: Zur Entwicklung von Frauenrolle und Frauenberufstätigkeit im 19. und 20. Jahrhundert* (Frankfurt am Main: Campus, 1997), 103.

⁶³ Karll, "Der Weltbund der Krankenpflegerinnen," 160. Karll notes that the Red Cross took 18 years to assemble 4,500 members, while the German Nurses' Association recruited 3,000 in only 9 years.

by a handful of prestigious large hospital training schools.⁶⁴ The ANA claimed to represent 20,000 nurses at the time of its 1912 annual convention, though the organization had no individual members and derived this figure by counting nurses through their association with training schools and alumni associations.⁶⁵ The number of nursing delegates or members at the ANA convention was only 340, although the difficulty of traversing the vast geographic territory of the United States must have contributed to the relatively low representation.⁶⁶ In addition, the NLNE was restricted to superintendents, and its membership delineated clearly the sharp class distinctions between nursing leaders and the working nurses who were excluded from their ranks.

Racial separation also contributed to a lack of unified representation of American nurses. From 1908 to 1951, African American nursing leaders coordinated their own representation through the National Association of Colored Graduate Nurses, but discrimination continued to bar its members from working in a vast majority of American hospitals or playing significant roles in broader nursing associations.⁶⁷ Two African American nurses attended the 1912 ICN Congress, which elicited great excitement among its members, but their presence was perhaps more a curiosity to the white European and American women, who tried to point to the professional success of African American nurses as an indicator of potential for their own nursing projects among

⁶⁴ Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, 123-4.

⁶⁵ "Proceedings of the Fifteenth Annual Convention of the American Nurses' Association (5-7 June 1912)," 882.

⁶⁶ *Ibid.*: 862.

⁶⁷ Joan I. Roberts and Thetis M. Group, *Feminism and Nursing: An Historical Perspective on Power, Status, and Political Activism in the Nursing Profession* (Westport, Conn.: Praeger, 1995), 90.

African colonial subjects.⁶⁸

ICN leaders were mostly oblivious to their own class and racial biases, and felt themselves benevolently concerned with the systematic problem of overwork among nurses throughout European and North American hospitals in the nineteenth century. Not surprisingly, one of the five themes at the 1912 Congress and the topic of the keynote address was “The Overstrain of Nurses,” by Dr. Herman Hecker. Hecker based his assessment on Prussian statistics from 1909 to make the case that nurses have fewer legal protections against labor exploitation than factory workers in Germany. As evidence, he cited that nurses worked an average of 14 hours per day, which included Sundays, and more than 40 percent of questioned nurses worked 14-18 hours per day.⁶⁹ After the delegates had heard such evidence for the duration of the congress, Lavinia Dock reported that the ICN had passed a resolution “condemning the system of overwork which prematurely ruins the health of nurses in some continental countries.”⁷⁰ Her attempt to isolate the problem of overwork as a continental problem is interesting, given a similar dilemma in American nursing. In the United States, nurses most often worked alone in private duty, 84-168 hours per week, in positions that more closely resembled

⁶⁸ Lavinia Dock, "Foreign Department," *The American Journal of Nursing* 13, no. 1 (1912): 48. Miss Samuels and Mrs. Williams attended as fraternal delegates representing the colored nurses' national association of the United States. They were received at events (unlike nurses who were eligible for membership but did not join), but could not vote and usually represented national associations not yet fulfilling the requirements for affiliation as national association members or countries without such an association.

⁶⁹ Herman Hecker, "The Overstrain of Nurses: An Address Delivered by Dr. H. Hecker, Regierungs und Geheimer Medizinalrat in Strasbourg-Alsace to ICN Cologne, 1912," in *Adelaide Nutting Historical Nursing Collection (microfilm)* (Minneapolis: Wangensteen Historical Library of Biology and Medicine, 1912), 17.

⁷⁰ Dock, "Foreign Department," 48.

the treatment of a servant rather than a medical professional.⁷¹ Even more ominous was the implicit agreement of German medical personnel that the answer to Germany's "mortality" problem among nurses was the call for a eugenics-based solution that would, "as in England and the United States, [create a] strict selection of healthy probationers free from hereditary taint."⁷² While the problems of nursing mortality and unhealthy working conditions were common in European and North American countries, the elite composition of American and British nursing associations allowed them to more easily overlook the conditions of working nurses—a circumstance German leaders never had the (mis-)fortune of experiencing.

Agnes Karll was well acquainted with the effects of overwork, and exploitation of nurses was a personal issue to which she was especially devoted. Her own career as a nurse reformer began after her short tenure as a private duty nurse left her too physically debilitated at the age of thirty-one to continuing active nursing and without another means of economic support. Her situation prompted her to begin working with Deutsche Anker, an insurance company, to provide health and disability insurance to German nurses starting in 1899.⁷³ During a lecture tour in the fall and winter of 1911, Karll conveyed her shock over nurses' physical and mental health to Dock: "so many nurses and I almost never realized how sorely they need us, than this time...and how they die, that is simply heart-rending. So many suicides! And so many dreadfully ill and most die much to[o] young. How I long for your book about 'fatigue and overwork!'”

⁷¹ Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, 95-105.

⁷² Hecker, "The Overstrain of Nurses: An Address Delivered by Dr. H. Hecker, Regierungs und Geheimer Medizinalrat in Strasbourg-Alsace to ICN Cologne, 1912," 34.

⁷³ Anna Sticker, *Agnes Karll: Die Reformerin der deutschen Krankenpflege. Ein Wegweiser für Heute zu ihrem 50. Todestag am 12. Februar 1927*, 3rd ed. (Stuttgart: Kolthammer, 1984), 89, 102-4.

Suicide might seem a particularly odd example of the physical and social challenges facing nurses, but the individual stories make clear the contribution of broader contemporary social problems in exacerbating these challenges. The growing pains of industrialization had only begun to be dealt with in Germany, following late nineteenth-century industrialization of its society. In one particular case, an otherwise well-regarded young nurse in Berlin injected a patient with the wrong drug. After she was infamously skewered by the German press, she committed suicide. Left unreported was that on that particular day the nurse had come off duty at 3 a.m. only to be back on duty by 8 a.m. that same day. This so-called "half-night duty" was a common strategy for circumventing early labor legislation that mandated a period of rest after a night shift but not after a half-night shift. Nurses routinely were on duty from 8 p.m. until 2 or 3 a.m. and then returned to the wards at 8 a.m. for a full day shift. Suicide cases among nurses were not isolated incidents. According to the German Nurses' Association statistics from 1910, five of twelve deaths among its members were due to suicide, a significant increase from the already troubling 9 of 35 deaths attributed to suicide since the association was founded in 1903. Thus, the German Nurses' Association recorded approximately 24 percent of its members' deaths between 1903 and 1911 due to suicide, with the other 76 percent attributed to diseases and accidents.⁷⁴

Perhaps less severe, but more prevalent than death was the estimated 30 percent of nurses and 53 percent of probationers whose careers ended in invalidism according to

⁷⁴ Hecker, "The Overstrain of Nurses: An Address Delivered by Dr. H. Hecker, Regierungs und Geheimer Medizinalrat in Strasbourg-Alsace to ICN Cologne, 1912," 20-22, 27-28.

a study of German Red Cross hospitals in 1907.⁷⁵ While illness and injury among nurses was a long-standing problem, the more recent boom in hospital training schools, private duty nurses, and unaffiliated nurses had highlighted the vast social problems that grew out of unregulated and exploited nursing labor. Overwork was recognized by physicians, nurses, and social reformers as a particularly important challenge requiring state intervention and alleviation. But the terms of such intervention were highly contested and the debates reflected fundamental disagreements among nurses about the characteristics of a nursing profession and how it should be defined.

By 1912, nurses were looking for wide-reaching protection of their health and livelihood. On the one hand, they recognized the urgent need for state intervention to halt the exploitation of nurses in training schools, public hospitals, and private duty. Nursing organizations such as the German Association of Male and Female Nurses (Deutscher Verband der Krankenpfleger und -Pflegerinnen) called for collective organizing under the umbrella of one national nursing organization, which would demand social welfare provisions provided to wage laborers.⁷⁶ On the other hand, women's organizations were wary of this plan, although aspects of it were widely promoted in various nursing journals. Female nurses saw the mixed-gender unification of nursing under a working-class ideology as giving up their two strongest tools in the professionalization movement—class superiority and gender autonomy. Middle-class nursing reformers had worked hard for generations to create a clear distinction between nursing and waged

⁷⁵ Ibid., 28.

⁷⁶ Georg Streiter, *Das Geschlechtsproblem in der Krankenpflege*, vol. Vol. No. 349/50, Kultur und Fortschritt: Neue Folge der Sammlung "Sozialer Fortschritt." Hefte für Vokswirtschaft, Sozialpolitik, Frauenfrage, Rechtspflege und Kulturinteressen. (Gautzsch b. Leipzig: Felix Dietrich, 1911).

labor. Accepting inclusion in the expanding social welfare programs for the working classes undermined national and international nursing leaders' professionalization agenda.

The foray of European states into national social welfare and insurance plans had an especially charged effect on the class-based tensions within nursing. The social insurance provisions of the 1880s offered by the German state offered working men economic security as a means of stifling working-class insurgency. Nurses saw these benefits as inherently linked to the privileges of citizenship, since they were as women deprived of both. British efforts to implement social insurance in the early twentieth century were in many ways quite similar, but held no such appeal to British nurses, who were much more self-conscious about demeaning their class position and saw citizenship to be as much a privilege of class as of gender.

In Dock's "Nursing Organizations in Germany and England" and later journal columns she details her view of the differences between the German example of social insurance legislation from the late nineteenth century and the English Pension Fund and subsequent National Insurance Act. The Pension Fund was a charitable endowment rather than a governmental program and required contributions from its potential recipients, which Dock deemed less effective than private insurance policies or savings accounts.⁷⁷ The National Insurance Act of 1911 attempted to remedy the major shortfalls of the Pension Fund system, but nursing leaders continued to be skeptical of qualifying recipients on the basis of wage earnings (excluding married women and private duty

⁷⁷ Dock, "Nursing Organizations in Germany and England," 24-25.

nurses and midwives), not recognizing midwives and nurses as approved practitioners for insurance payments, and failing to recognize health and welfare insurance as a privilege of citizenship.⁷⁸ After the British act passed, Dock called it “a powerful argument for woman suffrage” and “a terrifying example of the present unchecked power of men to legislate for women.”⁷⁹ Yet, Karll had advocated for years to see nurses included in such an insurance plan to protect them from the illness, injury, and disability that often arose from nursing work. The offensive attribute of the British plan, which incited the ire of British and international nursing leaders, was its perceived association with charity and wage labor.⁸⁰ The German insurance and pension plan was thought to be earned by nurses as a privilege of social citizenship; the British plan was understood as degrading the middle-class status of nursing to that of the pauper class in need of such public charity.

Class stratifications among nurses were clear, but they were perhaps a well-kept secret within the International Council of Nurses. British and American nursing delegations had enough superintendents or matrons of economic means who could afford to attend international conferences at three-year intervals. This was clearly not the case for German nurses, who Karll feared would not even be able to afford the train fare across Germany for the Cologne Congress.⁸¹ Of course, it was also common for American and British nurses to have their trips sponsored by an association, hospital, or private benefactor. German associations such as the Kaiserswerth administration had

⁷⁸ “The National Insurance Bill,” *The Midwife, BJS Supplement* (17 June 1911): 483-84.

⁷⁹ Lavinia Dock, “Foreign Department,” *AJN* 12, no. 9 (June 1912), 733.

⁸⁰ Dock, “Nursing Organizations in Germany and England,” 24-25.

⁸¹ Agnes Karll to Lavinia Dock, 7 January 1911, AKA. Sklar, Schüler, and Strasser, *Social Justice Feminists in the United States and Germany: A Dialogue in Documents, 1885-1933*.

made clear that they would not support or finance the attendance of deaconesses at the Cologne Congress, and by its charter, the German Nurses' Association represented nurses who had by definition no such associational support.

Still, in all three countries, hospitals and nursing organizations lamented the shortage of "probationers of the well-educated type," while housemaids were said to be flocking to fill the void. American hospitals blamed the shortages on state registration laws, but Dock points out a similar phenomenon in Great Britain, where no such laws yet existed.⁸² Whatever the cause, class stratifications clearly continued to play a defining role in the organization of nursing as a profession. Nevertheless, as Dock challenged her colleagues to consider, "If we acknowledge our relation to the working world and fulfill the obligation that this relation brings, we shall live and become ever more useful and respected."⁸³ This shift away from class-based professionalization and toward a gendered sense of professional unity based on the attainment of full citizenship was the characteristic marker of the new path in nursing before World War I.

Professionalization for a New Generation

By the end of 1912, the landscape of nursing reform had undergone significant changes, and nursing leaders moved away from a collective vision based on nineteenth-century gender ideologies of social motherhood, bourgeois respectability, and the paternalistic protection of the state. A new generation of nursing leaders gravitated toward political citizenship and suffrage as a strategy for becoming active participants in

⁸² Dock, "Foreign Department," 657-58.

⁸³ Dock, "Status of the Nurse in the Working World," in "Proceedings of the Sixteenth Annual Convention of the American Nurses' Association," 975.

the nation-state to which they had entrusted the regulation of their profession. However, the growth of citizenship as a modern framework for understanding the privileges and exclusions based in older socioeconomic identities did not displace the role of class in defining nurses' values and agendas, but instead added new dimensions to the discourses of inclusion and exclusion that helped define their own professional identity through models of middle-class professionalization and political citizenship for women.⁸⁴

As this chapter has shown, the uneven attainment of state registration and regulation of nursing ushered in a new phase of transnational collaboration among nurses in Germany, Great Britain, and the United States. This moment also marked a polarization of national nursing identities, in which German nursing would be almost exclusively characterized by dependence on the state while American nursing became tied to the higher status ranks of university-educated women. While the new era introduced various educational and organizational innovations that brought the professionalization movement to the height of its success, the increasing institutionalization of these national and class-based variations also hampered further collaboration and advancement. The reality of European and American nursing professionalization in 1912 was that the masculine model of middle-class professionalization became increasingly impossible for middle-class women to emulate without the privilege of political citizenship and equal educational opportunities, and with the burden of quelling working-class exploitation. As these nursing leaders attempted to make the best of their circumstances with the familiar strategy of compromise, they

⁸⁴ Canning, *Gender History in Practice: Historical Perspectives on Bodies, Class, and Citizenship*, 194.

triumphed in the short term but also set the foundation for future challenges against the ongoing project of nursing professionalization in the long term.

EPILOGUE

THE CONFLICTING LEGACY OF TRANSNATIONAL NURSING IN WORLD WAR I

It must be admitted, however, that, up till now, the general opinion in Germany, that war meant the advancement of nursing and that the political status of women was a decisive factor controlling the recognition of the nursing profession, has not been confirmed.¹

--Agnes Karll, Report to the ICN in Helsingfors, Finland, 1925

The attitudes of international nursing leaders toward the First World War varied greatly with their political sympathies, national identities, class position, and professional affiliations. Many nurses' attitudes also changed dramatically over the course of war and with its bittersweet peace. Nineteenth-century wars, from the Napoleonic to the Franco-Prussian, had been important catalysts for the incremental creation and legitimization of a transnational nursing profession. Nursing leaders generally believed that the First World War would likewise demonstrate the national importance of nursing professionalization and hasten its implementation by modern nation-states. They also believed that as professional nurses, they could retain a commitment to international sisterhood cemented by the common purpose of nursing the sick and injured irrespective of nationality. In significant ways however, World War I was different from its nineteenth-century counterparts for nurses in the professionalization movement; the patriotic voluntary war nurses no longer epitomized the character of the nursing movement. Since the advent of training schools, state registration laws, and collegiate programs, well-respected volunteer nursing corps represented a significant step backward for professionally-oriented nursing reformers.

¹ Agnes Karll, "Germany" [A Report from an Affiliated National Association to the 5th meeting of the ICN, held in Helsingfors, Finland in 1925], printed in Margaret Breay and Ethel Gordon Fenwick, *History of the International Council of Nurses, 1899-1925* (Geneva: International Council of Nurses, 1931), 68.

The two most significant international organizations for nursing in 1914 were the International Council of Nurses and the International Red Cross. Both experienced a marked shift toward national fragmentation as the war inhibited international travel, perpetuated nationalistic propaganda, and highlighted what became an irreconcilable divide between nation-states and the international sisterhood. The International Red Cross had already moved away from its core focus on neutral humanitarian nursing and toward the cooptation of the Red Cross for nationalist and patriotic ends. At the same time, it was becoming a direct source of competition with the ICN for the favor and legitimacy bestowed by national governments, elites, and bureaucracies. Meanwhile, the ICN was growing increasingly wary of setbacks against the measurable achievements of the professionalization movement; state registration, international women's associations, shared training methods, and a common educational and social agenda were diminished in face of the wartime need for mass recruitment of untrained volunteers, which led to the relaxation or suspension of registration laws, and the fragmentation of professional unity among nurses.

Scholars of women's history have questioned the interpretation of World War I as a watershed moment in European history and critiqued this narrative as closely tied to national economies, militaries, and high politics and diplomacy that had thus far largely excluded the experiences of women.² Subsequent scholarship on the social and cultural dimensions of warfare, inclusive of a wide range of women's experiences, has drawn women as subjects into the historical narrative of war and peace and integrated gender

² Karen Hagemann and Jean H. Quataert, eds., *Gendering Modern German History: Rewriting Historiography* (New York: Berghahn Books, 2007), 2-3. This collection as a whole illuminates both the larger historiographic challenges of writing German women's and gender history and the problematic notion that historiography is connected to the emergence of the nation-state.

relations into the general history. As Regina Schulte has articulated, modern wars have for historians of women or gender become “thresholds of general history.”³ This dissertation has affirmed that modern warfare has served as a catalyst for the recruitment of women into nursing and that scholarship on nursing is often an indirect product of historical interest in the mobilization of society for war. However, the case of transnational collaboration in nursing professionalization does not support the hypothesis that World War I made women more modern, more professional, or more progressive. In fact, wartime recruitment of female nurses actually had the opposite effect. It led to a reversion back to traditional methods of voluntary nursing care, magnified the weaknesses in the transnational professionalization movement, and mobilized the opposition to sidestep professional reform efforts that were increasingly visible in the years leading up to the war. In short, the war publically exposed and exploited the very weaknesses and anxieties of the professionalization movement that its leaders had spent the last five years attempting to ignore, fight, and overcome.

The Impact of the First World War on the ICN

The first response to the outbreak of World War I by the *British Journal of Nursing* was a front page editorial entitled “Patriotism,” which captured the tension between the urgent sense of rising nationalism and the continued insistence upon internationalism as the dual path to professionalization. The editorial read, “To the call of her countrymen every nurse will respond, but the claim upon her is wider even than that of patriotism. There is no nationality in nursing, and in connection with their

³ Regina Schulte, "The Sick Warrior's Sister: Nursing during the First World War," in *Gender Relations in German History: Power, Agency and Experience from the Sixteenth to the Twentieth Century*, ed. Lynn Abrams and Elizabeth Harvey (Durham: Duke University Press, 1997), 121.

professional work nurses are above and beyond the sphere of politics."⁴ The dependence of nursing professionalization on the actions of nation-states was more one-sided than nursing leaders would have liked. The primary belligerent nations of World War I seemed not to need or want the support of professional nurses for their military operations; instead, they gave preference to Red Cross volunteers and religious orders in their recruitment and delegation of nursing positions.⁵ The widespread influx of inexperienced volunteers was often accompanied by a relaxation of the regulations that represented the successful achievements of the professionalization movement over the course of the last two decades.

Individual leaders of the nursing professionalization movement, as represented by the ICN, had mixed feelings toward the war and the role nurses would play in it. Agnes Karll did not welcome the conflict, but the influence of the middle-class German women's movement on her was evident in her acceptance of the war as an opportunity to further the intertwined causes of nursing professionalization and women's citizenship. More specifically, she envisioned the war as an opportunity to demonstrate the impact of nursing training and collegiate education in support of her ongoing work to extend training mandates from one to three years in Germany. However, the German military

⁴ "Editorial: Patriotism," *British Journal of Nursing* 53, no. 1375 (1914).

⁵ As a dynastic project, the Red Cross was designed to play such a national role in the organization of war nurses and relief programs so it is not surprising that it is given preferential control over the recruitment and deployment of German nurses. However, the intentional exclusion of the German Nurses' Association suggests that other factors were involved, such as the intention of medical officers seeking to inhibit the growing power of the professionalization movement or the desire to generate international good will, as the Prussian Red Cross gained in the war with Austria. Because British nursing continued to be divided among several nursing organizations and did not yet have a standardized regulation system, there was no clear leader for a national system of recruitment and deployment during the war. Like in Germany, the Red Cross served an organizational and a patriotic role for the state and military medical officers saw it as a means of undermining the professionalization movement. As a point of contrast, the role of American Red Cross nursing in World War I is different because it is detached from a national military presence and as a non-belligerent for most of the war, there was no quota for American nursing recruitment.

medical service chose to give the Red Cross sole authority over German military nursing, which supplemented the relatively few members of the Red Cross motherhouses with inexperienced and unpaid volunteers and religious orders to provide nursing services.⁶ Karll and some of her colleagues instead joined military nursing staffs in Austria and Belgium.⁷

Ethel Fenwick welcomed World War I enthusiastically as an opportunity to further the causes of state registration for nurses and suffrage for women in Great Britain. Once the war started, however, she was quickly disillusioned and embittered by the state's preferential treatment of untrained Voluntary Aid Detachment (VAD) nurses affiliated with the British Red Cross over the trained and certificated nurses associated with her professionally-oriented nursing associations.⁸ Fenwick remained a patriotic supporter of the war, perhaps becoming even more xenophobic in her attitudes toward the Germans and Austrians during the war than most of her Anglo-American colleagues, and recognized the war in narrowly nationalist terms of how it could rally public sympathies to the cause of nursing professionalization as the Crimean War had for Florence Nightingale.

Other international nursing leaders were more pessimistic about the war. Lavinia Dock published scathing critiques of nurses' complicity in the war; there is no doubt that

⁶ Regina Schulte, "Die Schwester des kranken Kriegers: Krankenpflege in Ersten Weltkrieg als Forschungsproblem" *BIOS: Zeitschrift für Biographieforschung und Oral History* 7, no. 1 (1994): 86.

⁷ Ibid; Lavinia Dock, "Foreign Department: War Nursing Abroad," *American Journal of Nursing* 15, no. 3 (1914): 212.

⁸ "Editorial: Patriotism," 113; Henrietta Hawkins, "Letter to the Editor: A Red Cross Short Cut to Nursing," *British Journal of Nursing* 53, no. 1385 (1914): 314. Hawkins wrote from Australia her protest against the rapid recruitment of untrained Red Cross nurses in Great Britain and juxtaposed the case of Australia where state registration laws protected the status of and preference for trained, registered nurses.

she opposed the war on ideological and moral grounds as a socialist, pacifist, and feminist.⁹ In the *American Journal of Nursing*, she wrote:

We can...do what is possible to save our international union from the stupid mania of destruction, suspicion and hatred that is now sweeping the earth under the false titles of 'patriotism,' 'honor,' 'defense of country'...we break no neutrality, for we hold all equally guilty, and reiterate our declaration of the absolute proofs of men's utter unfitness to rule...we can see no hope for humanity except in the arising and awakening of women and the strengthening of the international idea.¹⁰

Lavinia Dock was a staunch pacifist and internationalist with little sympathy for nurses getting caught up in nationalist and military displays. She was part of a substantial faction of pacifists in the international women's movement who gravitated toward the Peace Movement during the war and continued to see the denial of women's rights and militaristic nationalism as the general source of social and professional ills.

The impact of the war on the International Council of Nurses was most strongly felt in 1915 as the triennial congress was set to take place in San Francisco. The international congress was cancelled, but a handful of international delegates joined the meeting of the American Nurses' Association to complete the administrative duties that would allow for business to continue uninterrupted in 1918. The congress of 1918 was likewise cancelled with the next full international congress not taking place until 1925 in Helsingfors, Finland. With thirteen years and a world war having passed between international congresses, it is not surprising that the postwar council was only a bitter shadow of its younger pre-war self. When the general council reconvened in

⁹ Deborah Philips, "Healthy Heroines: Sue Barton, Lillian Wald, Lavinia Lloyd Dock and the Henry Street Settlement," *Journal of American Studies* 33, no. 1 (1999): 76. Philips calls her a Marxist, but given her sometimes ambiguous position on the role of working-class nurses, she doesn't seem to be driven by a clear Marxist sense of labor organization and economic determinism. However, she was definitely a socialist in her attitudes and associations in her nursing, social welfare, and women's rights work.

¹⁰ Lavinia L. Dock, "Foreign Department: The International Congress," *American Journal of Nursing* 15, no. 4 (1915): 312.

Copenhagen in 1922, the toll of the war was clear. Lavinia Dock had resigned as the only secretary the organization had known. Agnes Karll boycotted the meeting in protest against the allegations of atrocities by German nurses and remained embittered by the postwar devastation of her national association and her country. Not only were the national nursing organizations exhausted and distracted from reform activities by their wartime nursing efforts, but the International Council of Nurses itself had succumbed to its most base fear. Nationalisms had torn apart the unity of nursing leaders who had pledged to remain above the battles of men and nations.

The allegations against the German nurses were rooted in Anglo-American propaganda campaigns during the war. Angelic Red Cross nurses dressed in white had a ubiquitous presence on British and American recruitment and fundraising posters. In some cases, these angelic images were juxtaposed with a darker and more ominous German counterpart. One British poster read, “Red Cross or Iron Cross—WOUNDED and a Prisoner Our Soldier Cries for Water. The German ‘Sister’ pours it on the ground before his eyes. There is no Woman in Britain who would do it. There is no Woman in Britain who will forget it.” The image shows a caricature of a Red Cross nurse, who is depicted as prudish and cold-tempered in juxtaposition with the depiction of American and British nurses in other posters.¹¹ She is pouring out a glass of water before a soldier

¹¹ David Wilson, "Red Cross or Iron Cross," (London: Dangerfield Printing Co., Ltd., 1917); Howard Chandler Christy, "The Spirit of America," (Boston: Forbes, 1918); William B. King, "Hold up your end!," (New York: St. Clair, 1918). These posters are from the exhibitsFirst Call: American Posters of World War I“ (November 1999–February 2000) and „,Take Up the Sword of Justice“: British Posters of World War One from the Roger N. Mohovich Collection“ (January–April 1998), both at the Fairchild Memorial Gallery, Lauinger Library, Georgetown University as seen at http://www.library.georgetown.edu/dept/speccoll/guac/amposter_99/ and <http://www.library.georgetown.edu/dept/speccoll/britpost/britpost.htm> respectively. Wilson’s poster depicts the German Red Cross nurse with her head, neck, arms, and ankles fully covered by her uniform with one hand on her hip and a scowling look on her facial profile. By contrast, Christy’s depiction of the

lying on the ground with bandages around his head reaching for the water while two German soldier watch from behind smiling with approval.¹²

The complaint against the inhumanity of the German nurses brought to the International Council of Nurses in 1922 was certainly connected to the American and British propaganda ads that depicted German nurses torturing injured soldiers. Agnes Karll was horrified that her international colleagues and friends for the past two decades would so quickly turn against the entirety of the German nursing profession. She sent a resolution in response to the American allegations, in which she “warmly repudiated, that the German nurses had committed atrocities on wounded enemies.”¹³ However, Lavinia Dock, who had gradually removed herself from the American and international nursing organizations, wrote a dissenting letter to the ICN stating that she did not believe the allegations against the German nurses. Her stature and reputation within the ICN had a decisive impact on the proceedings, which quickly dismissed the charges and the resolution having to do with the actions of German nurses during the war. Yet, the damage to the transnational relationships of the ICN was not so quickly resolved. Karll was clearly still hurt and angry in 1925 when she made a statement to the ICN, in which she quoted her earlier resolution and defended in person her decision to boycott the previous event.¹⁴ Even seven years after the armistice, the memory of the war continued to undermine an already tense relationship between German, British, and American

American nurse is a cherubic young woman in a flowing white gown with short-sleeves and plunging neckline. She is draped in the American flag and wearing a Red Cross nursing cap that shows her full head of blond curls. Another American poster by King shows a more simply attired Red Cross nurse with an open-collared long-sleeve dress with apron and Red Cross cap carrying one end of a stretcher. Both American nursing depictions present young women with childlike features with rosy cheeks and lips.

¹² Wilson, "Red Cross or Iron Cross."

¹³ The I.C.N. Conference Report (Copenhagen, 1922) reprinted in Breay and Fenwick, *History of the International Council of Nurses, 1899-1925*, 152.

¹⁴ The I.C.N. Conference Report (Copenhagen, 1922) reprinted in Ibid., 151.

nurses that was not fully repaired. By the time the propaganda and carnage of two world wars had been endured, German, British, and American nursing could no longer recognize themselves as part of a single nursing movement.

The (Inter-) National Red Cross and the ICN

Although the rhetoric of international humanitarianism and neutrality embodied by the Red Cross permeated the war zone and the home front in unprecedented ways during World War I, the patriotic national identity of Red Cross nurses and the rigid demarcation between allied and enemy nurses demonstrated a pronounced shift away from the previous vision of borderless, transnational war nursing. For example, Dock's ironic quip on neutrality was a thinly-veiled critique against the operations of the International Red Cross, which increasingly had become a tool for nationalistic, political, and military strategy. The mass recruitment and deployment of nursing volunteers during World War I was a more extreme version of the Red Cross experiment during the Franco-Prussian War. The visibility of the Red Cross armbands and flags, the international faith in its mission and preparation, and the number of women who were recruited into the ranks of volunteer nurses were all astounding and continue to provide iconic images of the First World War. It was as if the plans for Red Cross war nursing had efficiently and effectively picked up in 1914 where it had left off in 1871 without accounting for the changes in nursing ideologies and practices in the meantime.

For the nursing professionalization movement, the deployment of volunteer nurses to the war after only a short course in nursing practice undermined the progress of nursing professionalization. Whereas the primary task ahead of female nursing reformers during the mid-nineteenth century wars was the military's acceptance of female nurses,

the expectations of female reformers during World War I were much higher. The state and military's privileging of volunteer nurses over trained and registered nurses was considered a betrayal and a major step backward from state registration and regulation of the nursing profession, which was just beginning to take root at the time. Despite major achievements in the early twentieth-century by the professionalization movement on issues of education, training, and registration, the mass influx of highly-praised volunteer nurses quickly eclipsed the power and prestige of nursing titles and certifications. Only in the United States did the Red Cross rules establish that no women may join the Red Cross as a nurse without first being a member of the American Nurses' Association.¹⁵

One American nurse explained the distinction between American and European Red Cross nurses as “an opportunity for showing foreigners that American nurses are the best educated and most refined.”¹⁶ From the European perspective, however, Americans had the luxury of not joining the war until its last quarter and they remained half a world away. In Europe, the goal was for the Red Cross societies in conjunction with the national militaries to recruit as many volunteer women as possible in keeping with early military precedents. A *British Journal of Nursing* article on the International Red Cross explained that the drawback of this approach was that female Red Cross nurses, unlike their male counterparts, were not recognized military personnel. Consequently, female nurses had their services requisitioned only in wartime and “their professional qualifications [remained] undefined, no uniform standard of proficiency [was] exacted either nationally or internationally,” which resulted in higher rates of sepsis and other

¹⁵ "Proceedings of the Eighteenth Annual Convention of the American Nurses' Association ", *The American Journal of Nursing* 15, no. 11 (1915): 908.

¹⁶ Dorothea Mann, „Has Red Cross Relief Work in Europe been Worthwhile?,” in Ibid.: 1019.

preventable diseases, which were signs of inferior nursing care.¹⁷ Condemnations of Red Cross nurses during World War I are almost unheard of in popular and scholarly sources, but for the professionalization movement, the proliferation of volunteer Red Cross nurses represented the demise of professional standards and hard-won state-endorsed regulations before their eyes. Nevertheless, as the conflict over the alleged German atrocities indicated, when the dust of the war settled, even the professionally-oriented trained nurses were unable to escape the nationalist categorization of all nurses. The distinction between the German Nurses' Association and the Red Cross volunteers no longer held the same significance—national borders and identities had quickly eclipsed the solidarities of training, class, and international sisterhood that had characterized the leaders of the International Council of Nurses prior to the war.

In short, the First World War was a bitter confirmation of the dissolution of over seventy-five years of transnational collaboration in nursing reform and professionalization. As shown in Chapter Six, the contradictions inherent in the transnational agenda for nursing professionalization were already undermining its previous decades of success before the war. The war did not cause the breakdown of the transnational nursing movement. It had already become clear in 1912 that nursing professionalization would subsequently require a national strategy adapted to the political and social circumstances surrounding female citizenship, the legal process of regulation, educational systems, and existing professional cultures. What the First World War did was make the potential for future collaboration more difficult and underminethe products of past collaborations.

¹⁷ "The International Red Cross Societies," *The British Journal of Nursing* 55, no. 1429 (1915): 154.

In retrospect, the transnational nursing professionalization movement in many ways began and ended at the Kaiserswerth Deaconess Institute in Germany. In 1836, the first training school for nurses opened its doors there to women of Prussia, Europe, and North America. In 1912, the International Council of Nurses returned to Kaiserswerth to honor the origins of their transnational movement and reflect back on the key moments and female leaders in their shared history of nursing reform. While the First World War represented the dramatic demise of the collaborative professionalization campaign, it was at Kaiserswerth in 1912 that the transnational movement last expressed its characteristic sense of internationalism, sisterhood, and professional optimism.

Reflections Back

[In 1912,] it was decided to invite all German nursing institutions to participate in the negotiations for this [International Council of Nurses] congress and to choose themes of broad general interest, in order that all the diverse experiences of German nursing organizations might become useful for the advancement of the entire nursing profession.”¹⁸

When the International Council of Nurses decided to hold its 1912 Congress in Cologne, Germany, Agnes Karll promised her colleagues an excursion to the “cradle of modern nursing” at the nearby village of Kaiserswerth. She hoped that by highlighting the ongoing legacy of the German deaconess movement, she could impress upon her international colleagues the importance of the German nursing tradition transnationally. Despite the opposition posed by the administration of the Kaiserswerth General Conference to what they saw as the appropriation of their Christian mission by the secular nursing professionalization movement, the deaconesses welcomed hundreds of ICN delegates from 23 different countries to the Kaiserswerth Institute for a tour and

¹⁸ Agnes Karll, "Letter to the Administration of the Kaiserswerth Institute, February 1912," (Kaiserswerth, Germany: Fliedner-Archiv, 1912).

social gathering that highlighted the common roots of the various nationalities and organization represented.

Reflecting upon the gathering, Bertha Kuhr reported to her fellow Kaiserswerth deaconesses that the congress participants had a particular interest in the connections between the deaconess institute and Florence Nightingale. They also paid their respects to the grave of Friederike Fliedner with a magnificent laurel wreath before touring the women's school in the hospital and joining the deaconesses for coffee and entertainment.¹⁹ Such a gathering brought together three generations of nursing reformers that had become symbolically fused in the transnational narrative of nursing professionalization. Divisive ideological conflicts still existed among religious nursing orders committed to Christian and benevolent nursing schemes, training schools of the Nightingale System and Red Cross motherhouses, and advocates of professionalization based upon education and political citizenship for women. Yet, the common origin story begun at the Kaiserswerth Institute reinforced the strong sense of a shared transnational nursing legacy recognized by international nursing leaders. This dissertation has depicted this transnational nursing movement by rooting its origins in the important foundation laid by the Kaiserswerth Deaconess Institute in the 1830s and its demise with the national fragmentation of nursing reform after 1912.

The major task of this project has been to use the historical development of nursing as a case study for understanding the emergence of gendered professionalization as a transnational and national process. Even before professionalization emerged as a

¹⁹ Bertha Kuhr, "Meine teuren Schwestern!," *Grüsse des Kaiserswerther Mutterhauses an seine Schwestern*, edited by the Vorsteher der Diakonissenanstalt in Kaiserswerth Pastor Johannes Stursberg 12, no. 9 (1912).

characteristic strategy of middle-class formation in the mid- to late-nineteenth century, this dissertation has argued that the emergence of nursing as a recognized occupation and calling for women was made possible by women's increased presence in charitable and philanthropic endeavors, their public displays of active religious piety, and the unique moral authority and maternalist sensibility increasingly attributed to middle-class women in the nineteenth century. As the appeal of nursing for respectable women grew, these gendered ideologies broadened the ideological impetus for nursing to include patriotism, female citizenship, and the amelioration of industrial ills. However, the increasing numbers of middle- to upper-class women drawn into nursing throughout the second half of the century also incited the escalation of class-conscious efforts to tighten the standards of admission into the nursing profession. By the early twentieth century, nursing leaders sought the strictest standards for nurses' backgrounds and training in order to assure the respectability of nursing in modern industrial societies. Their transnational relationships and organizations signified shared anxieties and optimism regarding the practice of nursing as the first recognized profession for women. These professionalization efforts provided socially- and politically-engaged women with a forum for chipping away at the exclusive hold of men on politics, medicine, and education transnationally. Such case studies contribute to our understanding of the gendered nature of national and transnational identities and organizational development.

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