“The Idea of Better Nursing”: The American Battle for Control over Standards of Nursing Education in Europe, 1918–1925

by

Jaime Patricia Lapeyre

A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
Graduate Department of Nursing Science
University of Toronto

© Copyright by Jaime Patricia Lapeyre (2013)
“The Idea of Better Nursing”: The American Battle for Control over Standards of Nursing Education in Europe, 1918–1925

Doctor of Philosophy 2013

Jaime Patricia Lapeyre

Lawrence S. Bloomberg Faculty of Nursing

University of Toronto

Abstract

In the midst of the progressive era, American nursing and medical education witnessed tremendous reform. The increase in the number of hospitals during the early twentieth century brought a growing demand for nurses and led to varying standards in admissions and education within hospital training schools. In addition, the rise of the field of public health led to a campaign by a number of American nurse leaders to reform nursing education. This campaign included: the formation of several national professional organizations; gaining the support of prominent medical officials, including those close to the Rockefeller Foundation, an influential philanthropic organization; and successfully arguing against the sending of public health nurses overseas during the First World War. Although these steps were taken prior to the end of the war, the period immediately following the war, and the 1918 pandemic spread of influenza, provided fertile ground for reopening discussions regarding nursing education both nationally and internationally.

Following the war, the involvement of numerous American-backed organizations, including the Rockefeller Foundation (RF), the League of Red Cross Societies (LRCS), and the American Red Cross (ARC), in the training of nurses in Europe highlighted the numerous
and conflicting ideals of American nurses in regards to nursing education during this period. In particular, those who had campaigned for the training of public health nurses in the USA — led primarily by the formidable nurse Annie Goodrich — voiced differing ideals for the training of nurses than those American nurses who led the work of the RF, the LRCS and the ARC in Europe following the war.

It will be argued here that, contrary to earlier theses that have suggested the spread of a singular “American gospel” of public health nursing education, in fact there were several hotly contested ideas being conveyed in Europe by several different American individuals and organizations at this time. In particular, the RF’s support of two opposing ideals — that of their own nursing representative, Elisabeth Crowell in Europe, and that of Goodrich in the USA — heightened this conflict. The eventual success of one set of these ideas depended on the alignment of congruent ideals in the training of health care professionals with influential individuals and organizations. Furthermore, this dissertation suggests that the outcome of this debate influenced the future direction of nursing education in both Europe and North America.
# Table of Contents

List of Figures........................................................................................................... v
List of Appendices...................................................................................................... vi

Chapter 1 Introduction................................................................................................. 1

Chapter 2 Organizing and Networking: The Pursuit of Public Health Nursing in the USA, 1912–1918................................................................. 42

Chapter 3 Public Health Visitors or Public Health Nurses: Elisabeth Crowell and the Rockefeller Foundation in France, 1917–1920..... 76

Chapter 4 “Rank Heresy”: Growing American Conflict over the Training of Public Health Nurses in Europe, 1920–1923....................... 96

Chapter 5 “Wise as Serpents, Harmless as Doves”: The Battle for Leadership of Nursing Education in Europe, 1923......................... 141

Chapter 6 “Elevating Influence”: Asserting the Rockefeller Foundation’s Approach to Nursing Education, 1925............................... 177

Conclusion.................................................................................................................. 224

Bibliography.............................................................................................................. 237
List of Figures

2.1 Early twentieth century American nursing network, 1899–1912…………………. 49
2.2 Network of nurse leaders, 1912–1920………………………………………………. 55
2.3 Public health nurse versus non-nurse health visitor…………………………… 70

3.1 Two-year bifurcated program as developed by Crowell …………………….. 93

4.1 Women delegates to the Nursing Section, Cannes Conference, 1919………. 101
4.2 First class of graduates from League of Red Cross Societies International
   Public Health Nursing course………………………………………………………… 111
4.3 Telegram from Vincent to Crowell, February 28, 1921……………………… 124
4.4 “Strasbourg Plan” vs. program suggested by the Committee
   on Nursing Education…………………………………………………………….132
List of Appendices

Appendix A: List of Primary Sources.................................................... 246

Appendix B: Tabulated Statement Re: Pupils Admitted to Training Centres,
            January 1, 1919 to December 31, 1919......................... 250

Appendix C: Recommendations by the ICN Advisory Board to the LRCS, 1924….. 251
Chapter 1: Introduction

The era upon which we are entering is often spoken of as the age of preventive medicine. It will be most creditable to the present generation if historians, in the retrospect, accept the term as one properly applicable to the period. It is certain, at any rate, that much of the wisdom, the wealth, the energy, and the good-will of the present and of the rising generation, will seek outlet in the field of hygiene. What does this signify to the medical profession and to nurses? To my mind it signifies the gradual shifting to [the nurses’] shoulders of much of the responsibility for dealing with disease which now rests upon the medical profession.¹

In the opening decades of the twentieth century, at the same moment that the American medical community was grappling with the conclusions of the Flexner Report,² nursing also found itself facing the issue of educational reform. The rapid increase in the number of hospitals in the USA had led to a growing demand for nurses, bringing with it varying standards in admissions and education within hospital training schools. In response, the leaders of nursing’s professional organizations, the American Nurses Association (ANA) and the National League for Nursing Education (NLNE), stood to attention, calling for increased standards in both nursing education and practice. By 1910, medical officials such as Dr. S.S. Goldwater (quoted above) predicted a coming shift in the medical field from a focus on disease and sick care to one on prevention and hygiene. Goldwater suggests that with this change in medicine, the nursing profession will be required to cover the gap left in disease

² Published in 1910, the Flexner Report was a survey of medical education in the USA, named after the principal investigator Abraham Flexner. The results of the survey suggested that there were too many medical schools in the USA, and that too many doctors were being trained. Flexner thus recommended the reduction in the number of medical schools from 155 to 31 as well as increased admissions standards and tighter state regulation of medical licensure. Although Flexner’s report was contested by some, nearly half of all medical schools either merged or closed following the publication of this Report. Although some scholars have argued that the Flexner Report led to revolutionary changes in American medical education, others have argued that changes in education were a result of a mixture growing professionalism, increased private funding and the advancement of research techniques during this same period.
care, creating an expanding role for nurses. What Goldwater did not anticipate was the simultaneous drive within the nursing profession to also expand the nursing role into the area of hygiene and public health. This drive included the formation of a national organization on public health nursing, gaining the support of prominent medical officials — including those close to the Rockefeller Foundation (RF), an influential philanthropic organization — and successfully arguing against the sending of public health nurses overseas during the war. Although these steps were taken before the end of the First World War, the period immediately following the war and the 1918 pandemic spread of influenza provided fertile ground for reopening discussions regarding nursing education both nationally and internationally.

The mass destruction caused by the First World War, compounded by the pandemic spread of influenza beginning in 1918, led to a devastating public health crisis which called for a major international relief effort. Numerous organizations, both national and international, became involved in the provision of relief in Europe during this period, which included programs aimed at the prevention of tuberculosis and other infectious diseases, as well as maternal and child health. However, the success of many of these programs was dependent upon the availability of trained nurses. Two American-led relief efforts, one by the RF and one by the League of Red Cross Societies (LRCS), became the largest providers of international training programs for public health nurses during the interwar period. Despite both of these initiatives being led by American nurses, intense debate developed over this period regarding standards in nursing education.

Scholars have examined the involvement of American organizations in the training of nurses overseas during the interwar period through explorations of both the Red Cross and
the Rockefeller Foundation and the relationship between them. Julia Irwin argued that the RF and the American Red Cross (ARC) served as conduits for the introduction of American public health methods and beliefs to Europe. \(^3\) Irwin suggested that the American Red Cross nurses who aided in establishing nursing schools travelled to Europe to spread American professional nursing ideas. Similarly, Barbara Brush’s examination of the role of the RF in the professionalization of nursing in the Philippines suggested that American-born and trained nurses, “preaching a gospel of models, principles, and techniques derived from American nursing experience,” aimed to establish nursing associations modelled on the American Nurses Association (ANA) and the National League of Nursing Education (NLNE). \(^4\)

Furthermore, two examinations of the relationship between the RF and the LRCS nursing programs during the interwar period suggest that conflict emerged between these two programs regarding the “best” method for the training of public health nurses. \(^5\) UK historian Susan McGann \(^6\) argued that during the immediate post–First World War period the field of public health had no boundaries, and there was no consensus about the best method of training nurses or others for work in this area. McGann contended that this debate compounded the already competing ideologies between North American and British nurse leaders regarding nursing education. The British believed that traditional, hospital-based

---


apprenticeship training was important to instil the spirit of service essential in a good nurse, while the Americans believed that nurses needed a modern, college-based education if nursing was to further professionalize. Ultimately, McGann argued that the success of the LRCS course was decided by the outcome of this struggle for international hegemony between the American and the British nursing leaders. Like McGann, nurse historian Anne Marie Rafferty also argued that one of the greatest impediments to reforming nursing education, both in Europe and the USA, was the lack of agreement among nurse leaders as to what constituted proper training. In particular, Rafferty highlighted the low opinion of the American RF officers of training standards in England, arguing that “economic stagnation, institutional idiosyncrasy, professional resistance and organisational complexity” ultimately conspired against the involvement of the RF in nursing education and practice in England.

This dissertation seeks to provide a more nuanced examination of the debate that occurred between the leaders of these international organizations regarding the training of public health nurses during the post–First World War period. A closer examination of the ideas, attitudes, and actions of those at the head of these international training programs, as well as those most actively engaged in the professionalization of nursing during the interwar period, reveals that in addition to the debate between American and English nurse leaders, an intense debate over standards of training also existed between American nurse leaders. It will be argued here that earlier theses that have suggested the spread of an “American” gospel of ideas and beliefs about nursing education during the post–First World War period ignore the varying, yet important, positions of American nurses regarding the training of nurses, and instead portray a single, “imagined” stance. Specifically, this debate grew between those leading the professionalization of nursing in the USA, particularly the formidable Annie

---

7 Rafferty, "Internationalising Nursing Education during the Interwar Period."
Goodrich, and those leading the nursing programs of the RF and Red Cross in Europe. Ultimately, the RF’s support of varying methods of nursing education during the early 1920s—both Goodrich’s ideal in the USA, and that of their own nursing representative, Elisabeth Crowell in Europe—provided a stage for contesting two of these conflicting visions. In the final event, by 1925, the success of one set of these ideas depended on the development of a persuasive campaign, including: the formation of a close network of support; gaining influential positions within national and international organizations; and aligning their ideals in the training of health care professionals with the individuals within influential organizations. In addition to highlighting the origin and sides of this debate, this dissertation argues that the outcome of this contest influenced the future direction of nursing education in both Europe and North America.

“An Amusing Contre-Temps”: Glimpsing the Debate

The differing views of American nurses regarding nursing education during the post—First World War period can be glimpsed from a meeting of nurses that occurred in Paris in March 1923, during the height of this debate. The meeting was called by the European Council of Nursing Education (ECNE), an organization formed primarily by American Red Cross nurses who had been placed in charge of Red Cross nursing schools in Eastern Europe during the war, and who had remained in these positions during the postwar period. The ECNE was formed in an effort by these American nurses to standardize the training provided within Red Cross schools. During the ECNE’s first meeting the previous year, it was decided that, despite the International Council of Nurses (ICN) having set an international standard of three-year training for nurses (based largely on standards in the

---

USA), those schools represented by the ECNE would aim to achieve a two-year training program. ECNE leaders justified this decision on the basis that many of their schools were part of educational institutions, and were thus not obligated to have their students provide nursing services to hospitals.\(^9\) Therefore, it was argued that a more comprehensive training could be completed in just two years. In addition, it was argued that longer programs were unattainable in their representative countries.\(^10\) By the time the Council met for a second time in 1923, interest (both positive and negative) in the group’s work had vastly increased.

According to American nurse Enid Newton, secretary and treasurer of the ECNE as well as head of the Red Cross nursing school in Yugoslavia, interest in the European Council was so great that they were overwhelmed by the masses of people eager to join.\(^11\)

During the 1923 meeting, a discussion arose as to whom should be allowed to hold membership in the Council. According to Elisabeth Crowell, in attendance as a representative of the Rockefeller Foundation, a power struggle ensued as to whether the Council should remain in the hands of the “more experienced” American and English nurse leaders, or should be extended to include European nurse leaders:

There were representatives from 18 countries; the American element was very much to the fore; naturally the European representation was largely a Red Cross affair. There was an amusing “contre-temps” it seems, with rather disagreeable publicity, as to the necessity of keeping the so-called council a purely American and English affair, because of their greater experience and higher standards of nursing education, and also because of the fact that many of the existing training facilities were being financed, to a certain extent, by American funds....\(^12\)

---

\(^9\) At this time, hospital-based nurse training programs in the USA and England required nursing students to complete a significant number of practice hours within hospitals in order to complete their training.

\(^10\) Newton, “News from the Field.”

\(^11\) Ibid.

\(^12\) Crowell to Embree, March 26, 1923. Folder 137, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
The “contretemps” as mentioned by Crowell stemmed from differing beliefs among the American leaders of the several organizations then involved in the training of nurses in Europe, including the American Red Cross, the League of Red Cross Societies, the Rockefeller Foundation, and the International Council of Nurses. The heavily American-influenced ICN had the previous year recommended a three-year standard of training for all recognized nursing schools. On the other hand, the American founders of the ECNE, as well as the American nurse leaders of the RF and the LRCS, Crowell and Katherine Olmsted, had all worked in Europe during the war and believed in establishing an incremental approach to nursing education, rather than setting an international benchmark. The conflict also involved the larger organizations within which these women were involved. The Rockefeller Foundation and the International Council of Nurses had both long disapproved of the Red Cross’s work in the area of nursing, including that of the League of Red Cross Societies.

The 1923 meeting of the ECNE and the events that followed provide a landscape from which the American battle over standards in nursing education and the emergence of public health nursing education between 1918 and 1925 can be examined. What becomes evident from an examination of this meeting is that during the interwar period, several American individuals and organizations looked to stake a claim in nursing education from the perspective of either nursing professionalization or the provision of public health relief. Further examination of the 1923 ECNE meeting reveals that, contrary to many accounts of the struggle over professional standards of education in Europe during this period, the struggle was not primarily between European and American leaders. Rather, it was a struggle between American nurse leaders placed in leadership positions within the above mentioned organizations. Furthermore, the concurrent politics between existing international health
organizations at this time further complicated nurse leaders’ struggle for leadership in the field of nursing education. The presence of these organizational dynamics required astute political work on the part of these women in order to move forward each of their agendas.

Finally, this study reveals the role of these women in setting the stage for America’s greater role in internationalism. As Giuliana Gemelli and Roy MacLeod have argued, American foundations served as “global bridges” between East and West during the interwar period and stimulated political, intellectual, and economic cooperation within both national and international contexts. In addition, Irwin has argued that the international activities of nurses during this period played a principal role in expanding American influence in the world. The roles of these nurses within the above mentioned international organizations contributed to the forging of international relationships as well as projected an American presence internationally, and thus facilitated American expansion into other realms.

The debate over nursing education that played out on the international stage during the post–First World War period was spurred by the desire to improve training and working conditions for nurses. Prior to this period, nurse leaders within American national professional organizations looked to standardize and expand the role of nurses in the community to practice public health. The outbreak of the First World War and the pandemic spread of influenza set off an international debate over the training of nurses and public health workers. In many ways, in the USA, this debate mimicked that of the medical community over the training of public health officials. However, internationally, the debate

would become much more complicated, with multiple and competing ideals and interests regarding the education of a public health workforce.

Public Health

The professionalization of public health during the progressive era of American politics demanded a dual commitment to both scientific knowledge and social reform. Specific modes of attaining knowledge were defined for the profession, with scientific training and new credentials allowing public health professionals to distance themselves from the volunteers and amateurs.\(^{15}\) However, intense debates emerged over the type of public health workers needed and the training and education required of these workers. In New York, some of the most active and progressive public health leaders emerged; Boston and Providence were also noted for their public health programs. In October 1914, a small number of public health leaders met to discuss the creation of formal institutions to train public health personnel.\(^{16}\) The meeting had been organized by the General Education Board (GEB), a philanthropic endeavour created by oil magnate John D. Rockefeller Sr. in order to direct money to deserving educational causes in the USA. According to public health historian Elizabeth Fee, the outcome of this meeting laid the basis for the future development of professional health education in the USA.\(^{17}\)

During the late nineteenth century, the practice of public health was largely a police function, enforcing quarantine regulations. Furthermore, few public health officers had any specialized training in the field. Rather, these individuals were appointed, promoted, or


\(^{16}\) Ibid.

\(^{17}\) Ibid., 25.
removed from office on the basis of their political alliances and personal friendships. A few of the better medical schools offered courses in public health or preventive medicine, but there was no standardized training, nor were there any recognized credentials necessary to practice public health. Some officers had medical degrees, but others were engineers, lawyers, chemists, or biologists. In the period immediately following the nineteenth century, with the transformational work of bacteriologists such as Louis Pasteur and Robert Koch, germ theory became the primary symbol of a new, scientific public health. Fee argued that bacteriology became “an ideological marker, sharply differentiating the ‘old’ public health, the province of untrained amateurs, from the ‘new’ public health, which belonged to scientifically trained professionals.” Americans who had studied in Germany brought back new knowledge of laboratory methods in bacteriology to the USA and started to teach others. Among them was William Welch.

At the October 1914 conference of the GEB, the attendees included Hermann M. Biggs, health commissioner for New York State; Charles Winslow, of the New York State Department of Health; and William Welch, the first professor and dean of the Johns Hopkins Medical School. These men agreed that a new kind of public health service was needed, and that new educational institutions must be created to provide scientific training for a future generation of public health workers; yet they often differed in their conception of how best to accomplish this task.

In debating the different types of public health officers requiring training in 1914, Biggs argued that there were three classes of workers needed: executives, including state and district health officers and city commissioners of health; technical experts, bacteriologists, statisticians,

---

18 Ibid., 1–2.
19 Ibid., 19.
20 Ibid.
engineers, chemists, and epidemiologists; and field workers, the local health officers, the factory and food inspectors, and nurses. However, the training of these workers would lead to extensive debate. Welch had stated that a qualified health officer should have a medical degree, a hospital internship, and two additional years of special training in a public health school. Biggs argued against the requirement of a medical degree, maintaining that he would rather have men “reasonably qualified to the work” than wait forever for an unattainable ideal. Similar arguments regarding the relative importance of advanced education for the few versus minimal training for the majority of practitioners were simultaneously occurring in other fields, such as engineering.

Based on these discussions, the GEB supported the formation of the School of Hygiene and Public Health at Johns Hopkins University in 1916, which later decided to offer three degrees: Doctor of Public Health, Doctor of Science in Hygiene, and Bachelor of Science in Hygiene. These degrees corresponded to the three levels of public health workers outlined by Biggs. The first class was admitted to Johns Hopkins on October 1, 1918.

The period during which the training of public health officers was being debated in the USA was also one of worldwide public health crisis. The devastating destruction caused by the First World War, compounded by the even more fatal pandemic spread of influenza, led to an increase in international public health relief efforts. During the interwar period, the Rockefeller Foundation increased its involvement in health education in Europe, including the training of health visitors and nurses, and was the main provider of funds for the

---

21 Ibid., 35. Towards the end of the meeting, Wycliffe Rose laid out an elaborate and carefully articulated plan for a central scientific school of public health which received the support and praise of Biggs and Welch. Rose argued that the school be affiliated with a university, but must have its own independent identity, not be simply one department of a medical school. It should be located in a port city, “with its immigration element,” but be within reach of opportunities for rural health work. In May 1915, a proposal under the name of the “Welch-Rose” Report was accepted by the GEB, and set into motion the creation of an “institute of hygiene.” Johns Hopkins was eventually chosen, a year later, as the site for the development of the School of Hygiene and Public Health.

22 Ibid., 6.
development of international activities in the sphere of public health. In addition, other national and international organizations, such as the American Red Cross, the League of Nations, and the League of Red Cross Societies, provided relief efforts, including training programs for public health workers throughout Europe.

The Rockefeller Foundation

John D. Rockefeller Sr. began giving money to various causes in the 1860s. In 1891, Frederick T. Gates, a Baptist clergyman and educator, took charge of Rockefeller’s philanthropic affairs, and in 1901, with the support of John D. Rockefeller Jr., Gates established the General Education Board (GEB). That same year, the Rockefeller Institute for Medical Research was incorporated to give grants to medical researchers. In 1909, the Rockefeller Sanitary Commission was formed, turning Rockefeller’s philanthropic efforts toward public health. The Rockefeller Foundation was fully incorporated in 1913. It was at this time that Rockefeller and Gates turned their attention abroad, as evidenced by the name change of the Sanitary Commission to the International Health Commission (the name was again changed to the International Health Board in 1916). By 1919, the GEB’s increased focus on medical education, including the provision of funds toward the reform of medical education at the University of Chicago and the School of Hygiene and Public Health at Johns Hopkins, led to the formation of the Division of Medical Education (DME) within the Foundation.

The men appointed to guide the Foundation had an elite vision of social reform. They believed that social improvements could be implemented by starting at the top, promoting the philosophy of “making the peaks higher.” This approach thus led them to fund the strongest
institutions and use them as the standard by which to evaluate all others, rather than trying to help weaker institutions reach an acceptable level of performance. In public health, this philosophy meant creating specialized institutions to provide advanced training for those already highly qualified, rather than providing educational resources for those whose previous training and skills were deficient. Foundation officers believed that influencing the training of public health experts through the endowment of new schools of public health within leading American Universities such as Johns Hopkins, Harvard and Yale, as well as internationally, was the primary method of attaining the Foundation’s goal. According to public health historians, the RF officers’ motives in these endeavours included their desire both to surpass what they saw as inadequate scientific and medical programs then in existence in Great Britain, France, and Germany, and to create an international cadre of leaders in the areas of public health and social reform, in the belief that professionalism could transcend national borders and conflicts.

The Foundation’s first involvement in nursing began in 1912, when they lent their support to the recruitment campaign of the American Red Cross Town and Country Nursing Service. Gradually, however, the Foundation officers’ opinions of the Red Cross would

---

diminish, and this would later influence their decision to become involved with the postwar formation of the League of Red Cross Societies.

The League of Red Cross Societies

According to historian Clyde Buckingham, following the war, American businessman and chairman of the War Commission of the American Red Cross Henry Davison argued that existing international health organizations were failing to meet the needs of those affected by the war, and that the time had come for the formation of a “real” international health organization.\(^{26}\) It was Davison’s opinion that national Red Cross Societies could play a greater role (as he believed the ARC had done)\(^{27}\) during times of peace, and he thus put forth the idea for the formation of an international organizing body to direct national Red Cross Societies in a peacetime agenda.

In early December 1918, Davison approached George Vincent, president of the Rockefeller Foundation, to assume the directorship of his newly envisioned international organization.\(^{28}\) According to his diary, Vincent lacked faith that Davison’s organization could be successful. However, before officially declining the offer, Vincent spent several days thinking over the request and sought the advice of his colleagues Hermann Biggs, Wycliffe Rose (president of the GEB), and Edwin Embree (Foundation secretary).\(^{29}\) All


\(^{27}\) Under Davison’s leadership, the ARC contributed to programs in Europe focusing primarily on the development of programs in France, Poland, and the Balkans, including establishing Schools of Nursing in Prague, Warsaw, Poznan, Sofia, and Constantinople. In Poland alone the ARC spent $18 million in relief efforts and, after a visit by Davison to France in 1917, the ARC provided $1 million towards assisting the French Red Cross efforts. See Clyde Buckingham, *For Humanity’s Sake: The Story of the Early Development of the League of Red Cross Societies* (Washington: Public Affairs Press, 1964), 8.

\(^{28}\) George Vincent officer’s diary, December 3, 1918. RG 12.1. Rockefeller Foundation Archive, RAC.

\(^{29}\) Ibid.
three men agreed that Vincent should decline Davison’s offer and remain in his position with the RF. A few days later, Vincent officially declined Davison's offer.

Despite the lack of support from Vincent and the other RF officers, Davison, with the support of President Woodrow Wilson, began marketing his idea to the leaders of the other Allied parties — anxious to capitalize on the postwar spirit of internationalism. Receiving the support of both the British and Canadian Red Cross Societies, Davison went on to meet with the French, Italian, and Japanese Societies, gaining the support of all parties. That spring (1919), experts in the fields of medicine, nursing, and public health from the five Allied nations came together in Cannes, France, for the first postwar Medical Conference to discuss reconstruction efforts in Europe, and the formation of Davison’s peacetime Committee of Red Cross Societies.

The name “League of Red Cross Societies” (LRCS) was eventually decided upon for the new organization, with its purpose “to associate the Red Cross Societies of the world in a systematic effort to anticipate, diminish, and relieve the misery produced by disease and calamity.” The LRCS was successful early in its formation, and by 1921 had grown from its original five Allied members to thirty-five national members. However, by 1922, limited funding forced the LRCS to reduce its programming.

Simultaneously, the League of Nations (LON) was also taking shape on the international stage. The LON was formed out of the Paris Peace Conference following the First World War, with the principal mission of maintaining world peace. In part, it aimed to

---

30 George Vincent officer’s diary, December 4–5, 1918. RG 12.1. Rockefeller Foundation Archive, RAC.
31 George Vincent officer’s diary, December 6, 1918. RG 12.1. Rockefeller Foundation Archive, RAC.
32 Buckingham, For Humanity’s Sake, 22–23.
34 Ibid.
36 Hutchinson, “Custodians of the Sacred Fire.”
develop an international health committee; however, according to historian Iris Borowy, political sensitivities, including the existence of an additional health organization (the Office International d’Hygiène Publique), obstructed the formation of a permanent health organization within the League. The result was the formation of a provisional health committee in 1921.\(^{37}\)

During its early formation, the LON Health Committee focused its efforts primarily on controlling epidemics. Beginning in 1921, the RF provided funding to the League’s Health Committee toward the exchange of health administrators and an expanded program, including health surveys within several European states.\(^{38}\) RF contributions during this time consistently covered more than a third of the Health Committee’s total expenses, and in some years (such as 1925), almost half.\(^{39}\) Specifically, the RF financed the more expensive programs, particularly the interchanges, as well as national studies on epidemiological and public health statistics.

In 1924, a permanent League of Nations Health Organization (LNHO) was established. Despite participating in matters of international health and health education, the LNHO was not directly involved in the training of nurses, and it was not until 1931 that the League appointed a nurse, American Hazel Goff, to its Health Section. However, the existence of the

\(^{37}\) Iris Borowy, *Coming to Terms with World Health: The League of Nations Health Organisation 1921–1946* (New York: Peter Lang, 2009). Upon the formation of the League of Nations, the OIHP was placed under the direction of the League, expanding its mandate and providing new organizational structure, however the OIHP remained independent of the League and served in an advisory function to the new Health Committee. As Borowy explains, the relationship between the LNHO and the OIHP painted a bizarre picture. Although composed of essentially the same people, the two organizations maintained a lasting rivalry of opposing attitudes towards international health. See also Martin Dubin, “The League of Nations Health Organisation,” in *International Health Organizations and Movements, 1928–1939*, ed. Paul Weindling (Cambridge: Cambridge University Press, 1995).

\(^{38}\) Borowy, *Coming to Terms with World Health*, 98–102.

\(^{39}\) Ibid.
LNHO and its relationship with the RF would at times impede the Foundation’s support of other international health organizations, primarily the LRCS.

The USA thus played a major role in the postwar construction, financing, and design of what were then the largest international health organizations in the world: the LRCS, the LNHO, and the RF. Furthermore, the increased involvement of these organizations in public health relief and training programs provided an opening wedge for American nurse leaders to continue their drive for the expansion of nursing into the field of public health.

Visiting Nursing

During the first decade of the twentieth century, several prominent visiting nurses in the USA collaborated with the leaders of the two American nursing professional organizations, the Nurses Alumnae Association and the Society for Superintendents of Training Schools (SSTS), in order to establish standards in the training and practice of visiting nurses.\(^40\)

The role of secular “visiting” or “district” nursing is argued to have been first formalized in Liverpool, England, in 1859, through the assistance of Englishman William Rathbone. By 1865, the city of Liverpool had been divided into eighteen districts, each with its own nurse and a lady (or group of ladies) responsible for supervising her work.\(^41\) These “lady superintendents” were philanthropic women who were residents of Liverpool and who incurred the expenses of the nurses’ lodging as well as the medical expenses of those under

\(^{40}\) In 1912 the Nurses Alumnae Association would be renamed the American Nurses’ Association (ANA) and the Society of Superintendents of Training Schools would be renamed the National League for Nursing Education (NLNE).

the nurses’ care. Considered a success, this method of district nursing soon spread north to Manchester and south to Birmingham. In 1887, district nursing received royal patronage, and, in an attempt to establish a national standard of practice, all district associations were invited to affiliate within the Queen’s Jubilee Institute.43 The advantages for local associations to affiliate with the Queen’s Institute included the continuous supply of fully trained Queen’s nurses to the district nursing associations, as well as the provision of regular inspection by an Institute supervisor, who upheld a uniform standard of practice and training across all affiliated districts.44

The training required for district nurses in England at this time included four months of introductory work followed by a year-long placement in a hospital and an additional six months of further instruction.45 Nursing in the community was thought to require a more highly skilled woman, as the care of the sick occurred outside of a hospital setting and away from the supervision of a doctor. As Florence Nightingale described in 1876:

First, a district nurse must nurse. She must be of a yet higher class, and of a yet fuller training than a hospital nurse, because she has not the doctor always at hand; because she has no hospital appliances at hand; and because she has to take notes of the case for the doctor, who has no one but her to report to him. She is his staff of clinical clerks, dressers and nurses. Secondly, she must nurse the room as well as the patient; put the room in nursing order; that is, make the room such as a patient can recover in; bring care and cleanliness into it, and teach the inmates to keep up that care and cleanliness. And it requires a high stamp of woman to do this; to combine the servant with the teacher and with the educated woman, who can so command the patient’s confidence as to let her do this. Thirdly, a district nurse must bring to the notice of the Officer of Health or proper authorities, sanitary defects, which he alone can remedy.46

44 Brainard, Evolution of Public Health Nursing.
The English model of district nursing quickly spread throughout many of the dominions of the British Empire. For example, in 1897, visiting nurses in country districts were established under the Victorian Order of Nurses in Canada.\(^{47}\)

In the USA, the late nineteenth century also witnessed a rapid increase in the number of visiting nursing organizations, including several autonomous associations founded by lady philanthropists. Two of the first of these associations included the Boston Instructive District Visiting Nurse Association (IDNA) and the Visiting Nurse Association of Philadelphia, both inaugurated in 1886.\(^ {48}\) Similar to the “lady superintendents” in England, the “Lady Managers” who directed these associations in the USA, and were responsible for the supervision of the nurses, were laywomen without any nursing experience.\(^ {49}\) Thus, the associations did not place their attention on professional nursing issues, such as education and standardization.

Between the founding of these visiting nursing associations and the end of the first decade of the twentieth century, the focus of visiting nurses changed from providing care to the impoverished sick to providing specialized care in areas such as tuberculosis, maternal and infant care, and school nursing. However, the changing role and function of the visiting nurse over this time remained poorly understood, as did the necessary training for the nurse in this position:

There appears to exist an idea that the duties of the nurses of the district nursing associations consist in visiting from house to house, attending to the physical needs of the patients referred to them, carrying out any order that the physicians may give, and arranging perhaps for patients to be sent to the hospital if it seems best. But at this point it is often thought that their work ceases...Instead of the well-regulated institution or home, [the visiting nurse]


\(^{48}\) Brainard, *Evolution of Public Health Nursing*.

\(^{49}\) Ibid.
finds poverty, shiftlessness, and a low order generally of social conditions. She realizes quickly that it is impossible to remedy the physical ailments brought to her notice without also trying to elevate the deplorable situation surrounding her patient. Therefore, hand in hand with the treatment of the patient goes also the reconstruction of the family....it takes months and months of experience and investigation, months which may be full of heart-breaks and disappointments...It means the careful studying and comparison of various family problems, proper and careful association and cooperation with other organizations, both social and medical. 50

As the nurse leaders of the American professional nursing associations looked to continue to expand the role of the visiting nurse into the field of public health, they entered the growing debate over the training of public health workers, including the training of public health nurses versus non-nurse health visitors (see chapter 2). The public health crisis following the First World War and the 1918 pandemic spread of influenza provided these women with further opportunities to campaign, both nationally and internationally, for the professionalization of public health nursing. However, without consensus on the training of public health workers, American attempts to set international standards in the training of public health nurses set off an intense debate. Further complicating this debate was the existence of varying standards of nursing education across European states.

In most Central and Eastern European countries up until the twentieth century, religious orders, both Protestant and Catholic, remained the primary providers of nursing training. For example, up until 1908, all hospitals under the control of the Service de Santé Militaire of the Ministry of War in France were staffed by members of various nursing congregations, particularly the Sisters of Charity of Saint Vincent de Paul. 51 The Motherhouse system, adopted from the sisters, spread by the Kaiserwerth deaconesses, and

patterned after monasteries, was used widely for nursing training throughout Central and Eastern Europe. Nurses under this system remained associated with and governed by the schools, even after graduation. In addition to patient care in the institutions, the sisters devoted their time to district nursing.\textsuperscript{52}

When the war broke out, the need for nurses trained in tuberculosis care increased dramatically. In response, several organizations created abbreviated versions of nurse training programs that allowed for the rapid training of large numbers of nurses, particularly in tuberculosis care. In particular, the critical need for nurses to care for soldiers and civilians during the war saw hundreds of thousands of women throughout Europe and from all social classes volunteer with national Red Cross Societies for military “nursing” service.

Red Cross Nursing

In 1869, at the second international gathering of the International Committee of the Red Cross (ICRC) (then the International Committee of Aid Organizations) in Berlin, a proposal was presented suggesting that national societies maintain their usefulness by undertaking the training of nurses and caring for the sick poor during times of peace, in order to remain prepared for times of war.\textsuperscript{53} By April 1869, the Prussian aid organization became the first society to modify its statute in response to these aims adding caring for the sick poor, training nurses, and building reserve hospitals within their mandate.\textsuperscript{54} This mandate quickly spread to other national organizations, and by the outbreak of the First World War, Red Cross nurses from around the world were active in war relief efforts.

\textsuperscript{52} Adelaide Nutting and Lavinia Dock, \textit{A History of Nursing}, vols. 1 and 2 (New York: G.P. Putnam Son’s, 1912).


\textsuperscript{54} Ibid., 119–120.
While focused primarily on developing hospital training schools to prepare nurses for war, in times of peace, Red Cross societies sent out their nurses as private-duty or visiting nurses. Many of the Red Cross homes for nurses were structured on the Motherhouse plan of the deaconess houses, with the exception of accepting pupils of all religious faiths and allowing their staff to maintain their social lives.\textsuperscript{55} Also, nurses could terminate their Red Cross contracts and seek independent occupations without incurring the same stigma that attached to the deaconess who left her motherhouse.\textsuperscript{56} Because of the patriotic appeal, the Red Cross easily attracted superior women, often from the upper middle and upper social classes.\textsuperscript{57}

As the war approached, the Red Cross gained increasing influence in the training of nurses. However, those interested in reforming nursing education during this period perceived the Red Cross’s training standards to be too low, and heavily contested their involvement in nursing education. For example, in France, before the war actually began, the Ministry of War had granted the French Red Cross the exclusive right to recruit and provide suitable personnel to treat sick and wounded soldiers during times of war.\textsuperscript{58} Doctors, surgeons, nurses, orderlies, and general-services workers not directly engaged by the military were required to affiliate with one of the three Red Cross societies in order to serve in military or auxiliary hospitals (which were owned by the three societies). Only the approximately ten thousand members of religious congregations who served from the beginning of the war in auxiliary military hospitals were exempt from this requirement.\textsuperscript{59} Thus, according to historian Kathrin Schultheiss, the term \textit{infirmière militaire} became

\textsuperscript{55} Nutting and Dock, \textit{A History of Nursing}, 196.
\textsuperscript{56} Ibid.
\textsuperscript{57} Ibid.
\textsuperscript{58} Schultheiss, \textit{Bodies and Souls}.
\textsuperscript{59} Ibid.
virtually synonymous in the public and official mind with the Red Cross volunteers. Volunteers included women and men from a wide range of social and professional backgrounds, such as trained nurses recruited by the army, career military nurses (male and female), enlisted men assigned to nursing units, well-trained and minimally trained Red Cross volunteer nurses, and members of religious groups.

The sudden presence of thousands of enthusiastic but unevenly trained women in the hospital wards elicited several types of responses, ranging from unwavering praise to doubts about the new nurses’ competence and criticism of the length and content of their training. Schultheiss suggested that the praise awarded to the wartime nurse was primarily in response to her feminine patriotism, rather than her skill and expertise. To reformers, who had initiated more rigorous nurse training programs, the Red Cross nurse represented everything they opposed in the training of a professional nurse. By the time the war started, the Red Cross still had no uniform standards for training or requirements leading to degrees. The Red Cross programs lasted anywhere between three and six months, took place at a dispensary or small hospital set up by a particular society, and generally consisted of theoretical and

60 Ibid.
61 Ibid., 146.
62 Ibid., 160.
63 Ibid., 6.
64 Schultheiss, Bodies and Souls, 4–5. According to Schultheiss, both Bourneville and Hamilton had led campaigns to improve upon the training of nurses in France, including the replacement of religious sisters with trained lay nurses. A physician and politician, Desire Magloire Bourneville, had led a thirty-year campaign to replace the religious sisters employed by the Paris Assistance Publique administration, with lay nurses. Recognizing that the existing lay staff was not yet prepared to step into the sisters’ supervisory roles, Bourneville established the country’s first public, part-time nurse-training programs, drawing on working- and peasant-class nursing personnel already employed in the hospitals. Similarly, Protestant doctor Anna Hamilton, with support from the mayor Dr. Paul Louis Lande, initiated a rigorous training program aimed to turn nursing in to a highly skilled profession for educated, middle-class single women. Hamilton and Lande based their reforms on the work of England’ s Florence Nightingale, and believed that the modern nurse must be secular, female, single, well-educated, and trained not only in a classroom but in a functioning hospital ward. Thus the uneven, or lack of, formal training obtained by those who were designated as French Red Cross nurses was in opposition to the work of these reformers.
practical courses as well as some hands-on experience. Critics of the Red Cross nurses argued that the “society ladies,” who constituted the vast majority of the organizations’ members during the prewar years, treated nursing as a diversion or hobby, rather than a vocation or profession. Referring to the French Red Cross nursing programs, American nurse leader Lavinia Dock complained that they remained “superficial” and that the societies made no effort to establish authentic “schools for professional nurses.” Dock also noted in an issue of the American Journal of Nursing in 1909 that “it seems that the French societies of women of the Red Cross, who possess influential social position and money, cherish fixed ambitions to act as nurses in military hospitals, but without any intention of submitting themselves to the nurse’s arduous training.”

The continued employment of Red Cross “nurses” heightened the debate over training standards during the postwar period. In particular, the Red Cross training programs were viewed by the leaders of the American professional organizations as substandard, and conflicted with their own attempts during this period to raise the standards of nursing practice and education. Furthermore, the organizational politics present within and between these multiple organizations further complicated nurse leaders’ efforts to move their particular aims forward.

---

65 Ibid., 171. The creation of the Hôpital-École Edith Cavell for the training of military nurses in 1916 replicated what were considered to be the problems of the Red Cross schools by requiring only three months of training.
66 Ibid., 154.
Historiography

**Post–First World War International Health Organizations**

There is a vast amount of research on the Rockefeller Foundation’s role in the area of standard setting in public health training and education is vast.\(^69\) Since the mid-1970s, more critical analyses have examined the role of philanthropic foundations and programs.\(^70\) In particular, historians such as Richard Brown and Howard Berliner critiqued Foundation officers’ attempts to promote what they described as “professional imperialism” in the field of medicine.\(^71\) Furthermore, the Foundation’s work in the first half of the twentieth century in areas such as Latin America, China, and newly independent European states has also been viewed as a mechanism for the protection of America’s commercial and political interests, including preventing the spread of communism.\(^72\)

According to Christopher Lawrence, the Foundation’s inflexibility and obsessiveness over the methods and standards it approved led to its being viewed by local populations as part of “sinister American imperialism.”\(^73\) Lawrence further argued that this seeming disregard for local practices by Foundation officers contributed to the organization’s lack of success.\(^74\)

Conversely, more recent literature by historian Paul Weindling has maintained that the aims of Foundation officers to support a variety of institutions and influence the setting

---

\(^69\) Earlier historians and scholars such as Raymond Fosdick have taken the RF’s medical programs at face value, glorifying the RF officers for their dissemination of Western medicine for the benefit of “less fortunate” societies. Raymond Fosdick, *The Story of the Rockefeller Foundation* (New York: Harper, 1952); see also Brown, *Rockefeller Medicine Men*.


\(^74\) Ibid., 30.
of standards were benign.\textsuperscript{75} Weindling’s research has characterized the work of the RF during the interwar period as a series of lively interactions between interested national and international bodies, rather than that of a singular American state isolating itself from European interests. Weindling suggested that the international community was open to the role of the USA as a major part of public health reform during this period, recognizing both the ability of American models in supporting the formation of democratic states in Eastern Europe, as well as the countries own capabilities in supporting this development. It was this reciprocal relationship between nations that Weindling pointed to as being instrumental in the formation of the international public health arena. Similarly, the recent work of Steven Palmers in \textit{Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation} argued that the success of the Rockefeller Foundation’s public health programs outside of the USA were the result of local dynamics and flowed predominantly from the ground up, rather than the top down.\textsuperscript{76} Palmer argued that public health discourse was “selectively and creatively recombined and redeployed” to address priorities identified by local, regional, and national dynamics. Furthermore, research by Greek scholars Vassiliki Theodorou and Despina Karakatsani indicated that despite the aims of international health organizations to establish universal methods of scientific methods, training, and education, a number of local factors, such as bureaucracy, collaboration between national and international elites, political and economic conditions, and the influence of local health care professionals and politicians, influenced the extent to which these standards were implemented.\textsuperscript{77}

\textsuperscript{75} Weindling, "American Foundations and the Internationalizing of Public Health,” 63–86.
\textsuperscript{76} Steven Palmers, \textit{Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation} (Lansing: University of Michigan Press, 2010).
In contrast to scholars who argued that the Foundation served as a mechanism for the dissemination of the interests of its trustees, Gemelli and MacLeon suggested that several of the major foundations during the interwar period seem to have been not quite sure what they were doing until they did it. These scholars argued that sometimes policies emerged as unintended consequences, rather than specific strategies. Historian Iris Borowy also argued the importance of the interconnection between people within international health organizations during the interwar period, suggesting that the world of international health was small, allowing for paths to cross frequently. Similarly, Bridget Towers and Martin Dubin argued that strong, determined, and sometimes brilliant individuals were the driving forces of the interwar health scene, and gained their impact through an informal but nonetheless effective network of colleagues. Thus, the newly created vanguard of medical experts within international organizations regarded themselves as the gatekeepers to the advancement of social medicine, including international knowledge exchange and the setting of standards in all areas of public health care.

Studies have suggested that increasing international consensus was reached during the interwar period on the applicability of science to setting international standards in the training and education of health professionals. Weindling argued that the political,
scientific, and medical elite of the time hoped that by having experts set international standards, matters of global importance would take precedent over national concerns in all areas of health.\textsuperscript{83} He also argued that the prevalent thinking at this time was that the benefit of an international, rather than a local, agency was that it would set standards free from bias or political pressures.\textsuperscript{84}

Weindling points out, however, the relatively unbalanced focus on the RF in the literature on philanthropic organizations, arguing that other foundations often played equally important roles, either jointly or independently, in similar international health endeavours.\textsuperscript{85} According to Towers, the League of Red Cross Societies mimicked the corporate strategy and management style of policy development used in the creation of the RF’s International Health Board (IHB). Like that of the RF, the new leadership of the ARC came from the ranks of top business and financial management, and brought with them the style and practices of Taylorism such as strategic planning, strict budgeting controls, efficiency, and cost effectiveness.\textsuperscript{86} Towers suggests that despite the RF officers’ lack of enthusiasm for the previous work of the American Red Cross, they were encouraged by the work of Henry Davison as a leading financier, viewing him as an exemplar of the new philosophy of professionalism. Davison represented this new philosophy of management and announced that a new spirit of professionalism would be found in the ARC and expected to attract trained experts to the organization.\textsuperscript{87} However, according to Towers, changing domestic politics within the USA and increasing tendencies towards isolationism and nationalism

\footnotesize
\begin{itemize}
  \item ed. Susan Gross Solomon, Lion Murard, and Patrick Zylberman (Rochester: University of Rochester Press, 2008), 23–44.
  \item Weindling, "American Foundations and the Internationalizing of Public Health."
  \item Ibid.
  \item Towers, “Red Cross Organizational Politics, 1918–1922.”
  \item Ibid.
\end{itemize}
during the early 1920s eventually resulted in decreased American funding directed towards the programs of the League of Red Cross Societies.\textsuperscript{88}

**Nursing**

In one of the first references to an international dimension of the nursing profession, Adelaide Nutting and Lavinia Dock’s 1907 publication *A Short History of Nursing*, the authors highlighted the existence of a cross-Atlantic network of nurse leaders and discussed the similarities and differences between nursing in England and the USA.\textsuperscript{89} A renewed interest in internationalism within nursing history has recently shed light on themes of imperialism and colonialism, including issues of race and culture.\textsuperscript{90}

A more recent theme explored by American nursing historians includes an examination of the history of philanthropic organizations, such as the Rockefeller and Kellogg Foundations, and their involvement within nursing education in the USA.\textsuperscript{91} The involvement of the Rockefeller Foundation has also been examined within national studies of the development of nursing within China, Czechoslovakia, England, Finland, Japan, Canada, India, and the Philippines.\textsuperscript{92} Of these, the work of Anne Marie Rafferty and Aya Takahashi

\textsuperscript{88} Ibid.  
\textsuperscript{89} Nutting and Dock, *A History of Nursing*.  
in particular suggested that nurses working under the support of the RF attempted to transfer American ideals of nursing education and training to several Asian and Eastern Europe countries. Rafferty argued that, by the end of the 1930s, the RF had successfully transferred an American standard of training public health nurses throughout the world. Conversely, scholars such as Elizabeth Vickers, Barbara Brush, and Shirish Kavadi have argued that these attempts were unsuccessful, mainly due to the multiple and varying political, economic, and social contexts within these countries.

The Foundation’s interest in nursing education in the USA has been examined by American Sarah Abrams in her doctoral thesis entitled “Dreams and Awakenings: The Rockefeller Foundation and Public Health Nursing Education.” In this work, Abrams examines the “waxing and waning” of Foundation officers’ support of nursing education in the USA, primarily the development of the Yale and Vanderbilt Schools of Nursing between 1913 and 1930. Abrams argued that the Foundation’s interest in nursing was stimulated by a perceived need for adequately trained public health nurses during the post–First World War period. Abrams also argued that the Foundation’s later disengagement from American nursing, which she suggests occurred in the 1930s, was the result of the changing structural, operational, and philosophical policies within the organization. Although Abrams has suggested that the Foundation’s support of nursing education in the USA was indirectly

93 Rafferty, "Internationalising Nursing Education during the Interwar Period"; Yrjälä, Public Health and Rockefeller Wealth; Takahashi, The Development of the Japanese Nursing Profession.
94 Rafferty, "Internationalising Nursing Education during the Interwar Period."
95 Vickers, “Frances Elisabeth Crowell and the Politics of Nursing in Czechoslovakia after the First World War.”
related to its programs in other parts of the world, she does not explore these connections in depth.

Finally, research by French historian Pierre Yves Saunier has examined the social connections and networks created among the recipients of the RF’s international nursing fellowship program between the 1920s and the 1950s. Saunier argued that the examination of the Foundation’s fellowship program provides an opportunity to explore how methods and standards for recruiting fellows were adjusted to the contexts of various countries within South America, Asia, and Europe, as well as how fellowships were used as a strategy to train nurse leaders. He has suggested that the fellowship program provided a gateway for the creation of connections between differing regions, nationalities, and cultures. Saunier’s work has also highlighted that nurses were, for a long time, the only female fellows as well as the only women with executive responsibility within the RF.

Examinations of the leadership within the International Council of Nurses have suggested that the ideals and interests of Anglo-American women generally pervaded this organization. ICN historians argued that nurse leaders within this organization were unwilling to make concessions for any nation-states, or address the needs of nurses from differing backgrounds. For example, historian Aeelah Soine has suggested that ICN leaders’ continued focus on defining the nurse as a scientifically trained, well-educated, middle-class woman fuelled conflict between states, going as far as “leaving behind the nurses who would not or could not measure up to the higher expectations of

Thus, the standards upheld by the ICN leadership did not often address the needs of nurses within varying countries, and instead promoted the Anglo-American model as the gold standard for the rest of the world.\textsuperscript{100}

Aya Takahashi’s research on the westernization of nursing in Japan argued that by 1910, the modernizing effect of Western influences had created a Japanese nursing profession that was acceptable for inclusion in the ICN.\textsuperscript{101} However, despite being allowed membership, Japanese nurses were not necessarily invited to join discussions on nursing. According to Takahashi, the only means Japanese nurses had of maintaining their involvement in the ICN was through the Japanese Red Cross Society (JRCS). She stated that the JRCS provided the necessary funding to allow Japanese nurses to travel to ICN meetings, which they otherwise would not have the means to attend.\textsuperscript{102} Thus, she argued that the nurse delegates from Japan were never free from institutional affiliation, unlike the nurses from many other nations.\textsuperscript{103}

This dissertation expands upon the above literature, particularly that of Rafferty, McGann, and the ICN historians, by more closely examining the conflict between international health organizations involved in the training of public health nurses during the interwar period. In further examining this conflict, the combination of interwar policy, the politics of international health, and the political activism of nurse leaders comes to the fore. This research argues that the conflict that arose during this period was not, as has been previously suggested, a battle between Anglo-American and European ideals, but rather a battle between American nurses over the professionalization of nursing. Furthermore, this

\textsuperscript{99} Soine, "The Relation of the Nurse to the Working World."
\textsuperscript{100} Stuart and Boschma, "Seeking Stability in the Midst of Change."
\textsuperscript{101} Takahashi, The Development of the Japanese Nursing Profession, 113.
\textsuperscript{102} Ibid., 121.
\textsuperscript{103} Ibid., 122.
study reveals the intricate political manoeuvring of American nurse leaders within international organizations during this period in order to have their individual agendas moved forward.

In her book *The Politics of Nursing Knowledge*, Anne Marie Rafferty claims that nursing knowledge has been a neglected subject of research. Rafferty argues that more research needs to be done on how knowledge and access to knowledge are controlled by different groups in legitimizing claims to authority and in demarcating professional boundaries between rival contestants to occupational turf.\(^\text{104}\) Furthermore, Brooks and Rafferty argue that the “in-between-ness” of the health visitor role, in particular its locale between medical history and the history of women’s work, education, and feminist scholarship, as well as its position between multiple conflicting ideologies and organizations, has led it to be forgotten.\(^\text{105}\) This study attempts to respond to Rafferty’s call by examining more closely the political struggles from within the nursing profession during the interwar period, as multiple international organizations looked to stake a claim in the training and practice of public health nurses in Europe. Furthermore, this dissertation aims to complicate previous conclusions by scholars who have argued that American nurses spread a singular “vision” for nursing education in Europe following the war. In so doing, this thesis highlights the politics of nurses’ “work” to gain support for the reform of nursing education during this period. Finally, this dissertation attempts to rectify the paucity of research on the role of health visitors and public health nurses in Europe. In particular, it highlights nurses’ ability to capitalize on the early twentieth century public health movement and gain support for the


role of health visitors and public health nurses both nationally and internationally during this period.

Sources

This research has relied on the examination of archival and primary materials and the integration of findings with authoritative secondary materials providing context and detail. Some secondary materials have also provided alternative perspectives against which my own perceptions were tested. In addition, as historical inquiry often entails, a recurring process of reading and rereading available evidence in light of newly discovered materials was undertaken.

The collection used most extensively was that within the Rockefeller Archive Center located in Tarrytown, New York, pertaining to the Rockefeller Foundation. Foundation archives contain organizational files, recordings of trustees’ and Foundation officers’ actions, and the internal operations of the Foundation, as well as project files on the Foundation’s actions within individual countries and organizations. Initially, all nursing project files were examined for the period between 1923 and 1926, including the Foundation’s correspondence with the executive members of the LRCS, as well as selected materials after 1926. However, as it became clear that the Foundation’s involvement in the area of nursing education — and their employment of Elisabeth Crowell — first began under the organization’s Commission for the Prevention of Tuberculosis in France in 1917, these project files were also examined. These papers proved to be the most fruitful in relation to Elisabeth Crowell’s early work with the Foundation. In addition, the diaries of officers, particularly those of Foundation secretary Edwin Embree and Foundation president George Vincent, were examined. The diaries of
nursing officers Elisabeth Crowell and Mary Beard were not begun until 1926, and thus their usefulness to this study was limited (see Appendix A for list of files examined).

Other collections that proved to be fruitful for this research included the National Organization for Public Health Nurses (NOPHN) and Annie Goodrich fonds located at the Barbara Bates Center for the Study of the History of Nursing within the University of Pennsylvania’s School of Nursing. In addition, the archives of the International Red Cross and Red Crescent in Geneva, the Royal Holloway at the University of London, and the Royal College of Nursing in Edinburgh were consulted in relation to the League of Red Cross Societies international course for public health nurses (see Appendix A for list of files).

**Approach to Sources**

The terms “international” and “transnational” have been applied in distinctive ways over time and across disciplines. The multiple uses and interpretations of these terms can shape one’s understanding of the aims and actions of international and transnational organizations, and must therefore be defined in the context of this research.

In her research on the history of nursing in Japan, Aya Takahashi suggested that the term “internationalism” is a non-neutral term which, depending on the institution laying claim to the term, is based on a particular ideology which is not necessarily held by the majority of its members.\(^{106}\) Thus, according to Takahashi, “internationalism” does not meet the needs of members from varying cultural and political groups, nor does it necessarily promote mutual understanding or collaboration between these groups.

---

\(^{106}\) Takahashi, *The Development of the Japanese Nursing Profession*. 
In relation to the Rockefeller Foundation, Anne Emanuelle Birn has argued that the RF was at once “a national, bilateral, multilateral, international and transnational agency.” However, Weindling argued that the sometimes ambivalent status of the RF’s activity, as both international and national, should not mask the fact that RF programs had decidedly US roots, and thus a particular approach and stance.

Conversely, Ilana Lowy and Patrick Zylberman argued that for some of the Rockefeller Foundation officers, especially those based in western Europe in the 1920s and 1930s, the RF ceased to be perceived as an exclusively US venture, and became more akin to a truly international organization. Earlier scholarship by Weindling has also argued that international organizations provided a space for the promotion of international standards in health education free from national politics.

The multiple interpretations of the RF’s role as a national, international, or transnational organization must be taken into account when examining the organization’s work as well as the work of its officers. More recently, scholars have reexamined the Foundation from the position of the individuals most active within it, such as its founders, board members, and officers, in attempts to reconcile the RF’s sometimes inconsistent actions. Following this, this study more closely examines the actions of Foundation officer Elisabeth Crowell and her particular actions and ideas against those of other Foundation officers and executive members. Crowell’s position within the RF required her to negotiate

107 Birn, Marriage of Convenience.
110 Weindling, “Introduction.”
her place within the nursing profession and this organization, forcing her to walk a delicate line between the political interests of the Foundation and her own ideals for the nursing profession, as well as those of the local populations in which she worked. Crowell’s ideas and actions were also examined in relation to those of her American-based colleagues, in particular Annie Goodrich, who worked within other organizational and national contexts.

Like “internationalism,” feminism is also a contested term. Feminist historians Leila Rupp and Verta Taylor argue that a focus on ideas can miss the fact that feminists are situated within organizational and movement contexts. These scholars remind us that international feminist identity was a fluid concept in the 1920s. This research adds to this body of work as it examines the varying, and sometimes opposing, ways in which American nurse leaders, such as Goodrich and Crowell, employed feminist actions in their attempts to further educate women and nurses during the interwar period. It also adds to the literature on women’s collective identity — examining the question of whether or not, as Rupp and Taylor suggest, women overcame national differences to construct an international feminist collective identity.

According to Mrinalini Sinha, Donna Guy, and Angela Woollacott, women’s international organizing during the interwar period reflects global dynamics: the waning of British power and the emergence of the USA as a superpower with hegemonic claims to “hemispheric ‘spheres of influence.’” These scholars argue, however, that an examination of these movements also highlights the impulses that have driven women to build international channels and bodies, and challenges the history of feminism and

---

internationalism by highlighting the multiple contexts from which feminists have engaged with “internationalism” and moved beyond the model of the “West and the Rest.”

My own position as a nurse must also be taken into account in my approach to this research. My training within a North American university-based nursing program that has held close ties to the Rockefeller Foundation’s nursing program, as well as my practice as a public health nurse, have unavoidably shaped my approach to this research. This standpoint was continuously challenged in conversations with my thesis committee, as well as in reflection upon examining both primary and secondary source material.

Chapter 2 begins with an examination of the pre–First World War campaign by American nurse leaders, particularly Annie Goodrich, to professionalize nursing education and public health nursing in the USA. This chapter argues that the formation of a close network of American nursing leadership provided the necessary support to convince government and health officials of the importance of higher education for nurses and the continued training of public health nurses. In particular, the ability of Goodrich and her colleagues to secure the support of the Rockefeller Foundation during this period aided in their continued pursuit to reform nursing education both nationally and internationally during the postwar period. Chapter 3 goes on to examine the beginning of the Rockefeller Foundation’s involvement in the training of health visitors and nurses in France. This chapter focuses largely on the work of Foundation official Elisabeth Crowell. Crowell’s aims and actions in the training of health visitors and nurses in France largely conflicted with the work of Goodrich in the USA, and thus contributed to growing conflict between these two women. Specifically, Crowell’s continued support to the training of non-nurse health visitors and Red Cross nurses in France was counter to Goodrich’s campaign for higher standards of

114 Ibid.
education and training of public health nurses in the USA. Chapter 4 explores the postwar formation of the League of Red Cross Societies Nursing Division and the actions of its director, American nurse Katherine Olmsted, to establish a place for the League in the training of Red Cross nurses in Europe. This chapter also explores the growing interests of the Rockefeller Foundation to expand their nursing education program into Eastern European states. It sets the stage for an examination of Foundation officers’ increasingly negative opinion of the LRCS’s nursing program, which prevented their provision of funding to the LRCS and influenced their decision to expand their own training program throughout Eastern Europe. Chapter 5 explores the peak of the debate between the multiple and competing interests in nursing education in Europe by 1923, including the RF, the LRCS, the ICN, and the newly formed European Council of Nursing Education. It examines the ideas and interests, as well as the individuals, behind these organizations, and the work of American nurse leaders at the forefront of these organizations to move each of their agendas forward. The final chapter examines the moment in which the Foundation’s simultaneous support to two conflicting philosophies of nursing education — that headed by Elisabeth Crowell in Europe and that of Annie Goodrich in the USA — came to a head. In the final event, by 1925, the eventual success of one set of these ideas depended on the alignment of congruent ideals in the training of health care professionals with influential individuals and organizations, and brought about dramatic changes to the Foundation’s European nursing program.
Limitations

There are a number of limitations to this study. Firstly, as this study relies primarily on institutional records, the data collected will reflect the aims and objectives of these organizations. The records of the Rockefeller Foundation, as preserved at the Rockefeller Archive Center, are overwhelming, and present so easily accessible a resource that they may actually skew one’s perception of the Foundation’s impact on any given matter. As Weindling warns, the contribution of the RF has been overemphasized in the literature, which may be a result of the extensiveness and availability of these records. However, in relation to nursing, the Foundation’s archive provides a rare and rich source of nursing documentation.

Nursing historians commonly lament the limited availability, preservation, and maintenance of nursing papers. Although there are many published works by American nurse leaders and educators, diaries, correspondence, and other private documentation by these individuals are not often been preserved. Without personal papers, it is difficult to address questions about the ideas, motivations, and lives of nursing leaders, or about their organizational involvement and work. Thus, the RF collection provides a rich source of material from which to examine nursing history from this perspective.

Institutional records that would present different perspectives on some projects, such as those within the League of Red Cross Societies and the International Council of Nurses, are both limited and difficult to examine without extended time and financial reserves; thus, this remains a limitation of this research.

Finally, one of the most important problems that arises in writing about international history is the differing national historiographical contexts that one must necessarily manage. In particular, differing languages make research on national developments difficult for monoglot researchers. This research relied solely on English sources, and it is possible that certain national perspectives have failed to be recognized as a result.
Chapter 2: Organizing and Networking: The Pursuit of Public Health Nursing in the USA, 1912–1918

Following the late-nineteenth-century formation of two professional nursing organizations in the USA, American nurses sharing a common vision for the profession formed a network to strengthen their bid for higher standards in nursing education and practice. As the field of public health grew during the early twentieth century, this same network of nurse leaders turned their attention toward campaigning for an expanded role for nurses in the practice of public health.

This chapter explores how the formation of professional nursing organizations in the USA provided a network of support for nurse leaders, such as Annie Goodrich, Adelaide Nutting, and Mary Beard, to pursue their professionalization agendas. It examines the campaign by these women for the role of the nurse in public health, including their fight against the employment of minimally trained nurses and non-nurse health visitors. By gaining the support of prominent members of the political and medical community, including those closely connected with the influential Rockefeller Foundation, nurse leaders such as Goodrich and Beard gained further legitimacy in their professional pursuits. In the wake of the global public health crisis caused by the First World War and the pandemic spread of influenza in 1918, the connections and influence gained by these women would position them to influence the intense American debate that developed regarding the training of a public health workforce during this period.

Professional Nursing Organization in North America

During the late nineteenth century, nurses interested in professional issues gathered at national and international conferences such as the International Council of Women (ICW)
and the International Congress of Charity and Correction.\(^1\) Following one such gathering at Chicago’s World Fair in 1893, Canadian nurse Isabel Hampton, who had established herself as a leader in nursing education in the USA, led the formation of the first North American nursing organization, the Society of Superintendents of Training Schools of the United States and Canada (SSTS). The SSTS provided a forum for the heads of hospital schools in North America to discuss educational standards.\(^2\) Four years later, a second organization, the Associated Alumnae of Trained Nurses of the United States and Canada, was formed. While the SSTS limited its membership to superintendents of training schools, the Alumnae association included graduates of nursing schools. The association’s mandate was to develop and maintain a code of ethics for nursing, elevate the standard of nursing education, promote

---

\(^1\) Nettie Birnbach and Sandra Lewenson, eds., *Legacy of Leadership: Presidential Addresses from the Superintendents' Society and the National League of Nursing Education, 1894–1952* (New York: National League for Nursing Press, 1993); Nancy Tomes and Geertje Boschma, “Above All Other Things – Unity,” in *Nurses of All Nations: A History of the International Council of Nurses, 1899–1999*, ed. Barbara Brush and Joan Lynaugh (New York: Lippincott Williams and Wilkins, 1999), chapter 1. The increase in European and North American women’s involvement within national political activism during the mid to late nineteenth century led to the creation of a number of formal international organizations for women, such as the International Council of Women (ICW), the International Women’s Suffrage Alliance (IWSA), and the Women’s International League for Peace and Freedom (WILPF). The women’s movement of the nineteenth century targeted issues such as women’s education, suffrage, poverty relief, foreign missions, temperance, and prison reform. Their crusades were premised on the idea that all women shared a fundamental identity derived from their unique biological and social identity. This new sense of gender consciousness and desire to participate as women in public life grew out of a vast array of economic and social changes. Feminist scholars argue that the largely homogenous demographic within women’s international organizations worked to both bring women together, and set them apart. Primarily, the leaders of these organizations generally originated from Western Europe and North America and their claims of supporting universality was not often a reality. For further critiques of international women’s organizations, see Leila J. Rupp, *Worlds of Women: The Making of an International Women's Movement* (Princeton: Princeton University Press, 1997); Caroline Daley and Melanie Nolan, eds., *Suffrage and Beyond: International Feminist Perspectives* (Annandale, NSW: Pluto Press Australia, 1994); Marilyn Lake, "Between Old Worlds and New: Feminist Citizenship, Nation and Race, the Destabilisation of Identity," in *Suffrage and Beyond: International Feminist Perspectives*, ed. Caroline Daley and Melanie Nolan (Annandale, NSW: Pluto Press Australia, 1994), 277–294; Melanie Nolan and Caroline Daley, "International Feminist Perspectives on Suffrage: An Introduction," in *Suffrage and Beyond: International Feminist Perspectives*, ed. Caroline Daley and Melanie Nolan (Annandale, NSW: Pluto Press Australia, 1994), 1–22; Glenda Sluga, "Female and National Self-determination: A Gender Re-reading of 'the Apogee of Nationalism,'" *Nations and Nationalism* 6, no. 4 (2000): 495–521.

\(^2\) Birnbach and Lewenson, eds., *Legacy of Leadership*. 
the interests of the profession, and foster collegiality among nurses.³ The founding of the SSTS and the Alumnae association, at a time when few national nursing organizations were in existence throughout the world, positioned North American nurse leaders to play a large part in the formation and leadership of an international nursing organization, the International Council of Nurses, formed a few years later in 1899. In the USA, the founding members of the SSTS and Alumnae association would lay the framework for the formation of a formidable network of nurse leaders in the areas of professionalization and education.

American Nursing Network

Many of the founding members of the first North American nursing organizations as well as the ICN, such as Lavinia Dock, Adelaide Nutting, Lillian Wald, and Annie Goodrich, studied or worked together in the same institutions and shared a common frustration with the exploitation of nurses, a mutual concern for the rights of women, and a common goal of unity for the profession. Together, these women supported one another’s pursuits for higher standards of nursing practice and education and created a unified force in the profession.

Dock was born on February 26, 1858, in Harrisburg, Pennsylvania.⁴ In 1884, she entered the school for nurses of Bellevue Hospital in New York and graduated two years later.⁵ After graduation, Dock worked as a visiting nurse with the Woman’s Mission in New York City, and later with a charitable society for women in Norwich, Connecticut. In 1890, Dock joined the staff of Johns Hopkins Hospital, serving as assistant superintendent of

⁵ Ibid.
nurses under Isabel Hampton (then Hampton Robb, following her marriage). Following this appointment, Dock spent two years as superintendent of the Illinois Training School in Chicago before returning to New York City and establishing residence at the Henry Street Settlement, remaining there for the next twenty years. Between 1896 and 1901, she served as secretary of the SSTS. Dock was a staunch feminist and pressed for women’s suffrage. She was an active member of the National Women’s Party and was jailed three times for her militant demonstrations. Historian Aeleah Soine has suggested that nurse leaders such as Dock recognized that professionalization required state cooperation and that raising professional requirements would become continually more difficult unless women gained the right to vote. Thus, they pursued political franchise in the interest of nursing reform.

Dock’s education and later career illustrate a growing network of nursing leadership within the northeastern United States during this period. When Dock joined the staff of Johns Hopkins Hospital in 1890, another future leader and advocate of nursing education, Adelaide Nutting, was graduating from the Johns Hopkins Training School. Nutting was born the same year as Dock but in Frost Village, Quebec, Canada. Three years after graduation, in 1894, Nutting was appointed superintendent of nurses and principal of the Johns Hopkins School, replacing Isabel Hampton after the latter’s marriage. That same year, Nutting was

---

6 Ibid.
7 Ibid.
9 Dock’s militant attitude was not condoned by her nursing colleagues and later led to her moving out of the Henry Street Settlement in 1915.
12 Johns Hopkins was the first independent, degree-granting institution for research and training in public health, and was thus vital to the process of professionalization of public health in the United States. It was also the first and largest public health program funded by the Rockefeller Foundation. See Elizabeth Fee, Disease
instrumental in organizing the Associated Alumnae of Trained Nurses of the United States and Canada. Nutting was elected president of the SSTS twice (in 1896 and 1909). She also held the office of secretary for the organization in both 1903 and 1905. Nutting’s most influential role, however, was as chair of the SSTS’s Education Committee, where she wrote several instrumental reports on the status of nursing education. In 1907, Nutting became the world’s first professor of nursing, teaching a hospital economics course at the Teachers College at Columbia University (a school aimed at preparing nurses to be educators and administrators).  

Just as medical and public health officials associated with Johns Hopkins saw themselves as leaders in their respective fields, American nurse historian Cynthia Connolly has suggested that the leaders of the Johns Hopkins Training School for Nurses saw themselves as the vanguard of nursing education. In particular, Hampton and Nutting strove to reduce the student exploitation prevalent at that time while preparing nurses for changing health care environments. Once at Johns Hopkins, Hampton extended the length of training from one year to two years, emphasizing the importance of theory within the curriculum as well as introducing testing and grading. In 1896, under Nutting, the course would again be extended, this time to three years, in line with the national recommendation of the SSTS.  


13 Bullough and Sentz, eds., *American Nursing*. Nutting remained at Teachers College until her retirement in 1925.  


16 Many scholars have argued that rank and file nurses were more concerned with their economic livelihood than with issues of professionalization, see Barbara Melosh, *The Physician's Hand: Nurses and Nursing in the Twentieth Century* (Philadelphia: Temple University Press, 1982); Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945* (Cambridge: Cambridge University Press, 1987). On leadership networks, see Connolloy, “Hampton, Nutting and Rival Gospels”; Teresa Christy, “Nurses in American
Along with Dock and Nutting, another major force within nursing during this period was Lillian Wald, founder of the Henry Street Settlement. Wald graduated from the New York Hospital in 1891 and began her activism in community and public health nursing shortly thereafter, founding the Henry Street Settlement in New York City in 1893. The Settlement offered nursing services to the poor, as well as promoting education, recreation, housing, and relief for the unemployed.\(^{17}\) Furthermore, feminist historian Alisa Klaus has argued that voluntary organizations such as settlement houses provided emotional support, intellectual and social communities, and educational and professional opportunities for a generation of women who would become professional reformers.\(^{18}\) Biographer Doris Daniels, in her book *Always a Sister: The Feminism of Lillian D. Wald*, describes Wald as a social reformer and feminist, adverse to militancy and radicalism.\(^{19}\) Wald would later be instrumental in the formation of a national organization focusing on the promotion of higher standards in visiting and public health nursing (see below).

Another graduate of the New York Hospital nursing program (one year after Wald), who would become arguably one of the most influential women in this network in the area of education reform, was Annie Goodrich. Throughout her career, Goodrich was appointed superintendent to multiple nursing schools throughout New York, including St. Luke’s Hospital, New York Hospital, and Bellevue and Allied Training Schools for Nursing, before


There have been several biographies and other works published regarding Wald’s involvement in the Settlement movement as well as her feminist activism, including Marjorie Feld, *Lillian Wald: A Biography* (Chapel Hill: University of North Carolina Press, 2008); Wald, *The House on Henry Street*; Lillian Wald, *Windows on Henry Street* (Boston: Little Brown and Company, 1934).
being elected president of the SSTS from 1905 to 1906 and inspector of nurses training schools for the New York State Education Department in 1910.\textsuperscript{20} After ten years as a part-time lecturer at the Teachers College at Columbia University (with Adelaide Nutting), Goodrich was appointed Assistant Professor in 1914.\textsuperscript{21}

Having all graduated from well-respected nursing schools in the northeastern USA, these women formed an early network of nursing leadership within what would become some of the most highly regarded settings of nursing education and practice, including Teachers College and the Henry Street Settlement (see figure 2.1). During the early-twentieth-century rise of the field of public health, these women drew upon this network to fight for the reform of nursing education and the expansion of the visiting nursing role into the field of public health.


Pursuing Public Health Nursing

During the early twentieth century, visiting nursing associations in the USA experienced a new and growing leadership by nurse superintendents, replacing the previous leadership by lady philanthropists. One of the first examples of this new nursing leadership was Mary Sewall Gardner’s direction of the Providence District Nursing Association in Rhode Island.\(^{22}\) In 1905, Gardner took over and reorganized the Providence District Nursing Association along broader lines of community care, dividing the city into districts and adding prenatal instruction and child welfare programs to the traditional work of bedside care. Some time later, in 1912, another nurse, Mary Beard, was appointed superintendent of the

Instructive District Nursing Association (IDNA) in Boston and undertook a similar reorganization.

Two months after being appointed to the visiting nursing association in Boston, Beard initiated a plan of reorganization that resulted in a complete institutional change. Following Gardner’s work in Providence, Beard’s plan included blending the work being done by the various specialist nurses within the Association (tuberculosis nurses, school nurses, maternal nurses, etc.), so that each nurse would no longer focus on one type of problem, but would become a general practitioner — what she called a “neighbourhood” or “community” nurse.23 Rather than focusing their care on the impoverished sick, Beard envisioned the visiting nurse caring for the whole community.

According to historian Karen Buhler-Wilkerson, during her second year with the IDNA, Beard developed standards in several areas of visiting nursing care and replaced all the temporary nurses on staff with twenty-two nurses who had completed postgraduate training in visiting nursing.24 Similar processes were also established by other nurse leaders in the surrounding cities of Baltimore, Philadelphia, Chicago, and Washington, D.C.25 With nurses gradually taking over the leadership of visiting nursing associations, Beard and her colleagues argued for the formation of a national visiting nursing organization, to focus on the promotion and standardization of the rapidly changing visiting nursing role.

According to Beard’s colleague Annie Brainard, in 1911, Ella Phillips Crandall (one of Nutting’s fellow professors at Teachers College), together with Mary Gardner, argued for the formation of an independent national organization of visiting or district nurses, rather than an

24 Ibid., 62. Postgraduate courses in visiting nursing were given by several of the visiting nursing associations as well as at Teacher’s College.
offshoot of the American Nurses Association (ANA) (formerly the Nurses Alumnae
Association): 

I do think that the standardization of district nursing is extremely
important....District nursing is not hedged about by the same formalities or
restrictions as those surrounding hospital work....Of course education is the
main point, but how to educate is often a problem in the smaller places, and I
think some form of national organization is the only thing that will have any
permanent effect on the district nursing situation throughout the country....I
hardly see how a committee of the ANA, as has been suggested, could be
allowed sufficient time at any annual conference to do efficient work.  

It was Gardner’s opinion that such an organization would aid in the standardization
of the role of the visiting or district nurse and would work, in time, to “eliminate the
unsuitable nurse.”  

In January 1912, a committee of three ANA members and three members of the SSTS
was struck to consider the question of standards for visiting nurses. On the recommendation
of the SSTS, Lillian Wald, founder of the Henry Street Settlement, was made chairwoman of
the committee and was joined by Mary Gardner, Ella Crandall, and Mary Beard, among
others. In their final report, the committee members expressed their desire for the formation
of a national visiting nursing association and recommended that the standards for visiting
nurses include: a minimum age of twenty-five years; having graduated from a recognized
hospital in a program of at least two years in length; and, where possible, some previous
experience in visiting nursing.  

---

26 The Nurses Alumnae Association of the United States and Canada was dissolved with Canadian nurses
formed their own national organization, the Canadian Association of Trained Nurses in 1908. The remaining
association of American nurses was renamed the American Nurses’ Association in 1911.
28 Ibid.
29 “Report of the Joint Committee Appointed for Consideration of the Standardization of Visiting Nursing Read
by Mary Gardner. Proceedings of the Fifteenth Annual Convention of the American Nurses' Association, June
5-7, 1912,” American Journal of Nursing 12, no. 11 (1912).
30 Ibid. Other committee members included Jane Delano, Anna Kerr, and Edna Foley.
31 Ibid.
According to nurse Annie Brainard, the process of naming the new organization “The National Organization for Public Health Nurses” did not come easily, with many nurse leaders seeing great promise in the future of this new nursing role:

The selection of each word of the title was made with the greatest care and discrimination. The chief argument in favour of the term “Public Health” was that it was borrowing from or banking on the future, rather than the past or present, and establishing, in anticipation a vital connection between visiting nursing and public health as it was practically sure to develop in the immediate future. I think it is safe to say that it was this argument that overcame the influence that both tradition and sentiment held in the minds of most of the nurses present.32

Thus, the use of the term “public health,” rather than “visiting,” nurse was a conscious decision by these nurse leaders to expand the role of the nurse to fit the growing field of public health. This was quite an innovative line of thinking, as the role of the nurse in public health was not yet agreed upon within nursing, medical, or public health circles. In 1910, Adelaide Nutting had argued that “health nursing” was vastly different from “nursing” in the sense of the term as it was used up until then — which commonly referred to sick or bedside care. Up until this point, health promotion and disease prevention weren’t thought of as nursing roles.

The objective of the newly formed NOPHN was as follows:

To stimulate the general public and the visiting nurse associations to the extension and support of public health nursing service, to facilitate harmonious co-operation among the workers and supporters and to develop a standard of ethics and technic [sic]. Also to act as a clearing house for information for those interested in such work.33

33 “Report of the Joint Committee Appointed for Consideration of the Standardization of Visiting Nursing Read by Mary Gardner.”
Lillian Wald was appointed as the NOPHN’s first president, with Ella Crandall as Secretary. Mary Beard sat on the NOPHN’s first board of directors from 1912 to 1914 and later held the positions of vice president (1915–1916) and president (1916–1919).

Crandall served as superintendent of the Miami Valley Hospital in Dayton, Ohio, and the first director of its new school of nursing in 1899. Along with the school’s assistant superintendent, Lillian Clayton, Crandall transformed the hospital into a modern hospital and nursing school. Crandall also served on the executive council of the SSTs, and later became a supervisor at the Henry Street Visiting Nurse Service, alongside Wald and Dock. In 1910, Crandall joined Adelaide Nutting at Teachers College, where she developed courses in the evolving practice of visiting nursing, advocating for the addition of courses in sociology, economics, and psychology. As NOPHN Secretary, Crandall gave up many of her faculty responsibilities at Teachers College and devoted the majority of her time to her new appointment with the NOPHN, a position she retained until 1920. Crandall’s connections with Lillian Clayton, Lavinia Dock, Lillian Wald, Adelaide Nutting, and Mary Beard (it was Crandall who recommended Beard for the appointment with the IDNA in 1912) would position her at the centre of this growing network of nursing leadership (see figure 2.2).

Within the NOPHN’s proposed constitution, put forth by Wald, both nurse and non-nurse memberships were available within the organization; however, non-nurse members were not considered part of the voting constituency. Similar to the structure of the National League of Nursing Education (NLNE) (formerly the SSTs), the president of the NOPHN,

34 Ibid., 338. Edna Foley was vice-president and Mary Lent was treasurer. Other executive members included several of the members of the original joint committee, including Beard, Delano, and Gardner, in addition to Anna Kerr, Ellen La Motte and Julia Stimson.
35 Bullough and Sentz, eds., American Nursing. Beard was also a member of the board from 1918-1920, 1926-30 and 1936-46.
36 Ibid.
Wald, also took up a directorship within the American Nurses’ Association — linking the two organizations.\(^{38}\)

Thus, by the end of 1912, there were three major national nursing organizations in the USA: the American Nurses Association (ANA); the National League of Nursing Education (NLNE); and the National Organization for Public Health Nurses (NOPHN), with the members of these organizations all working closely together to achieve higher standards in all areas of nursing practice and education in the United States. The formation of the NOPHN served as a springboard for nurse leaders’ arguments for more thorough education for nurses, particularly those wishing to practice in the field of public health.

That same year, Goodrich was appointed as president of the ICN, alongside Dock’s continuing role as ICN secretary. It would not be long before American nurses’ ideas for the reform of nursing education and practice, including nurses’ expanded role in the community, were being promoted internationally. In 1911, Dock expressed her clear view on the role of American nurse leaders in providing a model for what could be achieved within other countries: “Those who fail to realize that we Americans go as a reinforcing army to strengthen the position of our allies in their campaign for a higher civilization, fail entirely to grasp the elementary meaning of the idea of ‘internationalism.’”\(^{39}\) However, without consensus on the training of public health workers, upon the outbreak of the First World War, these American nurse leaders (in particular Annie Goodrich) would fight against the sending of public health nurses overseas, as well as fend off arguments for the preparation of minimally trained nurses’ aides and non-nurse health visitors.


Upholding Standards: The American Red Cross Rural Nursing Service

Over the next decade, the NOPHN executive members would be faced with several battles to maintain standards in the field of public health nursing. The first of these battles was with the American Red Cross Nursing Service, and would prove a lasting fight.⁴⁰

During the first few years of the NOPHN’s existence, the executive membership focused their efforts primarily on public health nursing within urban areas. Gradually, Wald expressed a desire to expand the NOPHN’s work to rural communities, and proposed the

---

formation of a rural nursing service under the auspices of the American Red Cross.\textsuperscript{41} A committee of both lay and nurse members was thus appointed under the umbrella of the NOPHN, including Wycliffe Rose of the Rockefeller Foundation, as well as Wald, Annie Goodrich, and Jane Delano (director of nursing of the American Red Cross).\textsuperscript{42} This committee met for the first time in late 1912, under the name of the Rural Nursing Service.\textsuperscript{43}

Since 1911, the American Red Cross (ARC) Nursing Service (originally established in 1909) had been affiliated with the Nurses Alumnae Association (ANA), forming a National Committee on Red Cross Nursing Service.\textsuperscript{44} However, this affiliation came with both benefits and challenges for the Red Cross. Of benefit was the fact that the Red Cross would receive the full support of both the ANA and the SSTS (NLNE) through this relationship; however, this support would come with certain conditions. Most important in the minds of the Alumnae Association leaders was the condition that the Red Cross agree to draw their recruits from those nurses affiliated with the Alumnae Association.\textsuperscript{45} As the requirement for membership with the Alumnae Association included having achieved certain educational standards, including graduating from a school connected with a hospital of at least fifty beds, this severely curtailed the Red Cross’s recruitment efforts.\textsuperscript{46} The difficulty became finding qualified nurses who met the new Red Cross standards, or had experience or training in rural

\begin{itemize}
\item \textsuperscript{41} L. Dock, S. Pickett, and C. Noyes, \textit{History of American Red Cross Nursing} (New York: Macmillan, 1922), 1220.
\item \textsuperscript{42} Other lay members included Mabel Boardman (chair), Mrs. William Draper, and Mrs. Whitelaw Reid.
\item \textsuperscript{43} Dock, Pickett, and Noyes, \textit{History of American Red Cross Nursing}.
\item \textsuperscript{45} Kernodle, \textit{The Red Cross Nurse in Action}, 54.
\item \textsuperscript{46} Ibid. In 1915, with growing concerns over the educational background of members of the Red Cross, the National Committee on Red Cross Nursing Service ruled that each candidate must also write an essay of at least 250 words.
\end{itemize}
nursing, and led to much conflict between the two groups.\textsuperscript{47} According to Beard, there was some belief in the minds of the NOPHN nurse leaders that the American Red Cross Nursing Service had generally failed to adopt the recommendations of the national nursing organizations in matters relating to professional education.\textsuperscript{48} As the NOPHN, ANA, and NLNE members continued to fight for improved training standards, the Red Cross continued to employ the services of volunteer, and minimally trained, nurses. Thus, everyone, according to Beard, was interested in having the Rural Red Cross Nursing Service closely connected with visiting nurse associations, instead of “following the tendency to be Red Cross and only that and exclusively that.”\textsuperscript{49}

The role of the Rural Nursing Service was to provide qualified nurses to local boards of health or associations as needed. In 1913, Wald successfully negotiated an arrangement between the Red Cross and the MET Life Insurance Company, which meant that the Red Cross would provide nursing care for the company’s industrial policy holders.\textsuperscript{50} As the role of the Red Cross Rural Nursing Service in the provision of community care began to expand, NOPHN nurse leaders feared that the Red Cross would become involved in the education of public health nurses. In an effort to circumvent any involvement by the Red Cross in nursing education, in 1913, Crandall (representing NOPHN) and Adelaide Nutting (representing the NLNE) were added to the Rural Nursing Service.\textsuperscript{51} In addition, Wald suggested that the Red Cross limit its growth, allowing established educational institutions, and that the NOPHN

\textsuperscript{47} Fitzpatrick, \textit{The National Organization for Public Health Nursing, 1912-1952.}
\textsuperscript{50} Kernodle, \textit{The Red Cross Nurse in Action}, 75.
lead educational initiatives in the field of public health nursing. At the same time, NOPHN nurse leaders convinced the Rural Nursing Service committee members that all nurse applicants should be required to complete a four-month course of postgraduate training under the supervision of a recognized visiting nurse association. In order to assist the Red Cross in meeting this condition, a four-month postgraduate course in rural nursing was initiated by Teachers College in cooperation with the Henry Street Settlement for the specific purpose of preparing nurses for the Rural Nursing Service.

Together, Wald, Crandall, and Nutting were able to band together to uphold the standards of the national nursing organizations in relation to training standards for preliminary and public health nursing programs, resisting the Red Cross’s arguments for the use of voluntary or minimally trained nurses. With the outbreak of the First World War, the leaders of the three national nursing associations would capitalize on their support from outside the nursing profession in order to continue their efforts to ward off further arguments for reduced standards in nursing education.

Gaining Support from Outside the Profession

Adding to the growing tension between NOPHN nurse leaders and the American Red Cross was the Red Cross nurse leaders’ desire to send nurses overseas to participate in the war effort. In order to fend off these efforts, the leaders of the three national nursing

\[52\] Ibid.
\[53\] MC 83 Roll 11. Book 1 – 1912–1919, National Organization for Public Health Nurses Records: 1913–1953, Barbara Bates Center for the Study of the History of Nursing, School of Nursing, University of Pennsylvania. Formalized training for visiting nurses had begun in the USA in 1906, through the development of a postgraduate training course by the Boston District Nursing Association. This program was followed by the creation of similar programs at Teachers College (1910); the Cleveland Visiting Nurse Association (1911); the Phipps Institute of Philadelphia (1913); and the New Haven Visiting Nurse Association (1914). Teachers College remained an exception during this early period, as the only training program established by an educational institution rather than a visiting nurse or public health organization.
\[54\] Marshall, *Mary Adelaide Nutting, Pioneer of Modern Nursing.*
organizations — Annie Goodrich (ANA), Adelaide Nutting (NLNE), and Mary Beard (NOPHN) — along with Lillian Wald would seek the support of government officials for the issuing of a pronouncement against sending public health nurses overseas for war service.

Throughout the war, Wald argued for retaining the services of public health nurses in the USA. According to Doris Daniels, Wald believed that the war — and military spending — would take precedence over social reform in the minds of Americans, and she thus protested the involvement of the USA in the war effort, including the sending of Red Cross nurses overseas.55 Furthermore, Wald and her NOPHN colleagues argued that the services of trained public health nurses were required at home. Jane Delano, director of the ARC Nursing Service, came head to head with Wald regarding the sending of American Red Cross nurses overseas. Referring to excerpts from the Treaty of Geneva, Delano argued that the ARC was under treaty obligation to send relief, including medical and nursing aid, to other countries when needed. In the report of a meeting between the NOPHN executive committee and the Red Cross Nursing Service, Delano is quoted in protest of Wald’s arguments against the efforts of the Red Cross:

[Delano] doubted if Miss Wald was fully aware of these obligations when she wrote her letter. She also considered it a presumptious [sic] thing for a small body of nurses to publicly criticize an international organization such as the Red Cross, which had received the world’s highest endorsement since 1864.56

Delano’s argument eventually won out, and the discussion was later dropped:

55 Daniels, Always a Sister. during the war pacifists were viewed by many as radical and unpopular, and Wald did not receive much support in her anti-war protests from her nurse colleagues. Wald and Dock’s differing feminist strategies would later lead to conflict between the two women, and Dock’s exit from the Henry Street Settlement. Dock resigned from the board and moved out of Henry Street in 1915. After writing a controversial article in the American Journal of Nursing promoting birth control, she also later resigned from her post as contributing editor in 1922. Shortly thereafter Dock resigned from the ICN as well (see Bullough and Sentz, eds., American Nursing).

In view of the unsubstantiated atrocity reports and the recent decision of the Red Cross not to send more nurses until called for, and in consideration of the treaty obligations which the Red Cross was compelled to observe at least until the close of the war, and therefore that the present time was not opportune for such a discussion as had been contemplated.  

The matter of sending nurses overseas would not soon be forgotten by the leaders of the national nursing organizations, and with support from influential members of the medical committee and the Rockefeller Foundation, the debate would be reopened two years later.

Rockefeller Foundation Support to NOPHN

In 1915, Ella Crandall, in her role as NOPHN secretary, made an unsuccessful request to the Rockefeller Foundation for funding to support the work of the NOPHN ($2,000 annually for five years). The main reason for Crandall’s application being rejected appears to have been continued confusion within the Foundation regarding the role of the NOPHN, especially in relation to the work of the Red Cross. Wycliffe Rose, an influential Foundation official, argued that the NOPHN had “very vague” goals, which required only a limited budget. In addition, Jerome Greene, then Foundation secretary, questioned the relationship between the American Red Cross and the NOPHN, suggesting that the work of

---

58 Ella Crandall to J.D. Rockefeller Sr., Oct. 13, 1914. Folder 1498, box 121, series 200, RG.1.1, Rockefeller Foundation Archive, RAC.
59 The Rockefeller Foundation’s (RF) first involvement with nursing in the USA had begun in 1912 when the Foundation (then the Rockefeller Sanitary Commission) had supported efforts to recruit nurses for rural public health work under the auspices of the Red Cross Town and Country Nursing Service (Rural Red Cross Nursing Service). The RF’s interests in nursing were limited to the Foundation’s needs within its existing programs in the fields of medicine and public health. As the RF saw it, the support of nursing was beneficial to the continued modernization of medical training and the success of its campaigns in public health and disease prevention with local governments.
60 Wycliffe Rose to Jerome Greene, 30 July 1915. Folder 1498 box 121, series 200C, RG 1.1, Rockefeller Foundation Archive, RAC.
the two organizations overlapped. In response to Crandall’s request, Foundation officials remarked: “It is true that sound principles count and good work counts, and you have both to show; the fact remains that names [original emphasis] also have a decided value, and I hope you may see your way clear to have some representative men and women on your directorate.” Thus, it was based on this advice that the NOPHN secured Dr. C.E.A. Winslow, sanitarian, as chairman; Dr. William H. Welch, physician; and Dr. Hermann M. Biggs, state commissioner of health for New York, in the form of an advisory council.

In 1917, at the request of the NOPHN executive members, these advisory council members would assist the NOPHN in their campaign to keep public health nurses in the USA. First, Winslow wrote to Welch, Biggs, Rupert Blue (the surgeon general), and Simon Flexner, requesting that a nurse representative be added to the General Medical Board of the Council of National Defense. Next, Welch and Biggs urged the General Medical Board “that very serious and prompt attention be given to [the NOPHN] because of its great importance.” Following these efforts, in June 1917, an Emergency Nursing Committee was appointed to the Council of National Defense, including three subcommittees on nursing. Two of the three subcommittees sat under the General Medical Board, including the General Committee on Nursing and the Committee on Public Health Nursing, with Nutting and Beard, respectively, as chairs. The third committee, on home nursing, sat under the

61 Jerome Greene to Gertrude Peabody, 27 September 1915. Folder 1498 box 121, series 200C, RG 1.1, Rockefeller Foundation Archive, RAC.
63 Other members included Dr. Helen Hartley Jenkins, Public Health Nursing Educator; Julia C. Lathrop, from the Federal Children’s Bureau; Mrs. William K. Vanderbilt, Public Health Nursing Educator; Dr. Lee K. Frankel, Insurance Nursing; and Cyrus McCormick, Financier and Philanthropist, NOPHN papers.
65 Ibid.
66 Ibid.
Committee on Labor, with Wald as chair. Ella Crandall was appointed secretary to all three committees, with the NOPHN paying her salary and living expenses.\textsuperscript{67}

The responsibilities of these committees included: the analysis of the effects of war on community health in Europe; the examination of the status of community health in the USA; monitoring changing health conditions produced by the war; and, if necessary, creating plans for the extension of community health work.\textsuperscript{68} More importantly, the acceptance of nurses within this high-profile government council, and the expansion of the network of government and medical officials supporting the work of public health nurses, assisted in the NOPHN nurse leaders’ success in convincing the Red Cross to issue a pronouncement in June 1917 requesting that public health nurses stay in the USA during the war. Klaus suggests that American women’s efforts in pronatalist activism during the early twentieth century provided crucial alliances between professional women and government officials, and provided the creativity and labour and political force for much federal- and state-level work, and for most local measures outside the major cities.\textsuperscript{69} The work of the NOPHN to establish a public health nursing workforce provided another link between professional women and government. The NOPHN thus continued to hold its position as leader in matters of public health nursing in the USA, gaining support for the role of the nurse in public health. The support from medical and public health officials in the formation of the nursing committees under the Council of National Defense was also likely influential in aiding the NOPHN nurse leaders’ next and more successful request for support from the Rockefeller Foundation (RF).

\textsuperscript{67} Ibid.
\textsuperscript{69} Klaus, “Depopulation and Race Suicide.”
With both the NOPHN’s Advisory Committee and the nursing committees under the Council of National Defense in place by October 1917, Mary Beard, then president of the NOPHN, sent a second request on behalf of the NOPHN to the Rockefeller Foundation requesting support (this time for $15,000 a year for three years).\(^70\) In her written proposal, Beard drew from the existing political and health care climates to support her appeal:

Any complete public health campaign requires the services of public health nurses. The specialized profession of public health nursing is new and the preliminary education of the public health nurse has not yet been fully standardized. The technical requirements of any new profession are not readily understood by the public. For these reasons it has been difficult to secure funds for even normal growth and it seems likely that the work of the Organization in the immediate future will be so hampered that it will be impossible to meet the great responsibilities presented by the war.\(^71\)

In addition, Beard emphasized the importance of the NOPHN to the Council of National Defense’s newly created subcommittee on public health nursing:

The Sub-Committee on Public Health Nursing of the Council of National Defense, like other National Defense Committees, depends necessarily upon an already existing national body. This Organization is the only one upon which it can depend. The whole cause of public health nursing throughout the country would suffer if the Organization were unable to fulfill its obligations to this Committee of the Council of National Defense....In view of these facts the NOPHN presents this request to the Rockefeller Foundation for an annual grant of $15,000 for at least three years.\(^72\)

By the end of that year, Embree wrote to Beard that the NOPHN’s request for Foundation support had been successful.\(^73\) Beard was described by the foundation staff in glowing terms, while the NOPHN was characterized as “a well directed and well manned organization.”\(^74\)

---

\(^70\) Mary Beard to Edwin Embree, October 30, 1917. Folder 1498, box 121, series 200, RG.1.1, Rockefeller Foundation Archive, RAC.

\(^71\) Ibid.

\(^72\) Ibid.

Between 1915 and 1917, the NOPHN nurse leaders used their political prowess to gain the attention of influential public health officials. In so doing, they secured powerful positions on the Council of National Defense and increased the profile of public health nursing, thereby gaining the attention and funding of the Rockefeller Foundation. Having successfully raised the awareness of certain government and medical officials about the importance of “properly” trained public health nurses, the leaders of the three national nursing organizations continued their fight against government and Red Cross plans for the training of minimally trained nurses’ aides at the height of the war, as well as during the 1918 influenza pandemic.

Opposing Efforts to Train Minimally Prepared Nurses

In response to the growing shortage of visiting nurses, caused by the number of nurses volunteering for overseas service as well as those who resigned to take up other posts, the use of untrained attendants or volunteers, under the supervision of regular staff, was contemplated by the leaders of several visiting nursing associations. According to Buhler-Wilkerson, the nursing association in Philadelphia sought the advice of the NOPHN in using volunteers, hoping for a nationwide policy that would maintain standards while meeting the increasing staff needs of the associations. The nurse leaders within the three national nursing organizations differed in their opinion regarding the training of attendants. Mary Beard, and the NOPHN executive committee, argued that when faced with the decision between either conceding on the length of training for nurses or training nurses’ aides, they would support

---

74 Pearce to Embree, October 5, 1917. Folder 1498, box 121, series 200, RG 1.1. Rockefeller Foundation Archive, RAC.
75 Buhler-Wilkerson, False Dawn; Kernodle, The Red Cross Nurse in Action; Dock, Pickett, and Noyes, History of American Red Cross Nursing.
the latter within a select few organizations.\textsuperscript{76} Thus, the NOPHN executive committee encouraged the experimental use of volunteers by the Philadelphia, Boston, and Providence associations, with the understanding that these nurses would be closely supervised by well-qualified public health nurses. Conversely, Nutting, who represented both the NLNE and the National Defense Committee on Nursing, adamantly disapproved of the use of non-professional workers.\textsuperscript{77} Like Nutting, Annie Goodrich also vehemently opposed the Red Cross’s plan to use volunteer nurses’ aides in military hospitals, fearing that this would further jeopardize nurses’ professional status. In 1918, Goodrich’s opposition to the training of aides would result in the formation of a new school of nursing.

In early 1918, the Committee on Nursing of the Council of National Defense recommended to the Surgeon General that a chief inspecting nurse (along with an assistant) be appointed to visit and inspect nursing in the cantonments. Goodrich was selected by the Surgeon General for this role and was granted an indefinite leave of absence from Teachers College and from Henry Street, beginning her new job a month later.\textsuperscript{78} A week prior to Goodrich’s appointment, the Surgeon General made a written request to the ARC urging them to train a large number of aides to become paid workers within military hospitals in the USA. However, as a result of Goodrich’s inspection of several army hospitals, the Surgeon General contacted the ARC again, requesting that they delay the development of this school. Instead, Goodrich recommended that a school be developed which would focus on the preparation of fully trained nurses, rather than aides.\textsuperscript{79} In accordance with Goodrich’s

\textsuperscript{76} Buhler-Wilkerson, \textit{False Dawn}, 169. The code was published in the July 1918 issue of the Public Health Nurse Quarterly, a monthly publication by the National Organization for Public Health Nurses.

\textsuperscript{77} Ibid.

\textsuperscript{78} Report of the Plan and Creation of the Army School of Nursing. MC 4 Series 2 Folder 5. Annie Warburton Goodrich Papers, Barbara Bates Center for the Study of the History of Nursing, School of Nursing, University of Pennsylvania.

\textsuperscript{79} Ibid.
proposed plan, the Army School of Nursing (ASN) was approved by the Secretary of War and established by the Surgeon General on May 25, 1918. Two days later, on May 27, the Goodrich’s appointment as dean of the new Army School of Nursing was announced.\textsuperscript{80} The program of study at the ASN was modelled after the training programs for nurses at Johns Hopkins, Massachusetts General Hospital, and the Presbyterian Hospital in Chicago, as these were generally accepted at the time as providing the highest standard of nursing training and care.\textsuperscript{81} The course of instruction followed the “standard curriculum” published by the National League of Nursing Education (NLNE) a year earlier and developed under the leadership of Adelaide Nutting as Chair of the League’s Education Committee.\textsuperscript{82} Goodrich’s ability to fend off arguments for the continued training of nursing aides marked a huge victory against the recruitment and training of volunteer and minimally trained nurses, and signalled another political and professional victory for the nurse leaders of the three major national nursing organizations.

However, Goodrich’s success in preventing the further recruitment and training of nurses’ aides by the Red Cross continued to fuel conflict between these organizations, with the Red Cross remaining focused on meeting the needs of their local communities, while the nurse leaders of the national professional organizations continued to look toward establishing high professional standards in both the education and practice of nurses. Toward the end of the war, and the height of the influenza pandemic, the need for an increased health care workforce became increasingly evident. As arguments grew for the training of non-nurse health visitors, Wald, Nutting, Goodrich, and Beard, along with their colleagues, would

\textsuperscript{80} Ibid.
\textsuperscript{81} Ibid.
\textsuperscript{82} Ibid.
continue their campaign for the continued training of public health nurses and against the development of short courses in nursing education.

Conference on Public Health Nursing

The 1918 pandemic spread of influenza demanded the continued training of a health care workforce. In response to these accelerated demands, health departments and medical officials began developing plans for emergency training programs for non-nurse workers. It was believed that these workers could be trained to do the preventive and educational portion of public health visiting. Courses for college graduates were proposed in Wisconsin, California, and Virginia. In addition, similar health visitors were being trained in England and France at this time, including those enrolled in the program under the Rockefeller Foundation’s newly formed Commission for the Prevention of Tuberculosis in France (CPTF).

During this period, the RF continued to receive requests for funding to support short courses of training for health visitors. In response to one of these requests, Foundation Secretary Edwin Embree argued — in line with the NOPHN nurse leaders — that now that the war emergency was over, the present need was for well-trained public health nurses, rather than minimally trained health visitors. According to Embree’s diary, the Foundation was not interested in contributing to emergency programs; rather, they were interested in, and would only entertain proposals for, carefully considered programs in nurse training developed by “several persons interested and responsible for nursing conditions in the USA.” In November 1918, Embree met with Mary Beard, Ella Crandall, and Foundation

83 See Edwin Embree officer’s diary, November 14, 1918, RG 12.1. Rockefeller Foundation Archive, RAC.
84 Ibid.
president George Vincent. A month later, on December 16, a conference on “Courses of training for public health nursing” was held at the Cosmopolitan Club in New York City, with Vincent presiding over the gathering.

Vincent sent letters of invitation to individuals interested in the training of public health nurses. Thirty-nine people were reported to be in attendance at the conference on public health nursing, including physicians, representatives of public health agencies and public health nursing organizations, leaders in nursing education, hospital administrators, and other prominent persons in this field of work. Included in the list of attendees were many executive members of the NOPHN and its advisory committee.

During the conference, the debate over the preparation required for public health visiting continued. On one side of the debate sat nurse leaders, supported largely by Dr. C.E.A. Winslow, who argued for the role of the nurse in public health visiting (i.e., the “public health nurse”); on the other side were those public health officials — such as Hermann Biggs, commissioner of health for the state of New York — who did not agree that it was necessary to have a fully trained nurse provide education on health promotion and disease prevention to the public.

In 1892, Hermann Biggs had been appointed director of bacteriological laboratories of the Department of Health of New York City. While in this position, Biggs had begun a

---

85 Edwin Embree officer’s diary, November 18, 1918, RG 12.1. Rockefeller Foundation Archive, RAC.
86 Edwin Embree officer’s diary, December 4, 1918, RG 12.1. Rockefeller Foundation Archive, RAC.
87 Several letters from George Vincent to various officials. Folder 1494, box 121, series 200, RG 1.1. Rockefeller Foundation Archive, RAC.
89 Edwin Embree officer’s diary, Conference Luncheon at Cosmopolitan Club, Monday, December 16, 1918, RG 12.1. Rockefeller Foundation Archive, RAC.
campaign for public health measures to control tuberculosis, a focus which would occupy much of the rest of his career. According to Winslow, during his time with the Department of Health, Biggs helped support the appointment of the first school nurse in New York. In 1917, Biggs was hired by the Rockefeller Foundation to complete a survey of health conditions in France. The results of this survey would lead to the creation of the Foundation’s Commission for the Prevention of Tuberculosis in France (CPTF), under which a program for the training of health visitors would be developed. American nurse leaders’ opposition to the training of health visitors would later lead to criticisms of this work (see chapter 3 for further discussion).

In 1918, despite previously having shown his support to the nursing profession, Biggs suggested that due to the shortage of available trained nurses, non-nurse health visitors be trained in this capacity (see figure 2.3):

The greatest difficulty remained the availability of qualified nurses for public health work....There is relatively little difficulty in obtaining authorization in most rural districts to employ nurses, yet nurses are not available at present to meet the requirements or the demands...it has been resolved to introduce an amendment giving power to the public health authorities, now establishing standards for public health officers, to identify qualifications for “public health visitors”....These “visitors” are to be a type of official differently qualified and educated from the trained nurse.

---

92 Ibid.
93 Edwin Embree officer’s diary, Conference Luncheon at Cosmopolitan Club, Monday, December 16, 1918, RG 12.1. Rockefeller Foundation Archive, RAC.
Furthermore, Biggs argued that the present-day training for hospital nurses would not suffice for public health visitors: “...the present hospital training was not the right kind of training for these ‘visitors’, rather, their training should focus on instruction rather than sick nursing; this being a fundamental change in existing training programs.”  

In response, Nutting argued that the present scheme of training was not “necessarily fixed or unchangeable” but that it could be altered to meet new conditions and needs. Nutting stated that readjustments in training schools could eliminate a good deal of hospital service for students who wanted to prepare specifically for public health nursing. Instead, she suggested that practice and instruction could be provided in the area of public health, including more work in dispensaries, with children, in maternity care, and with communicable diseases. Ultimately, however, Nutting argued that time was needed to study the field before any method of training was assigned.

Remaining mindful of the impending demobilization of nurses from Europe, Nutting argued that twenty-one thousand or more nurses who were then in military service were to be

\[94\] Ibid.
\[95\] Ibid.
\[96\] Edwin Embree officer’s diary, Conference Luncheon at Cosmopolitan Club, Monday, December 16, 1918, RG 12.1. Rockefeller Foundation Archive, RAC.
released over the next year. In addition, training schools were admitting much larger classes; thus, there would be a potentially large supply of nurses available in the coming year. In support of Nutting’s comments, Lillian Wald argued that, as the practice of visiting nursing was changing in response to the growing field of public health, so too must programs of nursing education:

More recent training of nurses in America has been directed toward the social importance of their work for community, indicated by the initiative they have taken in the tuberculosis prevention movement, medical supervision, public schools, campaigns against infant mortality, and other medical public services; impossible to develop public health nursing unless education of nurses independent of hospital administration and primary hospital needs; get the hospitals off the backs of nurses, give them a chance to show the public what can be done through the nurses; they care tremendously. A plea for independent training schools for public health nurses coordinated with hospitals and public health movements.

Wald’s comments gained support from both George Vincent and C.E.A Winslow, who argued for the modification of current nursing education programs to include training in both bedside and public health nursing.

The discussion continued with multiple suggestions for courses of training, including programs between two and three years in length, as well as continued debate over whether or not the public health nurse required a full course in hospital training. Having agreed that the current three-year hospital training program was not capable of adequately preparing public health nurses, no consensus was reached on a recommended training program to

97 Ibid.
98 Ibid.
99 Ibid.
100 Edwin Embree officer’s diary, Conference Luncheon at Cosmopolitan Club, Monday, December 16, 1918, RG 12.1. Rockefeller Foundation Archive, RAC.
prepare these workers. Vincent thus suggested that a committee be appointed to further study the question of public health nursing education.\footnote{101}

Written nominations for the appointment of a committee of seven individuals were requested at the conference. Vincent expressed in his correspondence the desire to select individuals who were present at the conference in order to “make the committee representative of the conference group.”\footnote{102} In early January 1919, Vincent announced the list of individuals receiving the highest number of ballots. However, as the seven people who received the most votes included both the president (Mary Beard) and the executive secretary (Ella Crandall) of the NOPHN, Vincent stated in a letter to Beard that “as it seemed undesirable to include two officers of a given organization, one of these is omitted from the committee and the eighth in the list named in her stead.”\footnote{103} Thus, the following seven individuals were appointed to the Committee on Nursing Education: Mary Beard; Annie Goodrich; Adelaide Nutting; Lillian Wald; Hermann Biggs, then state commissioner of health for New York State; William Welch, then director of the School of Hygiene and Public Health at Johns Hopkins University; and C.E.A Winslow, then professor of public health at Yale University.\footnote{104} Welch declined a request to act as chairman to the Committee,\footnote{105} and thus Winslow was later appointed chair. Financial support for the study was provided by the Rockefeller Foundation.\footnote{106}

The selection of the study committee members from among conference attendees ensured that nurse leaders’ interests were well represented in the completion of the national nursing study. In addition, Welch’s refusal to accept the position of committee chair allowed Winslow, who was a strong, vocal supporter of nursing, to take this leadership position within the study.

Despite Crandall’s omission from the Committee, the NOPHN was thrilled that so many of their members had been appointed, and hoped that they would be able to influence the future of nursing education in the USA:

It is a matter of pardonable pride that the membership of this Committee is largely composed of officers of [the NOPHN]. It may reasonably be expected that the findings of this committee will some day [sic] be recognized as the first step looking forward the reorganization of nursing education which has been the long deferred hope of the NLNE and other interested bodies.\(^\text{107}\)

The purpose of the Committee’s study of public health nursing was stated as:

1. To clarify the relationship between the present training of nurses and the public health nurse.
2. To delineate functions for various branches of nursing, such as institutional nurse, private duty nurse, and public health nurse.
3. To consider the training of another group of health workers.\(^\text{108}\)

The study was later expanded to include an examination of not only public health nursing but also hospital-based training programs.\(^\text{109}\) By June of that year, the RF was able to secure Josephine Goldmark to take the helm of the committee in the fall of 1919.\(^\text{110}\) Goldmark was a


\(^{108}\) Study of Nursing Education. Folder 328, box 38, series 100, RG 1.1. Rockefeller Foundation Archive, RAC; Edwin Embree officer’s diary, December 10, 1919, RG 12.1, Rockefeller Foundation Archive, RAC.

\(^{109}\) Ibid.

\(^{110}\) Winslow to Embree, 5 November 1919. Folder 1494, box 121, series 200C, RG 1.1. Rockefeller Foundation Archive, RAC.
sociologist known for several of her previous studies, including an investigation of industrial
hygiene for the US Public Health Service.\textsuperscript{111}

Rockefeller Foundation officers’ interests in public health, coupled with their
connection with the NOPHN, allowed nurse leaders to continue their argument for an
expanded role for nurses into the field of public health. Supported by a close network, nurse
leaders such as Annie Goodrich, Adelaide Nutting, and Mary Beard argued for a national
study of nursing education in the USA. Although scholars have debated the influence of the
study committee’s final recommendations, published in 1923 (further discussed in chapter 4),
the impact of the continued relationship between nurse leaders and the RF throughout the
completion of this study would later position nurse leaders, particularly Annie Goodrich, to
play an influential role in an international debate regarding the education of nurses during the
post–First World War period and the Foundation’s future work in the area of nursing
education.

Conclusion

The move toward the formal organization of nurses in North America in the later
nineteenth century created an independent body of nurses who shared similar visions for the
future of the profession and extended their efforts toward improving standards of education
and practice. As nurses’ roles began to expand in response to health care reform in the early
twentieth century, this network of nurse leaders worked together to form a single
organization to voice their concerns for the education and practice of public health nurses.
Furthermore, the efforts of Goodrich, Beard, and their colleagues to gain the support of
influential members of the medical community, including those closely connected with the

\textsuperscript{111} Ibid.
Rockefeller Foundation, further legitimized their claims for the training of public health nurses during the First World War and the 1918 influenza pandemic.

Although victorious in several battles in the USA against the training of minimally educated nurses, debate still existed regarding the “proper” and “necessary” training for public health nurses. With the Committee on Education’s study of nursing education not underway until 1919, recommendations had yet to be made regarding public health nursing education. In particular, the RF’s work in France during the war to train non-nurse health visitors led to increasing conflict between the Foundation’s nursing representative, Elisabeth Crowell, and Goodrich in the USA. However, the continued involvement of American organizations, such as the RF and the Red Cross, in the training of nurses in Europe during the postwar period provided Goodrich and her colleagues with the opportunity to pitch this model for public health practice as a singular vision for nursing worldwide.
Chapter 3: Public Health Visitors or Public Health Nurses: Elisabeth Crowell and the Rockefeller Foundation in France, 1917–1920

In response to the public health emergency in the wake of the First World War, the Rockefeller Foundation’s Commission for the Prevention of Tuberculosis in France (CPTF) commenced a program to train health visitors in order to staff their newly established tuberculosis dispensaries in France. However, the continued debate regarding the training of a public health workforce in the USA, particularly with respect to the role of public health nurses versus health visitors, led to growing criticism of the CPTF’s training program and its director, American nurse Elisabeth Crowell.

This chapter explores the Foundation’s role in the training of health visitors in France, with a particular focus on the work of Elisabeth Crowell. It examines the polarization of opinion between nurse leaders in America and Crowell in France regarding the preparation of nurses to work in public health. Crowell remained committed to the training of nurses in public health roles. However, her incremental approach to developing this training in France continued to be scrutinized by American-based nurse reformers.

Origin of the Rockefeller Foundation’s Work in Europe

Established in 1917, the Commission for the Prevention of Tuberculosis in France was headed up by Dr. Livingston Farrand, director of the Rockefeller Foundation’s International Health Board in France. As part of its work, the CPTF established several health centres, staffed largely by local tuberculosis workers and visiting nurses. In order to ensure a steady supply of trained personnel for the Commission’s tuberculosis dispensaries, the Commission set out to investigate methods for the training of health visitors.¹ The nurse

¹ Edwin Embree officer’s diary. Memo: Family Journal No.1, July 1918 RG 12.1, Rockefeller Foundation Archives, RAC. For a critical account of the CPTF, see Lion Murard and P. Zylberman, “Seeds for French
placed in charge of the health visitor program under the Commission was (Frances) Elisabeth Crowell.

Crowell was a Catholic American nurse who graduated from the first class of St. Joseph’s (Catholic) Hospital Training School for Nurses in Chicago in 1895. Following graduation, Crowell moved to Florida and founded a training school for nurses at St. Anthony’s Hospital. She later moved to New York and attended the New York School of Philanthropy (now the Columbia University School of Social Work) before becoming a special investigator for the Association of Neighborhood Workers in New York City. Her familiarity with visiting and public health nursing in the USA was enhanced through her extensive studies of midwifery between 1906 and 1917, as well as by her time as executive secretary of the Association of Tuberculosis Clinics in New York City. Despite this extensive experience, Crowell’s training and career differed enormously from the American leaders of the three national nursing organizations, a distinction that set her apart from this network.

In the minds of the nurse leaders of the American nursing organizations, such as Annie Goodrich, Adelaide Nutting, and Mary Beard, Crowell’s education and experience was inferior to their own, and inferior to the standards they promoted in their reform efforts. According to nurse historian Sarah Abrams, Annie Goodrich in particular was highly critical of Crowell’s work. Goodrich felt that Crowell was making it difficult to raise nursing standards, and attributed Crowell’s approach to training and the profession in general to her

Health Care: Did the Rockefeller Foundation Plant the Seeds between the Two World Wars?” Studies in History and Philosophy of Science 31, no. 3 (2000): 463–475.
3 Minutes of the Rockefeller Foundation, Feb.23, 1921. Folder 137, box 19, series 700, RG.1.1. Rockefeller Foundation Archive, RAC.
own training at a Catholic hospital school with a poor reputation. French historian Pierre Yves Saunier has also suggested that Crowell’s education within Catholic schools and her continued religious practices created a sharp division between her and her American colleagues. Saunier suggests that at this time, nurse leaders in North America considered religious nurses as “the epitome of the untrained, submitted and archaic,” and Crowell was one of them.

As one of her first tasks with the CPTF, Crowell undertook a survey of health visiting, evaluating several nurse training facilities in Paris. Upon completion of this survey, Crowell concluded that there were no trained health workers then available in France: “It was one of the first problems, one might almost say the very first, that the Commission had to face in 1917…there were no trained health workers in France.” Furthermore, Crowell argued, the institutions available for the practical training of such workers were wholly inadequate both in their organization and in the instruction provided. In an effort to propose an improvement to the training of health visitors, Crowell noted that, in the USA, it had been suggested up until that point that in certain areas of work (e.g., tuberculosis work and child welfare), health visitors were not required to be fully trained nurses. The view expressed was “that the full technical training of the nurse was not essential for the educational, prophylactic,

---

7 Ibid.
8 Report of the work of visiting nursing staff of the Commission for the prevention of Tuberculosis in France from August 1917 to December, 21, 1918. Folder 269, box 29, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.
supervisory work of the health visitor.” This standard also followed the practice then in place in England, where short courses had been established for women to obtain certificates or diplomas in health visiting since the early twentieth century. Crowell also commented that the decision not to require fully trained nurses for the role of health visiting offered her “a practical solution to the problem presented by the dearth of fully trained French nurses and provided for a fairly rapid recruitment of a much needed personnel.”

However, Crowell’s “practical” decision to accept minimally trained nurses into health visitor training programs was in direct opposition to the beliefs of American nurse leaders such as Annie Goodrich, who was working to oppose the use of minimally trained nurses and non-nurse health visitors in the USA. Crowell’s next decision — to draw from the reserve of French Red Cross nurses in order to supply the Commission dispensaries with health visitors — would also run counter to the work of her colleagues in the USA, particularly Goodrich.

With France’s devastating losses during the war, including millions killed and wounded and millions more who contracted tuberculosis and other infectious diseases, the postwar period marked an unprecedented public interest in the physical health and well-being of French citizens. In response, the government enlisted hundreds of nurses and volunteer “visitors” to teach domestic hygiene and the methods of proper infant and child care. In addition to these government initiatives, numerous individuals, private institutions, and organizations, both national and international, sponsored public health and social hygiene projects.

---

9 Ibid.
10 Ibid.
12 Similar initiatives were also begun in Britain during the First World War. After a call to volunteer, nearly 3 million women engaged in war work with the British Red Cross. "Voluntary Aid Detachment" (VAD) units
Historian Katrin Schultheiss has argued that when the Armistice was signed in November 1918, most volunteer nurses had no intention of continuing in nursing and quickly abandoned the profession; they had simply wanted to contribute to the war effort. Some Red Cross nurses, however, had substantial training and years of nursing experience prior to the war, and wished to remain in their role at the bedside.

Crowell received numerous applications for employment with the Commission from French Red Cross nurses who had gained considerable experience in military hospitals during the war. In order to meet the immediate emergency, despite not yet having a definite plan for training health visitors, the Commission decided to accept the most promising of these applicants and to give them, “as best they could,” the necessary training in dispensary and home visiting work while they served as members of the Commission’s dispensary staff. Like her colleagues in the USA, Crowell was also critical of the training program

were mobilized, organized, and paid through the British Red Cross and attached to military and camp hospitals in order to assist with the care of the sick and wounded. During the War, 80,000 women completed First Aid and Home Nursing certificates to become VADs or FANYs (First Aid Nursing Yeomanry). Nursing "sisters," that is, trained nurses who were also engaged in the war-relief effort, were anxious that the VADs would not be confused with sisters and ordered them to wear their caps in a different way, tying them behind their head. Considerable controversy raged over what the VADs should be called. (See "What Is a Nurse?" Red Cross [December 1914, January 1915]). For more on the British VAD nurses see Henriette Donner, “Under the Cross—Why V.A.D.s Performed the Filthiest Task in the Dirtiest War: Red Cross Women Volunteers, 1914–1918,” Journal of Social History 30, no. 3 (1997): 687–704; Gail Braybon and Penny Summerfield, Out of the Cage: Women's Experiences in Two World Wars (London: Pandora Press, 1987); Anne Summers, Angels and Citizens: British Women as Military Nurses (London: Taylor and Francis, 1988).

13 Schultheiss, Bodies and Souls, 146.
14 Ibid., 167. Schultheiss has pointed out that some Red Cross nurses had served in Morocco in 1908 and 1911 and aided Parisian flood victims in 1910. Following these experiences, these nurses often went to work on hospital wards or in a dispensary. Although this level of experience was probably not typical of Red Cross nurses, the few available records which document the lives of a few of these women suggest that these were not completely unique examples.
15 Report of the work of visiting nursing staff of the Commission for the prevention of Tuberculosis in France from August 1917 to December, 21, 1918. Folder 269, box 29, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.
under the French Red Cross, later stating that these programs were “unable to meet the required standards for training schools” in place in France.\textsuperscript{16}

Crowell’s reliance on the existing ranks of women with nursing experience was the result of several factors in France. First, the great degree of central state control over social welfare and education placed constraints on the autonomy of voluntary agencies and limited women’s access to professional education. Furthermore, other professions, such as medicine, remained protective of their professional boundaries, limiting the role of nurses in the community. According to Schultheiss, in France, a visiting nurse could only enter a patient’s home on the recommendation of a physician.\textsuperscript{17} Consequently, Crowell believed the Red Cross “nurses” were the only women who were available for training and who had obtained experience in hospitals during the war (see Appendix B):

The professional trained nurses who are available for private nursing are so few in number as to be practically a negligible quantity. Is it not significant that when recently a private hospital for the care of medical and surgical cases was opened in Paris, nurses had to be brought from Switzerland, from Denmark, from England because no trained French nurses of the right sort were to be had?\textsuperscript{18}

Crowell suggested, however, that with additional training and supervision by an American nurse, the French Red Cross nurses could be employed to meet the Commission’s urgent need for health visitors:

Numerous applications for work with the Commission had already been received from French Red Cross nurses who had had considerable experience in the military hospitals. To meet the immediate emergency…it was decided therefore to accept the most promising of these applicants and to give them, as far as possible, the necessary training in dispensary and home visiting work

\textsuperscript{16} Annual report of the Division of Public Health Visiting from January 1st, 1919 to December 31st, 1919. Folder 270, box 29, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.
\textsuperscript{17} Schultheiss, Bodies and Souls, 184.
\textsuperscript{18} F. Elisabeth Crowell, Nursing education and hospital service in France, p.3-4. Folder 100, box 9, series 500, RG 1.1. Rockefeller Foundation Archive, RAC.
while they were actually serving as members of the dispensary staff working under the direction of one of the American trained workers.\textsuperscript{19}

Thus, having agreed to accept Red Cross applicants into the Commission’s dispensaries, Crowell, along with other CPTF officials, began to discuss the development of a regular training course for health visitors.

The Commission was in favour of establishing its own training program, in addition to providing assistance to three Parisian schools to do the same.\textsuperscript{20} According to Crowell, numerous conferences were held between the Commission’s officials and the directors of these three training schools, and tentative programs, including both theoretical and practical components, were submitted for review by all parties.\textsuperscript{21} However, Crowell quickly came to the view that the program should be abandoned:

\begin{quote}
[The] impossibility of securing the necessary supervision and training for pupils in the emergency American tuberculosis institutions that were being established by the Red Cross, the difficulty at that time of teaching in a foreign language by the medical staff, [as well as] the practical housekeeping considerations to be encountered, in finding and maintaining a nurse’s home under the abnormal living conditions in Paris resulting from the war, were deciding factors against having a training school under the jurisdiction of the Commission.\textsuperscript{22}
\end{quote}

Instead, the Commission provided each of the three Parisian schools with a number of scholarships to allow students who would not otherwise be able to afford the required time to train as health visitors to take part in this training. The conditions attached to these scholarships ensured that the Commission would be equipped with uniformly trained health visitors who would be available to staff any of the Foundation’s dispensaries in France:

\begin{thebibliography}{99}
\bibitem{19} F. Elisabeth Crowell, Report on work of visiting nursing staff of the Commission for the Prevention of Tuberculosis in France, from August 1917 to December 31, 1918. Folder 269, box 29, series 500, RG 1.1. Rockefeller Foundation Archive, RAC.
\bibitem{20} Ibid.
\bibitem{21} Ibid.
\bibitem{22} Ibid.
\end{thebibliography}
1. that both the theoretical and practical courses given for health visitors should conform as far as practicable to the schedule as outlined by the Commission as to subjects included, as to length of time and as to the proportion of time allotted to practical work;
2. that all pupils accepting scholarships should agree to devote themselves for a period of two years after graduation to some form of work for tuberculosis or children, other than institutional work, or to some kindred form of medical social work;
3. that pupils accepting bourses should be free and willing to go to any place in France where their service might be needed.\textsuperscript{23}

The number of scholarships provided to each of the three participating schools was determined by its facilities for practical experience, including the provision of competent supervision.\textsuperscript{24}

In order to assist schools to meet these conditions, the Commission agreed to aid in the payment of supervisors’ salaries, as well as accept any candidates selected by these schools to become supervisors for special training in the Commission’s dispensaries. Finally, the CPTF also offered the use of its Paris dispensaries for practical training for as many pupils as possible from each school, and secured financial aid from the Red Cross for the installation and equipment of a dispensary in connection with one of the schools.\textsuperscript{25}

The CPTF’s first dispensary opened in Paris in October 1917. By December 1918, five training schools or centres for health visitors had been established, all conforming to a uniform scheme approved by the Commission.\textsuperscript{26} To ensure proper supervision of the practical work of these students, the Commission accepted candidates appointed by the schools to act as supervisors for special training in their own dispensary. The Commission also aided in the payment of these supervisors’ salaries.\textsuperscript{27} Courses of either ten or six

\textsuperscript{23} Ibid. Another implication of these conditions was that the women who were awarded these scholarships were all single.
\textsuperscript{24} Ibid.
\textsuperscript{25} Ibid.
\textsuperscript{26} Ibid.
\textsuperscript{27} Ibid.
months’ duration were offered to students, according to their previous training and experience.\textsuperscript{28} Again, courses of similar length had been criticized by the nurse leaders of the three professional organizations in the USA as providing insufficient training. However, no uniform national standard had been agreed upon at this time, let alone an internationally recognized standard.\textsuperscript{29}

Perhaps due to her background in social work, in her first annual report, Crowell singled out the importance of the provision of relief by health visitors working with tubercular families: “In short, it was absolutely essential that, if the medical work of the dispensaries was to be effective it must be supplemented by a certain amount of relief in the homes.”\textsuperscript{30} This was a similar argument to that being made by nurse leaders such as Goodrich, Nutting, and Wald in the USA in support of the development of a role for public health nurses. The American-based nurse leaders were arguing for the preparation of nurses who could simultaneously provide sick care to people in their homes and connect them to the required social services. However, Crowell noted the difficulties faced by the French health visitor in providing this relief, as compared to her counterparts in the USA, due to the lack of organized private agencies providing relief that were common in the USA, such as the Women’s Clinic Auxiliaries and Charity Organization Societies. In terms of public relief agencies in France, Crowell reported that although these agencies were numerous in Paris, they were extremely lacking in resources.\textsuperscript{31} Thus, in order to provide additional aid toward

\textsuperscript{28} Ibid.
\textsuperscript{29} The results of the Report by the Committee on Nursing Education, initiated in early 1919, would recommend a standard in nursing education; however, the report wouldn’t be released until early 1923 in Nursing and Nursing Education in the United States: Report of the Committee for the Study of Nursing Education and Report of a Survey by Josephine Goldmark (New York: The Macmillan Company, 1923).
\textsuperscript{30} F. Elisabeth Crowell. Report of the work of visiting nursing staff of the Commission for the prevention of Tuberculosis in France from August 1917 to December, 21, 1918. Folder 269, box 29, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.
\textsuperscript{31} Ibid.
relief measures, the American Red Cross assisted in creating a fund for Commission to use for families under dispensary care.\textsuperscript{32}

In addition to the lack of a broader infrastructure supporting the practice of public health in France, Dr. Anna Hamilton,\textsuperscript{33} a French-trained physician, argued that the necessary foundation for the development of a public health nursing workforce, including both adequate bedside and visiting nurse training programs, was not yet available in France:

Public health work in the United States has grown out of visiting nursing, this visiting nursing was begun thanks to the hospital trained nurse. Where visiting nursing is non-existent, public health work cannot be established. Therefore the greatest want of France is French trained nurses (after the American meaning of the word trained); their visiting nurse and last of all public health work [original emphasis]. Establishing public health work first, would be like building most health quarters at the top of a very unsanitary tenement house, with no stair-case to lead up to these healthy quarters, and then advise the poor tenants to go and live up there.\textsuperscript{34}

Thus, numerous barriers prevented Crowell from developing a public health nursing workforce as Goodrich was calling for in the USA. In addition to these social and educational barriers, Crowell received minimal support from Foundation officers in her preliminary efforts to improve the training of bedside nurses in France.

During the Commission’s second year, Crowell’s work was placed under the newly designated Division of Public Health Visiting (formerly referred to as the visiting nursing staff). This change in title indicates a growing recognition of the work of health visitors within the broader field of public health, differentiating the work of visiting nurses (i.e.,

\textsuperscript{32} Ibid.
\textsuperscript{33} Dr. Anna Hamilton began her medical training in Marseille, and later completed her studies in Montpellier. During her studies she completed her thesis on the reform of French hospital nursing. Hamilton rejected the claim that English and American styles of nursing education could not be implemented in France. Later during her leadership of a nursing school in Bordeaux, Hamilton drew heavily from the ideas of foreign reform efforts, hired foreign-trained leaders and regularly interacted with the international nursing community. For more on Hamilton’s career see Schultheiss, \textit{Bodies and Souls}.
\textsuperscript{34} Florence Nightingale School of Nursing Bordeaux. Folder 101, box 10, series 500, RG.1.1.Rockefeller Foundation Archive, RAC.
providing sick care in the community) and public health visiting (i.e., providing education to the public regarding disease prevention and health promotion). However, the removal of a reference to nursing within this title could have suggested to those outside of the CPTF, particularly the nurse reformers back in the USA, that the Commission lacked a commitment to the training of nurses as health visitors.

Despite not requiring health visitors to be fully trained nurses, Crowell was in fact committed to the continued training of nurses as health visitors, as was demonstrated by her commitment to the improvement of nursing education in France. After her initial survey, Crowell noted that bedside nursing education in France was poor, and would negatively affect the Commission’s efforts in the training of health visitors. However, Crowell did not receive the support of Embree and the Foundation in her desire to further study the training of bedside nurses. Demonstrating a lack of understanding or support of the training of nurses as health visitors, Embree stated that the Commission was to remain focused on its primary role in public health and tuberculosis prevention, rather than broaden the scope of their work to include the training of bedside nurses:

The CPTF is engaged in a very specific piece of public health work. It seems very desirable to restrict the activities of the commission to (a) problems immediately concerned with the tuberculosis campaign and (b) those immediately affected by that campaign, as, for instance, the development of public health laboratories, training of health visitors, etc....Considered then from the standpoint of the Foundation’s general interest in health, we feel that we are not yet ready to take a part in the training of general bedside nurses.

---

35 F. Elisabeth Crowell, Nursing education and hospital service in France. Folder 100, box 9, series 500, RG 1.1. Rockefeller Foundation Archive, RAC. Ironically, in 1920 the Committee on Nursing Education was requested to expand their study beyond public health nursing education to also include the study of bedside nursing education, recognizing the relationship between the two.

36 Linsly R. Williams to Edwin Embree, August 8, 1919. Folder 97, box 9, series 500, RG.1.1, Rockefeller Foundation Archive, RAC.

37 Edwin Embree to Williams, September 23, 1919. Folder 97, box 9, series 500C, Rockefeller Foundation Archive, RAC.
Furthermore, Embree argued that as methods in nursing education were still being debated in America (the Committee on Nursing Education, funded by the RF, had just undertaken their study) and in other countries, the Foundation was not prepared to become involved in this field:

We feel that we do not know this field ourselves, and all of the evidence seems to point to the fact that there is an absence of united opinion as to the required training of a properly equipped nurse and the best methods of giving this training...we feel that until we have clarified at least our own thinking on this matter we should not be giving intelligent aid by making appropriations to general nurse training under any of the existing and often conflicting systems.\textsuperscript{38}

Embree failed to acknowledge Crowell’s suggestion that the training of health visitors depended on adequate training in bedside nursing, and expressed his desire to wait until the results of the study by the Committee on Nursing Education were received in order to make a decision on the Commission’s involvement in nursing education.\textsuperscript{39} This should have served as a first warning to Crowell that her efforts, regardless of the existing barriers, would continue to be compared to developments in the USA.

Despite the lack of support from Embree, Crowell continued her efforts to supplement existing nursing programs in France in order to better prepare these women for health visiting work:

Nurses’ training schools in the sense that we understand the term, are so few as to be practically non-existent so that their graduates are a negligible source of supply for candidates for admission to these specialized training centres for public health workers. The Commission has endeavoured to fill in this gap, by supplying to these training centers fully trained American or English nurses as monitrices...hoping thus to teach them the bedside care of the sick as we

\textsuperscript{38} Ibid.
\textsuperscript{39} Ibid.
understand it, and thus prepare them to care for emergency cases which they might encounter later on in the home visiting work.\textsuperscript{40}

As the Commission’s training standards remained relatively high, a new problem quickly arose for Crowell: the demand for trained health workers increased far more rapidly than the supply.\textsuperscript{41} In Crowell’s opinion, one of the greatest difficulties in furnishing the necessary supply was the difficulty in recruiting suitable candidates. In particular, she complained that the 37 percent attrition rate of the training centres was too high, and was a result, in her opinion, of a “rather careless choice of candidates.”\textsuperscript{42} Crowell was confident, however, that the attrition rate would fall as the leaders of the nursing schools became more familiar with the qualifications and training necessary for health visitors.\textsuperscript{43}

By the end of 1920, the CPTF had trained 153 health visitors who were then working in 136 French dispensaries, including those established outside of Paris — in Lyons, Lille, Bordeaux, Nantes, and Marseilles.\textsuperscript{44} Crowell believed that the Commission had achieved much in the name of nursing and public health in France by this time: “The experience of the last year has demonstrated one fact beyond cavil or doubt, — that the trained public health worker, the health visitor, call her what you will, has come to stay in France.”\textsuperscript{45} She also described how the French public had gained a better understanding of the need for well-educated and trained health visitors:

The French people, that portion of them which is beginning to think in terms of public health, whether they be governmental agencies or individuals

\textsuperscript{40} Report of the work of visiting nursing staff of the Commission for the prevention of Tuberculosis in France from August 1917 to December, 21, 1918. Folder 269, box 29, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.
\textsuperscript{41} Annual report of the Division of Public Health Visiting from January 1st, 1919 to December, 31st, 1919. Folder 270, box 29, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.
\textsuperscript{42} Ibid.
\textsuperscript{43} Ibid.
\textsuperscript{44} Annual report Bureau of Public Health Visiting 1920. Folder 272, box 30, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.
\textsuperscript{45} Ibid.
supporting private organizations, have in the main accepted our conception of a professional paid worker who shall be an educated, cultured woman, “une dame”, specially trained for health work, as an indispensable factor in any public health activity which bases its program on preventive, educational work in the homes. What is still more significant, they are willing to pay for her, to give her a fair living wage; this is surely the acid test of their sincerity, of their final conviction!46

A sign of the acceptance of these workers in France, according to Crowell, was the fact that they were being paid, in part, by local French authorities.47 With this support from the public, Crowell argued that nurses in France were provided with an opportunity for an expanded career and new-found legitimacy for their role in preventive care:

In the last few years, with the development of preventive medicine, the need for a new type of service has become evident, namely that which is to be rendered by the health visitor. It was a new field of activity, with no traditions to break with, no prejudices to overcome, and so from the very first it has been possible to attract the best type of women for this work....The demand for health visitors exists, and the public is willing to pay for them. Thus a new career is open to women, which already offers them a means of earning a comfortable livelihood, the opportunity of professional advancement and the satisfaction of filling an honoured and honourable position in the community in which they may be called to work.48

Admittedly, however, Crowell stated that the Commission’s training programs, although strong on theory, were still weak in the area of practice, due to the lack of proper facilities for institutional training available in France.49 Despite the success of the newly trained French health visitors on the anti-tuberculosis campaign, as well as on the more general public health campaign, Crowell remained fixated on improving and standardizing the training of these workers.50 In her annual review for 1920, she identified the next priority

46 Ibid.
47 Ibid., 1. Of the 153 trained health visitors then working in French dispensaries 96 were receiving their salaries from French committees rather than the CPTF.
48 Ibid.
49 Ibid.
50 Ibid.
for the Commission’s work as continuing to improve the supervision of health visitors in the field:

    The greatest problem which this bureau is now called upon to face is to provide adequate supervision for the constantly increasing number of visitors in the field. The provision of departmental supervisors is only one step in the right direction…the training centers should be much more closely supervised than has been possible in the past.51

In this vein, Crowell added two assistants to her office. One was responsible for the supervision of the training centres, visiting each in turn, making a report in writing on the work accomplished, and recommending changes necessary for improvement in the teaching of pupils. The other supervised the technical dispensary work, especially in the French cooperating dispensaries, giving advice on social problems when needed and filling in for Crowell in the central office when necessary. Crowell also planned on implementing the use of “regional supervisors,” which she had also begun training.52 In addition, she endeavoured to strengthen practical training for health visitors by insisting upon, whenever possible, the employment of monitrices (teaching supervisors) for practical field work in dispensaries, and by furnishing fully trained nurses (English or American) to lead training within institutions.53

Crowell refused to lend the support of the Commission to any training centres that did not work in connection with a dispensary which had conformed to the Commission’s approved methods and procedures.

    With these standards and measures in place, Crowell noticed an improvement in training schools, both in the development of their practice facilities and in the admission of

51 Annual report of the Division of Public Health Visiting from January 1st, 1919 to December 31st, 1919. Folder 270, box 29, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.
52 Ibid.
53 Ibid.
students.\textsuperscript{54} As a result of these improvements, by 1920, the six-month training course had been practically eliminated, except in the case of extraordinary candidates who had evidence of previous preparation in health visiting. Thus, over the course of two years, the ten-month course in health visiting (primarily in the areas of tuberculosis and children’s work), preceded by one year of general hospital experience, had become the standard of training for health visitors in France.\textsuperscript{55}

Crowell admitted, however, that the weak point remaining within this system of training for health visitors was the first year of hospital training then available in France:

> Nurses’ training schools in the sense that we understand the term, are so few as to be practically non-existent so that their graduates are a negligible source of supply for candidates for admission to these specialized training centres for public health workers.\textsuperscript{56}

The perceived shortcomings of these training programs and the growing shortage of women with hospital experience became more and more difficult for the Commission to ignore, Crowell argued:

> As our knowledge of the actual conditions of the nursing service in French hospitals grows, we are becoming more thoroughly convinced of the futility of the present ostrich-like policy of these specialized training centers in ignoring and refusing to accept any responsibility for the first year’s general training of the candidates whom they are admitting to their courses. At present, pupils applying to the schools who have had no previous experience are told to go and get it, where or how is no concern of the school. And the number of candidates without any hospital experience is constantly increasing while the number of those with such experience is diminishing.\textsuperscript{57}

Crowell’s accusation of the Foundation’s “ostrich-like” response suggests her growing frustration with Foundation officers’ continued ignorance of the connection between the lack

\textsuperscript{54} Annual report Bureau of Public Health Visiting 1920. Folder 272, box 30, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.

\textsuperscript{55} Ibid.

\textsuperscript{56} Ibid.

\textsuperscript{57} Ibid.
of adequate training programs for nurses and the poor quality, and availability, of candidates for health visitor training.

In response to this frustration, Crowell looked for further solutions to improve bedside nursing education. She questioned whether it would be possible to develop a combined training program that would work toward the improvement of both bedside nursing within hospitals and the training of health visitors:

Is it not possible to exploit this demand for women as health visitors and the necessity of their professional training to the advantage of the hospital nurse, her training and her subsequent career? If training schools are established for the training of both hospital nurses and health visitors, will not the former group profit by the higher standard which has already been obtained by the health visitors as regards professional recognition and public appreciation, with the consequent improvement in recruitment, living conditions and earning capacity?58

In an attempt to answer this question, Crowell formulated a bifurcated program aimed at the training of both bedside nurses and health visitors.59 The course was two years in duration, with the first year common to both groups and composed of general hospital training in medical and surgical wards for adults and children.60 The second year was elective, consisting of additional work in medical wards, operating rooms, and general dispensary service for those pupils desiring to obtain a diploma for bedside or visiting nursing (see figure 3.1). Specialized training in tuberculosis, children’s services, school hygiene, and social service could be arranged for those pupils who desired to work toward a diploma for public health visitors.61

58 F. Elisabeth Crowell, Nursing education and hospital service in France. Folder 100, box 9, series 500, RG 1.1. Rockefeller Foundation Archive, RAC.
60 Annual report Bureau of Public Health Visiting 1920. Folder 272, box 30, series 500C, RG 1.1., Rockefeller Foundation Archive, RAC.
61 Ibid.
The first course based on the bifurcated program was established at the University of Strasbourg in 1921, with graduates receiving a diploma granted by the University’s Faculty of Medicine. The granting of university status to the course raised its prestige and placed admissions criteria at a fairly high level. The program of study became known as the “bifurcated course” or the “Strasbourg Plan,” and was implemented in a second French city, Nancy, soon after. In June 1922, Crowell wrote to George Vincent, president of the RF, telling him that the “Strasbourg plan” was gaining popularity throughout Europe: “It seems worthy noting that what we have already done at Strasbourg is having an influence outside of France, and that in Czechoslovakia, for instance, one hears frequent reference to ‘the Strasbourg plan’ as a scheme worthy of serious consideration.” However, although Crowell’s bifurcated program was more comprehensive than the existing Red Cross training

---

62 Ibid.
63 Vincent from Crowell, June 17, 1922. Folder 137, box 19, series 700, RG.1.1. Rockefeller Foundation Archive, RAC.
programs for home visitors, in the eyes of nurse leaders in the USA, the program still paled in comparison to similar programs offered in North America.\textsuperscript{64}

In July 1922, a national nursing regulation was passed in France, which required nurses to complete two years of training in a recognized school. At the same time, France’s Minister of Hygiene created the \textit{conseil de perfectionnement}, a national committee consisting of two branches: one for bedside and hospital nurses, the other for health visitors (not unlike the nursing committees established under the National Council of Defense in the USA in 1917). The members of the committee included men and women most interested in the development of nursing work, including the directors of the training programs established in Strasbourg and Nancy, based on Crowell’s bifurcated program.\textsuperscript{65} Shortly after it was formed, the \textit{conseil de perfectionnement} set out to prepare a standard curriculum and study existing schools, recommending state recognition for those that conformed to the provisions of the 1922 state regulation.\textsuperscript{66} However, as Schultheiss has argued, although the 1922 regulation provided nursing education in France with added legitimacy, the diploma was not required to practice nursing, and schools were not required to conform to the established standards.

\textsuperscript{64} In actuality, Crowell’s bifurcated program was not unlike early plans for the training of public health officers in the USA. William Sedgwick, a professor at the Massachusetts Institute of Technology (MIT) had himself proposed a “Y Plan” of medical education outlining a common first two years of education for medical students, with the upper years diverging, one arm leading to the degree of Doctor of Medicine, and the other to the Doctor of Public Health. Elizabeth Fee, \textit{Disease and Discovery: A History of the Johns Hopkins School of Hygiene and Public Health, 1916–1939} (Baltimore: Johns Hopkins University Press, 1987), 25.

\textsuperscript{65} Gladys Adams to Annie Goodrich, October 5, 1923. Folder 97, box 9, series 500, RG 1.1. Rockefeller Foundation Archive, RAC.

\textsuperscript{66} International Health Board Nursing and Health Visiting. Annual Report, 1923. Folder 97, box 9, series 500C, RG 1.1. Rockefeller Foundation Archive, RAC.
Conclusion

Without consensus on the training of public health workers, the CPTF’s continued role in the training of health visitors under the direction of Elisabeth Crowell continued to be debated by American-based nurse reformers, in particular Annie Goodrich. Although Crowell too was critical of the CPTF’s training program, describing it as “ostrich-like” — ignoring the connection between improving preliminary training programs for nurses and the training of health visitors — Goodrich deplored her “practical,” incremental approach to improving the training of nurses in France. Despite this criticism, Crowell was successful in raising both the standard of nursing education and the public image of the nurse during this period.

With the increase in postwar relief efforts throughout Europe, the training of public health workers continued to receive international attention. The formation of an international training program for public health nurses under the American-backed League of Red Cross Societies in 1920 would further contribute to the growing international debate over the preparation of public health workers and standards in nursing education. Crowell’s continued role with the Rockefeller Foundation would position her in the middle of this debate, particularly as the Foundation began exploring ways to expand their support to public health and nursing education throughout Europe.
Chapter 4: “Rank heresy”: Growing American Conflict Over the Training of Public Health Nurses in Europe, 1920–1923

In addition to the Rockefeller Foundation’s Commission for the Prevention of Tuberculosis (CPTF), other American organizations, such as the American Red Cross and the League of Red Cross Societies (LRCS), initiated post-war relief efforts focusing on the training of nurses throughout Europe. However, the lack of consensus regarding standards of nursing education amongst the leaders of these programs contributed to intense debate. In particular, the formation of a major international Red Cross initiative to train public health nurses under the LRCS in 1920 heightened American nurse reformers’ opposition to the Red Cross’s continued involvement in the training of nurses. At the same time, the Rockefeller Foundation’s ambitions to expand its involvement in the education of nurses in Europe further contributed to this debate.

This chapter explores the development of both the LRCS’s international program and the Foundation’s desire to expand its health visiting program in order to highlight the differing ideals and interests of American nurses regarding the training of nurses in Europe during this period. In particular, it focuses on the nurse leaders at the forefront of each of these initiatives, including Katherine Olmsted of the LRCS and Elisabeth Crowell of the RF, and how the interests of these two women differed from those of nurse reformers in the USA at this time, specifically Annie Goodrich.

Postwar Medical Conference

During the spring of 1919, experts in the fields of medicine, nursing, and public health from the five Allied nations came together in Cannes, France, for the first postwar
Medical Conference. The purpose of the Cannes Conference, according to the chairman of the American Red Cross War Commission, Henry Davison, was “to determine how the message which science has to give can best be presented to the world, to improve the health, happiness and general well-being of mankind.”¹ It was Davison’s opinion that national Red Cross societies could play a greater role during times of peace, and he thus put forth the idea for the formation of an international organizing body to direct national Red Cross societies in a peacetime agenda. Those in attendance included medical, nursing, and public health officials, as well as politicians and dignitaries, chosen as “leaders of the world in [their] specialities.”² Davison outlined early his expectations of forming an organization international in character, with a central committee headed by a director general and composed of separate bureaus focusing on tuberculosis, sanitation, child welfare, nursing, malaria, and venereal disease. Davison described his vision for the international committee as a standard-setting agency, providing the following example:

Take a particular country, we find there a National Red Cross. We present to it the practice which has been approved by this international committee, and has been demonstrated by the Red Cross organizations during the war. i.e. we should like to have you know what has been demonstrated and practised in Child Welfare. We would provide an expert and say “this is the practice; this what is being done for the children of the world”...we would let the people know the modern practice in Sanitation, to let them know what the other enlightened countries of the world were doing for Sanitation. We expect that as a result of that presentation there would be a demand, a popular demand, from the people to their governments that they employ sanitary methods.³

Davison imagined that national Red Cross societies would assist in provisions for disaster relief, medical research, promoting public health and sanitation, maternal and child

² Ibid.
³ Ibid
welfare, the education and training of nurses, the prevention of TB and other chronic illnesses, and so on. It was not his belief that the national societies would engage in all of these efforts, but that they would encourage and assist appropriate agencies to do so, leaving the Red Cross to focus specifically on prevention and educational activities:

It is not our thought that a National Red Cross would undertake Child Welfare work or that it would undertake the work in tuberculosis or in Malaria or in Sanitation; but rather it would be the active agency recognized by the government and by the people, to stimulate and encourage the work in these and other subjects which were needed or could be of benefit to the people of that country. It is not the idea that this Central Committee shall in any way affect the status of the real issues of each Red Cross within its own country, or the real issues of its own government. It is our idea that this organization shall remain neutral, shall remain entirely free from governmental control and shall be a voluntary organization.  

Having an international health organization set and promote international standards in the training of health professionals was not unique in this period. During the immediate post–First World War period, the general belief within the international scientific community was that science could be used to prevent disease, as well as promote scientific cooperation between nations. Public health historians Paul Weindling, Susan Gross Solomon, and Anne Moulin suggest that advocates for the “new public health” after the First World War believed that the alleviation of social ills and the promotion of effective health services would lead to the stabilization and modernization of states, and thus provide a more amenable environment for the creation of international peace.  

---

period on the applicability of science to setting international standards in the training and education of health professionals. Both established and newly formed international organizations, such as the Rockefeller Foundation, the League of Nations, and the League of Red Cross Societies, formed mandates to collect information, refine policies, and enforce norms across nations. According to Weindling, there was a hope that by having experts set international standards, matters of global importance would take precedent over national concerns in all areas of health. Weindling suggests that having an international, rather than a local, agency set standards was considered to be more beneficial during this period, as an international body would not suffer from the same biases in the area of priority setting, nor would it be subject to the same political pressures. Traditionally, medicine had been considered a symbol of European superiority; however, after the First World War, the newly created vanguard of medical experts within international organizations regarded themselves as the gatekeepers to the advancement of social medicine, including international knowledge exchange and the setting of standards in all areas of public health care.

According to historian Norman Howard-Jones, those present at the Cannes Conference believed Davison’s proposed plan could have “unlimited” application and was a logical extension of the Red Cross’s current activities. The name “League of Red Cross Societies” was eventually decided upon for the new organization, with its purpose “to associate the Red Cross Societies of the world in a systematic effort to anticipate, diminish, 

---


7 Gross Solomon, Murard, and Zylberman, _Introduction_, 1-22.

8 Weindling, “Introduction.”

9 Weindling, “Introduction”; Moulin, "The Pasteur Institutes between the Two World Wars."
and relieve the misery produced by disease and calamity.”\textsuperscript{10} Nursing representatives present at the conference also set out recommendations for the formation of a division of nursing within the new League’s directorate.

The Nursing Section of the Cannes Medical Conference

Nursing leaders representing the Allied nations’ Red Cross Societies who were invited to the Cannes Conference included: Julia C. Stimson (USA, American Red Cross); Lillian D. Wald (USA, Henry Street Settlement); Carrie M. Hall (USA, Member of the National Committee, ARC Nursing Service); A.W. Gill (Great Britain, President, Scottish Matrons’ Association); Alicia Lloyd Still (Great Britain, Head Matron, St. Thomas’ Hospital); Professor Lt. Col. Emilia Malatesta Anselmi (Italy, Italian Red Cross); Countess Nerina Gigliucci (Italy, Italian Red Cross); and Countess de Roussy de Sales (France, Head Nurse, Secours aux blessés militaires).\textsuperscript{11}


\textsuperscript{11} Proceedings of the Medical Conference Held at the Invitation of the Committee of Red Cross Societies. Cannes, France, April 1-11, 1919 (Geneva: The League of Red Cross Societies, 1919). Accessed September 10, 2009, http://archive.org/details/proceedingsofmed00medi. As the first meeting on April 2nd, in the absence of the full number of delegates, the Section co-opted the following: Dr. William Welch, Dr. Samuel McClintock Hamill, and Mr. Henry Morgenthau.
During the Conference, a separate section on nursing was held, at which the nursing representatives developed recommendations for the LRCS’s future work in the area of nursing education. At the presentation of their recommendations to conference attendees, Lillian Wald, speaking for the group, clearly outlined the historical development of visiting nursing as influenced by events in England, followed by the preparation of public health nurses in the USA. Following Wald’s presentation, Dr. William Welch, a member of the newly appointed Committee on Nursing Education in the USA, demonstrated his support for the League’s involvement in the training of public health nurses:

---


In a sense no more important subject than nursing has been brought before the Red Cross Conference. We can hardly think of the new activities now projected without increased nursing service. Few realize as yet the career in public health nursing which is opening to women. It makes a strong appeal to many not attracted by private or hospital nursing.  

The utilization of existing Red Cross assets was discussed, during which it was highlighted that many national Red Cross Societies already held a valuable roster of existing personnel, such as:

1. Fully trained professional nurses;
2. In France and Italy, volunteer trained nurses, and;
3. Untrained and partially trained workers, known in America as Nurses’ Aides (under the Red Cross), and social workers; and in England as V.A.D.s (Voluntary Aid Detachment), Special Military Probationers, and Health Visitors; and in France and Italy as Auxiliary Nurses.

To this point, Wald cautioned that the work that had gone into training each of these workers and the conditions under which they had been allowed to work — namely that they practiced under the close supervision of fully trained nurses — was the result of a sustained effort:

We should emphasize the fact that the high standard of nursing which has been attained is not a recent growth, but is the result of years of systematic training, and that it is this structure which made possible the success of the untrained worker during the recent crisis.

Although praising the work of these women during the war effort, Wald added that every effort needed to be extended in order to provide public health training to both trained and untrained personnel who would be interested in continuing on in this work:

The value of the VADs and Nurses’ Aides has been fully demonstrated — many of them have had considerable experience in nursing in army hospitals,
and their work has been beyond praise. In any of the developments now under consideration by the Committee of Red Cross Societies each national organization would doubtless make the fullest use of its existing personnel, and in view of the great developments in all public health departments which may be expected to take place in the near future, it is desirable that every facility for training in public health and social welfare work should be afforded both to the trained and untrained women, large numbers of whom are at the present time being released from war work, and whose interest might be diverted into these channels.\textsuperscript{18}

In addition, Wald made reference to the upcoming work of the American Committee on Nursing Education under the Rockefeller Foundation, perhaps suggesting that more guidance on how the League might proceed would soon be available: “One of the Foundations in NY has just appropriated $20,000 to make a survey of the entire field of public health nursing, its needs, the education required, etc.”\textsuperscript{19}

Perhaps as a result of these comments, the Section on Nursing suggested postponing any decisions regarding their report until a larger group of experts could be convened, and to view their recommendations as preliminary in nature:

In conclusion we feel that many of the subjects which have been under discussion are very far-reaching and must necessarily affect large bodies of workers, and that therefore no decisions should be arrived at by a few individuals, but that these subjects should be referred to a larger and more representative body of professional women, and should preferably be considered after the Committee of Red Cross Societies has concluded its deliberations and outlined the future activities of the International Bureau, as it is desirable to know what fresh opportunities will be opened up for nurses and other health workers.\textsuperscript{20}

\textsuperscript{18} Discussion of the Report of the Section on Nursing. Proceedings of the Tenth General Session, April 9th, 1919.
\textsuperscript{19} Ibid.
\textsuperscript{20} Ibid.
It was thus agreed that the training of health visitors and public health nurses be placed on the list of subjects suggested for future discussion.\textsuperscript{21} In its preliminary recommendations, the Nursing Committee suggested first and foremost that a nursing department be formed within the LRCS directorate, responsible for establishing a minimum standard of training for national Red Cross Societies and promoting the development of courses in public health nursing. In addition, the following recommendations were made:

1. That the Health Bureau collect, analyze, publish, and distribute information pertaining to nursing and women’s work in public health, e.g., relating to such subjects as tuberculosis, child welfare, the prevention of blindness, prenatal care, social service, etc.
2. That propaganda be undertaken as soon as practically possible in those countries where trained sick nursing and public health nursing are not as yet developed, to encourage the establishment of training schools for nurses.
3. That suitable personnel for instruction, both in the care of the sick and public health nursing, be sought and trained so that such personnel may return subsequently to their own countries, qualified to inaugurate and direct nursing movements for the establishment of training schools and for the training of nurses.
4. That a system of scholarship be established to make it possible for trained nurses to receive necessary supplementary education to qualify them as public health nurses and as teachers.
5. That information in regard to the importance of public health nurses and the lack of adequate facilities for their training be widely disseminated; that there be widespread information so that the courses of training in existing schools may be adjusted to meet the requirements of public health nursing; and that special schools may be established to qualify women for the great opportunity for service open to them in this field.\textsuperscript{22}

The above recommendations were accepted by the LRCS’s Executive Committee. However, when delays occurred in appointing a director to the proposed nursing department, American nurse leaders took matters into their own hands.

\textsuperscript{21} Ibid.
\textsuperscript{22} Resolutions of the Section on Nursing Adopted by the Section and Presented to the Conference. Proceedings of the Tenth General Session, April 9th, 1919. Proceedings of the medical conference, 139.
The League of Red Cross Societies’ Department of Nursing

In June 1919, the LRCS initiated its first venture into nursing. At the request of the medical director of the LRCS, ten nurses were assigned to typhus hospitals under the Bureau of Hygiene and Public Health of the Polish government, at the expense of the LRCS. Alice Fitzgerald, then chief nurse of the American Red Cross in Europe, helped arrange this, placing the nurses under the direction of an American Red Cross nurse who would be responsible for training Polish nurses to do the work there.23

A month later, when a nurse director had yet to be appointed to the League’s proposed nursing department, Clara Noyes, head of the nursing division of the ARC, took the matter into her own hands.24 It was Noyes’s opinion that the ability of American nurses under the ARC to standardize their nursing service, while supplying approximately twenty thousand graduate nurses for war service, had earned them the right to submit names for the position.25 Additionally, the ARC had contributed to the establishment of nursing schools in Prague, Warsaw, Poznan, Sofia, and Constantinople during the war.26 Noyes wrote letters to both the chairman of the ARC and Davison, and eventually gained the latter’s approval for the ARC National Nursing Committee to submit names of nurses who would be suitable to direct the LRCS’s Department of Nursing.27 According to a history of the ARC’s nursing division by

24 Ibid., 1137.
25 Ibid., 1142.
26 Short courses had been given by the American Red Cross in Poland following the war, not primarily to staff its own installations but to supply aids for military nursing or for civilian hospitals and orphanages. In Prague the first “Red Cross Emergency Course in Nursing” was given to 25 pupils in May and June, 1920, by two ARC nurses who had come to establish a school of nursing, and certificates were granted by the Czechoslovak Red Cross. Short courses were also given in Poland, Austria, Hungary, and the Baltic States. Graduates of a six months’ course at a School for Public Health Workers in Cracow, established in 1921 with several American Red Cross nurses of the faculty, provided the greatest number of workers in the child health stations, although a few were prepared by a six weeks’ course. For more on this see, P. Kernodle, The Red Cross Nurse in Action, 1882–1948 (New York: Harper and Brothers, 1949).
27 Dock, Pickett, and Noyes, History of American Red Cross Nursing, 1140.
Noyes and her American colleagues Lavinia Dock and Sarah Pickett, by an almost unanimous vote, the committee put forth Alice Fitzgerald’s name for the position.\textsuperscript{28} By October 1919, Fitzgerald’s nomination was accepted by Davison and Dr. Richard Strong, medical director of the League, and the following month, Fitzgerald resigned her post within the ARC to become director of the LRCS’s Department of Nursing.\textsuperscript{29}

The daughter of an American scholar, Fitzgerald was born in Florence, Italy, in 1874 and moved to Baltimore in 1894.\textsuperscript{30} She graduated from the Johns Hopkins School of Nursing in 1906, under the direction of Adelaide Nutting, after which she travelled back to Italy and assisted in disaster relief following the devastating Messina earthquake in 1908. In 1911, Fitzgerald returned to the USA after Noyes hired her to reorganize the operating room at Bellevue Hospital in New York City. After successfully completing this assignment, Fitzgerald left New York to become superintendent of nurses at the City Hospital in Wilkes-Barre, Pennsylvania, and later superintendent of the Robert Long Hospital at the University of Indiana.\textsuperscript{31} In 1913, Fitzgerald enrolled in the American Red Cross Nursing Service and was sent overseas in February 1916 as the Edith Cavell Memorial Nurse.\textsuperscript{32} When the Americans joined the war in 1917, Fitzgerald travelled to Paris to serve with the American forces, and at the end of the war was appointed chief nurse of the ARC in Europe, after receiving a recommendation from Noyes.\textsuperscript{33} Fitzgerald’s education and career, including her

\textsuperscript{28} Ibid., 1142.
\textsuperscript{29} Ibid., 1143.
\textsuperscript{31} Ibid., 51; Dock, Pickett, and Noyes, History of American Red Cross Nursing, 583–584.
\textsuperscript{32} Dock, Pickett, and Noyes, History of American Red Cross Nursing, 584. Cavell was an English nurse who was killed by a German firing squad after being found guilty of participating in an underground railroad for Allied soldiers seeking escape from German-occupied Belgium. See D. Souhami, Edith Cavell (London: Quercus, 2010); Katie Pickles, Transnational Outrage: The Death and Commemoration of Edith Cavell (New York: Palgrave Macmillan, 2007).
\textsuperscript{33} Noble, Nurse Around the World.
connections to Nutting and Noyes, would qualify her as a member of the American nursing elite (as discussed in chapter 2).

Once appointed to the LRCS, Fitzgerald set out almost immediately to meet the objectives for the Department of Nursing defined at the Cannes Conference. However, shortly after starting out in this work, she became aware of the difficulties of developing an international training program for public health nurses that would meet the needs of so many varying national conditions:

In planning for the work of the Division of Nursing, my first step was to try and secure as much information on nursing as I could gather from the different countries. One dominant fact impressed itself on my mind through those months of preliminary work in anticipation of our first assembly was the difficulty of understanding and being understood, internationally speaking. Words were used by many nations with entirely different meaning in each case, comparative studies of reports were therefore of no value and I felt that I was not starting on the right road to “internationalize nursing” according to the needs and resources of different countries.

The existing differences in training and defining nurses throughout Europe, as recognized in the above quotation from Fitzgerald, would become a major source of conflict between American-based nursing leaders, who wished to pursue the training of public health nurses as it was developing in the USA, and those nurse leaders serving in Europe, who were faced with great variation in training standards and practices.

According to the ARC history by Noyes, Dock, and Pickett, after Fitzgerald presented a preliminary report to the LRCS’s General Assembly, it was decided that until model training schools could be developed, scholarships would be provided for nurses to study

---

35 Ibid.
within a city where the necessary resources were available.\textsuperscript{36} Thus, in 1920, Fitzgerald travelled to England and arranged for an international course in public health nursing to be held at King’s College for Women in London. The decision to locate this course in London was due to the city’s proximity to those European nurses who wished to participate, as well as the resources for training available there. Furthermore, King’s College already provided a course in health visiting. It is unclear what exactly what was meant by “resources,” as public health nursing was not yet established in England. Rather, health visiting, for which King’s College provided a course, was open to nurses and non-nurses alike.

In 1919, the Board of Education and the Ministry of Health in England established a standard of training for health visitors, including a two-year course for persons eighteen years and older who were not qualified nurses (thus allowing non-nurses to become qualified as health visitors), and a one-year course for trained nurses. In his annual report of 1919, the chief medical officer of the Board of Education expressed his belief that the nature of the work expected of the health visitor did not require training as a nurse:

\begin{quote}
Health visiting is social, educational, and preventive work. It is not in the narrow sense remedial or curative. The training given in a general hospital is not designed to equip a woman to become a health visitor. It was therefore considered that, in view of the primary function, health visitors need not be required to possess full nursing qualifications, though there are clearly many advantages in a sound understanding of nursing, and the habits of duty, discipline, and devotion acquired in the course of a hospital training is in itself a valuable acquisition quite apart from the technical knowledge gained. Yet, by general consent, the hospital trained nurse requires further instruction in the prevention of disease to give her the outlook and attitude of mind which the health visitor should have.\textsuperscript{37}
\end{quote}

This standard opposed that being promoted by nurse leaders in the USA, who argued that public health visitors required training as nurses in order to better meet the needs of the

\textsuperscript{36} Ibid.
community. Thus, the League’s decision to set up an international training program in London following the course of health visiting at King’s College contributed to the growing debate between American nurses in the USA and those in Europe regarding the training of public health visitors.

Despite the disapproval of her American-based colleagues, Fitzgerald continued in her mandate to establish an international training program for public health nurses in London, with the objective to train an elite cadre of nurse leaders from countries affected by the war in the hope that these nurses would then return home to initiate or lead similar training programs:

The idea was to get this very exceptional training in public health work and the opportunity of seeing what had been done in child welfare, tuberculosis, school nursing, and so on. They would absorb this knowledge according to the needs of their respective countries, and when they returned home it would be as pioneers, to train others in public health work, and so gradually to extend the sphere of their usefulness.  

Fitzgerald hoped that once these graduates returned home, they would realize that not only public health training but also preliminary nurse training was in need of reform. Thus, she aimed — within her supervisory role — to visit the graduates of the international program in order to assist them in the reform of nursing education in their home countries, and to ultimately work toward the international standardization of nursing practice:

Although their work would be primarily public health work, they would realise that the training schools were not what they wanted them to be, and this visitor from headquarters would help them with their experience to be the “entering wedge,” as they called it in America. The aim was to standardise their knowledge so that the word “nursing” would eventually mean the same in every country.  

39 Ibid.
Fitzgerald thus proposed that the League offer ten scholarships for Red Cross nurses to attend the international course, as well as request that national Red Cross societies provide their own scholarships where feasible.

By October 1920, nineteen nurses from eighteen countries arrived in London to participate in the League’s first “Course of Training for Public Health Nurses” (see figure 4.1). Admissions criteria required applicants to possess “a diploma or certificate as regulated by the highest nursing standards of their home country.” During their ten-month period of study (October to July), participants were expected to complete both theoretical and practical courses, after which they were granted a certificate of course completion. Toward the end of the first year of the program, a decision was made to make the course available again the following year. In 1921, the course was moved to Bedford College for Women, with twelve women from twelve different countries in attendance.

---

40 LRCS 1939. International Course Prospectus. Royal College of Nursing Archive (RCNA) 7/11/1. The League’s first class included Cecile Mechelynck (Belgium); Jean Browne (Canada); Anna Hanakova (née Nemcova) (Czechoslovakia); Lena Tidemand (Denmark); Jeanne Minier (née Mariau) (France); Marjorie Killby (née Beaton) (Great Britain); Athina Messolora (Greece); Lina Molinari (Italy); Maria Vega (Peru); Marie Josefowiczowa (née Chludzinska) (Poland); Dora Westwood (Portugal); Maria Nottariu (Romania); Helen Hiriakoff (Russia); Elsa Andersson (Sweden); Erica Michel (Switzerland); Dorothy Ledyard (USA); Charlotte Simon (USA); Theophanie Brody (Yugoslavia).


42 Ibid.

43 The reduction in the number of women in attendance during the League’s second year is thought to be the result of a lack of dissemination regarding the continuation of the course as well as confusion over the move to Bedford College. Evidence of this confusion was indicated within correspondence from a Canadian applicant to the course in 1921. BC AR 200 file 4949. Royal Holloway Archive. University of London.
During the spring of 1921, Fitzgerald returned to the USA in the hope of, according to Dock, Noyes, and Pickett, generating interest from “philanthropic individuals and foundations” in the work of the nursing division of the League. However, while in the USA, Fitzgerald resigned from her position with the League. Dock, Noyes, and Pickett suggest that Fitzgerald made this decision after changes were made internally within the LRCS while she was in the USA. It has been argued that this was a particularly volatile time within the LRCS, as both Davison and the League’s director-general, Sir David

---

45 Dock, Pickett, and Noyes, History of American Red Cross Nursing, 1146.
46 Ibid.
Henderson, had fallen ill. In addition, public health historian John Hutchinson has argued that the organization was dealing with considerable internal tension at this time as a result of the competing demands of its administrators, technical experts, and volunteers. This could further explain Fitzgerald’s decision to leave the League. However, it is also possible that, during her stay in the USA, she was offered a position within the Rockefeller Foundation, as early the following year, she accepted a position with the Foundation to work in the Philippines as a consultant to the country’s new governor general, Leonard Wood.

The LRCS’s International Course in Public Health Nursing, 1921–1923

Fitzgerald was succeeded in the LRCS Nursing Division by American nurse Katherine Olmsted. Olmsted was born in Des Moines, Iowa, in 1888 and graduated from Johns Hopkins in 1912, after first attending the Chicago School of Civics and Philanthropy (i.e., Social Work). After graduating, Olmsted worked for the Baltimore Instructive Visiting Nurse Association (during Mary Beard’s first year there) before moving on to a position within the social services department at Johns Hopkins Hospital. During the First World War, Olmsted worked for anti-tuberculosis organizations in both Illinois and Wisconsin, and was appointed state supervising nurse within the latter. In 1916, the Wisconsin Anti-Tuberculosis Association invited Olmsted to organize and teach an eight-week course in public health nursing, cosponsored by the University of Wisconsin’s extension division. Upon the USA’s entry into the First World War, Olmsted joined the American Red Cross

---

47 Henderson would succumb to his illness later in 1921, as would Davison the following year. Hutchinson, “Custodians of the Sacred Fire.”
48 Ibid.
49 Minutes of the International Health Board, February 7, 1922. Folder 47, box 5, series 242. RG 1.1. Rockefeller Foundation Archive, RAC.
and was sent to Romania in August 1917. Olmsted returned to the USA a year later and was appointed executive secretary of the western office of the National Organization of Public Health Nurses. In 1921, Olmsted was appointed as Fitzgerald’s assistant within the LRCS before being appointed director upon Fitzgerald’s resignation.

In 1921, under Olmsted’s direction, the international public health nursing course continued under the aims established by Fitzgerald:

The experiment of bringing together students from many countries for a course in public health nursing, the standardization of their methods and points of view, the sending back to many countries of a strongly equipped advocate of nursing standards, is so sure to be of success and value that another course is being planned for next year.

In addition to the international course, Olmsted continued to focus on providing assistance toward the development of nursing education within national Red Cross societies. For example, in response to a request from the Serbian Red Cross, Olmsted assigned and paid Enid Newton, a British-trained nurse, to direct the Society’s nursing school. Similarly, Olmsted approved the provision of LRCS funding for a nursing school in Hungary.

The fact that the LRCS Nursing Division was led by an American nurse leader did not appease the minds of nurse leaders in the USA. Despite Olmsted having been educated at Johns Hopkins and a member of the NOPHN, she was viewed critically by her American colleagues. This was perhaps due to her training and continued work in the area of social work, or a result of her continuation of the League’s work and the promotion of a lower standard of training for nurses under the auspices of national Red Cross societies.

---

52 Ibid.
53 Ibid.
In an effort to justify her work with the League to her colleagues back in the USA, Olmsted submitted an article explaining the aims of her work to the journal of the National Organization for Public Health Nurses, *The Public Health Nurse*, including her attempts to achieve an international standard within Red Cross nursing schools while taking into consideration the varying national contexts of the representative countries of the LRCS:

The policy of the Nursing Department of the LORCS was born of an unusual knowledge of and sympathy with the people of small and struggling countries. It was begun at the beginning, not at the end, with education, with the intent to pursue a course without haste, but without rest, holding the problems in correct proportion and perspective and always with the consent and understanding of the countries themselves, whose welfare is the aim and object of the work. Only in this way can one continually adapt and modify within the compass of a practical scheme, and in accordance with an awakened knowledge develop an international model of nursing service of superior breadth.  

Furthermore, Olmsted explained that achieving an American-like understanding of the importance of the public health nurse in Europe would require an understanding of the prevailing national conditions, as well as the cooperation of the local people:

While we are desirous that all of the countries eventually feel as we in America do, that this important role in the disease prevention program of all countries can be carried best by well trained nurses, nevertheless we must admit that any program which has for its purpose the betterment of existing health conditions depends entirely upon the active cooperation of the people themselves. In each nation it is necessary to take the best material which existing conditions will permit and work with that material toward the building of the ideal.  

As a further explanation of the difficulties facing both Olmsted and the individual member countries of the LRCS, she identified three main obstacles to developing an American standard of nursing within these countries:

---

57 Ibid.
There are three difficulties...the limitation of public knowledge of what an efficient nursing service is; the unreadiness [sic] of women of ability to enter this vocation, and; the lack, in many countries, of facilities for the adequate training of nurses.  

Thus, Olmsted argued, American standards could not serve as the only measure of success within these European countries:

Because of utter lack of knowledge, we think the only real public health work worth while is that which we, as American Public Health Nurses, are doing, and that all our nursing standards, which undoubtedly suit our country, should be forced upon all other countries, irrespective of any national characteristics which forbid their practicability.

The barriers to the further professionalization of nursing in Europe outlined by Olmsted are similar to those Crowell identified in France. Like Crowell, Olmsted’s desire for a local, incremental approach to the development of nursing education on the Continent would fuel further debate with nurse-reformers in the USA. Olmsted’s philosophy differed from that of Fitzgerald, who held similar ideals to her American-based counterparts. Fitzgerald argued that “Western ideals in nursing are the guiding star of the East...the people must be made to see for themselves the advantages to be derived by adopting that which has proven good in the older nursing fields, and when an Easterner has ‘seen for himself’ and adopts a Western ideal, he rarely wavers from his choice.” This quotation is reminiscent of Dock’s comments to the International Council of Nurses regarding American nursing serving as a model for other countries (see chapter 5).

The international course continued unchanged until 1923, when debate over training standards came to a head between the League, the Rockefeller Foundation, and the

58 Ibid.
59 Ibid.
60 A. Fitzgerald, “Western Influences on Nursing Education in the Orient” (paper presented at the meeting of the International Aspects of Nursing Education, Teachers College, Columbia University, New York), as quoted in Barbara Brush, “The Rockefeller Agenda for American/Philippines Nursing Relations,” Western Journal of Nursing Research 17, no. 5 (1995).
International Council of Nurses. By this time, the Foundation was considering moving forward with the expansion of its own nursing program throughout Europe.

Expanding the Foundation’s Interests in Nursing Education in Europe

The decision of Foundation officers to embark on a program of nursing education in Europe was originally influenced by a tour of Europe by Foundation Secretary Edwin Embree in 1920. Embree’s visit was the result of the suggestion of Foundation officials engaged in Europe through the RF’s International Health Board (IHB) that Foundation funds might be useful in the development of programs within several fields, including public health. In order to study European conditions in more depth and to provide suggestions for possible areas of assistance, Foundation officials requested that Embree make a tour of Europe. Between June and October 1920, Embree visited Paris, Strasbourg, Zurich, Vienna, Budapest, Belgrade, Zagreb, Ljubljana, Prague, Berlin, Leipzig, Cracow, Lemberg, Warsaw, and London. For parts of the trip, Embree was accompanied by Dr. Frederick Russell of the Foundation’s International Health Board, members of the CPTF, and various public health officials associated with the League of Red Cross Societies.

During his tour, Embree was requested by Foundation officials to focus primarily on the fields of medical education and hygiene, as those were areas in which the Foundation was already involved. At the end of his trip, Embree reported on the general conditions then present in Europe and possible areas of involvement for Foundation aid:

---

63 Ibid.
64 Ibid.
All of the countries of Central Europe are either newly formed as nations or are in the hands of governments differing widely in policy from those which existed before the war....decisions of far-reaching significance in the matter of medical school support, the training of nurses, the care of the sick and the prevention of disease must be made in these countries within the next few years. Expert guidance and some assistance in starting sound programs now may mean much for generations to come.65

Upon his return home, Embree made four main recommendations to the Foundation Board:

1. That the RF subsidize the purchase of American and British scientific journals and distribute them to selected institutions;
2. That the Foundation underwrite the replacement of scientific apparatus that had been confiscated or destroyed during the war;
3. That the Foundation’s nurse training program be extended from its Paris base to urban centers in other countries; and
4. That the RF develop a program of fellowships for advanced study in the USA for promising young graduates, with the expectation that recipients would return to their home countries as leaders in innovation.66

All recommendations were approved by the board.

Referring to nursing practice, Embree reported that it represented the most “striking difference” between hospital care and public health in Europe versus that in the USA.67 As opposed to medical training in Europe, which was viewed as among the world’s best,

Embree argued that nursing education in Europe required much-needed attention:

...where as [sic] medical science and education and the practice of curative medicine had before the war reached probably as high a point in Central Europe as in any part of the world. Nurses, however, were and are almost entirely unknown on the Continent. Hospitals throughout Europe present a

65 Ibid.
67 Ibid.
doleful and pitiful appearance which is due almost entirely to the lack of that nursing service which has so greatly improved hospital care in England and America. In so far as public health field work and education has lagged in Europe, this has again been largely because of the lack of public health nurses and health visitors who have formed the rank and file of the army of preventive medicine in this country.\(^{68}\)

Despite Crowell having mentioned the dire state of bedside nursing education to Embree in 1919, Embree seemed to be quite alarmed by nursing’s status in Europe. Embree commended the work of the CPTF in introducing health visitors as a regular feature of the anti-tuberculosis campaign in France, and praised this work as “the greatest single contribution of this Commission to the health of France.”\(^{69}\) Likely influenced by his involvement with the Committee on Nursing Education over the past two years, Embree concluded:

> There are few ways in which America can serve Europe in the field of medicine and public health with such confidence as by giving counsel, direction and personal assistance in the introduction of nursing education….A definite program of counsel and aid in the establishment of nurse training might have almost as important an effect upon the application of medical science in Europe as a similar program in medical education has had upon the development of medical science in America.\(^{70}\)

In Embree’s opinion, however, the development of a program of nursing education in Europe was still complicated by the “lack of agreement among leaders of America and England as to the proper training and the length of the courses necessary.”\(^{71}\) In England, nursing education included long courses of instruction within hospitals, and was beginning to be criticized by American nurse leaders for exploiting nursing students as an inexpensive labour force for hospitals. Furthermore, the efforts by leaders of the three national nursing organizations in the USA toward professionalization, including improved education and

---

\(^{68}\) Edwin Embree officer’s diary, Report on Medical Education and Nurse Training in Central Europe, June-October 1920. RG 12.1. Rockefeller Foundation Archive, RAC.

\(^{69}\) Ibid.

\(^{70}\) Ibid.

\(^{71}\) Edwin Embree officer’s diary, Docket of Business, 1920. RG 12.1. Rockefeller Foundation Archive, RAC.
instruction, conflicted with the continued focus in England on the “spirit of service,” which instead emphasized practical aspects of care.

Embree suggested that in order to gain the support of nurse leaders in England and the USA, the Foundation would have to support the development of significantly longer training programs than were then in place in much of Europe: “Any support by the Foundation in this field which does not follow the most conventional traditions of long training courses will probably meet with opposition and misrepresentation from nursing groups in this country and England.”

On the other hand, Embree recognized that such a standard may not meet the needs of the countries in question: “It would not be worth while [sic] to attempt to co-operate with the countries of Europe in the training of nurses unless the courses closely adapted to their needs were determined upon, recommended and supported.”

Embree also suggested that in order to appease nurse leaders in both the USA and England, long courses of study would need to be established. However, like Crowell and Olmsted, Embree acknowledged the difficulty of imposing this standard within European countries, which were facing differing needs. Over the next five years, the ability of Crowell, Olmsted, and Goodrich to influence Embree and the other Foundation officers regarding the “necessary” model of nursing education to follow in continental Europe would impact the Foundation’s future support of nursing education globally.

Goodrich would get her first opportunity to influence the Foundation’s decision regarding a model for nursing education in Europe through her involvement with the Committee on Nursing Education’s national study. As evidence of this influence, Embree

---

72 Ibid.
73 Ibid.
suggested that this Committee could bring about “crystallization of opinion in this matter and...definite and consistent action.” However, as it was the RF’s mandate to set the highest benchmarks in education and to build a cadre of leaders to meet these standards, the issue of introducing a new policy in the development of nursing education would undergo close scrutiny by the Foundation, including several surveys on European conditions, before Foundation officials would commit to any course of action. Thus, Crowell would also be provided with an opportunity to sway the Foundation’s actions in Europe prior to the eventual publication of the Committee on Nursing Education’s report.

Commissioning a Study of Nursing in Europe

On December 1, 1920, after further discussion of Embree’s recommendations, it was agreed that the Foundation should remain in touch with the conditions of nursing education in Europe. Thus, it was approved that a detailed study of nurse training and nursing work, both in hospitals and in public health, be undertaken by “a person trained and experienced in public health nursing.”

Despite Embree’s glowing reviews of the work of the CPTF, including Crowell’s leadership in developing health visiting in France, Embree’s first choice for the individual to complete the European study was Ella Crandall, former secretary of the NOPHN. According to Embree’s diary, he first approached Crandall on November 10 with regard to her interest in completing a study of nursing in Europe for the Foundation. At this time, Embree reported that Crandall expressed an interest in completing the proposed study. However, after the trustee’s meeting in December, Embree again approached Crandall with a definite proposal,

74 Ibid.
75 Minutes of the Rockefeller Foundation, December, 1, 1920. Folder 137, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
76 Edwin Embree officer’s diary, Nov.10, 1920. RG 12.1, Rockefeller Foundation Archive, RAC.
and this time he reported that she did not feel as though she was sufficiently qualified in the area of nursing education to be able to adequately complete the requested survey.\textsuperscript{77} Despite Embree’s reassurances that the study would focus primarily on field work and practical experience, rather than educational curricula, Crandall was unwilling to undertake the project without the approval of the members of the Committee on Nursing Education.\textsuperscript{78} Embree thus approached Josephine Goldmark, executive secretary of the Committee on Nursing Education, and recounted his earlier conversation with Crandall. Goldmark agreed to gain the opinion of her Committee.\textsuperscript{79}

At the next meeting of the Foundation board members, in February 1921, it was reported that no one in America with the desired qualifications was then available to undertake the requested nursing survey in Europe.\textsuperscript{80} It is possible that the Committee on Nursing did not approve of the selection of Crandall for the completion of the European survey; however, it is also likely that Crandall herself declined the appointment. Crandall had resigned from her position with the NOPHN in February 1920, after arguing that “a new and different administration was now required” for the organization.\textsuperscript{81} In her study on the “Rise and Decline of Public Health Nursing” in the USA, nurse historian Karen Buhler-Wilkerson suggests that Crandall had a negative reaction to the expanded responsibilities given to non-nurse members on the board of directors of the NOPHN, which led to her decision to retire.\textsuperscript{82} The following year, in 1921, Crandall turned her efforts toward programs

\textsuperscript{77} Edwin Embree officer’s diary, Dec.7, 1920. RG 12.1, Rockefeller Foundation Archive, RAC.
\textsuperscript{78} Ibid.
\textsuperscript{79} Ibid.
\textsuperscript{80} Minutes of the Rockefeller Foundation, February 23, 1921. Folder 137, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
for poor women and children. She became executive secretary of the Committee to Study
Community Organization for Self Support for Health Work for Women and Young Children
and explored the establishment of nursing on a low-cost, contributory basis. In 1922, she
became director of the Bureau of Educational Nursing of the Association for Improving the
Condition of the Poor, and from 1922 to 1925 served as associate director of the American
Child Health Association.\textsuperscript{83}

The record is silent as to why the Committee on Nursing didn’t recommend someone
else to complete the Foundation’s survey, but it is possible that the members of the
Committee disapproved of the Foundation’s involvement in the study in the first place.

Earlier that year, the Committee had suggested that they undertake a survey of nursing
education in Europe as a part of their own study. At this time, C.E.A. Winslow, chair of the
Committee on Nursing Education, sent a letter to Vincent, proposing the Committee’s desire
to complete a survey of health visitors in England and France as a part of their larger study
on nursing education:

\begin{quote}
It has also been suggested that it might be desirable to send a special
investigator to England and France to study the work of the health visitors in
those countries. Personally I am somewhat doubtful whether this will be
necessary as we are obtaining a good deal of information in regard to this
matter from visitors who have been abroad and we hope to get special reports
from one or more who are going this spring. At the meeting of the committee
yesterday Dr. Biggs suggested that I should informally consult you in regard
to the advisability of making a special foreign study of this kind, and before
approaching the Foundation in any formal way I should like to ask what you
would think...as to the advisability of our asking for a second additional
$5000 to carry out a special European study.\textsuperscript{84}
\end{quote}

\textsuperscript{83} Vern L. Bullough, Lilli Sentz et al., \textit{American Nursing: A Biographical Dictionary}. Crandall died on October
24, 1938.

\textsuperscript{84} Winslow to Vincent, February 12, 1920. Folder 1495, box 121. series 200, RG 1.1. Rockefeller Foundation
Archive, RAC.
Vincent, however, did not support the Committee’s request, arguing that the Foundation already had sufficient knowledge of developments in these countries:

As to the scope of the report and the importance of relative features of it, your Committee, of course, must make the decision. I simply raise the question as to the necessity of the special foreign study. Dr. Livingston Farrand, a member of the Committee, is so familiar with the development of health visitors in France, and he and other members of the Committee or persons with whom you could easily get in touch, are so familiar with recent developments in England that I wondered whether a special trip to these countries would prove really worth the time and expense involved.  

By the end of February, Winslow had reconsidered his Committee’s desire to complete the European surveys, eliminating it from their proposed study plan. Thus, when Embree requested Crandall’s services in the completion of surveys of nursing conditions in Europe a year later, the Committee on Nursing Education may have reciprocated Vincent’s negative attitude toward the necessity of these studies.

At the February meeting of the board, in recognition that no one in America was prepared to undertake the study, approval was given to request the services of Elisabeth Crowell in completing the surveys. A sum of $10,000 was appropriated for the year 1921 in order to make the study. A few days later, Crowell was sent the following cable:

---

85 Vincent to Winslow, February 17, 1920. Folder 1495, box 121. series 200, RG 1.1. Rockefeller Foundation Archive, RAC.
86 Winslow to Vincent, February 27, 1920. Folder 1495, box 121. series 200, RG 1.1. Rockefeller Foundation Archive, RAC.
87 Minutes of the Rockefeller Foundation, February 23, 1921. Folder 137, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
88 Study of Nurse Training in Europe: $10,000 1921, $10,000 1922, $12,000 1923 (Total $32,000); Minutes of the Rockefeller Foundation, February 23, 1921. Folder 137, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
Figure 4.3 Telegram from Vincent to Crowell, February 28, 1921.89

The decision not to approach Crowell prior to Crandall, or another American-based nurse leader, may have been to gain a different perspective on the conditions in Europe. However, it may also have been as a result of the negative opinion some Foundation officers held of Crowell’s work. For example, after Crowell was appointed to complete the European surveys, Winslow expressed his annoyance over her continued employment within the Foundation, believing that she was degrading nursing standards through her work preparing poorly trained nurses as health visitors in France.90 Winslow was a strong supporter of public health nursing, and questioned Foundation officers as to whether any attempt had been made to obtain an outside opinion on the value of the non-nurse health visitor prior to engaging in this work in France.91 Regardless of this criticism, Crowell was requested to complete the surveys and she accepted this appointment shortly thereafter.92 Her actual interest in completing the studies is not mentioned; however, the CPTF was anticipated to withdraw from its work in France by the end of 1921 (it ended up continuing into 1922),93 leaving Crowell without work.

89 Folder 137, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC
91 Ibid.
92 Crowell to Embree, April 15, 1921. Folder 97, box 9, series 500C, RG 1.1. Rockefeller Foundation Archive, RAC.
93 Ibid.
Perhaps influenced by Winslow’s remarks, Embree requested that Crowell return to
the USA before beginning the first of her surveys in order to familiarize herself with recent
developments in the field of nursing education and practice in the USA, including spending
some time with the Committee on Nursing Education:94

I think it will be well for you, as soon as you can be spared from France, to return to
America for the following preliminary steps:
1. To consult with us in New York concerning the scope of the study, its
purposes and the implication and questions to which it may give rise.
2. To acquaint yourself with the work of the Committee which under the
direction of Miss Goldmark has been the last two years making a study of nurse
training in this country. Results of this Committee’s work should be of
importance at least in presenting America’s experience and as indicating present
American tendencies.
3. To familiarize yourself anew with some of the best nurse training schools in
this country and to make arrangements with some of the schools, both Catholic
and Protestant, to serve as training centers for a small group of women whom we
may wish to bring to this country for advanced training, in order that they may
take leadership in this work in their several countries in Europe.95

Despite Embree’s request, sent in May, Crowell did not arrive in New York until December
of that year, stating that her work in France had kept her there.96 She and Embree met four
times between December 28, 1921, and January 2, 1922, in order to prepare a memorandum
of work to be completed during her European tour.97 The memo outlined the proposed
program, the scope of the investigation, the countries to be visited, and general
administrative policies and financial arrangements.98 Embree explained to Crowell that what
the Foundation was hoping for was not so much reports on special conditions as general

94 Embree to Crowell, March 8, 1921. Folder 137 box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
95 Edwin Embree to Elisabeth Crowell, May 3, 1921. Folder 137 box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
97 Edwin Embree officer’s diary, December 28, 29, 31, 1921 and January 2, 1922. RG 12.1, Rockefeller Foundation Archive, RAC.
98 Ibid.
suggestions for ways in which it might be “desirable and feasible to cooperate.” The memo also made clear, however, that in authorizing the completion of the surveys, the Foundation was not committing itself to the development of any programs in nursing education. Only after completing these studies and making decisions as to a policy would the Foundation consider providing aid to specific countries. An exception to this would be if Crowell were to identify promising candidates whom she might recommend for fellowships in order to prepare them to take a leadership role in their country, if and when the RF decided to cooperate.

In completing these surveys, Embree believed that the Foundation could assist in clarifying the existing confusion and debate regarding health visiting and public health nursing, and thereby provide clarity in the education of these workers in the future:

1. Importance of training a distinct type of worker who shall combine training from point of view of the nurse, of the teacher and of the social worker. Important that this person should have distinctive name under which neither the nursing, teaching nor the social aspects of her work should be exclusively emphasized. If such a distinctive worker with a distinctive name can emerge, many difficulties now existing in medical social service and in training of public health nurses would vanish.

Before returning to Europe and embarking on the proposed surveys, Crowell visited nurse training centres in Toronto, Philadelphia, Milwaukee, Columbus, Cleveland, Boston, and New Haven. Crowell’s visits seemed to have left a mark on her colleagues after she returned to Europe. In a letter to Crowell, Embree makes reference to the feedback he received from some of Crowell’s colleagues shortly after she left the USA:

---

99 Ibid.
100 Edwin Embree officer’s diary, January 2, 1922. R.G. 12.1, Rockefeller Foundation Archive, RAC.
101 Embree to Crowell, March 31, 1922. Folder 137 box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
102 Edwin Embree officer’s diary, January 2, 1922. R.G. 12.1, Rockefeller Foundation Archive, RAC.
103 Ibid.
After the reverberations and repercussions occasioned by your dynamic presence in America, life has begun to settle down into a less exciting routine. I have had one or two agitated telephone calls and some delightfully perturbed and naive letters from some of your friends and some of your acquaintances.  

However, the opinions of her colleagues in America did not seem to bother Crowell, who, quoting Shakespeare’s *Julius Caesar*, expressed humour in response to her colleagues’ comments:

The opening paragraph of your letter might or might not be considered flattering; remember the old saying: “The evil that men do lives after them; the good is often entered [sic] with their bones.”...According to what you say, no special effort will be necessary on the part on my friends to keep my memory green! But seriously, I hope that something really worth while [sic] may come out of this turmoil....I received a very nice letter from Miss Gray thanking me for the program for the teaching of Health Visitors, which I sent her, and telling me that she has had it copied and distributed among the members of the Committee in Cleveland; it would have been interesting to hear their reaction.

By the end of March 1922, Crowell had begun the first of her many surveys in Europe as a special representative of the Rockefeller Foundation. England had been selected as a starting point, as it was considered to represent “nursing in its most effective state,” and would serve as a control for Crowell’s future surveys.

Crowell’s Surveys

Between 1922 and 1923, at the invitation of the Rockefeller Foundation, Crowell completed surveys on the nursing conditions in England (March 24- April 9, 1922), Czechoslovakia (April 14–May 4, 1922), Yugoslavia (May 15–27, 1922), Italy (September 104 Embree to Crowell, February 21, 1922. Folder 137, box 19, series 700, R.G.1.1. Rockefeller Foundation Archive, RAC.

105 Elisabeth Crowell to Edwin Embree, March 18, 1922. Folder 137, box 19, series 700, R.G.1.1. Rockefeller Foundation Archive, RAC.

106 Ibid.

107 Rockefeller Foundation Minutes, February 23, 1921. Folder 137, box 19, series 700, R.G.1.1. Rockefeller Foundation Archive, RAC.
1–28, 1922), Poland (November 28–December 15, 1922), Austria (January 28–February 16 and March 7–10, 1923), Hungary (February 16–27, 1923), Romania (February 27–March 4, 1923), and Bulgaria (May 8–15, 1923). The countries other than England were selected because the Foundation was present there already or because “interesting” projects in nursing education were already underway.\(^\text{108}\)

Crowell’s resulting surveys on these countries reported several deficiencies in nursing education and practice. In particular, Crowell was critical of the training methods, calibre of candidates, and living conditions within the national Red Cross nursing programs. As she had reported in France in 1918, Crowell argued that preliminary nursing education in the countries of Eastern Europe had yet to develop; thus, attempts at training health visitors or public health nurses relied upon minimally trained nurses. Of Yugoslavia in particular, she wrote: “The problem of developing these little peasant girls into public health workers is not an easy one; the amount of education and training necessary to make them comprehend the simplest, most elemental necessities of personal hygiene, is unthinkable.”\(^\text{109}\) In addition, Crowell criticized the living conditions provided to students of these programs. In Hungary, she commented:

> There is a pretty general feeling that these nurses have been and still are badly exploited by the Red Cross. Formerly they lived in crowded inadequate quarters in the hospital grounds with no comforts and no provision for the amenities of life. The average recruitment was of a very low standard, in fact little better than the servant grade, barring a few educated women who went into it for the love of nursing.\(^\text{110}\)

\(^{108}\) Meeting minutes, January 12, 1922. Folder 137, box 19, series 700, R.G.1.1. Rockefeller Foundation Archive, RAC.

\(^{109}\) Elisabeth Crowell, Memorandum of sick nursing and health visiting in Yugoslavia, 1923. Folder 37, box 4, series 710, RG 1.1. Rockefeller Foundation Archive, RAC.

\(^{110}\) Elisabeth Crowell, Memorandum of sick nursing and health visiting in Hungary, 1923. Folder 21, box 2, series 750, RG 1.1. Rockefeller Foundation Archive, RAC.
In Hungary, Bulgaria, and Yugoslavia, Crowell found the Red Cross to be the primary organization involved in training public health or visiting nurses. However, in some countries, the Red Cross’s leadership in nursing education had, according to Crowell, been detrimental to the profession’s development. Again in reference to Hungary, Crowell commented that “the Hungarian Red Cross which until recent years had been the guiding spirit in whatever nursing activities existed seems to be dying of dry rot. They are quite sure that any model school must be started under their auspices and stated that they were quite ready to receive and administer funds for this purpose.” Similarly, in Bulgaria, Crowell remarked that the Red Cross had strategically (and surreptitiously) positioned itself as the sole provider of nurse training:

The Red Cross has always been anxious to concentrate everything connected with nurses and nurses [sic] training in its hands...in 1920 the member of the budget committee who was responsible for the closing of the Alexandra Hospital [city hospital] was the nephew of Mr. Gueshoff, the President of the Bulgarian Red Cross. Dr. Kirkovitch, the President of the School Committee also stated that the Red Cross had considered nursing as its special monopoly and wanted no competition. 112

Crowell suggested that one reason the Red Cross was the sole or primary organization involved in nursing education in these countries was that the interest, knowledge, and value placed on nursing within many Eastern European countries was minimal. For example, in Hungary, Crowell reported that the majority of the medical men “had little interest and less comprehension of what trained nursing really means and have apparently been quite satisfied if their particular service was functioning smoothly.” 113 A physician from this country reportedly stated to Crowell that that there were “only three persons in all Hungary who

111 Ibid.
112 Elisabeth Crowell, Memorandum of sick nursing and health visiting in Bulgaria, 1923. Folder 11, box 1, series 711, RG 1.1. Rockefeller Foundation Archive, RAC.
113 Elisabeth Crowell, Memorandum of sick nursing and health visiting in Hungary, 1923. Folder 21, box 2, series 750, RG 1.1. Rockefeller Foundation Archive, RAC.
really understood what a trained nurse is, Madame Ybrani, in charge of the Red Cross nurses, Dr. Manninger, a surgeon attached to one of the city hospitals, and Dr. Cziki, a Professor at the University of Debreczen.”\textsuperscript{114}

The lack of support for the development of a nursing profession in many of these countries, as suggested by Crowell’s reports, resulted in a lack of interest and funding for the development of additional training schools for nurses, leaving Red Cross Societies as the primary organizations responsible for this training. However, as Crowell reported, negative opinions of the Red Cross training programs were mounting. In Hungary, one “trustworthy source” is reported to have stated to Crowell that the Red Cross programs were not contributing to improving the overall nursing situation in that country:

One very frank, outspoken criticism of the Red Cross from an undeniable trustworthy source claimed that it was eaten up with vanity and that it corrupts and ruins everything it touches; that it had made slaves out of its nurses...the Red Cross training program recruited largely from the servant class, and their graduates had “not apparently materially affected the general nursing situation.”\textsuperscript{115}

Crowell’s reports, being sent to Foundation officers in New York, were likely to influence the officers’ opinions regarding the quality of Red Cross nursing programs, and thus influence their decision to become further involved with the Red Cross in the development of their own nursing education program in Europe.

By this time, the Committee on Nursing Education had completed its report and was disseminating the results. The Committee’s recommendations for higher education and the movement of nursing education outside the hospital would again highlight existing differences between nursing education and professionalization in England and the USA.

With Crowell’s close ties to the RF, which had sponsored the Committee’s study, as well as

\textsuperscript{114} Ibid
\textsuperscript{115} Ibid.
her demonstrated support for English nurses’ commitment to service, she would find herself in the middle of the debate regarding opposing philosophies of nursing education and practice.

The Report of the Committee on Nursing Education

In February 1923, after five years and $55,000, the report of the Committee on Nursing Education, known most commonly as the Goldmark Report, was published under the name of “Nursing and Nursing Education in the United States” by the Macmillan Company (the report had been finished much earlier, and in June 1922 had been presented at a nurses’ convention in Portland,116 as well as to the Biennial Convention of the nursing groups in Seattle117).

The final report was published in two sections: I. “The Functions of the Nurse,” and II. “The Training of the Nurse.” The first section included subsections covering public health nursing, private duty nursing, and nursing in institutions. Part two covered the “Hospital School of Nursing,” “Training Courses for Subsidiary Nursing Groups,” the “University School of Nursing,” and “Postgraduate Courses.” The Committee’s aim was to settle the debate between the two types of public health visitors then in existence: one in which the visitor confined herself to the teaching of hygiene, and the other in which such instructive work was combined with the actual care of the sick:

We have attempted, therefore, to survey the entire field occupied by the nurse and other workers of related type; to form a conception of the tasks to be performed and the qualifications necessary for their execution; and on the basis of such a study of function to establish sound minimum educational

116 George Vincent to Embree, June 5, 1922. Edwin Embree officer’s diary. R.G. 12.1, Rockefeller Foundation Archive, RAC.
117 Stoughton to Crowell, July 12, 1922. Folder 137, box 19, series 700, R.G.1.1. Rockefeller Foundation Archive, RAC.
standards for each type of nursing service for which there appears to be a vital social need.\textsuperscript{118}

The public health nurse was defined in the report as “any graduate nurse who served the health of the community, with an eye to the social, as well as the medical aspects of her function, by giving bedside care, by teaching and demonstration, and by guarding against the spread of infections, unsanitary practices, etc.”\textsuperscript{119}

The primary findings of the study included the recommendation that all nursing schools include the completion of high school education as an entrance requirement for pupils, and that all public health nurses be required to first complete a formal program of study in bedside nursing, supplemented by a graduate course in public health nursing. The Committee on Nursing’s findings provided further fuel for American nurse leaders’ arguments against continued claims for non-nurse health visitors, such as those put forward by Hermann Biggs. Other major recommendations from the Committee’s study included higher admissions standards and shorter periods of higher-quality education for all nurses.


\textsuperscript{119} Ibid., 42.
Josephine Goldmark seemed to be most impressed at this time by the work at Teachers College at Columbia University, setting it apart as a leader in the future of nursing education:

Without its direct stimulus to the instructors, supervisors, and administrators who have studied there, and its enormous effect through them on the standards of teaching in schools of nursing throughout the country, it is safe to say that the development of nursing education would have lagged far behind its present stage in the evolution of a serious professional discipline from the loose standards of apprenticeship.¹²¹

The program at Teachers College included two years of college (undergraduate) education, including science courses necessary for the study of nursing, followed by two years of hospital training and a fifth year of postgraduate education in either public health, hospital supervision, or nursing education. The graduate of this program received both a diploma and a bachelor’s degree in nursing and in science. It was believed by the Committee that this

---

¹²⁰ Adams to Goodrich, October 5, 1923. Folder 97, box 9, series 500, RG 1.1. Rockefeller Foundation Archive, RAC.
type of school would be successful in both securing funding and attracting a better type of candidate.\textsuperscript{122}

The success of the Committee’s report in reforming nursing education in the USA has been debated by scholars such as Susan Reverby, who has argued that the report only reflected the views of a few elite members of the profession. Yet, however representative of the broad community of American nurses or not, this study certainly raised the RF’s awareness of the efforts of nurse leaders in the USA toward the continued professionalization of nursing, and subsequently influenced the Foundation’s later involvement in nursing education both within and outside the USA.\textsuperscript{123}

Throughout the period in which the Committee on Nursing Education was conducting its study, the RF continued to receive requests for support for the development of nursing programs throughout the USA. These requests included plans for public health nursing programs at Johns Hopkins School of Hygiene and Public Health and Western Reserve University in Cleveland, as well as in schools in Virginia and Kentucky.\textsuperscript{124} However, in May of 1921, in response to each of these requests, Embree stated that due to past discrepancies in the methods for training nurses, the Foundation would await the results of the study by the Committee on Nursing Education before considering any proposals for funding:

There has been great divergence of opinion in the US concerning what should constitute a course of training for the public health nurse or public health visitor. As result of a conference of leaders representing the different interests and different points of view in this field, a committee has been appointed to study the subject and to formulate a report proposing a standard course of

\textsuperscript{122} Nursing and Nursing Education in the United States, 24–26.


\textsuperscript{124} Requests for aid to public health training schools, May 24, 1921. Folder 163, box 15, series 908, R.G.3.1. Rockefeller Foundation Archive, RAC.
study. It is expected that this standard course, when finally agreed upon, will represent the combined judgment of all interests. In considering proposals relating to the training of public health nurses or visitors in this country, it has seemed advisable to await the completion of this report.\textsuperscript{125}

One indication that Foundation officers placed much weight on the Committee’s recommendations was when Embree considered the idea of supporting a proposal for a five-year nursing program, put forth by Western Reserve University. Winslow cautioned him that any initiative funded by the RF that was not in "exact accord" with the recommendations of the Committee on Nursing Education would be "unfortunate."\textsuperscript{126}

Copies of the Goldmark Report were distributed widely, including to international organizations such as the International Council of Nurses and the League of Red Cross Societies, as well as to each member of the Rockefeller Foundation.\textsuperscript{127} Even before it was published, a copy of the report was also sent to Crowell in July 1922, with a request that she disseminate it more widely in Europe:

> It is Dr. Vincent’s suggestion that, if you agree that this would be valuable for a limited distribution in European countries, you secure a translation into French to be duplicated in Paris for such use as you may think wise. I am therefore sending you herewith two additional copies.\textsuperscript{128}

Nearly a month later, Crowell responded to Vincent’s request, somewhat apprehensively:

> Following Dr. Vincent’s suggestion, I am having this translated into French for very limited [original emphasis] distribution. The conditions here and in other continental countries are so very different, the conception of professional training for hospital nurses and public health workers is so new, that I am a bit fearful of the effect this report might produce; it might be more confusing and upsetting than helpful.\textsuperscript{129}

\textsuperscript{125}Ibid.

\textsuperscript{126}Progress notes, Nursing Education, US. General 1918-1926, 27 Jan. 1922. Folder 309, box 37, series 100C, R.G. 1.1. Rockefeller Foundation Archive, RAC.

\textsuperscript{127}Study of Nursing Education pg.6; Embree diary Feb.23, 1923. Folder 328, box 38, series 100. R.G.1.1. Rockefeller Foundation Archive, RAC.

\textsuperscript{128}Stoughton to Crowell, July 12, 1922. Folder 137, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.

\textsuperscript{129}Crowell to Stroughton, August 4, 1922. Folder 137, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
She did, however, request additional copies for several English colleagues:

I should like to have quite a few additional copies if you will be good enough to send them to me, say a couple of dozen, if you have them already mimeographed [sic] and on hand; or if you prefer, I can have the copies made here. I would like very much to use them amongst some of our English friends, and amongst certain other English speaking continentals who are thoroughly familiar with the nursing situation in the United States and England.\(^\text{130}\)

It is possible that Crowell sent one of these additionally requested reports to Lord Knutsford, chairman of the London Hospital House Committee, in England. And, as Crowell had predicted, the report did seem to cause some confusion, as in November 1922, Crowell received the following reply from the Englishman, expressing his seeming outrage over the report. His response epitomizes the polarization of opinion between the English and American nursing leaderships regarding nursing education. It is thus worth quoting at length:

I am dismayed at the Report of the 19 ladies and Gentlemen who have reported to the Rockefeller Foundation on Nursing....if I am ill may God save me from being nursed by the ideal nurse that report sets up. With all respect to the writers they seem to me to confuse Public Health nurses or rather Inspectors with the nurse whose duty is to do the actual nursing of the sick person under the orders of the doctor. For the Public Health Nurse all the learning and study and knowledge they foreshadow and recommend is, I daresay, necessary. But it is not necessary for the nurse attending a patient. And I go so far as to think that “sick nurses,” by that I mean nurses attending the sick are better without all that learning. If they have it they might easily fall upon themselves to be critics of treatment and would not be adaptable to the surroundings of the homes where they had to nurse the sick. If all this learning is required of every young woman who feels a “call” for nursing a “call” which many a good woman feels you will put a...serious limitation on the number of women who can enter the profession.\(^\text{131}\)

Lord Knutsford’s letter highlights a common belief (which still persists today) that the over-education of nurses would serve as a detriment to patient care. Furthermore, his letter suggests the continued misunderstanding regarding the role of public health nurses as both

\(^{130}\) Ibid.
\(^{131}\) Lord Knutsford to Crowell, November 1922. Folder 419, box 33, series 401C, RG.1.1 Rockefeller Foundation Archive, RAC.
providers of sick care and educators of disease prevention and health promotion. He continues by remarking on the Committee’s suggestion that nursing education be removed from the hospital, in order to better serve the needs of the nurse:

The Report rather sneers at the teaching in Hospitals....My blood rather boils over at the words “the training is sure to suffer in having to give way to the needs of the sick.” Why I always thought that the need of the sick was the dominating inspiration which makes a woman give up her life to nursing...the training of the nurses [seems] to be of more importance than the care of the sick. I have said enough. Somehow I do not see you agreeing with that report.132

The report’s focus on the promotion of higher education and continued professionalization, including the movement of nursing education within educational institutions, was counter to the philosophy of “duty and devotion” to care then prominent in England, and was thus met with skepticism outside of North America.

During her time in France, Crowell supported the English devotion to “service” over the focus on education prominent in the USA. Although recognizing the controversy of this opinion, Crowell argued for sending French nurses to train in England rather than the USA:

As to where they should be trained, I should still say England rather than the United States, although I may change my mind after the coming year’s experiment with the French pupils. What I do feel very strongly is that the important thing to give these women is the spirit of service and the conception (which many European medical men still lack) of the fundamental, therapeutic value of hygiene, diet and comfort, the securing of which for their patients, with order and method, is their chief reason for being as nurses. Technique is a secondary thing, influenced by custom and differing in many details from country to country — Many of the French women have a technique as good or better than ours, and yet as nurses the majority of them are nil — because their fundamental conception of the care of the sick is wrong. I think it makes a lot of difference if the primary emphasis is placed upon the development of a career with the care of the sick as a corollary — The trend of things in the United States seems to point that way — I believe the reverse is still true in England. I don’t want to seem disloyal and I suppose this is rank heresy, but it is for family consumption only.133

---

132Ibid.
133 Crowell to Vincent August 27, 1922. Folder 137, box 9, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
Crowell recognized that her belief that the “spirit of service” should take precedence over the professionalization agenda would be viewed as “rank heresy” by many of her American colleagues; however, she was not alone in her belief of the suitability of training European nurses in Europe or England rather than in the USA.

In a letter to Annie Goodrich, Crowell’s assistant, Gladys Adams, highlighted the differing philosophies in Europe and the USA regarding the separation of nursing education from the hospital, and the resulting difficulties of imposing an American method of nursing education and practice in Europe:

It seems to me that the tendency in America at the present time is to separate the school of nursing from the hospital administration. I can see all the points relating to the past exploitation of the nurse and recognize that the hospital administration has benifitted [sic] too much by it. On the other hand, over here where the school is an entirely separate entity, there are again difficulties: the theory can be worked out excellently, the practical work is limited, I admit, and not perfected, but to me the thing that is most lacking is the sense of responsibility towards the patients and the work. So when I read of the new development, I am wondering if in making the adjustment, we will not lose that sense of duty and responsibility so important. To me the education of the nurse not only depends on her theory and her practice, but much more abstract than that, her sense of conscientious duty and devotion. Will that be lost?\(^{134}\)

In her response to Knutsford, Crowell — although sympathetic to his opinion — expressed her support for the work of the Committee for Nursing Education. Crowell argued in support of her American colleagues’ disapproval of the exploitation of nursing students within hospital-based training programs:

I fully appreciate your reaction to what at first sight appears a failure to give due prominence to the needs of the sick in hospitals....It seems to me that the training of nurses, “sick nurses” or others, is one thing, and the securing of an adequate, efficient hospital personnel is another, and that our difficulties to day, both in America and England, are the result of our training to perpetuate a system which has outgrown the times and the needs that gave it birth....That

---

\(^{134}\) Adams to Goodrich Oct.5, 1923. Folder 97, box 9, series 500, RG 1.1. Rockefeller Foundation Archive, RAC.
training has so far provided a wonderful hospital personnel, but the individual has been sacrificed to the system. Three years, four years are being used to teach her what she should have been taught in two years if her training had been planned with an eye to her interests, instead of those of the hospital which is unwilling to pay an adequate, permanent staff.135

Following this, however, Crowell shared her belief that her American colleagues had placed too much emphasis on the development of the profession, to the detriment of the care of the sick. At the same time, however, Crowell also questioned the methods of nursing education then present in the UK:

I am quite willing to admit that for some years I have felt that in America there has been a tendency to overemphasize the development of a profession for women, with the care of the sick as a corollary thereto — but I also believe that in England the converse is true; that the care of the sick has been the paramount experience during the last five years....The thought came to me not long ago, after my recent visits to Czechoslovakia and Italy where there is a vociferous demand for a clear demarcation between the functions of a servant and a nurse if a better type of woman is to be attracted to hospital service, that in those countries they have servants doing nursing work, while in England they have nurses doing servants’ work.136

Crowell’s contemplation of the benefits of the American and English models of training related to her recent studies of nursing education in Eastern Europe, and the appropriateness of attempting to apply either one of these models within those countries.

You see my interest in the question is concerned not only with England and America, but with all these other European countries where, with the best intentions in the world, some of us are trying to put over a system that however satisfactory it was when we commenced, 50 or 60 years ago, is beginning to creak and crack under the strain of the changed conditions of life and thought as they are to day. And if we [original emphasis] find it unsatisfactory, why should we try to foist it on others?...I have only tried to share with you some of my thoughts, for I am sure if we are to find a way out of the present chaos, it only will be through the free exchange of the thought and experience of each and all of us who are vitally interested in what, after

135 Crowell to Lord Knutsford, November 20, 1922. Folder 419, box 33, series 401C, RG.1.1 Rockefeller Foundation Archive, RAC.
136 Ibid.
all, we have been taught to consider a corporal work of mercy, with all its implication of vocational appeal.\textsuperscript{137}

In expressing her doubts regarding existing methods of nursing education in both the USA and England, Crowell disapproved of the promotion of these methods within other European countries. Later, as she continued to complete her surveys, Crowell became more adamant on the importance of developing training programs fitted to local conditions and needs. With the completion of Crowell’s final report on nursing conditions in Europe, by May 1923, Foundation officers would finally decide upon the development of a program of nursing education in Europe.

Conclusion

The postwar period witnessed an increase in international interest in the training of public health nurses throughout Europe. The formation of the League of Red Cross Societies, which lent added support to the further development of national Red Cross nursing schools, further fuelled Goodrich, Nutting, and Wald’s criticisms of the role of the Red Cross in nursing education. And although Crowell also expressed criticism towards Red Cross training programs in Eastern Europe, her self-proclaimed “rank heresy” also criticized American nurse leaders’ overemphasis on creating a “career” in nursing for women. As Crowell continued at the helm of the Rockefeller Foundation’s European nursing program, she continued to gain influence over the Foundation’s involvement there.

Yet, before Foundation officials made a final decision regarding their policy on nursing education, the involvement of multiple organizations — including the LRCS, the RF, and the International Council of Nurses, as well as the newly formed European Council

\textsuperscript{137} Crowell to Lord Knutsford, November 20, 1922. Folder 419, box 33, series 401C, RG.1.1 Rockefeller Foundation Archive, RAC.
of Nursing Education — in the training of public health nurses in Europe would lead to intense debate and conflict regarding the “proper” standard for this training.
Chapter 5: “Wise as Serpents, Harmless as Doves”: The Battle for Leadership of Nursing Education in Europe, 1923

By 1923, the Rockefeller Foundation’s continued interest in developing a nursing education program in Eastern Europe would place it at the heart of an international debate regarding standards of nursing education. In addition to the League of Red Cross Societies’ existing international public health nursing course, the International Council of Nurses (ICN) had long been engaged in setting international standards in education. Furthermore, an additional organization formed by the leaders of nursing schools in Eastern Europe, the European Council for Nursing Education (ECNE), began to take shape at this time. With the formation of these organizations came an increase in international discourse regarding the current training standards for nurses throughout Europe. However, with American leadership at the helm of each of these organizations, the debate between the LRCS, the ICN, and the ECNE became a conflict between divergent American parties as to which standard of nursing education should be promoted throughout Europe, and which organization would assume the leadership in ensuring these standards were adhered to. While the American ideals pervasive throughout the ICN were used to exert increasing control over both the LRCS and the ECNE, Rockefeller Foundation officers were quick to form their own opinions of existing training programs in England and on the Continent.

Planning the Rockefeller Foundation’s European Nursing Program, 1923

Upon receiving the bulk of Crowell’s preliminary reports on her surveys, Embree began formulating a plan for a Foundation-supported nursing program in Europe. In March 1923, Embree wrote to Crowell regarding his preliminary thoughts:

The possibilities for helpfulness begin to stand out as the picture in Europe is built up for us through your work and earlier reports and oral statements of
the situation in France, Belgium and England, and by these more formal reports now in hand concerning conditions, training facilities and projected future developments in Italy, Czechoslovakia and Poland....When your reports of the Balkan countries are received, together with your statement concerning Vienna, we shall have sufficiently in mind the outstanding conditions of Europe outside Spain, Russia and the Scandinavian countries that will justify our definite consideration of what we should attempt to do.¹

A few months later, in May, Embree presented his proposed plan to the RF’s Board of Trustees. In response to his plan, the trustees authorized Embree to undertake another tour of Europe in order to once again survey the conditions for possible Foundation support.²

Embree’s second tour of Europe took place during the summer of 1923, stopping first in London, where he was met by Crowell.³ Although once considered to be a benchmark in nursing education, by 1923, the model of nurse training in England had begun to lose its international esteem. It had become a common belief in the USA that training courses for bedside nurses in England were too long (four years, in many places) and had resulted in students often being exploited as cheap labour within hospitals.⁴ Furthermore, the training of visiting nurses in England had been criticized by Foundation officers as “ill conceived, wasteful of time and unsatisfactory in result.”⁵ This growing negativity also led English nurse leaders, specifically Alicia Lloyd Still, matron of St. Thomas’ Hospital in London, to begin to doubt their position as leaders in nursing education:

Miss Lloyd-Still made a very definite statement to Miss Adams [Crowell’s assistant], at the time of her last visit, that she was beginning to be very much

¹ Embree to Crowell, March 16, 1923. Folder 137, box 19, series 700, RG.1.1. Rockefeller Foundation Archive, RAC.
² Minutes of the Rockefeller Foundation, May 23, 1923. Folder 137, box 19, series 700, RG.1.1. Rockefeller Foundation Archive, RAC.
⁴ The use of nursing students as cheap labour within the American context is discussed in Barbara Melosh’s The Physician’s Hand (Philadelphia: Temple University Press, 1982) and Susan Reverby’s Ordered to Care (Cambridge: Cambridge University Press, 1987). The view of this practice as exploitative was a major motivator for nurse leaders desires to reform nursing education in the USA.
⁵ Edwin Embree officer’s diary, European Tour, Exhibit C.RG.12.1. Rockefeller Foundation Archive, RAC.
concerned at the idea that the English schools were taking a second place, where they had for so long led the world in nursing matters.\textsuperscript{6}

Lloyd Still’s comments indicate the growing anxiety among England’s nurse leaders about the increasing influence of American ideals in nursing education, namely a greater commitment to theory over practice and to higher education. Embree’s own opinion toward nursing education in England, including the League’s international course in London, became increasingly negative throughout his 1923 tour.

Shortly after arriving in London and making a visit to St. Thomas’ Hospital, Embree expressed his first criticism of the English tradition of nursing education: “The hospital staff worshiped the Nightingale tradition, regarding her and St. Thomas as the leaders of all nurse education.” He also criticized their opinion that “St. Thomas’ could do no wrong because it is the pedestal of Miss Nightingale.”\textsuperscript{7} By the end of his tour of England, Embree equated the standard of nursing education there to that which had existed in American four to five years prior.\textsuperscript{8}

With regard to public health nursing education in England, the availability and quality of this training was brought into question two years prior by those connected with the Commission for the Prevention of Tuberculosis in France. At that time, Foundation president George Vincent questioned Linsly Williams, director of the CPTF, as to his opinion on the training of public health nurses in England. In response, Williams stated that both he and Crowell had reviewed nursing training facilities in England and, although he believed hospital-based nurse training to be sufficient there, he viewed the training of public health

\textsuperscript{6} Crowell to Embree, December 15, 1923. Folder 137, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{7} Edwin Embree officer’s diary, Diary of European Trip, July 9, 1923. RG 12.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{8} Edwin Embree officer’s diary, Exhibit C, 1923. RG 12.1. Rockefeller Foundation Archive, RAC.
nurses quite differently. Williams argued that the course of training which had been established by Crowell in France (the “Strasbourg” or bifurcated program) was more effective than the training then available in England. Williams admitted, however, that he did not have complete information on the situation in England, and therefore suggested that the sending of nurse fellows from France for further public health training in London be postponed until Crowell had had an opportunity to study the situation further. A year later, following further study, Crowell also argued against the training of public health nurses in England, and was critical of the LRCS’s international course there:

As for the training for public health work, I am not at all sure that England is the best place. I think it will depend largely on the individual student, her background and her capacity. The best training for health visitors, the most thorough, practical and comprehensive that I saw was at the Battersea Polytechnic in London, and I was told by Dr. Janet Campbell of the Ministry of Health that it was the only institution that had made any real contribution to the training of health visitors in England. But it seems to have been ignored by those who have been interested in sending foreign students to England — notably the League of Red Cross Societies.

Up until this point, the Foundation had kept the LRCS at arm’s-length; however, they had demonstrated a willingness to lend future support. In May 1921, RF officers suggested that the LRCS may be an important agency in extending public health nursing services in Europe. The RF’s Board of Trustees argued that the Foundation be prepared, as opportunity presented itself, to provide “sympathetic cooperation” to the League’s efforts in this area. The following year, during a meeting of the Foundation’s International Health Board in October 1922, it was further agreed that the League’s international public health nursing

---

9 Linsly Williams to George Vincent, August 18, 1921. Folder 97, box 9, series 500, RG.1.1. Rockefeller Foundation Archive, RAC.
10 Ibid.
11 Crowell to Vincent, August 22, 1922. Folder 137, box 19, series 700, RG.1.1. Rockefeller Foundation Archive, RAC.
12 Requests for aid to public health training schools, May 24, 1921. Folder 163, box 15, series 908, RG.3.1. Rockefeller Foundation Archive, RAC.
course was worthy of Foundation support: “The public health nursing program of the LRCS seems to be soundly conceived and it may be desirable to assist in the development of public health nursing through the League.”

It is likely that Embree was aware of the Foundation’s previous position on the League, as well as Williams’ and Crowell’s growing criticisms of nurse training in England. During his 1923 tour of England, Embree was also critical of the LRCS and the individuals associated with it. After spending an afternoon with Elizabeth Reid and Dr. Brinker, who were both closely connected with the League’s course, Embree described Reid as “[a] little, mouse-like woman” and Brinker similarly as “a small mouse-like man with a monotonous drone.” Embree felt that Brinker and Reid made a poor impression in “force and personality” and that it was “unlikely that any course for which they are chiefly responsible can be effective.” Finally, Embree concluded that the international course was “unconvincing.”

Following this, Embree, accompanied by Crowell, visited Katherine Olmsted, director of the LRCS’s Nursing Division, and Dr. Rene Sand, the League’s medical director, at the League’s headquarters in Paris. Just prior to taking this meeting, Embree wrote to Vincent expressing his optimism in collaborating with the League in their nursing work:

We are all anxious to work closely with other important organizations engaged in similar activities. I hope that it may be possible to cooperate in some ways in nursing education with the League of Red Cross Societies. We are having luncheon to day with Miss Olmsted and Dr. Rene Sand to discuss mutual problems. Of course these people realize that at present out [sic] plans

---

13 Minutes of the International Health Board, October 24, 1922. Folder 163, box 15, series 908, RG.3.1. Rockefeller Foundation Archive, RAC.
14 Edwin Embree officer’s diary, Diary of European Trip, July 11, 1923. RG 12.1. Rockefeller Foundation Archive, RAC.
15 Ibid.
16 Edwin Embree officer’s diary, Diary of European Trip, July 10, 1923. RG 12.1. Rockefeller Foundation Archive, RAC.
are purely tentative and that our Board has in no way committed itself to any
definite policy in nursing.  

However, the sincerity of this letter is questionable, as a few days prior to this meeting, in his
diary, Embree admitted that his desire (and that of his colleagues, Foundation officers
Selskar Gunn and Henry Eversole) to collaborate with the LRCS was limited, stating that
the Foundation could not conscientiously recommend grants to the LRCS’s international
training program in London. However, they did agree that it would be best, as a gesture of
goodwill, to give some form of funding to the LRCS toward conferences.

Embree had previously met with Katherine Olmsted in October 1922, at which time
she reported on her work with the LRCS, including the League’s international course as well
as their provision of aid to nurse training schools in Belgrade and Romania. According to
Embree, during this meeting, Olmsted reported on her belief of the importance of public
health nursing in Europe and the conflict she faced with her American colleagues regarding
the training of these nurses:

[Olmsted] felt that nursing profession of central Europe might be revivified
chiefly by the public health nurse. Was committed to briefer courses of
training for public health nurse than American profession felt desirable and
she had been called home to America, she admitted, partly for the purpose of
explaining her heterodox attitude in this matter of training. Felt leaders in
America were out of touch with actual conditions and in danger of making
their influence obstructive rather than helpful.

---

17 Embree to Vincent, July 25, 1923. Folder 137, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
18 Gunn was attached to the Foundation’s International Health Board and Eversole was an officer within the
Foundation’s Division of Medical Education.
19 Edwin Embree officer’s diary, Diary of European Trip, July 23, 1923. RG 12.1. Rockefeller Foundation Archive, RAC.
20 Ibid.
21 Embree to Williams, October 25, 1922. Folder 146, box 20, series 700C, RG 1.1. Rockefeller Foundation Archive, RAC.
22 Progress Report: Nursing. October 20, 1922. Folder 314, box 37, series 100C, RG 1.1. pg.5. Rockefeller Foundation Archive, RAC.
Olmsted further complained to Embree that her chief difficulty was the lack of support she received from American nurses, which was jeopardizing the future of the League’s Nursing Division, due to their heavy reliance on American funds.\(^{23}\) With growing recognition of the differences between nursing education models being promoted within North America and Europe, nurse leaders in the USA such as Annie Goodrich refused to compromise on their standards and deplored nurses such as Olmsted, whom they accused of promoting lesser standards.

Following his 1922 meeting with Olmsted, Embree had reported a favourable impression, describing Olmsted’s work with the League as “probably the most significant of those now operating under the League.”\(^{24}\) Embree reportedly suggested to Olmsted that she remain in touch with Crowell as they “seem to have so nearly the same point of view,” and that he believed they could work well together.\(^ {25}\) Embree emphasized the importance of Olmsted and Crowell keeping in close consultation and working together toward common ends “insofar as they found themselves in agreement on general principle.” Olmsted agreed with Embree as to the desirability of this suggestion.\(^ {26}\)

However, Olmsted’s actions following this meeting influenced Embree’s once positive impression of her. According to Embree’s diary, during his meeting with Olmsted in 1922, the two did indeed discuss nursing education within several European cities, particularly Belgrade and Bucharest. Although Embree’s diary contains no mention of a discussion regarding the Foundation’s policy or the possibility of a Foundation-sponsored nursing education program in these cities.

---

\(^{23}\) Embree diary, October 20, 1922. RG 12.1. Rockefeller Foundation Archive, RAC.

\(^{24}\) Embree to Williams, October 25, 1922. Folder 146, box 20, series 700, RG1.1. Rockefeller Foundation Archive, RAC.

\(^{25}\) Ibid.

\(^{26}\) Progress Report: Nursing. October 20, 1922. Folder 314, box 37, series 100C, RG 1.1. pg.5. Rockefeller Foundation Archive, RAC.
program, following the meeting Olmsted is reported to have returned to Europe carrying the message that the Foundation had “promised to provide” at least six model training schools in Europe.\(^{27}\) In particular, Olmsted relayed this message to Romanian officials during a trip she made there the following January. According to Foundation records, Queen Marie of Romania had called the meeting in order to discuss future nursing and child welfare programs.\(^{28}\) During this meeting, it was suggested that Olmsted state that the Foundation was ready to build and maintain a nursing school in Bucharest. It was further suggested by those present at the meeting that Olmsted was recognized by the Foundation as the great authority on nursing questions, that she was in close touch with them, and that they had asked her where help was most needed.\(^{29}\) Olmsted’s meeting with Romanian officials thus precipitated a proposal from Her Majesty to RF officials requesting aid. The resulting confusion Olmsted created regarding the Foundation’s alleged intentions in the area of nursing education in Europe likely dampened Embree’s high opinion of her and influenced his future dealings with her, as was clear when they met in Paris the following year.

At that meeting, in July 1923, Olmsted presented Embree with a proposal for increasing the League’s nursing work, requesting funding from the Foundation to the tune of $50,000 for the following year and $160,000 over a five-year period.\(^{30}\) Embree deflected Olmsted’s request, explaining the Foundation’s policy of only cooperating directly with governments or local education institutions, rather than with private agencies such as the LRCS.\(^{31}\) Olmsted retorted that the plan was for the League to work with individual Red

\(^{27}\) Cluj School of Nursing. Folder 21, box 3, series 783, RG 1.1. Rockefeller Foundation Archive, RAC. 

\(^{28}\) Ibid. 

\(^{29}\) Ibid. 

\(^{30}\) Edwin Embree officer’s diary, Diary of European Trip, 1923. RG 12.1. Rockefeller Foundation Archive, RAC. 

\(^{31}\) Ibid.
Cross Societies as well as local governments in the delivery of its programming, thus meeting the Foundation’s requirements for funding. Again, Embree responded negatively, stating that the Foundation had not yet decided whether it would initiate a plan of nursing education in Europe. Instead, Embree stated that it was possible the RF may act in one of three ways: “(1) not undertake any nursing work in Europe; (2) give subventions to some organization already doing such work; or (3) undertake, on a very small scale, some nursing work in Europe.”

As to Embree’s third suggestion, Olmsted raised the argument of the potential confusion (and poor economy) of having two organizations (the LRCS and the RF) working toward the same end, using somewhat similar methods, throughout Europe. Instead, Olmsted indicated her preference for Embree’s second suggestion, with the LRCS directing such work. Exasperated, Embree inquired whether Olmsted was implying that the Foundation should hereafter not undertake any work in nursing, but rather should provide funds for the League to carry out this work. Olmsted replied that this was “exactly” what she requested, with specific regard to the work mentioned in her proposal. In response to Embree’s question as to whether the League was capable of contributing to the same extent as the Foundation, Olmsted replied that her division could certainly handle these responsibilities, “as long as sufficient funds were provided for this work from the Foundation!”

---

32 Edwin Embree officer’s diary, Diary of European Trip, 1923, Exhibit A: RG 12.1. Rockefeller Foundation Archive, RAC.
33 Ibid.
34 Memorandum of conference between Miss Olmsted and Doctor Rene Sand, of the League of Red Cross Societies, and Miss Crowell and Mr. Embree, of the Rockefeller Foundation, Held at the Office of the League, Wednesday Afternoon, July 25, 1923. Folder 146, box 20, series 700C, RG 1.1. Rockefeller Foundation Archive, RAC.
35 Edwin Embree officer’s diary, Diary of European Trip, July 23, 1923. RG 12.1. Rockefeller Foundation Archive, RAC.
In what seems like an effort to ease what must have been considerable tension between Olmsted and Embree, Dr. Sand, the League’s medical director, explained that he considered this meeting to be a purely informal conference, and that although Olmsted had “admirably stated her views,” no formal requests, aside from Olmsted’s memorandum for funding, were being made on behalf of the LRCS. Sand added that the League would not ask the Foundation to discontinue work in any field and hoped for “the most thorough cooperation” in all fieldwork in which the two organizations were involved. In reply, Embree reiterated that the Foundation had not yet decided whether it would do anything in the nursing field.36

The following day, in a letter to Vincent, Embree expressed his annoyance with Olmsted’s suggestion for the discontinuation of the Foundation’s work in the area of nursing:

As I wrote you two days ago, we have all been very anxious to cooperate with other agencies working in the European field, and Crowell desires as much as any of us to have the nursing profession generally behind us in any work which we may take up, if this can be done without our binding our work to conventional standards which seem to us not applicable to certain European countries. I confess that the request of Olmsted that we discontinue all work in the nursing field and finance the League instead of carrying on any direct cooperation amazed me.37

In this letter, Embree also made a case for the Foundation’s future work in nursing education in Europe, suggesting that the League’s work was not sustainable at its current rate of spending:

Dr. Sand told us yesterday that they were spending about $200,000 annually and almost all of it was required for the maintenance of the Headquarters Office, and that they were attempting to get funds for field work from outside sources. In addition to their general staff, they are building up a large

36 Edwin Embree officer’s diary, Diary of European Trip, 1923, Exhibit A. RG 12.1. Rockefeller Foundation Archive, RAC.
37 Embree to Vincent, July 26, 1923. Folder 146, box 20, series 700C, RG 1.1. Rockefeller Foundation Archive, RAC.
international Library on Public Health and Nursing subjects, and are making the usual gestures of an organization interested in maintaining a handsome and elaborate headquarters office, without possible due regard to the question of how much use will be made of the facilities maintained and the central services set up.\textsuperscript{38}

The previous year, the combination of the League’s spending and the reduction of funding flowing into the organization had led to cuts of several of its programs, including the publication of its \textit{International Journal of Public Health}. The LRCS’s relationship with the League of Nations was also beginning to wane by this time.\textsuperscript{39} That same year, the League moved its headquarters from Geneva to Paris, stating the reasons for the move as aiming for “more intimate contact with the OIHP [Office International d’Hygiène Publique] and the RF,” both of which had offices in Paris. However, as Bridget Towers has pointed out, moving to Paris also equalled a less expensive overhead.\textsuperscript{40}

Embree later argued that the League’s primary funder, the American Red Cross, did not even support the League’s work, and that nursing education should remain under the control of Departments of Health or educational institutions, rather than private organizations:

\begin{quote}
It must be remembered that (a) the future of the League is far from assured; (b) it has not been able to convince the American Red Cross, its chief contributor, of the wisdom of this proposal and the American Red Cross is carrying on its nurse training work in Europe quite independently of similar efforts by the League; (c) this organization is a League of Red Cross Societies; its activities therefore center about the work of Red Crosses in the
\end{quote}

\textsuperscript{38} Embree to Vincent, July 26, 1923. Folder 146, box 20, series 700C, RG 1.1. Rockefeller Foundation Archive, RAC.

\textsuperscript{39} Since proposing the formation of the LRCS, Davison had hoped that the League could develop ties to the League of Nations. However, the OIHP’s connection to the League of Nations, as well as the LRCS’s position as a voluntary organization, prevented it from gaining influence within this organization. Furthermore, the League of Nations Council had expressed its desire to only fund the LRCS if its activities remained limited. For further discussion see Bridget Towers, “Red Cross Organizational Politics, 1918–1922: Relations of Dominance and the Influence of the United States,” in \textit{International Health Organisations and Movements, 1918-1939}, ed. Paul Weindling (University of Cambridge Press, 1995).

\textsuperscript{40} Towers, “Red Cross Organizational Politics.”
several countries. The natural and proper agencies for the education of nurses and health visitors in most countries are those connected with Departments of Health or public instruction or with the permanent educational institution. Certainly it would be unwise to restrict co-operation to the activities of a single private agency.\textsuperscript{41}

Embree’s belief that educational facilities or governments remain the “natural and proper agencies for the education of nurses” was then a common belief within the Foundation, and guided Foundation officers’ decisions regarding which institutions they lent their support to with regard to public health and medical education.

Vincent’s reply to Embree, however, expressed his own concern over the Foundation’s future involvement in nursing education in Europe, due to the League’s continued work in this area. Vincent argued that, if they wished the RF to become involved in this field, the low probability of the League’s success must be made clear to the Foundation Trustees:

\begin{quote}
I am sure you will realize how our trustees feel about undertaking independently anything that can be done by an existing organization. Our cooperation with the Health organization of the League of Nations has some bearing upon the problem. At first sight, therefore, the fact that the LRCS is planning a comprehensive campaign for the education of nurses would undoubtedly cause our Board to pause before sanctioning an independent movement under Foundation auspices.\textsuperscript{42}
\end{quote}

Despite Vincent’s expressed belief that the League was unlikely to be successful, he emphasized to Embree that the entire situation, and those involved, must be disclosed to the Foundation trustees if they wished to gain their approval for a European nursing program:

\begin{quote}
I assume that as an actual fact the possibility of the LRCS being able to carry out an effective and persistent campaign is remote. When the American funds are exhausted or greatly diminished, it will be hard, if not impossible, for the League to maintain anything like its present overhead organization...In the
\end{quote}

\textsuperscript{41} Embree to Vincent, September 5, 1923. Folder 146, box 20, series 700C, RG 1.1. Rockefeller Foundation Archive, RAC; Edwin Embree officer’s diary, Diary of European Trip, 1923, Exhibit C: A Program for Aid in Nurse Training in Europe. RG 12.1. Rockefeller Foundation Archive, RAC.

\textsuperscript{42} Vincent to Embree, August 14, 1923. Folder 146, box 20, series 700C, RG 1.1. Rockefeller Foundation Archive, RAC.
circumstances, however, it will be necessary to explain to the trustees quite frankly the whole situation, including the plans of the LRCS.\textsuperscript{43}

By the end of his tour, Embree acknowledged that several other organizations and individuals, such as the American Red Cross, Lady Muriel Paget, and the Committee for Devastated France, in addition to the League of Red Cross Societies, were already involved in the development of nursing education in Europe.\textsuperscript{44} However, Embree argued that the future of any one of these organizations was uncertain. He thus put forth a proposal for a European program of nursing education under the direction of the Foundation.\textsuperscript{45}

The Rockefeller Foundation’s European Nursing Education Program

By September 1923, Embree, with the help of his colleagues Selskar Gunn and Henry Eversole, had developed a proposal for a program of nursing education in Europe and presented it to Foundation trustees. In a letter to Vincent regarding the proposed program, Embree emphasized the need for a delicate approach: “If we are to be of real service we must be ‘wise as serpents and harmless as doves.’ Neither wisdom nor peaceful calm has marked the American efforts already put forth feebly in several countries of Eastern Europe.”\textsuperscript{46}

Furthermore, Embree emphasized that economic conditions in post–First World War Europe had made it difficult for government officials and educational institutions to devote funds to new enterprises. Thus, Embree, Gunn, and Eversole justified their proposal for modest support toward the development and maintenance of nurse training programs of an adequate standard in Eastern Europe:

\begin{itemize}
  \item \textsuperscript{43} Ibid.
  \item \textsuperscript{44} Embree to Vincent, September 6, 1923 Folder 146, box 20, series 700C, RG 1.1. Rockefeller Foundation Archive, RAC.
  \item \textsuperscript{45} Ibid.
  \item \textsuperscript{46} Embree to Vincent, August 12, 1923. Folder 137, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
\end{itemize}
The countries of East Europe are poor. They cannot at present support any elaborate and expensive new systems of training, nor can they afford any unduly expensive new methods of caring for their sick or of protecting their health....It is questionable service to establish handsome “model” schools of nurse training which the countries themselves are unable to finance and to turn out personnel unwilling to labor in local conditions and at salaries locally feasible. Any real help must be a natural and not too revolutionary contribution to programs, responsibility for which is squarely upon the authorities of the countries concerned.47

The three officers thus proposed the continuation of the bifurcated course or “Strasbourg plan” as developed by Crowell in France. While it was thought that this program could be applicable in many European countries, the officers proposed an “opportunistic policy …without any arbitrary regulations and no hard and fast program to promote; ready to assist on invitation in any respect of any well-conceived training which might seem to represent a significant contribution to our whole training program in the country concerned.”48

Furthermore, their proposal emphasized slow and lasting involvement within the countries of Europe. Once initiated, it was suggested that aid continue for a minimum of ten years:

It would be unwise to enter this field further, unless we are prepared to continue our interest in it for a reasonable length of time. Ten years is a minimum period for accomplishing anything worth while....The work done by many relief agencies following the war, much of it good in itself, has failed of greatest service because of sudden withdrawal of support and personnel before the ideals become accepted locally, and before individual institutions become firmly rooted. Crowell, after six years effort in France, reports that only during the present year has she begun to feel that the work is taking root, and the contribution really beginning to bring fullest results.49

47 Edwin Embree officer’s diary, Diary of European Trip, 1923, Exhibit C: A Program for Aid in Nurse Training in Europe. RG 12.1. Rockefeller Foundation Archive, RAC.
48 Ibid.
49 Ibid.
The total investment for the proposed program was suggested at between $100,000 and $150,000 a year.\textsuperscript{50} In his letter to Vincent, Embree implied his hope that the program could do much to affect the development of nursing and health visiting in Europe, by “laying a foundation” for nursing education:

   In the two months in England and on the Continent I have striven to acquire an intelligent background of facts, to keep all these facts in mind, and to arrive, at the end of the study, at some definite recommendations as to Foundation policy. I recognize the difficulties. The problem is a complicated one. I feel certain, however (and I think it is fair to say that my opinion has not been arrived at hastily nor without both thought and study) that there is an opportunity for the Foundation to do a useful piece of work by helping to lay the foundations for the training of bedside nurses and health visitors in Europe.\textsuperscript{51}

Thus, as a result of Embree’s European tour, his thoughts regarding the Foundation’s future involvement in nursing education became increasingly clear. Olmsted’s attempt at establishing a leadership position for the LRCS in nurse education failed miserably at Embree’s hands, and Crowell’s approach and bifurcated training program gained his praise.

   At the December 1923 meeting of Foundation trustees, Embree’s proposed plan was approved in relation to the following particulars: (1) the principle of cooperation in nurses’ training in Europe was formally approved; (2) the Executive Committee was authorized to act on recommendations for specific projects in nurses’ training in Europe up to a total of $75,000 in 1924; (3) fellowship aid was extended to Europe; and (4) Crowell was appointed a regular member of the field staff of the Foundation for 1924.\textsuperscript{52} In addition, the trustees created a fourth division of the Foundation under which the new nursing program would fall, the Division of Studies, with Embree as its director.

\textsuperscript{50} Ibid.  
\textsuperscript{51} Embree to Vincent, September 19, 1923. Folder 137, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.  
\textsuperscript{52} Minutes of the Rockefeller Foundation, December 5, 1923. Folder 137, box 19, series 700, RG.1.1. Rockefeller Foundation Archive, RAC.
Crowell’s appointment as a regular member of the Foundation’s staff was significant for several reasons. In 1923, few women had achieved such a position within the Foundation’s directorate. Throughout the 1920s and 1930s, Crowell would remain one of a few women appointed to the position of officer, and later assistant director, within the RF. Secondly, Crowell’s appointment signified a vote of confidence in her work and methods of setting up a nursing education program in France. Both Embree and Richard Pearce, of the Foundation’s Division of Medical Education, agreed that Crowell was doing excellent work in France and that the criticism of her by nurse leaders in the USA had not been imitated in Europe. While in Europe, in 1923, Embree wrote to Vincent to reiterate his support of Crowell’s work there:

I wish to take this opportunity while I am out of Paris to record my appreciation of Miss Crowell’s work in Europe. I have been watchful of her actions and attitudes. I was prepared to find something to criticize in them since much antagonism to her program has been expressed by nursing figures in America. After being in the midst of her work for three months; after going about much with her and seeing the methods and the results of her work; and after talking with Dr. Gunn, Dr. Eversole, and many French physicians and health workers, the inevitable conclusion is that Miss Crowell has accomplished a difficult program in France remarkably well. Certainly her study of nursing education in other countries has been clear and informing. She is keen and intelligent in her analyses of situations, sympathetic in her appreciation of individuals and institutions, and effective in her work. We have in her a leader in whom we may place great confidence...with this reassurance about Miss Crowell’s sympathy and ability I feel much more confidence in proposing extension of her nursing program in Europe.

Vincent had also written to Crowell expressing his delight over her work: “I’ve heard about the surprise party which the French nurses organized for you. You can easily imagine how

---

53 Embree to Vincent, September 19, 1923. Folder 137, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
54 Ibid.
gratified we all are. This spontaneous and genuine expression of regard from these women who know you is the best evidence you could have of the success of your work.”55

With her new appointment to direct the Foundation’s expanded nursing education program, Crowell was further immersed in the ongoing debate regarding nursing and public health nursing education. The Foundation’s decision to embark on its own program positioned it against several other organizations jockeying for leadership positions in nursing education in Europe at this time, including the International Council of Nurses (ICN), the newly organized European Council for Nursing Education (ECNE), and, of course, the LRCS.

International Council of Nurses

The International Council of Nurses declared its interest in the promotion of an international standard of nursing education in 1904, when then-president Ethel Bedford Fenwick proposed the organization’s first set of resolutions56 The minimum criteria for trained nurses outlined in these resolutions were: a good general education; a preliminary course covering domestic science, elementary anatomy, physiology, bacteriology, material medica, and technical preparation for ward work; and three years of practical work in hospital wards under qualified instructors.57

During the early twentieth century, American nurse leaders demonstrated increasing leadership within the ICN. In addition to Dock as the ICN’s first, and long-standing, secretary (a post she held from 1899 to 1922), Annie Goodrich held the presidency of the

55 Vincent to Crowell, January 15, 1923. Folder 97, box 9, series 500C, RG.1.1 Rockefeller Foundation Archive, RAC.
57 Tomes and Boschma, “Above All Other Things – Unity.”
organization between 1912 and 1915, and Adelaide Nutting, president of the National League of Nursing Education in the USA, served as chair of the ICN’s Education Committee until 1925. Reflecting her indefatigable desire to pursue higher standards in nursing education and practice, Goodrich’s chosen watchword during her presidency of this organization was “aspiration.” This choice was a departure from watchwords of her predecessors, namely “courage,” “work,” and “life.”

By 1912, under her leadership, the ICN executive drew on nursing’s growing role in public health (primarily in the USA) to promote new standards and changes to nursing education.

The outbreak of the First World War in 1914 significantly reduced the activities of the ICN, with many of the organization’s executive members and delegates turning their attention toward the war effort. It was not until 1922 that the ICN resumed its work. At this time, Finland’s Baroness Sophie Mannerheim replaced the Danish Henny Tschering, who had served as ICN president throughout the war period. Mannerheim completed her basic nursing education at St. Thomas’ Hospital in London, England, and from 1905 to 1908, she held the position of president of the Nurses’ Association of Finland. In this role, she

---

60 Questions were raised in 1914 regarding the sensibility of going forward with the next scheduled international congress in 1915, slated to occur in San Francisco. In the end, the meeting was held; however, only a few delegates were able to attend. At the meeting, Henny Tscherning, president of the Danish Council of Nurses, was elected as the next ICN president. Although Tscherning continued to make plans during this time for the next ICN meeting, to be held in Copenhagen in 1918, disruptions in communication and the effects of the war prevented the gathering from occurring. Instead a plan was made to gather the executive members at the 1920 convention of the American Nurses Association in Atlanta, Georgia, but again, only a few delegates were able to attend.
spearheaded the movement to change all one-year training programs in Finland to three years in length.

The same year that Mannerheim became ICN president, Lavinia Dock resigned from her long-standing post as honorary secretary and was replaced by Denmark’s Christiane Reimann. Reimann completed her basic nursing education in 1916, but pursued further nursing education by enrolling in Teachers College at Columbia University in New York City. While in the USA, Reimann was taught by Adelaide Nutting and worked at the Henry Street Settlement. Graduating with a bachelor of science degree from Columbia University in 1921, Reimann was the first Danish nurse to hold an academic degree. Historian Anne Marie Rafferty argues that with Dock gone, and Mannerheim and Reimann elected, the ICN experienced a changing of the guard, diluting the previous dominance of British and American nurse leaders. However, both Mannerheim and Reimann had clearly been influenced by American and British styles of nurse training, and in many respects were products of those systems.

At the 1922 ICN meeting, where both Mannerheim and Reimann were sworn in, education took a principal spot on the agenda. American Adelaide Nutting, then chair of the ICN’s Education Committee, reported on the work of her committee toward the development of a standard curriculum. The following resolutions were presented to the General Assembly:

The standard for trained professional women shall be three years continuous training in recognised, qualified training schools; the training school be under the direction of a trained professional Nurse Superintendent; the “Standard Curriculum” to be given under the direction of a professional nurse; state

---

63 Ibid. In 1925 Reimann returned to the USA to complete a Master of Arts degree.
64 Stuart and Boschma, “Seeking Stability in the Midst of Change,” 72.
registration and recognition be urged upon those National Councils in the countries where it is not already in force.\textsuperscript{65}

It was agreed that only the graduates of such programs would be permitted to join existing national nursing associations, and thus be considered for membership in the ICN.\textsuperscript{66}

According to ICN historian Meryn Stuart, as the standard of a three-year training program was then being upheld within the USA and Great Britain, the ICN leadership maintained that this was a standard that should be established, without exception, by nurses around the world.\textsuperscript{67} In addition, Rafferty has suggested that at a time when the ICN was “having to prove its usefulness or disappear,” the ICN executive seized the opportunity to universalize a standard in nursing education that would be upheld around the world.\textsuperscript{68}

However, as ICN historians have argued, the interests of the ICN represented an elite, narrowly defined subset of the nursing profession.\textsuperscript{69}

With the formation of another multinational nursing organization, the European Council for Nursing Education, in 1922, the ICN was confronted by national nursing leaders in Europe who argued against the ICN’s high standards and exclusionary methods, and who

\textsuperscript{65} As quoted in Stuart and Boschma, “Seeking Stability in the Midst of Change,” 90. Nutting’s previous work as president of the NLNE in the USA had led her to develop a similar standard curriculum which had been adopted in the USA in 1917, and which was used to model Goodrich’s Army School of Nursing in 1918.

\textsuperscript{66} Soine, “‘The Relation of the Nurse to the Working World.’”

\textsuperscript{67} Ibid.; Stuart and Boschma, “Seeking Stability in the Midst of Change.”

\textsuperscript{68} Rafferty and Boschma, “The Essential Idea.”

\textsuperscript{69} Stuart and Boschma, “Seeking Stability in the Midst of Change”: Aya Takahashi, The Development of the Japanese Nursing Profession: Adopting and Adapting Western Influences (New York: Routledge Curzon, 2004); Soine, “‘The Relation of the Nurse to the Working World.’” Founded by English nurse Ethel Bedford Fenwick in 1899, the ICN primarily represented Anglo-American interests. Its first executive included, in addition to Bedford Fenwick, American Lavinia Dock as secretary, and Canadian Agnes Snively as treasurer. The ICN’s executive committee was organized around national councils/associations of nurses, with the president of each national council appointed as a vice president in the ICN. Past officers were allowed to keep their votes, and all members of the original founding committee were given the same privilege. According to the constitution, each national association could also appoint four delegates to the ICN Grand Council. However, some national organizations, such as the Nurses’ Alumnae Association in North America, excluded certain groups of nurses such as African Americans and those who had not attained a prescribed level of education.
could compete with the ICN for members. Furthermore, the ECNE would threaten ICN nurse leaders’ attempts to set an international standard in nursing education.

European Council for Nursing Education

An organization of European nurse leaders was first suggested by the nursing representatives at the 1919 Cannes Medical Conference. However, it wasn’t until a number of years later, in 1922, that a conference for nurse directors of European training schools was organized by British and American Red Cross nurses who had remained in Europe after the war. Those present at the first conference included the heads of nursing schools (primarily English and American nurses) in Turkey, Bulgaria, Romania, Serbia, Yugoslavia, and Czechoslovakia, as well as representatives from the Red Cross and the Rockefeller Foundation.72

One of the topics of focus during this conference was the possibility of establishing a standard nursing curriculum feasible across Europe. Those present concluded that, despite the desire of American nurse leaders and the ICN to set a minimum standard of three years’ training, this would not be possible within all European countries. Instead, it was agreed to establish a minimum training course of two years. Consensus regarding the two-year minimum standard was reached due to the understanding that all of the training programs represented at the conference were conducted within educational institutions (as opposed to hospitals), and were thus not obligated to have their students provide nursing services to

70 Discussion of the Report of the Section on Nursing. Proceedings of the Tenth General Session, April 9th, 1919. Proceedings of the medical conference held at the invitation of the Committee of Red Cross Societies.
72 Ibid.
74 “European Council of Nursing Education.”
hospitals. Therefore, it was argued that a more comprehensive training could be completed in just two years.\textsuperscript{75} This group further agreed that public health theory and practice must be included within these preliminary training programs and, for those students who wished to specialize in public health, an additional postgraduate course of between two and four months was recommended.\textsuperscript{76} Thus, by 1922, multiple conflicting standards in nursing education were being promoted by American nurses within various organizations throughout Europe.

By the end of the conference, the group had named themselves the European Council for Nursing Education, and committees were formed within the Council’s directorate in order to develop both preliminary and postgraduate curricula. It was agreed that these curricula were to be adopted by all present at the conference.\textsuperscript{77}

A few months after the ECNE’s first meeting, the 10th International Red Cross Conference was held in Geneva, during which a separate resolution was passed regarding the training of Red Cross nurses:

That Red Cross Societies use their influence with their Governments or with the competent authorities to ensure that the exercise of the profession of nursing should depend upon the obtention [sic] of a diploma. This diploma should only be granted after a period of study and professional preparation which is recognized as satisfactory [my emphasis].\textsuperscript{78}

The ambiguity of this resolution left it open to varied interpretation as to what would be recognized as “satisfactory” preparation. However, some agreement was reached at this

\textsuperscript{75} Ibid.
\textsuperscript{76} Ibid.
\textsuperscript{77} M.G. Parsons, “Directrice of the State Schools of Nursing in Prague,” \textit{The Nursing Times}, May 1923: 486.
\textsuperscript{78} Edith Smith, Report of the activities of the Red Cross Societies in the realm of nursing, to be presented to the 13th International Red Cross Conference, 1928. A0829/1. Red Crescent and Red Cross Societies Archive.
meeting regarding a standard of two years’ hospital training and at least one year of public health training.\(^79\)

The standard agreed upon at the Red Cross conference was similar to that established by the ECNE, whose membership was largely composed of Red Cross nurses. The only difference was the suggestion at the International Red Cross Conference for a longer duration of study for public health training. Still, the proposal for an extended length of study was rejected by some conference attendees due to the anticipated cost of what was thought to be an unnecessarily long program:

(1) That the period of training was too long and costly, and during any period of training, there was no economic return from the labor of the student; (2) it would be necessary to draw women from a higher class of society because those in the lower walks of life would be unable to give three years to such a training, and such a highly trained person would be unwilling to serve in the capacity and in the places for which she has been trained; and (3) A higher salary would be justly demanded than Red Cross Societies and health authorities will be willing to pay.\(^80\)

However, as the resolution passed at the Red Cross conference merely indicated the adoption of a standard which was “recognized as satisfactory,” the proposed duration of study had no binding upon individual Red Cross schools.

The following year, in 1923, the ECNE gathered again, this time in Paris, with the LRCS assisting with expenses related to the meeting.\(^81\) According to Clara Noyes, head of the Nursing Division of the American Red Cross, the impression was created that the meeting was called by the LRCS, and thus that the ECNE was a branch development of the

---

\(^79\) Ibid.  
League.82 Those present at the meeting included Katherine Olmsted of the LRCS and Elisabeth Crowell of the Rockefeller Foundation.

According to American nurse Enid Newton, secretary and treasurer of the ECNE as well as leader of a Red Cross nursing program in Yugoslavia, interest in the European Council was so great that they were overwhelmed by the masses of people eager to join.83 Thus, a discussion ensued as to who should be allowed to hold membership in the Council. According to Crowell, a power struggle ensued as to whether the Council should remain in the hands of the “more experienced” American and English nurse leaders, or should be extended to include European nurse leaders:

There were representatives from 18 countries; the American element was very much to the fore; naturally the European representation was largely a Red Cross affair. There was an amusing “contre-temp” it seems, with rather disagreeable publicity, as to the necessity of keeping the so-called council a purely American and English affair, because of their greater experience and higher standards of nursing education, and also because of the fact that many of the existing training facilities were being financed, to a certain extent, by American funds.84

In the end, however, according to Crowell, a decision was made to allow for greater representation of European members on the Council, no matter what standards were being upheld nationally: “Wiser counsels prevailed, however, and it was finally decided to admit representatives from European countries to membership in the council, even those having questionable standards.”85

83 Newton, “News from the Field,” 551.
84 Crowell to Embree, March 26, 1923. Folder 137, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
85 Ibid.
This debate is also recalled by Portia Kenoble in her history of American Red Cross nursing.86 According to Kenoble, the Paris meeting turned into “a contest for control between professional nurses and partly trained women.”87 Furthermore, similar to Clara Noyes, Kenoble argues that Katherine Olmsted’s invitation of “a number of persons not professionally qualified” gave the impression that the League was in control of the new European organization and that membership would be very inclusive.88 According to Kenoble, it was under the stress of this contention that the European Council died after its first formal meeting. However, the fear of the newly elected ICN president, Sophie Mannerheim, also contributed to the demise of the ECNE. In her first two years as president of the ICN, Mannerheim’s desire to retain the ICN’s pre-eminence in matters of international nursing led to her successful efforts to curb the development of both the ECNE and the LRCS.

The International Council of Nurses and the European Council for Nursing Education

ICN historian Meryn Stuart suggested that during her presidency, Mannerheim remained steadfast to the ICN’s standards and wished to create a good working relationship between the ICN and the LRCS Nursing Division.89 Stuart argued, however, that Mannerheim was also equally anxious about both the LRCS and the ECNE, fearing that the latter organization would create a potentially divisive group and would compete with the ICN for members.90 In an article published in the British Journal of Nursing, Mannerheim recalls that she accepted the invitation to attend the meeting of the ECNE in Paris for several

87 Ibid., 210.
88 Ibid.
89 Stuart and Boschma, “Seeking Stability in the Midst of Change,” 81.
90 Ibid.
reasons. Primarily, Mannerheim had heard of the Council’s two-year standard for training, and was interested in learning more about what the Council was all about. Mannerheim felt that the formation of another council would be very apt to create confusion and deprecated the Council’s formation, suggesting that it promoted division rather than unity. Thus, Mannerheim proposed that the ICN join forces with the Council in regard to professional training:

> We worked for the welfare of the Nursing Profession, but what had we done for its betterment? We had adopted the three years’ standard of training, but our attitude had been a purely platonic one, a laying down of rules. All this work meant money, but if one felt the work had to be done, money was the least consideration of all.  

Perhaps in an effort to reinforce the ICN’s leadership position in nursing education, Mannerheim argued that the organization reinstate its Committee on Nursing Education. The Committee, Mannerheim suggested, could serve two purposes: aid in raising standards of nursing education throughout Europe, and envelop the work of the ECNE:

> In 1909 the International Council of Nurses had formed a Committee on Nursing Education, but when the war came it put an end to such peaceful endeavours. The founders of the European Council were all nurses, why should they not join the International Council of Nurses? Let us do it with hands clasped.

Mannerheim believed that the ICN was the best organization to guide and improve European nursing schools, and quickly set in motion a plan to eliminate the ECNE. Shortly after attending the ECNE meeting in Paris, Mannerheim invited the Council members to attend the ICN’s next conference in Copenhagen that August.

> During the ICN conference, Mannerheim granted the ECNE nurses positions on the ICN’s general council as honourary vice presidents, until their countries could form their

---

91 “Report on the International Council of Nurses Conference in Copenhagen.”
92 Ibid.
93 Ibid.
own national associations made up of nurses who met the ICN’s eligibility criteria — thus making the ECNE redundant:

It [is] a tradition of the International Council of Nurses to appoint Hon. Vice-Presidents….Never before had the International Council of Nurses more cause for gratitude than to these women who went with the banner of nursing to countries where trained nursing was but little known. It was a beautiful page in nursing history on which was inscribed a record of their work done in a beautifully fine spirit. The decision of the Executive Committee to elect them as Hon. Vice-Presidents was influenced by a twofold motive, to show a successful warm appreciation of the work they had done and to get into direct contact with the countries in which they were respectively working, until such time as National Councils of Nurses should be fully formed there. 94

Those appointed to the new positions included Rachel Torrance (Bulgaria), Enid Newton (Serbia), Ella Anscombe (Romania), Lyda Anderson (Turkey), Helen Bridge (Poland), and Marie Zacca (Greece). Of these, all were American nurses, with the exception of Anscombe, who was British, and Zacca, a Greek nurse who had trained in the USA. 95 Thus, the ICN’s seemingly inclusive attitude again failed to reach beyond their Anglo-American ideals.

Following the absorption of the ECNE members into the ICN, Mannerheim actively pushed for a closer relationship between the ICN and the LRCS. In 1924, an opportunity for the ICN to strengthen its influence within the LRCS was presented to Mannerheim through the formation of a nursing advisory board to the League.

The International Council of Nurses’ Advisory Board to the League of Red Cross Societies

In 1924, Mannerheim agreed to the League’s request for the formation of an ICN Advisory Board to the League. The advisory board’s aim was to make recommendations to the League’s Board of Governors with regard to nursing, which would be put up to the

---

94 Ibid.
95 Ibid.
League’s General Council. However, Americans Adelaide Nutting and Isabel Stewart, who also sat on the ICN's executive committee, warned Mannerheim against associating with the League’s nursing director, Katherine Olmsted, whom they viewed as out of touch with international nursing: “Miss Olmsted is young, ardent and very well-meaning, but her complete unfamiliarity with the International Council of Nurses, its history and, in fact, its actual reason for existence make it difficult for her to envisage in any adequate way the nursing problem in Europe.” Still, Mannerheim pursued the development of the advisory board, perhaps in part to, according to Kenoble, “curb Miss Olmsted’s alarming independence.” Olmsted approved of the formation of the advisory board with the understanding that it would serve in a solely advisory capacity, and that its recommendations would not necessarily be taken up by the League.

In addition to Mannerheim as chair and Olmsted as secretary, the advisory board consisted of six professional nurses, four of whom were active ICN members: Alicia Lloyd Still, matron of the Nightingale School at St. Thomas’ Hospital, London; Charlotte Munch, president of the Scandinavian Nurses’ Union, Copenhagen; Countess d’Ursel, secretary of the National Nursing Association of Belgium; Mlle. Borginon of Belgium; Mlle. Flourens of the French Red Cross; and Elizabeth Fox, national director of the Public Health Nursing Service of the American Red Cross and president of the NOPHN. Fox initially refused to accept the appointment to the advisory board and demanded the appointment of a

---

96 Minutes of the Nursing Advisory Committee, First Meeting, 1924 (April 23-30). Box A0829/1. Red Crescent and Red Cross Society Archive.
97 Quoted in Stuart and Boschma, “Seeking Stability in the Midst of Change,” 80.
98 Ibid.
99 Olmsted and Rene Sand argued this. Crowell to Embree, January 10, 1924. Folder 146, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
subcommittee in the USA to advise her.100 Thus, nurse leaders in the USA gained additional influence on the advisory board through Fox’s appointment.

After spending the first four months of 1924 with Olmsted at the League’s Paris headquarters, as well as touring several centres in which the League’s Nursing Department was actively involved,101 Mannerheim chaired the advisory board’s first meeting in April of that year.102 To begin the meeting, Sir Claude Hill, director general of the LRCS, thanked the advisory board for its work and stated that he hoped it was sympathetic to the complex position of the League with regard to nursing — namely that it was not a nursing association, and thus had a limited ability to enforce standards.103 In addition, Hill argued that the League had limited funds, which further impeded Olmsted’s ability to carry out the work of her Division: “[The League] was trying to make bricks out of straw. Its funds were limited and it was not possible to increase the personnel to any great extent. This would explain many of Miss Olmsted’s difficulties.”104 Finally, Hill argued that the League’s universality also made its aims difficult to achieve. For example, Hill argued that only about half a dozen countries had then established what was recognized as the “highest standard of nursing,” and although the League wished to uphold this standard, it was ultimately a servant of the National Red Cross Societies.105

The issue of standards took centre stage during the first advisory board meeting. Olmsted requested the board’s advice regarding the type of educational program that was to be promoted by the League. The Nursing Division was then, according to Olmsted,

100 Crowell to Embree, January 10, 1924. Folder 146, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
101 Ibid.
102 Minutes of the Nursing Advisory Committee, First Meeting, 1924 (April 23-30). Box A0829/1. Red Crescent and Red Cross Society Archive.
103 Ibid.
104 Ibid.
105 Ibid.
advocating for a three-year course, including both preliminary training and training in public health nursing.\textsuperscript{106} A lengthy discussion ensued regarding whether public health nursing should be a part of preliminary training or a postgraduate course. Several national differences became evident throughout this discussion. For example, English nurse Alicia Lloyd Still argued that postgraduate training in public health nursing was essential, whereas American nurse Katherine Walker suggested that training in public health nursing should be provided during the third year of a three-year preliminary training program. Alternatively, Mlle. Borginon described the methods then employed in Belgium, including a two-year course of general training followed by the completion of an exam for which no diploma was awarded. After passing this examination, the pupil nurses completed another year of training, choosing either (1) hospital nursing, (2) public health nursing, or (3) mental nursing. After completing this third year of training, a state diploma was granted.\textsuperscript{107} Following this discussion, according to Mannerheim, disagreement remained regarding whether additional specialized training in public health should be taken “after only 2 years, or after 3 years general training.”\textsuperscript{108} However, Mannerheim’s position regarding this seems clear in the above quote — it appears as though she did not regard only two years of training as sufficient. Clearly, however, great variation still existed in the training of nurses, as well as public health nurses, in Europe during this time.

With regard to the League’s international course, a subcommittee, made up of Eunice Dyke from the City of Toronto’s Department of Public Health in Canada,\textsuperscript{109} Elizabeth Fox and Katherine Walker from the USA, and Borginon of Belgium, was assigned to address the

\textsuperscript{106} Minutes of the Nursing Advisory Committee, First Meeting, 1924 (April 23-30). Box A0829/1. Red Crescent and Red Cross Society Archive.
\textsuperscript{107} Ibid.
\textsuperscript{108} Ibid.
\textsuperscript{109} Dyke was a graduate of Johns Hopkins University.
question of public health nursing education and make recommendations regarding the international course. It appears as though Dyke took a leadership role within this subcommittee, as she had been invited by the LRCS to study their international course several months prior.

In their final report, the subcommittee advocated for a minimum standard of preparation of no less than two years’ hospital training followed by not less than six months, either before or after graduation, of special preparation in public health nursing under the direction of a public health nurse. While this was recommended as a minimum preparation for public health nurses, the committee acknowledged that that some countries may have to begin with somewhat less than this standard. It is likely that Dyke fully supported this latter position, as she had expressed her sympathy toward the struggles of nurses from varying countries in her study of the League’s international course.

It was Dyke’s opinion that the League’s course offered “sympathetic handling of Nurses seeking new vision and learning outside their own countries,” as well as the international bond that was formed as a result of the residence life provided to its students. While the subcommittee was keen to set a minimum standard of education for public health nurses, Dyke argued that the League’s status as a federation of health organizations, representing thirty-four countries, allowed it to serve as a “medium for interchange of thought between countries presenting widely differing ideals and standards of nursing service.” Dyke thus argued that the League’s neutral status and the fact that, unlike professional organizations, it was not restricted by the necessity of having to adhere to

110 Minutes of the Nursing Advisory Committee, First Meeting, 1924 (April 23-30). Box A0829/1. Red Crescent and Red Cross Society Archive.
111 Eunice Dyke, Report to be submitted to Miss K. Olmsted. Chief of the Division of Nursing, League of Red Cross Societies, April 2, 1924. 7.4.1.2. Royal College of Nurses Archive.
112 Ibid.
minimum educational standards, made it the logical organization to establish such an international course. Dyke’s views thus differed from those of her ICN colleagues, who wished to set an international standard in nursing education and were aiming to influence the setting of a similar standard within the LRCS’s Nursing Division. Instead, Dyke supported an incremental approach and differing national standards. This opinion would prove to be somewhat of a Canadian approach, as the following year, Canadian nurse leaders Kathleen Russell and Jean Gunn would come to a similar conclusion regarding nursing education in Europe, which greatly differed from their American colleagues’ recommendations (see chapter 6).

On the third day of the advisory board’s meeting, Olmsted asked the board for their advice on the League’s cooperation with other international nursing organizations. A discussion followed with regard to the possibility of cooperation between the League and the ICN, with American nurse Elizabeth Fox proposing the following guidelines for cooperation, including the respective scopes of each organization:

There being in existence two international bodies interested in nursing namely the International Council of Nurses, engaged in maintaining nursing standards and advancing the interests of the Nursing profession and the League of Red Cross Societies, engaged in developing nursing services with especial reference to public health epidemic and disaster, it is the opinion of the Board that these two organizations, having in their work the same ideals, should organize their headquarters in close proximity and that each should use the resources of the other.\footnote{Minutes of the Nursing Advisory Committee, First Meeting, 1924 (April 23-30). Box A0829/1. Red Crescent and Red Cross Society Archive.}

Fox’s suggested resolution implied that the ICN was the best organization to represent nursing’s professional interests, while the LRCS was best suited to focus on developing nurses in times of crisis or disaster. Other resolutions were added later in the meeting that
further limited the LRCS’s role in promoting the future development of nursing organizations:

That the Nursing Division of the League continue to collect and distribute information, but if this information relate to professional nursing organization the Director of the Nursing Division should send it for confirmation to the Secretary of the International Council of Nurses before circulating it, and;

That the League should not encourage the formation of new national professional organizations which could not be affiliated with the ICN. If thought advisable in a country where nursing organization was new, the formation of an advisory council of prominent lay people and representatives of organizations interested in the development of nursing might be encouraged.114

Shortly thereafter, during a meeting of the LRCS’s General Council, the advisory board’s recommendations were accepted (see Appendix C).115

Ultimately, by the end of 1924, the ICN’s executive members had exerted their efforts to control the future of both the ECNE and the LRCS. RF officers would also continue to attempt to curtail the activities of the LRCS throughout 1924. Early that year, Crowell raised the subject of Foundation funding to the LRCS. She questioned the fact that, despite some discussion regarding funding to the LRCS the previous year, cooperation with this organization had not been listed within the Foundation’s new European nursing program.116 Crowell reported to Embree that she had recently received a request from Olmsted regarding assistance from the Foundation toward the League’s conferences and recruiting campaigns; however, she expressed that she was uncomfortable discussing the matter with Olmsted before the Foundation had given approval.117 Crowell reminded Embree that they had

114 Ibid.
115 Ibid.
116 Crowell to Embree, January 10, 1924. Folder 146, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
117 Ibid.
previously agreed to cooperate with the LRCS, if for no other purpose than maintaining the relationship between herself and Olmsted:

You will remember that when discussing the matter with Mr. Gunn, the consensus of opinion was that, if we could find a basis for aiding the nursing activities of the League, it would be wise to do so, if for no other reason than because it would ensure a closer cooperation between Miss Olmsted and myself.\textsuperscript{118}

Olmsted’s original proposal, presented to Embree during his tour of Europe in July 1923, had requested aid toward the following activities: the international course; conferences; publications; cooperation with the ICN; and recruiting campaigns for training schools. As Crowell recalled, they had already decided against providing aid for publications, the international course, or the LRCS’s relationship with the ICN.\textsuperscript{119} Therefore, Crowell suggested providing funds toward the League’s other two activities, conferences and recruiting:

I believe we are all agreed as to the value and necessity of propaganda work in connection with the development of nursing in Europe. It is work which the Foundation has definitely decided not to undertake, and which it seems to me that Red Cross Societies are essentially fitted to carry on. I would suggest therefore that we make a donation to the nursing bureau of the League of Red Cross Societies of $5,000 for the two activities above specified.\textsuperscript{120}

However, Crowell also anticipated that difficulties might arise in relation to Foundation support for these activities, as the League might promote a lower training standard than that favoured by the Foundation: “The only difficulty I can see is that the League might undertake to propagate as definite desiderata training standards which are at present under

\textsuperscript{118} Ibid.
\textsuperscript{119} Ibid.
\textsuperscript{120} Ibid.
discussion.” In response, Embree stated that he would “like to think over and talk over this matter” with his associates and would respond to her in the near future.

By June of that year, Foundation president George Vincent stated that he, along with Crowell, had decided against recommending aid for the League’s general propaganda work or conferences. Furthermore, Crowell’s assistant, Gladys Adams, reported that both she and Crowell did not believe that the League’s international courses in London were “the best means of giving European students the training they needed,” and therefore could not recommend Foundation aid nor the sending of Foundation-sponsored fellows to take part in the program. Despite continued efforts by Olmsted over the next three years, the Foundation would withhold its support from the LRCS’s Nursing Division, focusing instead on the continued development of its own nursing program throughout Eastern Europe.

Conclusion

Between 1922 and 1924, the increase in international nursing meetings and organizations led to changing opinions as to what standards should be promoted and implemented in the training of nurses and public health workers. With the growing influence of American nurses such as Annie Goodrich and Elizabeth Fox within these international meetings, the standard of training then promoted by nurse reformers in the USA began to influence the standards promoted in Europe during this period.

In addition, the Rockefeller Foundation’s continued momentum and prestige in the training of nurses during this period further limited support to the LRCS’s program. Building

121 Ibid.
122 Embree to Crowell, January 25, 1924. Folder 146, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
123 Edwin Embree officer’s diary, June 13, 1924. R.G.12.1. Rockefeller Foundation Archive, RAC.
upon Crowell’s previous work with the Foundation’s CPTF, which emphasized a “slow and lasting approach,” the Foundation looked to extend this approach throughout several Eastern European countries. In a show of support for this work, George Vincent noted the importance of recognizing the differing needs of nurses across various countries in his annual report for 1923:

The type of nurse, her social and professional status, her education and training, her salary, and her future outlook vary widely from country to country with differences in traditions, social ideals, educational standards, economic conditions, and religious influences. In one place she may be hardly more than a slightly sublimated servant; in another, intelligent, highly trained, well-paid, socially esteemed, enjoying a professional status; in a third, a devoted and experienced member of a religious order, giving her life to the service of the sick and the unfortunate; in a fourth, well-trained and respected but poorly paid and overworked.124

However, with Elizabeth Crowell’s bifurcated program still failing to meet the reform agenda of Annie Goodrich and her colleagues in the USA, Crowell’s work continued to be criticized in America. By 1925, the growing influence of the Committee on Nursing Education’s Report (the Goldmark Report), as well as Foundation officers’ growing reliance on Goodrich for matters relating to nursing education in the USA, would lead to significant changes in the Foundation’s European program, severely curtailing RF officers’ support of Crowell’s approach.

Chapter 6: “Elevating Influence”: Asserting the Rockefeller Foundation’s Approach to Nursing Education, 1925

As the International Council of Nurses, the Red Cross, and the Rockefeller Foundation vied for a leadership position in the education of nurses in Europe, in the USA, nurse leaders were continuing to pursue the promotion of higher education for nurses through the formation of university schools of nursing. Following the publication of the Report of the Committee on Nursing Education, otherwise known as the Goldmark Report, the Rockefeller Foundation’s support of the creation of two university-based nursing programs in North America signalled a change in focus within the Foundation’s nursing program.

This chapter explores the moment at which conflicting philosophies over the education and training of nurses came to a head between Elisabeth Crowell in Europe and Annie Goodrich in the USA. By the end of 1925, American nurse leaders’ ability to successfully campaign for the higher education of nurses, along with their ability to gain the support of the Rockefeller Foundation, led to dramatic changes to the Foundation’s European nursing program.

Developments in Nursing Education in North America, 1924

Following the publication of the Goldmark Report, American nurse leaders vigorously pursued the establishment of university schools of nursing modelled after the Report’s recommendations. Discussions regarding a School of Nursing at Yale Univeristy were well underway prior to the publication of the Report.1 In early 1923, Dr. Rappleye, dean of the Yale Faculty of Medicine, presented a proposed plan for a nursing school at Yale

---

1 Minutes of the Rockefeller Foundation re: Yale University – School of Nursing. Folder 1524, box 123, series 200, RG 1.1. Rockefeller Foundation Archives, RAC.
to Edwin Embree.² Rappleye’s plan included a twenty-two-month course, which would graduate nurses ready to enter the fields of hospital, private duty, or public health nursing. Rappleye stated: “It will be no more necessary for visiting or public health nurses to take additional training to qualify for their work than for institutional or private duty nurses to do so.”³ Combining the preliminary training of a bedside nurse with that of a public health nurse was a radical change to the existing training programs, which required nurses to first complete their preliminary training before embarking on a graduate course in public health nursing. Other unique aspects of the training program noted by Foundation officers were its foundation within an academic plan (versus the practice-based focus then used within hospital training programs) and the shortening of the time required for training.⁴

While Rappleye’s proposed program was markedly shorter than the usual three-year training program then common in hospital nursing schools, the proposal met many of the recommendations within the Goldmark Report, and was thus granted funding by the Foundation.⁵ Although not originally a keen supporter of a shortened course of study, Goodrich eventually argued in support of the Yale program due to the fact that it focused primarily on the education of nurses without “exploitation of students as hospital employees.”⁶ Ironically, Goodrich’s argument was similar to that made by the members of the European Council of Nursing Education in 1922 regarding their desire to set a two-year training standard for European nursing schools — an argument which had been dismissed by

² Willard C. Rappleye to Edwin Embree, January 29, 1923. Folder 1524, box 123, series 200, RG 1.1. Rockefeller Foundation Archives, RAC.
³ Conference concerning proposals for nurse training in New Haven, February 1, 1923. Folder 1524, box 123, series 200, RG 1.1. Rockefeller Foundation Archives, RAC.
⁴ Executive Committee Meeting, April 4, 1923. Folder 1524, box 123, series 200, RG 1.1. Rockefeller Foundation Archives, RAC.
⁵ Ibid. In late 1923, the Foundation allotted “no more than $175,000 over no more than 5 years” toward the Yale School of Nursing. However, it later provided the school with a $1-million endowment.
⁶ Conference concerning proposals for nurse training in New Haven, February 1, 1923. Folder 1524, box 123, series 200, RG 1.1. Rockefeller Foundation Archives, RAC.
the ICN in favour of three-year training programs. Goodrich further stated that she regarded the Yale program to be the most significant program of its generation. Goodrich was appointed the first dean of the school, which opened in 1924.

During the summer of 1924, Alice Fitzgerald, former director of the League of Red Cross Societies’ Nursing Division, and now advisor to the Foundation, visited the Yale school and provided her impressions in a memo to Embree. Fitzgerald’s report emphasized the school’s focus on education along with its continued commitment to practical training:

> The Yale School of Nursing aims to eliminate some of the outstanding faults found in the average training school, which have been duly recognized by nursing educators, but which until now it has been impossible to eradicate. The training is to be more educational and the patient is to benefit not suffer by the change. Prevention is emphasized in training the future nurse....The whole plan is a valuable and important experiment in care for the sick and in educating the nurse.

Fitzgerald expressed the belief that the Yale school would serve as a benchmark or model for nursing education in the USA, rather than an example of what all schools should try and achieve:

> It will more than probably be successful but it will hardly be possible to make such a school a standard model for some years to come or until schools of nursing are endowed, on account of the increase in funds and in personnel necessary to carry it out. This plan if successful will however show present schools the way to avoid some if not all of the mistakes being made by them on the one hand, and on the other it may prove that some of the schools have had the conception, but have not had the means to carry out their program.

---

7 “European Council of Nursing Education,” *World’s Health* 3, no. 6 (June 1922): n.p.
8 Edwin Embree officer’s diary. Memo: Conference concerning proposals for nurse training in New Haven, February, 1923, RG 12.1, Rockefeller Foundation Archives, RAC.
9 MC 4 Series 2 Folder 1. Annie Warburton Goodrich Papers, Barbara Bates Center for the Study of the History of Nursing, School of Nursing, University of Pennsylvania.
10 Memorandum by Alice Fitzgerald. Edwin Embree’s officer diary, July 24, 1924. RG 12.1, Rockefeller Foundation Archives, RAC.
11 Ibid.
Keen to promote the model established at Yale, as well as ensure that their nursing fellows were receiving the highest level of training available, Foundation officers next lent their support to the Department of Public Health Nursing at the University of Toronto in Canada.

University of Toronto Department of Public Health Nursing

Originally begun under the auspices of the Canadian Red Cross in 1920, the public health nursing program at the University of Toronto (U of T) was led by Canadian nurse (Edith) Kathleen Russell. The creation of this program was in large part due to the efforts of another Canadian nurse, Jean Gunn, who, in addition to being the superintendent of nurses at the Toronto General Hospital School of Nursing, also served on the Ontario Red Cross committee.12

When Red Cross funding to the U of T course expired in 1923, the university agreed to keep the program going and to support the development of the Department of Public Health Nursing.13 That same year, University of Toronto president Dr. James FitzGerald was in negotiations with the Rockefeller Foundation for funding for the construction of a new building to house the expanding public health program for both undergraduate medical students and postgraduate physicians.14 These negotiations led Kathleen Russell to explore the possibility of RF funding for the university’s nursing program. In a memo to FitzGerald in 1922, Russell wrote: “I sometimes wonder if we could possibly ask the Rockefeller people to establish this Department in a new adequate building and then let us show them what we

---

13 Faculty of Nursing. A73/0053/005, University of Toronto Archive.
14 E. Kathleen Russell to Dr. Gerald Fitzgerald, 12 October 1922. A73/0053/005, University of Toronto Archive.
could accomplish in the way of a Public Health Nursing course. Is the suggestion too absurd?”\textsuperscript{15} Far-fetched or not, Russell pursued this objective, and by 1923 had established a relationship with the RF and agreed to accept the Foundation’s nursing fellowship students into the U of T public health nursing course.\textsuperscript{16}

Foundation officers were impressed with Russell’s department at the U of T, believing that its success was due to “an exceptional Director and the teachers associated with her, [the] comparative attitude of Toronto Hospitals, including the Toronto General, close cooperation of the Department of Public Health in the City of Toronto, and the seven Departments of Hygiene and Public Health, all important assets in educating nurses.”\textsuperscript{17} In addition, the public health nursing program appealed to RF officers because it consisted of a year-long training program for graduate nurses — thus meeting the recommendations set out by the Goldmark Report. Furthermore, by 1924, like the Yale School, the Department of Public Health Nursing at the University of Toronto provided a preliminary nursing program of three years in length, after which graduates were eligible to work in either hospital or public health nursing.

In the eyes of Foundation officers, together the Yale and University of Toronto schools represented “lighthouse” models of nursing education in North America. Similar schools based on these models were promoted by Foundation officers. For example, after Dr. Waller Leathers presented a proposal for the formation of a nursing school at Vanderbilt

\textsuperscript{15} E. Kathleen Russell to Dr. Gerald Fitzgerald, 12 October 1922. A73/0053/005, University of Toronto Archive.  
\textsuperscript{16} University of Toronto School of Nursing. Folder 93, box 12, series 427C, RG1.1. Rockefeller Foundation Archives, RAC.  
\textsuperscript{17} Ibid.
University in Nashville, Foundation officers suggested that Leathers spend some time at the University of Toronto in order to be “properly infected” with the methods used there.\(^\text{18}\)

However, as Alice Fitzgerald had commented during her visit to Yale, the university-based schools represented models that were outside the reach of many institutions, both in North America and Europe. Despite the recognition that these schools served as benchmarks for the education of nurses, the continued promotion of standards in nursing education below those demonstrated within these schools was viewed as unsatisfactory by American nurse reformers. Thus, Crowell’s approach within the RF’s European nursing program continued to be scrutinized by Goodrich and her colleagues.

The Division of Studies European Nursing Program

At the same time as the Foundation board approved the European nursing program, Embree’s proposal for the formation of a new division within the Foundation’s directorate was also approved. Placed under Embree’s direction, the new division was given a broad agenda to focus on “the administration of projects which lie outside the field of the other departmental agencies of the RF,” and would be named the Division of Studies (DS).\(^\text{19}\) In his biography of Embree, Alfred Perkins suggested that this vagueness in defining the work of the DS was likely intentional, as it provided Embree with maximum latitude in determining the activities of the Division.\(^\text{20}\) Initially, the Foundation’s European nursing program fell

---

\(^{18}\) Crowell to Embree, November 3, 1924. Folder 138, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.

\(^{19}\) Minutes of the RF, December 5, 1923. Folder 1, box.1, series 913, RG 3.1. Rockefeller Foundation Archive, RAC.

\(^{20}\) Alfred Perkins, *Edwin Rogers Embree: The Julius Rosenwald Fund Foundation Philanthropy and American Race Relations* (Bloomington: Indiana University Press, 2011), 49. Embree continued to struggle with determining a focus for the DS, and he would come under the increasing scrutiny of his fellow Foundation officers. Embree’s attempts to convince Foundation officials that the major focus of the DS be related to studies on human biology were ultimately unsuccessful, and his inability to develop a clear focus for the DS would eventually lead to its demise in late 1926.
under the mandate of the DS. However, with the growing differences between the Foundation’s support to nursing in the USA and that in Europe, as well as growing criticism of Embree’s leadership, the Foundation’s whole nursing education program came under the scrutiny of Foundation officers.

Whereas in North America, programs such as the Yale School of Nursing and the U of T program were paving the way for the training of nurses in public health, in Europe, health visitors were still not required to be qualified nurses. Crowell continued to struggle to emphasize to her colleagues in the USA what she considered the important distinction in Europe between the training of nurses and the training of health visitors. Correspondence between Crowell and Embree regarding the selection of a title for Crowell’s new position within the DS reveals evidence of this struggle. Initially, Embree had suggested to Crowell the title of “Director of Nursing”;

however, due to Crowell’s desire to distinguish between nurses and health visitors, she preferred the title of “Director of Education of Nurses and Health Visitors.” Crowell argued for the importance of highlighting both roles:

> Comprehensive, self explanatory and easily translatable...advisable to stress the difference between the functions of the bedside nurses and health visitor. It seems to me however that there is an advantage in emphasizing this distinction, particularly in countries which will have to build up the two types of personnel.

Although in complete opposition to nurse leaders’ views in the USA, Crowell’s suggestion for her title demonstrates her sympathy for the conditions present within many different countries in Europe. However, it was this approach that gained the early support of RF officers, including Embree, Gunn, and Eversole, who suggested the continuation of

---

21 Embree to Crowell, February 1, 1924. Folder 138, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.

22 Crowell to Embree, February 20, 1924. Folder 138, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
Crowell’s bifurcated model within their proposal for an expanded nursing education program throughout Europe. Based on Crowell’s surveys, as well as the ongoing work of the Foundation’s International Health Board, the first nursing projects to receive the aid of the DS were located in Poland and Yugoslavia.

Aid to Poland

In the Polish survey conducted in late 1922, Crowell observed the struggles Poland had endured since the war’s end, and commented on the potential for the development of a modern “system of nursing”:

She is building from the ground up, scrapping worn out systems left over by three foreign masters, and endeavouring to replace them with new and better methods. Amongst other improvements, it ought to be easier to fit in a better system of nursing, to develop modern methods of health work than in a country where there has been no upheaval and where the status quo has existed for centuries. But her material difficulties will be great and she will need help while she is making her own experience.  

Furthermore, as the Foundation’s International Health Board (IHB) had already been active in the field of public health in Poland, Foundation officials were anxious to extend this work to include the training of health visitors. According to public health historian Marta Balińska, the Foundation supported the continued work in Poland for several reasons.  

Foundation officers felt confident that Poland was home to several prominent health officials, including Dr. Rajchman, Director of the League of Nations Health Organisation. Second, the IHB viewed Poland as a testing ground for possible health programs to be started

23 E. Crowell, Study of Sick Nursing and Health Visiting in Poland, p.79. Folder 31, box 3, series 789, RG.1.1. Rockefeller Foundation Archive, RAC.  
elsewhere in Eastern Europe. And finally, the Foundation believed that the Polish people were more receptive to Western ideals than those within other Eastern European states.\textsuperscript{25}

The two nursing schools that Foundation officers thought demonstrated the greatest promise in Poland were at Cracow and Warsaw. Crowell considered the nursing school at Cracow to be “one of the most interesting and promising undertakings in Poland” and “one of the most picturesque examples of the results of inspiration and activity of a single person.” The person to whom she was referring was Marya Epstein, a social leader and member of an aristocratic Polish family. Prior to the war, Epstein had used her considerable personal and financial resources to mobilize the interests of her friends as well as those of the medical men of Cracow University in order to start the nursing school.\textsuperscript{26} Epstein served as the school’s first matron and took part in its first program.\textsuperscript{27}

The war and its aftermath, including the loss of Epstein’s personal fortune, led to the closing of the school in 1921. In her survey, Crowell wrote that “everyone is dreaming of the day when it can reopen.”\textsuperscript{28} During Embree’s trip to Europe in the summer of 1923, behind a strong rally of support aided by medical faculty and public health officials in Cracow, a proposal for reopening the school was put to Embree and Crowell.\textsuperscript{29} In May 1924, RF appropriations were approved for the Cracow school following the “Strasbourg plan” or bifurcated program developed by Crowell in France. Epstein was appointed as the school’s director (agreeing again to follow the school’s first course of study).\textsuperscript{30} The school was placed

\textsuperscript{25} Ibid.
\textsuperscript{26} Edwin Embree officer’s diary, 1923 Exhibits, Exhibit C. RG 12.1, Rockefeller Foundation Archives, RAC.
\textsuperscript{27} Ibid. When the school was opened, Epstein enrolled in the first course and later served as a teacher there.
\textsuperscript{28} E. Crowell, Study of Sick Nursing and Health Visiting in Poland, p. 79. Folder 31, box 3, series 789, RG.1.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{29} Edwin Embree officer’s diary, 1923 Exhibits, Exhibit C. RG 12.1, Rockefeller Foundation Archives, RAC.
\textsuperscript{30} Ibid.
under the responsibility of the Cracow University Medical Faculty, who agreed to organize and supervise both the theoretical and practical training of nurses.\textsuperscript{31}

Throughout the first year of her work under the Division of Studies, Crowell was advised by officers on the Foundation’s International Health Board to remain informed on all developments in nursing within a given country in order “not to confine themselves to a single project.”\textsuperscript{32} Crowell wholeheartedly agreed with this suggestion, believing that several schools would be required in many of the countries of Eastern Europe in order to meet the diverse needs of the population. In Poland, Crowell argued, “No one school is going to supply Poland’s needs, and the fact that we are giving substantial help to one should not preclude our giving some slight encouragement to others if they can justify their existence by their results.”\textsuperscript{33}

Aid to a second nursing school, this time in Warsaw, was thus contemplated. However, complications regarding “ownership” of the school between the Red Cross and the government prevented the immediate involvement of the Foundation.\textsuperscript{34} Crowell also later argued that she wished to ensure the success of the Cracow school before contributing further aid to Warsaw.\textsuperscript{35} Despite the difficulties in aiding a second school in Poland, the DS also looked to support the development of two nursing schools in Yugoslavia that same year.

\textbf{Aid to Yugoslavia}

Aid to nursing schools at both Belgrade and Zagreb was also considered during the first year of the DS’s work. However, the continued involvement of the Red Cross in the

\textsuperscript{31} Ibid. Several delays prevented the school from being opened until December 1925.
\textsuperscript{32} Ibid.
\textsuperscript{33} Crowell to Embree, December 16, 1924. Folder 33, box 3, series 789, RG.1.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{34} Progress report re: Poland, July 1924. Folder 318, box 37, series 100, RG 1.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{35} Crowell to Embree, December 16, 1924. Folder 33, box 3, series 789, RG.1.1. Rockefeller Foundation Archive, RAC.
management of one of these two schools would cause problems for Yugoslavian government officials, who were trying to gain control of these institutions and thereby qualify for Foundation support. As in Poland, the Foundation’s previous support of medical education and the formation of laboratories in Yugoslavia contributed to their decision to aid in the development of nursing education in this country. In particular, Foundation officers’ existing relationship with Dr. Andrija Stampar, chief of the Sanitary Department of the Ministry of Hygiene, convinced them to contribute funding to the Ministry of Hygiene’s existing nursing school — confident that the program would be successful under Stampar’s direction. During Crowell’s survey of this country in 1923, she reported that “everyone agrees that Dr. Stampar is a real force with a will-to-do that overrides all obstacles. He seems to have infused this spirit into his subordinates, for the impression one brings away is of driving power, of untiring energy, of indomitable will to succeed.”

As in Cracow, the Foundation’s support to the government-run nursing school in Zagreb proved to be less complicated than in Belgrade and Warsaw. In 1921, a school for public health and hospital nurses in Zagreb had been organized by the Ministry of Hygiene, and was placed under the direction of the provincial health department:

The “mixed” school maintained by the ministry of Hygiene at Zagreb preparing bedside nurses and health workers (religious and civil pupils) simultaneously would seem to present an admirable opportunity for developing a scheme of generalised training of health workers. It has been organized without any outside help, is entirely supported by the Ministry of Hygiene, is directed by Croatian women who have received a good professional training in Vienna and finally owes its inception and its steady development to the untiring energy and unfailing interest of the chief sanitary officer of Croatia and Slovenia.37

36 E. Crowell, Study of Sick Nursing and Health Visiting in Yugoslavia, pp. 11–12. Folder 37, box 4, series 710, RG.1.1. Rockefeller Foundation Archive, RAC.  
37 Ibid.
In May 1924, the Foundation provided funding toward building and equipment costs, as well as additional financial support for a period of three years toward scholarships and the salary of an assistant to the school.  

Conversely, the Foundation initially denied aid to the school in Belgrade due to the fact that the Serbian Red Cross remained in control of the school. It was not until November 1924 that, despite the continued efforts of the Red Cross, the school was turned over to the Ministry of Hygiene. Finally, with the school seemingly under government control, Crowell supported a proposal for three years of Foundation funding for the Belgrade school. The Serbian Red Cross, however, continued to stake a claim in the school’s management, making financial contributions to the school. By July 1925, as the result of a lawsuit initiated by the Red Cross, the title to the school’s property had been vested in the Red Cross. Realizing that the Red Cross was still heavily involved in this institution, Foundation officers withheld funding until the situation was resolved.

Thus, during its first year, despite some difficulties with the Red Cross, the Division of Studies was able to help support the development of nursing schools at Cracow, Poland, and Zagreb, Yugoslavia. Crowell continued to apply a local approach to the development of these schools; however, her ability to act on these programs was hampered by her lack of decision-making authority within the Foundation. Before any funds could be distributed to specific projects, Crowell was required to submit a proposal and obtain the approval of the New York

38 Zagreb School of Nursing. May 23, 1924, Minutes of the Rockefeller Foundation. Folder 39, box 4, series 710, R.G.1.1. Rockefeller Foundation Archive, RAC.
39 Progress report re: Yugoslavia. Folder 321, box 37, series 100, RG 1.1. Rockefeller Foundation Archive, RAC.
40 Ibid.
41 Ibid.
42 Ibid.
office. Furthermore, for the first two years of her appointment with the DS, Crowell was not always kept informed of the Division’s working budget.43

Continuing the Work of the Division of Studies

Toward the end of her first year as the director of health visitors and nursing education in Europe, Crowell returned to the USA in order to meet with Embree and discuss the future work of the Division. In preparation for the Foundation’s November board meeting, Embree and Crowell developed a proposal for their continued work in Europe during the coming year. In particular, Crowell expressed to Embree her desire to begin extending the Foundation’s work throughout Eastern Europe, as she was anxious to keep pace with the work of the Foundation’s other two divisions, the International Health Board and the Division of Medical Education (DME), which were continuing to promote the development of public health throughout Europe. Crowell argued that it was thus necessary for the DS to ensure that nurses were also being prepared in order to support this work.44

Embree, on the other hand, was cautious about scattering their work too widely, emphasizing to Crowell that the Foundation’s nursing program was meant to be a constructive project, focusing on the development of permanent educational programs. Thus, he argued, it was necessary for them to proceed more slowly than the IHB and the DME.45 Despite Embree’s desire for a slow, cautionary approach, their final proposal included extending their work to Italy, Hungary, Austria, Czechoslovakia, Denmark, and Latvia over the following three years.46

43 George Vincent to Elisabeth Crowell, January 22, 1926. Folder 140, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
44 Edwin Embree officer’s diary, September 26, 1924. RG. 12.1. Rockefeller Foundation Archive, RAC.
45 Ibid.
46 Edwin Embree officer’s diary, October 6, 1924. R.G.12.1. Rockefeller Foundation Archive, RAC.
In this proposal, Embree and Crowell suggested that a similar approach to nursing in Europe be maintained within the DS during the following year. The approach included fellowships for leaders in nursing education, support for a limited period of time toward increasing the number of pupil nurses and raising the general level of instruction, and aid of a more substantial sort to a very few schools.\(^47\) The proposal placed the most emphasis on the provision of fellowships for training nurse teachers, as well as aid to support teaching facilities and scholarships.\(^48\)

Embree was also anxious to include in the proposal a method of exposing nurse leaders in the USA to the Foundation’s work in Europe:

> With the launching of the larger program, it seems to me increasingly important to keep nursing leaders intelligently acquainted with the work that we are doing. Furthermore there is so much more openmindedness [sic] in regard to the whole question of nursing education on the part of American leaders, that I believe we can count upon their understanding and in large part upon their support of the type of cooperation that we are attempting to give in Europe.\(^49\)

Embree’s comments regarding American nurse leaders’ openness to the topic of nursing education was in stark contrast to his opinions on this subject a year earlier. According to Sarah Abrams, in her doctoral thesis on the Foundation’s support to nursing schools in the USA, the previous year, Embree had asked Crowell’s assistant, Gladys Adams, about the relationship between American and European nurse leaders: “Why does the nursing profession at home [in the USA] regard the work that has been done here [in Europe] as of so little use?...Why is the policy here considered so impossible?”\(^50\) Embree’s seeming desire to

---

\(^{47}\) Ibid.

\(^{48}\) Ibid.

\(^{49}\) Edwin Embree to Elisabeth Crowell, December 19, 1923. Folder 137, box 19, series 700. Rockefeller Foundation Archive, RAC.

gain the approval of nurse leaders in the USA thus led to his proposal for funds to be allotted to support visits between Europe and America of five or six nursing leaders from the two continents.

In addition, Embree suggested within their proposal that, in order to improve communication regarding the various models of nursing education then in existence around the world, a bulletin be produced which would detail what he viewed as the “truly significant” programs of nursing education then in place:

I have thought that it might be desirable to attempt to make rather comprehensive reports of truly significant movements. It has occurred to me that it would be interesting to include in the first such bulletin thorough discussion of (1) the Strasbourg plan for nursing education — that is, the bifurcating course; (2) the organization of nurse training as it exists today in England, possibly allowing emphasis to be placed on the length of the course and the necessity even for taking a number of distinct courses before the nurse has a well-rounded training and experience; and (3) the Yale School....an accurate and thorough study of the Strasbourg plan should, I think, be available for nurses in this and other countries who occasionally discuss this course without knowing very much, accurately and in detail, about it.  

The above statement alludes to Embree’s belief that Foundation work, particularly Crowell’s bifurcated program, remained largely misunderstood outside of Europe, yet represented a “significant” program of nursing education.

Finally, during their meeting, Embree and Crowell discussed the possible appointment of an “advisor” to the Foundation’s nursing projects outside of Europe; according to Embree’s diary, Crowell recommended that American nurse Mary Beard, be considered for such a position.  

---

51 Embree to Crowell November 12, 1924. Folder 138, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.

52 Edwin Embree officer’s diary, September 23, 1924. R.G.12.1. Rockefeller Foundation Archive, RAC.
Appointment of Mary Beard to the Foundation

Prior to serving as president of the National Organization for Public Health Nurses in the USA from 1916 to 1919, Mary Beard spearheaded several changes to the practice of public health nurses within the Instructive District Nurses Association (IDNA) in Boston. Between 1920 and 1924, Beard returned to the IDNA in Boston to continue directing the work of public health nurses there. She also began to write a book on public health nursing in the USA.  

Crowell’s suggestion to appoint Mary Beard as an advisor to the Foundation’s European program was not the first time Beard’s name had been put forth for a Foundation appointment. Beard was first considered for a Foundation job the previous year at Embree’s suggestion, but Crowell did not support this. Embree made the suggestion during a discussion regarding the hiring of an assistant to Crowell. At this time, Embree suggested that, if the Foundation’s program was to be approved, Crowell may wish to consider the appointment of an American assistant. Crowell replied that she did not know of any American nurses whom she would wish to put in as a general associate or assistant. Instead, Crowell suggested the appointment of a female physician, Dr. Hogarth of England. Crowell preferred to appoint a European woman to her staff, rather than an American, believing that Europeans were more sympathetic to the conditions then present on the Continent. Dr. Hogarth, Crowell believed, possessed many appreciable qualities compared to Beard, and had not yet developed “old prejudices” that Crowell believed might impact on her work with the Division:

---

54 Edwin Embree officer’s diary, Diary of European Trip, September 1 to 29, 1923. RG 12.1. Rockefeller Foundation Archive, RAC.
55 Ibid.
Dr. Hogarth presents an ensemble of qualities which Miss Beard does not possess and I believe it will be difficult to duplicate. She is a physician and will see the nursing question not only from the nursing point of view, being a woman, but as well from the physician’s point of view....She is European, and in my opinion, will be therefore more adaptable for work in European countries....above all she will bring a fresh mind untrammelled by old prejudices or experiences to the consideration of problems which, if old in themselves, have got to be worked out under new conditions and a variety of environments.\(^{56}\)

Despite this, a few months later, in a letter to Crowell, Embree attempted once again to convince her to appoint an American nurse leader to this position, suggesting specifically Mary Beard:

I wish you thought it advisable to add in this capacity one of the outstanding figures in the nursing field in America. Miss Mary Beard, for instance, with whom I have had talks since my return, seems so much in sympathy with the kind of thing we are trying to do in Europe that I am wondering if she might not prove a real help if by chance she were available. You must, however, make the decision as to your colleagues.\(^{57}\)

If this was not desirable to Crowell, Embree suggested that he would support the choice of Dr. Hogarth if that was still Crowell’s preference.\(^{58}\)

Dr. Hogarth eventually declined the Foundation’s offer,\(^{59}\) and in March 1924, Crowell proposed the appointment of three assistants: “one for the fellows; one for the organization of public health training; one for the organization of hospital training.”\(^{60}\) Again, preferring to appoint someone with European experience, Crowell suggested that one of these positions be taken by the nurse who had served as her assistant during her time with the Commission for the Prevention of Tuberculosis, Gladys Adams. She suggested the other two positions be

---

\(^{56}\) Crowell to Embree, December 21st, 1923. Folder 137, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.

\(^{57}\) Embree to Crowell, December 7, 1923. Folder 137, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.

\(^{58}\) Ibid.

\(^{59}\) Ibid.

\(^{60}\) Margaret Hogarth had a son and the Foundation could not provide assurances for the care of her son, should she be “deprived of her working capacity.” Hogarth to Crowell, December 31, 1923; Crowell to Embree, March 24th, 1924. Folder 138, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.

\(^{60}\) Crowell to Embree, March 24th, 1924. Folder 138, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC.
filled by Helen Semenoff and Helen Bridge, the latter an American nurse who had spent the last three years as the director of the Warsaw School of Nursing in Poland, under the direction of the American Red Cross. Despite her being American, Crowell seemed to be especially struck by Bridge’s experience in Poland, which Crowell believed had helped to “open up her mind” to the European situation:

I was particularly struck by the way she has developed during the last few months. All of her training and experience has been along educational lines, and her three years experience in Poland has been extremely valuable in breaking up old adhesions and opening up her mind to ways and means and possibilities of working with foreign peoples.

In the end, neither Bridge nor Semenoff was hired. Gladys Adams, however, was appointed to take up the responsibility of assisting nursing fellows.

Crowell’s change in heart in suggesting Mary Beard for an appointment the following year may be due to the fact that Beard was being considered for a position for the New York office rather than with Crowell in Europe, and perhaps that she could not again deter Embree’s likely suggestion to appoint Beard.

A few days after the suggestion of Beard’s appointment, Embree broached the subject with Foundation president George Vincent. Vincent suggested they request that Beard complete a study of the Foundation’s work in Europe, which could lead to a more permanent

---

61 Crowell to Embree, March 24th, 1924. Folder 138, box 19, series 700, RG1.1. Rockefeller Foundation Archive, RAC. Bridge had worked as a nurse and an instructor of nursing in Ohio and Indiana and joined the ARC reserve corps in 1911. In May 1919, she was assigned to Vladivostok, Russia, to work in a local ARC hospital responsible for organizing courses for nurses’ aides. After teaching for sixth months in Vladivostok, Bridge had joined the ARC “Great White Train,” a mobile typhus disinfection unit that carried nurses and physicians to towns and cities along the Trans-Siberian Railroad. When the ARC was forced to evacuate, Bridge accepted an assignment to Warsaw in order to help organize a school of nursing. See Julia Irwin, “Nurses without Borders: The History of Nursing as U.S. International History,” Nursing History Review 19 (2011): 78–102.

62 Ibid.

63 Edwin Embree officer’s diary, September 18, 1924. RG.12.1. Rockefeller Foundation Archive, RAC.

64 Crowell to Embree, March 24, 1924. Folder 138, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
appointment. Over the next two days, in conversation with Crowell and Beard, Embree proposed that Beard might be well suited to complete a study of midwifery in England. In addition to this study, it was expected that Beard would conduct visits to the Continent for consultations with Crowell and other individuals “interested in public health and medical education,” as well as visit several sites of the Foundation’s existing and projected work.

By October 1924, Embree and Crowell’s proposal for the continuation of their work through 1925, including the temporary appointment of Beard, was approved by Foundation trustees. Beard’s appointment would provide Foundation officers with important feedback regarding the development of their nursing work in Europe. At the same time, several concerns regarding the Foundation’s program were being raised by voices within the Foundation.

The Division of Studies Comes Under Closer Scrutiny

Around the time that Beard was appointed by Vincent and Embree to complete her study, Frederick Russell, director of the International Health Board, began to question the RF’s nursing education program. Russell argued that the Foundation was contributing to both short courses of education, such as those in France under the Division of Studies, as well as longer courses such as the one in China under the Foundation’s China Medical Board. Russell queried the justification of these differences in relation to what was then being promoted with nursing schools in the USA:

---

65 Edwin Embree officer’s diary, September 25, 1924, RG.12.1.Rockefeller Foundation Archive, RAC.
66 Officer diary, Edwin Embree, September 26, 1924. Rockefeller Foundation Archive, RAC.
67 Officer diary, Edwin Embree, September 27, 1924. Rockefeller Foundation Archive, RAC.
69 Edwin Embree officer’s diary. September 29, 1924. RG 12.1, Rockefeller Foundation Archive, RAC.
70 Ibid.
(1) Is it justifiable to begin [the] fostering of nursing education in other countries at a lower standard of preliminary requirements or with shorter courses than those regarded as standard in this country?; and
(2) Is it feasible to include public health in the undergraduate nursing course?\(^\text{71}\)

In order to address Russell’s concerns, Vincent suggested that a conference be called.\(^\text{72}\)

Embree was skeptical of the need for such a conference due to the numerous discussions on nursing education that had taken place over the previous few years. He queried whether any important results would come from this meeting, even if select individuals were invited:

“These matters have been thrashed over so much in public discussions during recent years that little would seem to come of a further gathering, even of carefully selected persons.”\(^\text{73}\)

With this in mind, Russell agreed to consider whether some answers could be gained instead from a few individual consultations with nursing leaders.\(^\text{74}\)

In relation to these queries, or perhaps following Embree’s proposal supporting the exchange of nurse leaders, the suggestion of inviting North American nurse leaders to make a tour of Europe was raised at this time. In particular, it was suggested that Lillian Clayton, superintendent of nurses at Philadelphia General Hospital, and Jean Gunn, superintendent of nurses at Toronto General Hospital, be invited to visit several nursing schools throughout Europe.\(^\text{75}\) A short time later, additional invitations were extended to Kathleen Russell of the University of Toronto and Annie Goodrich of the Yale School of Nursing.\(^\text{76}\)

The choice of these women to survey the Foundation’s work in Europe was not surprising. Embree considered Clayton to be one of the best superintendents and directors of

---

\(^{71}\) Ibid.
\(^{72}\) Ibid.
\(^{73}\) Ibid.
\(^{74}\) Edwin Embree officer’s diary. October 1, 1924. RG 12.1, Rockefeller Foundation Archive, RAC.
\(^{75}\) Edwin Embree officer’s diary. October 7, 1924. RG 12.1, Rockefeller Foundation Archive, RAC.
\(^{76}\) Edwin Embree to Elisabeth Crowell, November 26, 1924. Folder 138, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
training schools in the USA at that time. Clayton was a graduate of the Philadelphia General Hospital School of Nursing and Teachers College. She served as a teacher and administrator at the Minneapolis City Hospital and later went on to become as president of the National League for Nursing Education (NLNE) and the American Journal of Nursing Company. With regard to Gunn and Russell, the Foundation had lent its support to both of these women in connection with their nursing programs at Toronto General Hospital and the University of Toronto. Goodrich was an obvious choice, as Embree and Vincent often relied on her for advice regarding the development of nursing schools in the USA, and she had recently been appointed as the dean to the Yale School of Nursing.

Unlike Russell, who enthusiastically accepted the Foundation’s invitation, Goodrich was hesitant to accept the offer, stating that she was “not sure how much time she could be away from her work at Yale.” Abrams suggests that Goodrich’s decision to finally accept the invitation may have been swayed by the fact that she would be travelling with her good friend Lillian Clayton, in addition to the fact that she was already scheduled to present a paper at the International Council of Nurses conference in Helsinki that summer. Abrams also argues that Yale president James Angell most likely suggested that Goodrich accept the invitation in order to maintain good relations with the Foundation, in light of the support they had provided to Yale (according to Abrams, Angell gave Goodrich this same advice after the Foundation invited her to tour Asia in 1930).

---

77 Edwin Embree to Kathleen Russell December 8, 1924. Folder 138, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
80 Edwin Embree officer diary, Jan.15, 1925. RG 12.1. Rockefeller Foundation Archive, RAC.
Perhaps in a further effort to convince her to accept, Embree explained to Goodrich that the Foundation was not asking for a formal report; rather, they would “leave each individual free to get the most out of the trip from the standpoint of her personal interests.” Furthermore, Embree stated that he and Crowell would make all the necessary arrangements for her trip. In contrast, when Embree formally wrote to Kathleen Russell regarding the Foundation’s invitation, he suggested that this visit would garner benefits for the nursing profession both in Canada and in Europe:

It has seemed to us that much might be gained by more intimate acquaintance between the leaders in nursing, as in other education, in this country and Europe. It may be that in visiting your colleagues in England and on the Continent and in seeing the work that they are doing you would discover new methods of work or fresh points of view that would be of service to you in continuing your own important work. There is no record of Embree also suggesting to Goodrich that the trip may result in “new methods of work or fresh points of view,” as he had to Russell. Rather, Embree reported in his diary that during a telephone conversation to Goodrich he outlined the following objectives for her trip:

(1) providing the opportunity for a leader in nursing education in USA to visit work of her colleagues in England and the Continent; (2) an opportunity for her to become acquainted with work in Europe of RF in order that (a) she may understand the background from which fellowships students come who may be studying at her School; (b) may have a sympathetic understanding of the RF work, and (c) may give both to Crowell and Embree criticisms and comments upon this work both with respect to its general policies and its administrative details.

It is likely that Embree’s growing desire to gain Goodrich’s opinions on the Foundation’s work in Europe led to a more subtle approach to his request for her to undertake the tour.

---

82 Telephone conversation with Goodrich. Officer diary, Edwin Embree, February 5, 1925. R.G.12.1. Rockefeller Foundation Archive, RAC.
83 Edwin Embree to Kathleen Russell December 8, 1924. Folder 138, box 19, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
84 Telephone conversation with Goodrich. Officer diary, Edwin Embree, May 22, 1925. R.G.12.1 Rockefeller Foundation Archive, RAC.
With Russell, Gunn, Goodrich, and Clayton all having accepted the Foundation’s invitations, Crowell was placed in charge of organizing their, as well as Mary Beard’s, visit to the Continent. After much organization and communication with the North American nurse leaders, Crowell arranged a tour schedule for the five visitors beginning in the spring of 1925, allowing them to finish their visits in time to attend the ICN conference in Finland. Crowell’s suggested itinerary allowed for a trip of twelve weeks’ duration, during which the visitors would spend three weeks each in England and France, followed by another six weeks visiting Poland (Warsaw, Poznan, Cracow), Czechoslovakia (Prague), Austria (Vienna, Graz), Hungary (Budapest), Yugoslavia (Belgrade, Zagreb), Italy (Venice, Genoa), and Belgium.\(^85\)

Seeming more committed to the Canadian visitors, Crowell suggested that she personally accompany Russell and Gunn during the latter six weeks of their trip, leaving her assistant, Gladys Adams, to lead Goodrich and Clayton.\(^86\) Routing the visitors this way, according to Crowell, allowed her to kill two birds with one stone, providing Gladys Adams with the opportunity of touring the Continent and supplying a guide other than herself to the American visitors:

I have been wanting for months to give Miss Adams the opportunity of seeing the nursing activities in the various European countries, so that her trip with Miss Goodrich and Miss Clayton would serve and the two purposes, of helping them, and of increasing her knowledge and experience at the same time.\(^87\)

---

\(^85\) Elisabeth Crowell to Edwin Embree, January 14, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.

\(^86\) Ibid.

\(^87\) Elisabeth Crowell to Edwin Embree, February 26, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
Travelling all together, Crowell argued, would make for too large a crowd, and would not allow the visitors to “get our money’s worth out of their trip.” However, scheduling the visits in this way — with Crowell leading the Canadians’ tour and allowing Adams, who had a close relationship with Goodrich, to lead her and Clayton’s tours — may have contributed to the divergent impressions formed by each of these groups.

Planning for the Future of the Division of Studies

While the North American visitors were making their tour throughout the Continent, Embree was busy making preparations for the Division’s work for the following year (1926). His proposal for this work would be presented at the next meeting of the trustees, but unfortunately, Embree would be unable to attend this meeting in person as he was scheduled to be in Australia on Foundation business beginning that fall. Embree wrote to Crowell informing her of this, emphasizing his belief that, with the DS’s policies well agreed upon, the Foundation’s nursing program would run smoothly while he was away:

Early in September I sail from San Francisco and shall probably not again be in New York until the latter part of March or the early part of April. As I have already indicated, President Vincent and Mrs. Thompson will stand ready to give special attention to problems concerning nursing education that may arise in my absence....I am sorry to be away for so long a time and at such an interesting point in the development of the nursing program in Europe. However, we have things well started and general policies pretty well agreed upon. As a result of your conferences with President Vincent this summer, I think we shall probably begin the autumn with complete agreement throughout the Foundation as to procedure in nursing education in Europe.

88 Ibid.
89 Adams had formerly worked at the Henry Street Settlement while Goodrich was the Director there.
90 Edwin Embree to Elisabeth Crowell, July 29, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
However, Crowell’s confidence in the smooth running of the program did not seem as certain as Embree’s. In a letter to Embree at this same time, Crowell emphasized that she felt under tremendous pressure to maintain a steady pace of development:

I hope that you will not think that I am unmindful of our conferences last Fall regarding the policy to be followed by the Division of Studies of the next two or three years and particularly the necessity of going slowly and proving our utility before our budget should be materially increased. You may feel that the enclosed letter indicates delusions of grandeur, but I do feel anxious that you should realize the pressure there is over here for as rapid a development of the nursing field as may be consonant with sound progress. I know that Mr. Gunn is repeatedly emphasizing to Dr. Russell the serious handicap his plans are suffering from the lack of public health nurses.\(^91\)

In response, Embree attempted to alleviate Crowell’s sense of urgency regarding the pace of the DS’s work in Europe, reporting that the new budgetary constraints being felt throughout the entire Foundation would surely reduce the pressure for increased projects:

I am not unappreciative of the importance of developing nursing education in Europe with reasonable rapidity. On the other hand, in these days of budget searching, I am not sure that any division or board will be able to find funds as readily as has been the case in the past. I doubt, therefore, whether the interdepartmental pressure may continue to operate in just the direction that you intimate in your personal note.\(^92\)

Furthermore, Embree stressed the growing demands for funding that had been made by each of the Foundation’s divisions, and alluded to the fact that each division’s work may be curtailed in the future:

Until a year ago we had not reached our regular work budget limits. The situation at present in this: the four boards and divisions are now asking annually for more money than the entire income of the Foundation. This means that each project is carefully scrutinized in its financial implications and in its relation to other projects. It will not be, I think, so easy for any

\(^{91}\) Personal letter, Elisabeth Crowell to Edwin Embree, May 23, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.

\(^{92}\) Edwin Embree to Elisabeth Crowell, June 3, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
department of the Foundation to obtain funds in future, as, in some instances, it may have been in the past.\textsuperscript{93}

By early August, Embree had completed his proposal, “Projected Development of Nursing Education in Europe,” and presented it to the Foundation trustees.\textsuperscript{94} Despite his stated concerns regarding budgetary constraints, Embree proposed a program requiring funding for the next five years to carry on nursing development programs in countries where projects were already underway, either by the Division of Studies or another division of the Foundation, or where future involvement might prove beneficial. In particular, he requested support for projects in Hungary, Czechoslovakia, Romania, Turkey, Bulgaria, and Algeria, with possible future support to Austria, Italy, and England. Embree stressed that the Foundation’s interest in nursing and desire to improve the standards of nursing education could be continued slowly under a modest budget, and in return would receive equally slow and modest results. On the other hand, the rapid preparation of trained nurses, as well as their teaching and supervisory staff, to supply an extensive public health program would require a considerably larger investment.\textsuperscript{95}

Simultaneous to the development of Embree’s proposal, several questions regarding the Foundation’s work in nursing education continued to be raised by Foundation officials, including by Foundation president George Vincent. In particular, questions regarding the extent of cooperation between the various Foundation divisions within Europe, as well as the number of schools to be supported in each country, and the factors determining cooperation within a given country (i.e., need, resources, response, and comparative significance and

\textsuperscript{93}Edwin Embree to Elisabeth Crowell, June 3, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.

\textsuperscript{94}Projected Development of Nursing Education in Europe. August 10, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.

\textsuperscript{95}Ibid.
influence) were stressed.\textsuperscript{96} These additional questions, along with the comments made by Goodrich and Clayton upon their return home from Europe, led to changes to Embree’s proposal as well as the future of the Foundation’s European nursing program.

North American Nurse Leaders’ Impressions of Europe

Shortly after Goodrich and Clayton’s departure home from Europe, Crowell wrote to Embree regarding her impressions of their tour. Perhaps in an effort to pre-empt the reports by the American nurse leaders, Crowell expressed her view that Goodrich and Clayton, in comparison to Mary Beard, Kathleen Russell, and Jean Gunn, had remained narrow-minded in their outlook on Europe:

I hope and believe that the net result of their visit has been favorable, but I must confess to having been conscious of a certain mental resistance, a definite unwillingness to accept our interpretation of the countries they were visiting and the things they were seeing which, at times, made their visit less satisfactory than was the case with Miss Beard, Miss Russell and Miss Gunn.\textsuperscript{97}

Crowell’s impressions would soon be confirmed in the reports given by each of these groups to Foundation officials upon their return home.

Prior to Embree’s departure for Australia, he and Vincent met with Goodrich and Clayton on August 24 and 25, 1925 the first two days after their return from Europe.\textsuperscript{98} Embree reiterated the fact that one of the primary reasons the Foundation officers had extended invitations to nursing leaders to visit Europe was to gain their “constructive criticism of tendencies in nursing education,” as well as the Foundation’s contributions to it.

\textsuperscript{96} George Vincent officer’s diary, Memo: Conference Nursing Education as a Foundation Field 10 June 1925. R.G. 12.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{97} Elisabeth Crowell to Edwin Embree, August 18, 1925. Subject: Miss Goodrich and Miss Clayton. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{98} Edwin Embree officer’s diary, August 24, 1925. R.G.12.1. Rockefeller Foundation Archive, RAC.
Thus, Embree suggested that their meeting focus primarily on a discussion of these main issues.99

In his report of this meeting in his diary, Embree stated that Goodrich and Clayton commented that they very much respected the work Crowell had accomplished in Europe.100 Furthermore, they reported that they had discussed their concerns regarding the Foundation’s nursing program with Crowell, and thus they felt comfortable in relaying their “comments and criticisms” to Embree and Vincent. Overall, according to Embree, Goodrich and Clayton believed that the Foundation’s program in Europe was encouraging, and had shown good results over the past few years. They reported being amazed at the resourcefulness of Crowell and her associates in the face of numerous difficulties, including the lack of adequate personnel for leadership, the lack of traditions on which to build, and the lack of financial resources or stability in the countries concerned.

However, despite this praise, the American nurse leaders raised the question of standards, both in relation to preliminary qualifications and to the content and length of the Foundation’s program.101 Goodrich and Clayton questioned whether the time had not come for the Foundation to insist upon higher standards in its program. Without any specific standards to suggest, they believed that it was important to get young women of good preliminary training — emphasizing that a greater number of young women of good schooling were available in these countries than most people realized. Furthermore, they argued that the countries of Europe could most likely establish “moderately good schools” on their own, and that no outside assistance would be needed to accomplish this level of

---

99 Edwin Embree officer’s diary, Memo of interviews ERE, Miss Goodrich, Miss Clayton, Monday and Tuesday, August 24 and 25, 1925. R.G.12.1. Rockefeller Foundation Archive, RAC.
100 Ibid.
101 Ibid.
training. However, they suggested that in order to set and maintain institutions of high standards, an outside agency would be needed to provide assistance to government and university agencies within the countries in question: “An outside agency has a special mission in the matter of standards and demonstrations rather beyond the practice of the countries concerned.”102

The recommendations made by Goodrich and Clayton regarding the raising of preliminary standards for nursing were not unlike those made within the Report of the Committee on Nursing Education in the USA a few years prior, which Goodrich had played a significant part in developing and which were being upheld by professional organizations in the USA.103 It is also likely that Goodrich and Clayton’s active roles within nursing education and professional nursing organizations in the USA framed their criticisms regarding the length and content of the Foundation’s programs in Europe.

Goodrich and Clayton were not alone in their recommendation to increase the standard within the Foundation’s European programs. Embree and Vincent also heard similar criticisms and recommendations from Foundation officials. For instance, the same day that Embree and Vincent met with Clayton and Goodrich, Dr. Frederick Russell, director of the IHB, and Florence M. Read, Foundation secretary, expressed to Embree their own concerns regarding the standards of the Foundation’s European nursing program. Read argued that, since university and government officials seemed so ready to accept the Foundation’s recommendations, and since such prestige was attached to the Foundation’s work, their responsibility was thus to ensure that their standards were “sufficiently high.”104 Although

---

102 Folder 325, box 37, series 100C, R.G.1.1, pg.8-9. Rockefeller Foundation Archive, RAC.
104 Edwin Embree officer’s diary, August 24, 1925. R.G.12.1. Rockefeller Foundation Archive, RAC.
commending Crowell for her role in establishing what was considered to be an emergency program in France during the war, Russell and Read questioned whether she was able to maintain such a high standard for the establishment of permanent programs in nursing education which were then required. In particular, referring to Crowell’s bifurcated program, Russell doubted whether nurses could be properly trained in just one year of hospital training and an additional year of public health. Rather, Russell argued, his preference would be for all nurses to receive not less than two years’ hospital experience — whether they were aiming to work in public health or at the bedside.

Russell proposed that these concerns serve as an agenda for a conference on nursing education. Embree agreed that it was the perfect time to address these questions, as North American nurse leaders had just returned from a study of nursing education in Europe. It was thus agreed that a conference be called that coming fall and, on Vincent’s suggestion, that Crowell be invited to come to New York in order to be in attendance.

Over the next two days, Embree wrote to Crowell explaining how his views of the European program had been influenced by his meetings with Goodrich, Clayton, Russell, and Read:

I have given a good deal of thought to the general principles and policies underlying our program in Nursing Education in Europe. While my own thinking has been criticized by recent comment by Dr. Russell and Miss Read and by Miss Goodrich and Miss Clayton, I am enclosing herewith memorandum of my recent conferences in this connection. While questions have definitely been raised in these conferences, my own general thinking and review of our work leads me to believe that we should begin some different emphasis in our program.

---

105 Ibid.
106 Progress report, p. 23. Folder 314, box 37, series 100C, R.G.1.1. Rockefeller Foundation Archive, RAC.
107 Ibid.
108 Embree to Crowell August 26 & August 27, 1925. Folder 139, box 19, series 700, RG.1.1. Rockefeller Foundation Archive, RAC.
Reiterating the words of Goodrich and Clayton, Embree emphasized that the time had come to raise the standards of the Foundation’s European program:

In aiding in the creation of a new profession in the several countries of Europe we have an obligation to make sure that our standards are sufficiently high and course of training reasonably adequate. There is no great difficulty in keeping educational progress at a low level or attracting to them students of poor preliminary training. In introducing nursing or public health or medicine, we have I believe a special obligation to set standards well above the level that we may expect the country as a whole to maintain. Unless we do this our elevating influence is negligible.\footnote{Embree to Crowell August 26, 1925. Folder 139, box 19, series 700, RG.1.1. Rockefeller Foundation Archive, RAC.}

Embree further suggested to Crowell that the Foundation would be justified in aiding the creation of a few “lighthouses,” which would make a real contribution through their influence and through the training of leaders in the profession. In order to do this, Embree suggested that “mediocre” schools no longer be considered for Foundation funding:

We have no obligation I think to assist moderately good schools of nursing. I think we would be entirely justified in reserving our assistance to a few “light houses,” to the occasional school that is about to make a real contribution by its influence, and by the leaders and teachers of other schools which it may turn out. I realize of course that this is just the principle on which we have been operating. I believe however, that we can put still more emphasis upon eliminating the mediocre schools from our consideration and restricting our aid not only to the establishment of standards (a point to which we may not have given sufficient attention) but to concentrating our aid in those schools which will furnish the leaders and teachers for other institutions in the given countries.\footnote{Ibid.}

Finally, Embree emphasized that with these comments he was not suggesting any specific changes to Foundation policy, but rather “a gradual re-shifting of our emphasis.” He argued that, as they moved forward with their program, they begin to insist upon higher standards of
admissions as a requirement of funding, and consider the question of length of study and curriculum in the near future.111

In a second letter, Embree wrote to Crowell reporting on the specific comments from Read and Dr. Russell, and requested her attendance at a conference in New York, arriving no later than the end of September: “It would be unfortunate for our group in New York to attempt to come to decisions on this general program without having you present during conferences.”112 As Embree’s tour of Australia had already been planned, he was not be able to be present himself for the upcoming nursing conference, and thus prepared a memo to be presented at the conference in his absence.113 At the end of August, Embree sent this memo to Vincent, reiterating nearly word for word his letter to Crowell and emphasizing his belief that the Foundation had an obligation to set standards at a high level and aid in the creation of a few “lighthouses” of nursing education.114

Embree’s new proposal contradicted what he had presented in his earlier memo to Foundation trustees, “Projected Development of Nursing Education in Europe,” which had recommended extensive support and a significant investment for the development of schools within several different countries, as well as the rapid preparation of trained nurses, teachers, and supervisors.115 The same day, Embree also sent a second memo to Vincent. Understandably annoyed by the scheduling of a conference regarding his Division’s program during his absence, as well as the mounting criticism toward the European nursing program,

---

111 Embree to Crowell, August 26, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
112 Embree to Crowell, August 27, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
113 Ibid.
114 Progress report, p. 25. Folder 314, box 37, series 100C, R.G.1.1. Rockefeller Foundation Archive, RAC; Edwin Embree, Memo for Dr. Vincent, August 29, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
115 Projected Development of Nursing Education in Europe. August 10, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
Embree stated in this memo that, while he would agree with whatever decision was reached by the Foundation officers in his absence, he had made considerable investment in the European nursing program and therefore felt he could provide more insight into the future of this program than his fellow officers:

In my absence I am leaving this memo...I am ready to acquiesce in any decision reached by the group of directors in my absence. Since I cannot be present in person and since this is a matter which affects policy of all the boards and divisions, I feel that the judgment of the group reached in my absence must be binding. I have, however, given a great amount of thought and study to nursing education and I believe that I have a knowledge and point of view which may be in some aspects somewhat more valuable than that of other officers.116

Embree outlined the work of his Division up until that point, highlighting the decisions that had received the approval of the Foundation’s Board of Trustees over the last two years, as well as his opinions on how the work should be continued. Embree believed that there had been a general agreement as to the soundness of the nursing program up to that point, and that the program had received approval for $100,000 for a period of not less than five years, with a general understanding that it would take a considerably longer period to achieve the necessary results. Furthermore, Embree emphasized that an “opportunistic policy” had been agreed upon, allowing officers flexibility in determining the most helpful types of aid.117

Embree was, however, in agreement that the time had come for review of the program, and thus advocated for the promotion of a higher standard of training, focusing their efforts on the training of leaders and teachers:

I believe that our contributions in given countries should be to the establishment of standards, the creation of adequate training courses, and the thorough education of leaders and teachers. We cannot expect to provide any

---

116 Progress report, p. 25. Folder 314, box 37, series 100C, R.G.1.1. Rockefeller Foundation Archive, RAC; Embree, Memo for Dr. Vincent: Policy in Nursing Education in Europe, August 29, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
117 Ibid.
considerable number of the actual workers needed by any country in this or in any other field. The results of our work will probably be judged not so much on the basis of the numbers graduated from schools which we aid as by the influence which these schools have on standards and educational programs generally throughout the country and in the preparation of the leaders and teachers who will be in important positions in the country and who will be manning the other schools.\textsuperscript{118}

Embree maintained that the bifurcated course developed by Crowell remained the most efficient method of preparing public health nurses in a short period of time:

I believe that we should continue to include training for bedside nurses and public health nurses in the same schools. I think there is mutual benefit in this arrangement. I believe also that this will make it possible to turn out public health nurses in a shorter time then would be possible if they were expected to take a purely conventional hospital course and then forced to add public health training in the form of postgraduate study. I believe our insistence upon the combined or bifurcating courses is a distinct contribution.\textsuperscript{119}

Thus, within a period of five days, the views of Goodrich and Clayton, as well as those of Foundation officials Russell and Read, had led to a change in Embree’s views regarding the future of the Foundation’s European program. Other than supporting Crowell’s development and implementation of the bifurcated program, Embree expressed his agreement with the proposed changes to the Foundation’s nursing program, and placed the future of this program in the hands of Foundation officials during his absence.

Crowell’s Views Regarding the Foundation’s New Approach

After Embree’s departure to Australia, Vincent wrote to Crowell reiterating his reasons for calling the conference on nursing and outlining some of the issues and questions which were to be raised regarding the European program. In posing his questions to Crowell, Vincent implied what he believed the Foundation’s aims and focus to be:

\textsuperscript{118} Policy in Nursing Education in Europe, August 29, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{119} Ibid.
1. At what should the nursing policy of the Foundation aim — the turning out of a considerable number of nurses to do practical work, or the training of teachers and leaders on a level well above that which the average school of a country can expect, for some time at least, to reach?

2. If the guiding purpose is the training of leaders, ought not the educational standards of the professional course itself be put at the highest point possible in the circumstances?

3. If setting standards is the guiding purpose, is it wise or necessary to start more than one school in a given country — for example, Mr. Embree is ready to start the plan for Budapest, but has his doubts about Debreczen.

4. Is the granting of scholarships a wise way of aiding a school? This refers to the “Bourses” not, of courses, to fellowships.120

Despite Vincent’s inference to his belief that the European program should focus on the establishment of one school of high standards within each country it was involved with, he agreed that no decision would be made until Crowell had been provided with the opportunity of presenting her views in person:

I was unwilling to have decisions reached here without having you and other officers of the Foundation who are concerned with nursing being given an opportunity to present their views personally.121

Vincent was confident, however, that once they were together, they would all come to agreement on the best method of moving forward:

I am sure that a conference is the only way in which these problems can be satisfactorily discussed. I fancy that when we get together, we shall discover that there are no very serious and insurmountable difficulties and that probably all concerned are pretty close together on general principles. I believe we shall be able to reach agreement on a working program which will

---

120 George Vincent to Elisabeth Crowell, September 4, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC. “Bourses” referred to scholarships, which were provided in some cases to nurses to be able to study at schools within their home country, rather than “fellowships,” which implied study out of the country.

121 Ibid.
provide sufficient flexibility for adjusting to varying conditions and at the same time maintain a substantial unity of aim and method.122

Crowell’s response to Vincent suggests an air of frustration, and possibly disbelief regarding his assurances of reaching an agreement. In her letter, Crowell argued that whether the Foundation’s policy was aimed at the training of “rank-and-file” nurses or the training of teachers and leaders, or both, as Vincent had suggested, several factors influenced this work, including the policies and programs of the Foundation’s two other divisions and the necessity for nursing organizations in less developed countries to compete for support with other social developments (e.g., the construction of railroads and schools).123

Furthermore, in response to Vincent’s suggestion that the Foundation’s desire was to establish the highest educational standard possible “under the circumstances” in Europe, Crowell put forth her own concerns and queries regarding this development. Seeing as there were then, in Crowell’s view, several “standards” of training then in existence throughout North America, Britain, and Europe, she questioned which of these programs was to serve as the control, “that in the USA, in England or in certain Continental schools, or a combination of the good points in each system to be selected by the Foundation?”124 Additionally, Crowell questioned Vincent as to what would be done in situations where there existed a variation in educational standards within different countries, the existing status of nursing education was in question, or schools of nursing were dependent on institutions that were hampered by “long-standing traditions and prejudices, or political considerations.”125 Finally, Crowell questioned the potential usefulness of developing highly trained nursing leaders and

---

122 Elisabeth Crowell to George Vincent, September 15, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
123 Ibid.
124 Ibid.
125 Ibid.
their potential dissatisfaction and discouragement with no one to lead, “who were turned back into a county which was not yet prepared to appreciate or assimilate them.”

To conclude her letter, Crowell maintained her commitment to a local approach and advocated once again for the development of more than one school in each country, particularly where diverse ethnic groups or varying educational needs were present.\(^\text{126}\)

Crowell’s seeming frustration toward Vincent arguably stems from her belief that those in the USA did not appreciate the conditions throughout the numerous European countries in which she was working. Crowell had found allies in this regard in Kathleen Russell and Jean Gunn; however, it wasn’t until September, well after the Foundation’s policies in Europe were reconsidered, that Vincent met with the Canadian nurse leaders in Toronto.\(^\text{127}\)

Russell and Gunn had both stayed in Europe slightly longer than Goodrich and Clayton, and thus did not return home to Toronto until September. Shortly after their arrival, Vincent travelled to Toronto to hear their impressions of the Foundation’s program on the Continent. According to Vincent, Russell immediately commented that she was hesitant to draw any conclusions from what she considered to be a “superficial” and “rapid” visit, and emphasized that her impressions be taken “for what they were worth and not over-estimated.”\(^\text{128}\) Russell stated that she was aware that she and Gunn had only seen what they had been shown in Europe and that there was a “danger in forming misunderstandings and misinterpretations because of this.”\(^\text{129}\) Regardless, Russell reported again having been impressed with the local effort throughout those countries visited, noting that, no matter the

\(^{126}\) Ibid.
\(^{127}\) Officer diary, George Vincent. Memorandum of a Conference with Miss E. K. Russell, Director of Public Health Nursing, Toronto, Department of Hygiene, and Miss J. I. Gunn, Superintendent of Nurses, Toronto General Hospital; revised after submission to Miss Russell and Miss Gunn, Toronto, September 18, 1925.
\(^{128}\) Ibid.
\(^{129}\) Ibid.
existing conditions in nursing, the “idea of better nursing” was forefront in the minds of those in charge. Russell also argued that North American nurses could learn a lot from every country in Europe, and cautioned against the formation of an attitude of “unconscious superiority and condescending benevolence.”

With regard to the Foundation’s policy in nursing education, both Russell and Gunn agreed that the policy currently being promoted (i.e., that of steady progress, following the work that had been done in France) was sound and progressive. They expressed their belief that to raise the standards any further would mean an end to the Foundation’s work. Both Russell and Gunn emphatically approved of the work of Crowell, whom they believed demonstrated wise judgment and leadership. Like Crowell, Russell and Gunn argued that various countries must be allowed to work out their own systems of nursing, rather than an outside agency “even appearing to be imposing a standard from without.” Russell expressed her hope that the development of nursing throughout Europe would follow the necessary form required to meet the specific needs of each country:

...nursing education and organization will develop variously in the different countries of Europe, probably showing a wide variety of form and procedure. At least it is greatly to be hoped that such will be the case.

Finally, Gunn promoted greater collaboration and reduced isolation between the nursing schools in Europe, and suggested that each country form an advisory committee composed of representatives from each organization interested in nursing from an international standpoint, such as the RF, the League of Red Cross Societies, and the International Council of Nurses.

---

130 Officer diary, George Vincent. Memorandum of a Conference with Miss E. K. Russell, Director of Public Health Nursing, Toronto, Department of Hygiene, and Miss J. I. Gunn, Superintendent of Nurses, Toronto General Hospital; revised after submission to Miss Russell and Miss Gunn, Toronto, September 18, 1925.
131 Kathleen Russell to Edwin Embree, September 23, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
132 Ibid.
Gunn believed that these committees could promote better understanding of the policies and methods of all three organizations and greatly improve on the work then being done.\textsuperscript{133}

The gross differences between the reports by Russell and Gunn and those of Goodrich and Clayton highlight the differing outlooks of the Canadian versus the American nurse leaders, but may also have resulted from the fact that Russell and Gunn conducted their tour of Europe under Crowell’s supervision, while Goodrich and Clayton travelled with Gladys Adams, a close ally of Goodrich. Regardless, the resulting influence of Goodrich and Clayton’s comments, which more closely matched the ideals of the Foundation’s work, would lead Russell and Gunn’s report to fall on deaf ears.

The Conference on Nursing Education, October 1925

The Conference on Nursing Education, originally proposed by Vincent in August, was held during the week of October 5. Attendees included Vincent, Richard Pearce (DME), Frederick Russell, Florence Read, Crowell, Ethel Parsons (head of the Foundation’s nursing program in Brazil), and Dr. Henry Houghton (director of the Peking Union Medical College, where another nursing program had also been developed under Foundation support).\textsuperscript{134} Discussion during the conference remained focused on the objectives of the Foundation’s nursing program, not only in Europe, but globally. Following the conference, several changes regarding the future principles and methods of the nursing program were made.

Conference attendees were first reminded of the place of nursing within the Foundation’s aims as a whole, namely that it was included purely on the basis of its bearing

\textsuperscript{133} Jean Gunn. Report on Europe, September 24, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.

\textsuperscript{134} Report of Conference on Nursing Education. Folder 16, box 2, series 906, RG.3.1. Rockefeller Foundation Archive, RAC.
upon the development of public health and medical education. Thus, support to nursing programs was limited to those directly connected with either current or future projects of the IHB or the DME. Furthermore, it was decided during the conference that the guiding objective of the nursing program would be the training of leaders as administrative heads, teachers, or supervisors, rather than the mass production of large numbers of rank-and-file nurses for practical service. Against Crowell’s wishes, the chief method of cooperation decided upon was the creation or strengthening of a single government or university school in each country, which would serve as an example (“lighthouse”) of “sound standards of admission, living and education, and attract a group of students from whom leaders may be recruited, and exert an influence in improving the quality of nurse training throughout a whole country.” Perhaps due to Crowell’s continued insistence, it was agreed that in cases of wide racial, social, or geographical differences, additional schools in certain countries may be considered. In order for schools to be considered for funding, entrance requirements had to include the admittance of students between eighteen and thirty-five years of age with eight years of elementary education, or its equivalent. The curriculum to be followed by the school was to be a general course of not less than two years “after satisfactory introductory education or experience.” This standard was to be upheld as a minimum standard within countries “not yet far enough advanced culturally and economically for a higher and more satisfactory standard.” In countries which were “sufficiently advanced,” a higher standard would be advocated.

135 Ibid.
136 Ibid.
137 Ibid.
138 Ibid.
The aims and recommendations made during the October conference were in direct opposition to Crowell’s standpoint on aiding in the development of nursing education. Crowell had continuously promoted a local approach to her work in Europe and had developed the bifurcated program in an attempt to meet the needs of the local populations. The Foundation’s proposed changes to its program instead advocated for the creation of “lighthouse” institutions that would set benchmarks in education, rather than address the immediate needs of the population. This resolution marked a significant shift in the Foundation’s aims in Europe, from supporting the development of nursing schools and the preparation of “rank-and-file” nurses, to the sole preparation of leaders, teachers, and administrators in the profession. The Foundation’s decision to move away from supporting the development of multiple nursing schools and instead focus on the training of leaders in the profession resonated with Goodrich and Clayton’s report that the countries of Europe could establish “moderately good schools” on their own, and that no outside assistance would be needed to accomplish this level of training. In addition, the Foundation’s growing budgetary constraints, as mentioned by Embree in his correspondence with Crowell, likely influenced the decision to limit their support for the creation of numerous nursing schools.

Also discussed at the October conference was the Foundation’s relationship with other organizations involved in nursing education. It was decided that the Foundation would deal “directly and solely with governments or universities,” and would not enter into arrangements involving other “voluntary societies.”\(^\text{139}\) Presumably the term “voluntary societies” referred to the Red Cross societies. An indication of this was found in a note matching Embree’s handwriting at the bottom of a copy of the conference recommendations, which stated: “This had to do I understand with such organizations as Red Cross in a given

\(^{139}\) Ibid
country. It should not stop us with cooperating with another American group interested in a common end.”\textsuperscript{140} Although a policy of non-cooperation had already been expressed in the Foundation’s work in Europe, the decision to continue to reject proposals by Red Cross nursing schools, including the LRCS’s international course, prevented the Foundation from cooperating with one of the primary educators of nurses in Europe at this time. Furthermore, it confirmed Foundation officers’ decision to support the reform agenda of Goodrich and her colleagues, rather than that of Crowell or the Red Cross.

After the close of the conference, Vincent wrote to Kathleen Russell in Toronto, thanking her for a written copy of her report on her European tour as well as notifying her of what he considered to be a successful outcome of the nursing conference:

I think we have had a successful conference on nursing policy of the Foundation. I brought up many of the points which you urged and these were given consideration. We have adopted what I think will prove a sufficiently flexible program which commits us to certain guiding principles without tying our hands with red tape. Crowell is in generous accord with the outcome and thinks that our activities can be successfully carried on under the principles of policies which have been agreed upon.\textsuperscript{141}

Despite confirming with Russell that Crowell was in agreement with the Foundation’s new policies, Vincent wrote to Crowell shortly thereafter to remind her of the Foundation’s new direction in nursing: “that a sharp line was to be drawn — that the new principles were to apply.” Vincent urged Crowell that, on her return to Europe, she report to everyone that a new program had been decided upon and that all projects would have to be re-examined in

\textsuperscript{140} Crowell to Embree, March 22, 1927. Folder 17, box 2, series 705, RG 1.1. Rockefeller Foundation Archive, RAC. This not was made in reference to an enquiry as to whether the Foundation could collaborate with the Commonwealth Fund, a voluntary American organization.

\textsuperscript{141} George Vincent to Kathleen Russell, October 23, 1925. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
light of these decisions. Vincent also suggested that no additional proposals be considered
until Embree’s return to New York the following spring.\(^\text{142}\)

The Foundation’s new policies were approved by the Board of Trustees in November,
with the understanding that Embree would be allowed to review the conference report and
give his approval before the February meeting of the board.\(^\text{143}\) Following the November
meeting, Vincent again wrote to Crowell and again emphasized the Foundation’s new
approach:

I hope that in working out provisional projects in the future you will find it
possible to keep them appreciably above the minimum standard that was, as
you realize, in some quarters somewhat reluctantly approved. I am sure you
will do your best to strain a point in the interests of keeping every project
upward rather than downward; but I know you so thoroughly agree in this that
it is unnecessary to overelaborate this idea.\(^\text{144}\)

Perhaps unsure of Crowell’s commitment to, or her understanding of, the Foundation’s new
policy, Vincent sent her another letter in December, again reiterating the Foundation’s new
views towards nursing and their guiding objective to train leaders in the profession.\(^\text{145}\)

Crowell’s true opinion of the Foundation’s new policy can only be gleaned from one
letter, in which she reports on the fatigue that the “unexpectedness” of the October
conference had caused her:

If you approve, I should like to take two months’ vacation. I had no vacation
at all last year and am beginning to feel the wear and tear of the long pull
which was not made any easier by last fall’s trip to New York, which because

\(^\text{142}\) Yugoslavia. Folder 321, box 37, series 100, R.G.1.1. Rockefeller Foundation Archive, RAC.
\(^\text{143}\) George Vincent to Elisabeth Crowell, November 10, 1925. Folder 139, box 19, series 700C, RG.1.1.
Rockefeller Foundation Archive, RAC.
\(^\text{144}\) Ibid.
\(^\text{145}\) George Vincent to Elisabeth Crowell, December 8, 1925. Folder 139, box 19, series 700C, RG.1.1.
Rockefeller Foundation Archive, RAC.
of its unexpectedness threw out of hear [sic] the schedule I was planning for the winter’s work, as well as depriving me of my holidays.\textsuperscript{146}

Crowell’s work throughout the following year (1926) continued to be limited by the Foundation’s new policy of limiting aid to one school per country, as well as insisting upon a higher standard of applicant and training. Although she was able to help lend support to the development of additional nursing programs in Czechoslovakia and Hungary, aid to these programs was only approved because it was felt that certain commitments had already been made prior to the new policy being enacted.\textsuperscript{147} The Foundation did not want to “embarrass” those projects already underway, and thus agreed not to pull out of any of its agreed-upon programs. It was with this understanding that the Foundation agreed to maintain its funding toward schools in Hungary and Poland.\textsuperscript{148}

The delay in funding decisions caused by the events of the fall of 1925 led to further complications for some European nursing schools that were depending upon Foundation support. For example, in her master’s thesis examining Crowell’s work in Czechoslovakia, Elizabeth Vickers argues that the delay in the Foundation’s commitment to fund the Prague School of Nursing resulted in Czechoslovak officials having to renew their contract with the Red Cross to administer the school for another year.\textsuperscript{149} Thus, the Foundation’s decision to revise its policies at the October conference ironically allowed for the continuation of schools it deemed sub-standard.

\textsuperscript{146} Elisabeth Crowell to Edwin Embree, July 16, 1926. Folder 140, box 29, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{147} Ibid.
\textsuperscript{148} Ibid.
Mary Beard’s Continued Role within the Rockefeller Foundation

By August 1925, around the time Goodrich and Clayton were returning from Europe, Beard had completed her study of maternity care in England and provided a report to Foundation officials. Impressed by her work, Embree scheduled a meeting with Beard to discuss the possibility of a future appointment with the Foundation. According to Embree, during their meeting, Beard expressed her desire to continue to study maternity care as it was practiced in the USA, in addition to writing on the subject of public health and nursing education. Embree also recorded that Beard stated that she would be interested in a position with the Foundation if one were offered to her. On this point, Beard expressed her belief that more of the Foundation’s nursing fellows should be exposed to nursing as it was practiced in the USA, and that if she were provided a position with the Foundation, she would like to be able to concentrate her efforts on this aspect of the work.¹⁵⁰

The idea of centralizing responsibility for the Foundation’s nursing fellows who were studying in North America had already occurred to Embree, and he had suggested this in a letter to Crowell the month before. Crowell expressed her full agreement with the idea, reiterating the role that the New York office would play in such an arrangement:

¹⁵⁰ Edwin Embree officer’s diary, August 4, 1925. RG 12.1. Rockefeller Foundation Archive, RAC.
Department at the New York Office. 3. All correspondence regarding fellows or with fellows should go through the New York Office.\footnote{Elisabeth Crowell to Edwin Embree, August 11, 1925. Subject: Responsibilities for fellows to be centralized in New York Office. Folder 139, box 19, series 700C, RG.1.1. Rockefeller Foundation Archive, RAC.}

In his meeting with Beard, Embree suggested that it might be possible to make a one-year appointment, during which time Beard could continue her study of maternity care in the USA, and spend the rest of her time completing administrative tasks at the Foundation’s New York office.\footnote{Edwin Embree officer’s diary, August 4, 1925. RG 12.1. Rockefeller Foundation Archive, RAC.} In November 1925, with the approval of the Foundation’s new nursing policy, Beard was officially appointed to the Foundation’s New York office, responsible for arranging the course of study for the Foundation’s international nursing fellows while they were in North America.\footnote{Minutes of the Rockefeller Foundation, November 10, 1925. Folder 15, box 2, series 906. RG 3. Rockefeller Foundation Archive, RAC.}

Conclusion

The reports from the Canadian and American nurse leaders, and the debates between Crowell in the Paris office and the nurse leaders in the USA, can be understood as representing conflicting philosophies over the education and training of nurses, and the role of American agencies in this training within other countries. On the one hand, there was the view espoused by Crowell, and endorsed by Russell and Gunn in Toronto, that the wisest plan was to support the development of a European approach to building public health nursing education that was sensitive to local conditions and created in collaboration with local nursing leadership. On the other hand, there was the approach of Goodrich and Clayton to create programs that promoted the professionalization of public health nursing in ways that matched the ideals of the Foundation. In this latter approach, the goal was to set the highest benchmarks in education and build a cadre of leaders who met that standard of
excellence, as well as to carve out a leadership position for the Foundation in nursing education globally. The decision by RF president George Vincent, at the Conference on Nursing Education in October 1925, to draw a “sharp line” between these conflicting philosophies placed preference on Goodrich and Clayton’s recommendations, leaving Crowell’s plan to fall by the wayside. A secondary consequence of this decision was a sharp limitation of support to nursing programs that did not meet the Foundation’s standards, particularly those under the auspices of the Red Cross, the primary provider of nursing education in Europe during the First World War.
Conclusion

Following the First World War, American nurses played a predominant role in postwar relief efforts within several national and international organizations throughout Europe. The efforts of these women to lead the formation of nursing schools throughout Europe during this period has led to several accounts of the spread of a singular “American gospel” of nursing education. Contrary to these accounts, this dissertation highlights the diversity of American nurses’ opinions regarding nursing education that circulated throughout Europe between 1918 and 1925. This examination of the efforts to train health visitors and public health nurses, both in the USA and Europe, highlights the debates regarding nursing education more broadly. Specifically, this dissertation explores the differing visions between those leading the professionalization of nursing in the USA, including the formidable Annie Goodrich and Elisabeth Crowell, as well as those leading national and international Red Cross training programs on the Continent during this period. A closer examination of the ideas and actions of these individuals has revealed how one set of these ideals gained support and was perpetuated over all others. In particular, the ability of American nurse reformers such as Annie Goodrich to develop a network of support for their campaign for higher education in nursing, increase their influence within both national and international organizations, and align their interests in the training of a public health workforce with those of an influential philanthropic organization led to the success of their ideals over all others.
A Successful Campaign

The formation of several professional nursing organizations in the USA during the early twentieth century, including what would later become the American Nurses’ Association, the National League for Nursing Education, and the National Organization for Public Health Nurses, provided a vital network of support for nurse leaders such as Annie Goodrich, Adelaide Nutting, and Mary Beard to push forward their agendas for the reform of nursing education. More importantly, the formation of these organizations aided in these nurse leaders’ ability to gain the attention of the medical community.

In particular, Goodrich’s untiring drive for the continued professionalization of nursing, including her campaign against the continued training of non-nurse health visitors and the minimal preparation of public health nurses under the Red Cross, her involvement in the Committee on National Defense, her leadership in the formation of the Army School of Nursing, and her involvement in the Goldmark Committee, positioned her as a formidable voice for the nursing profession. Furthermore, this activism raised her profile and influence within the medical community and a leading philanthropic organization, the Rockefeller Foundation. With the RF’s growing pre-eminence in the field of philanthropy and public health, this relationship proved vital to gaining future support for nursing education.

Although Elisabeth Crowell arguably held a more intimate position within the RF, the Foundation’s focus on public health, rather than the professionalization of nursing, influenced the direction of her work. Crowell’s work under the Foundation’s Commission for the Prevention of Tuberculosis in France was thus aimed primarily at the preparation of public health workers to staff the Commission’s tuberculosis dispensaries. With the lack of consensus regarding the training of public health workers at this time, under the direction of
Foundation officials, Crowell commenced on a plan to train non-nurse health visitors. This positioned her at odds with her American-based colleagues, particularly Goodrich, who looked to the Foundation for support to nursing education. Despite the CPTF’s initial plan, which Crowell claimed was a result of the lack of trained nurses, Crowell remained committed to an agenda of improving the education of nurses throughout France. However, her approach to this agenda, unlike Goodrich’s, was based on local need rather than a professional ideal.

Like Goodrich, Crowell disapproved of the training methods of Red Cross nursing programs; however, as the Red Cross schools served as one of the primary sources of experienced nurses, Crowell initially drew from the ranks of these “nurses” to staff Foundation dispensaries. According to Crowell, the dearth of available nurses, in addition to the lack of awareness regarding the role of the health visitor amongst the French population, required her to take an incremental approach to improving the education of nurses in France, as opposed to applying the “demonstration” model as promoted by Goodrich.

Initially, Foundation officers, in particular Edwin Embree, supported Crowell’s approach, including her bifurcated program, and proposed an “opportunistic policy” for the development of the RF’s nursing program in Europe, “without any arbitrary regulations and no hard and fast program to promote; ready to assist on invitation in any respect of any well-conceived training which might seem to represent a significant contribution to our whole training program in the country concerned.”¹ Yet, as the Foundation gradually increased its support to nursing in the USA, including the recommendations outlined in the Goldmark Report, support for Crowell’s approach diminished. The gradual recognition by Foundation

¹ Edwin Embree officer’s diary, Diary of European Trip, 1923, Exhibit C: A Program for Aid in Nurse Training in Europe. RG 12.1. Rockefeller Foundation Archive, RAC.
officers that, between Goodrich’s program at Yale and Crowell’s European program, they were supporting two differing ideals in nursing education eventually led to the demise of one of these approaches. The invitation they extended to Annie Goodrich and Lillian Clayton to conduct a survey of the Foundation’s European program signalled a shift in their desired approach to nursing education.

In the end, Annie Goodrich’s vision for higher standards in nursing education, including her support of a “demonstration” or “model” nursing school, ultimately matched the aims of Rockefeller Foundation officials to “make the peaks higher.” Goodrich’s ability to align her reform agenda with the educational and public health interests of Foundation officers ultimately led to the success of her approach over Crowell’s. Since the early twentieth century, RF leaders had adopted the agenda of medical and public health education with the aim of developing a system of scientific education within higher education institutions. Thus, Goodrich’s desire for nursing to also hold a place within higher education aided in her success in gaining the support of this organization. Finally, Goodrich’s recommendations following her European tour in 1925 matched the organization’s desire to scale back its funding, and thus gained the support of Foundation officers.

Phasing Out the “Local” Approach

Even after the Foundation’s October 1925 conference, which led to the severe curtailing of the Foundation’s European nursing program, Crowell continued to argue for a tailored, incremental approach to the development of nursing within the countries in which the Foundation was involved. As opposed to the criteria for nursing education laid out in the Goldmark Report — namely higher admissions standards and graduate courses in public
health nursing — Crowell argued that nursing education must begin with adequate living and educational settings as well as competent instruction. As she put it:

> From our knowledge of conditions in America, England, France, Austria, Hungary, Poland, Czechoslovakia, Yugoslavia [sic], Roumania [sic] and Bulgaria, I believe that there are certain basic principles regarding the education of women for nursing and hygiene work, which are not only universally applicable, but which are essential for the organization of any nurses’ school in any country. These may be resumed as follows:

1. Decent hygienic living conditions with adequate supervision.
2. Facilities for necessary theoretical instruction and practical experience in hospital, public health and social work.
3. Teaching and supervision of practical work by competent women.²

Furthermore, Crowell focused less on the length of training and curricula, and instead concentrated on meeting the needs and conditions of the students and countries in question:

Questions of duration of training, content of course and variety of experience are subsidiary and must of necessity be modified by:
1. The quality of candidates available for training;
2. The existing facilities available for practical experience;
3. Appreciation and demand from public health or clinical men or institutions.³

Crowell’s third point recognizes a further barrier to her work in advancing the profession in France: the fact that in many European countries, nurses remained under the control of medicine, and the continued development of the public health nursing role was therefore at the will of medical officials.

Still, Foundation officers, in particular Richard Pearce, remained steadfast to the Foundation’s new approach to support one “demonstration,” or model program, in a country at one time:

I do not subscribe to the theory that in a country we must recognize different groups — “politically, economically or traditionally”. There is no reason why we should aid in perpetuating the isolation of such groups. “Minorities”

---

² Crowell to Dr. Stampar, Czechoslovakia, 1926. Folder 36, box 4, series 710, RG 1.1. Rockefeller Foundation Archive, RAC.
³ Ibid.
is not our problem. A demonstration from which all the country may benefit is the most we can do. We offer the opportunity, geographically easy of approach — we cannot be asked to do more. These remarks do not apply to present projects under way or to commitments or promises. These we will have to see through, but in the future more than one project in a country will in my bind be a doubtful venture....It is not our task to take care of the needs of a country; but merely to show by demonstration at one place how they may be cared for.4

In the months following the 1925 conference, Crowell was relieved of some of her responsibilities within the Foundation. For example, early the following year, Crowell was informed by Mary Beard and George Vincent that Beard would assume control of the Foundation’s nursing fellowship program under the direction of Foundation officer Dr. Wells:

I have talked with Miss Beard and it is agreed that all communication with regard to fellowship holders should be addressed to Dr. Wells your suggestions and instructions will be promptly turned over to Beard. In this way correspondence will be centralized. With respect to these fellows, Beard understands that she is cooperating with Dr. Wells as an assistant on his staff.5

Gradually, Crowell transferred all responsibilities for the selection of fellows to her two assistants, Ethel Johns and Elizabeth Tennant.6 Crowell’s growing frustration with her work, including the continued resistance to her ideas, is made evident in a letter to Mary Beard during the summer of 1927:

You remember the story of the man who asked for a box of matches and a barrel of gunpowder, saying he wanted to go off and make a little hell of his own. I am sometimes tempted to think that the only way of ever getting what we want is to make it ourselves — and then probably it would not be what anybody else wanted.7

4 Richard Pearce to Crowell, August 22, 1927. Folder 141, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
5 George Vincent to Elisabeth Crowell, January 28, 1926. See also Mary Beard to Crowell, January 26, 1926. Folder 140, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
6 Folder 142, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
7 Crowell to Mary Beard, August 11, 1927. Folder 141, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
In 1927, the Foundation underwent a major reorganization, including the dissolution of the Division of Studies. As a result, the Foundation’s nursing program was split between the Division of Medical Education and the International Health Division (which replaced the International Health Board), with the funding and administration for the training of nurses and public health nurses each falling under separate divisions — the DME focused on nursing education, while the IHD concerned itself with public health nursing activities.\(^8\) In addition, nursing was now forced to compete for funding with other medical programs.

Although Crowell was appointed assistant director of the DME, under Richard Pearce, following the reorganization, her influence continued to be negligible. Under the DME, Pearce continued to promote nursing education in line with developments in the USA. Following the course at the Yale School of Nursing, in 1927, Pearce recommended that the ideal demonstration school in Europe should combine bedside and public health nursing education.\(^9\) Furthermore, Pearce urged that the school be connected with both a medical school and a teaching hospital, with opportunity for practical public health experience in a health centre.\(^10\) Finally, Pearce recommended that the Foundation’s work in Europe continue to focus on the provision of fellowships, particularly for nurses returning to training schools in which the Foundation was interested in supporting or had approved.

In an effort to keep the cost of the fellowship program at a minimum, Pearce suggested sending nurses to a select institution in Europe, rather than to schools in the USA. Surprisingly, in response to this suggestion, Crowell argued that it would be less expensive to send all fellows to the USA, saying that the cost of developing a European centre for the

---

\(^8\) Richard Pearce to Crowell, May 20, 1927. Folder 141, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.

\(^9\) Suggestions for possible policy for nursing in Europe. Richard Pearce to Crowell, June 10, 1927. Folder 141, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.

\(^10\) Ibid.
training of fellows would be considerably more. In addition, Crowell argued that the International Health Division’s initiative to train European health officers in the USA had created a demand from the returning officers for public health nurses who had received training under the same methods. This, argued Crowell, would thus require that nursing fellows were also trained within American schools.11

In 1926, the Foundation significantly increased its funding toward nursing fellowships, from $40,000 to $60,000, and again in 1927 to $70,000.12 Furthermore, the number of European nurse fellows sent to study in North America increased over this period. The Foundation’s continued relationship with the Yale School of Nursing, as well as the Department of Public Health Nursing at the University of Toronto, led to the training of nearly 60 percent of the Foundation’s international nursing fellows at these schools, a trend which continued over the next thirty years.13

Like the RF, national Red Cross societies and the LRCS had as their main focus an agenda of public health relief. Like Crowell, the American leaders of nursing programs within these organizations took a local approach to the preparation of nurses, based on the varying needs within multiple national contexts. However, the view of these programs as substandard by nurse reformers in the USA, as well as by the executive members of the International Council of Nurses, led to increasing conflict and diminished support to these programs from American-based sources.

---

11 Crowell to Richard Pearce, July 13, 1927. Folder 141, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
12 Pearce to Crowell, August 25, 1927. Folder 141, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
13 This percentage is based on current available documentation of the number and location of study of the Foundation’s nursing fellows between 1917 and 1955.
After 1925, the LRCS Nursing Division continued to struggle to gain support and funding for its international course, and was eventually taken over by the International Council of Nurses. Prior to this takeover, in early 1926, Katherine Olmsted contacted Mary Beard at the RF with a new proposal for improving the League’s course, requesting aid for these improvements equal to $20,000 a year for five years:\textsuperscript{14}

I am very anxious to secure this money from some American source and as I have never before appealed to any Foundation or Fund I fear a wrong approach may kill my appeal at the start.

I wonder if Dr. Vincent would be kind enough to advise me on the best method of procedure, in case there is no possibility of our interesting the Rockefeller Foundation itself to assist us, I know of no one so well informed about Foundations and properly prepared appeals as Dr. Vincent and as he has visited our group in London I hope very much that he will give me his advice.

I am only asking help for five years as there is every indication that at the end of that time the work can be carried on without outside assistance.\textsuperscript{15}

Luckily, Mary Beard had developed a sympathetic approach to the League’s work, and believed that its course had improved over the years. She thus encouraged Olmsted to meet with George Vincent regarding her request for funding.\textsuperscript{16} Despite Beard’s opinion, however, Vincent’s approach remained unchanged. He reiterated to Olmsted the Foundation’s policy of only cooperating with government and university agencies, and there was thus no chance of Foundation funding toward the LRCS.\textsuperscript{17} Instead, Vincent offered to speak with a representative of the Red Cross to see if there would be an

\textsuperscript{14}George Vincent officer’s diary, March 26, 1926. RG 12.1. Rockefeller Foundation Archive, RAC.
\textsuperscript{15}Katherine Olmsted to Mary Beard, March 24, 1926. Folder 146, box 20, series 700C, RG 1.1. Rockefeller Foundation Archive, RAC. Olmsted’s reference to outside assistance at the end of the five-year period is to the ICN’s plan to take over the administration and funding of the League’s international course. The idea for the ICN takeover first began as a proposal by Adelaide Nutting for an international educational memorial for Florence Nightingale shortly after her death in 1910. However, due to the outbreak of the First World War, the plan was put on hold. By 1926 discussions were resumed within the ICN regarding such a memorial. With the LRCS course in need of funding and the ICN’s heavy involvement in the course since 1924 it was eventually decided that beginning in 1932 the ICN would create the Florence Nightingale International Foundation (FNIF) which would finance and administer the LRCS’s international course for public health nurses. However, in 1926, Olmsted was in need of financial support in order to continue the courses until the formation of the FNIF.\textsuperscript{17} George Vincent officer’s diary, March 26, 1926. RG 12.1. Rockefeller Foundation Archive, RAC.
opportunity for financial aid from them.\textsuperscript{18} In this vein, Vincent seems to have been successful, as at the end of 1926, Olmsted again wrote to Vincent, this time thanking him for his assistance in helping her to secure further funds from the American Red Cross. Unfortunately, the ARC eventually relinquished some of these funds, leading Olmsted to tender her resignation in protest — an act which failed to produce the intended result:

I have wanted to thank you for being so very kind in helping me to secure additional funds for our several nursing projects while I was in America last winter. I am most appreciative and hope to report real success to you before now but unfortunately due to several reasons the American Red Cross decided to give us $3000 only and have just written us to that effect. This is not enough to start any one of our projects...but nothing resulted but the acceptance of my resignation and a miserable $3000.\textsuperscript{19}

Olmsted’s retirement took effect as of January 1, 1927.

Despite being decorated by eleven countries for her work with the Red Cross, including receiving the highest Order of Merit from Hungary, medals from the King and Queen of Romania and King Albert of Belgium, and further honours from Latvia, Italy, and Norway, it appears as though by 1927, Olmsted was ready to hang up her hat in nursing. Before returning to the USA, Olmsted enrolled at the famous Cordon Bleu cooking school at the University of Sorbonne in Paris, and upon graduating opened a French restaurant, the Normandy Inn, in Sodus, New York, in 1928. Olmsted ran the restaurant until her death in 1964.\textsuperscript{20}

\textsuperscript{18} Ibid.
\textsuperscript{19} Katherine Olmsted to George Vincent, October 8, 1926. Folder 140, box 20, series 700, RG 1.1. Rockefeller Foundation Archive, RAC.
Mary Beard continued to work for the Foundation until 1938, at which point she resigned to accept a position as director of nursing services of the American National Red Cross in Washington, D.C. This was a curious move, considering Beard’s negative opinion of the Red Cross Nursing Service’s attempts to train public health nurses during the interwar period, as well as the Foundation’s lack of support to this organization. However, one explanation could be that Beard viewed the position as an opportunity to influence the continued improvement of nursing education and practice within the Red Cross, particularly in the wake of the Second World War. During the Second World War, Beard was named the first chair of the subcommittee on nursing for the Federal Council of National Defense. This committee was solely responsible for the education, procurement, and distribution of nurses in both military and civilian defense services.\(^\text{21}\)

In 1941, Elisabeth Crowell was made an honourary member of the International Council of Nurses for her contribution to the advancement of nursing throughout the world. On her retirement that same year, she became an advisor on refugees for the American Red Cross. Crowell never returned to the USA, instead moving to Italy after her retirement, where she continued to live until her death in 1950.\(^\text{22}\)

Promoting “Internationalism”

The varying American ideas and interests in relation to the training of public health workers during the post–First World War period, and the success of some of these ideas over others, demonstrates the influence of politics and personalities within international organizations during this period. In the area of nursing in particular, as other scholars have

\(^{21}\) Ibid.
\(^{22}\) Ibid.
pointed out, the profession was rarely a priority within the mandates of international organizations at this time.\textsuperscript{23} This was particularly true within the Rockefeller Foundation. Thus, the fact that these women, first Crowell and then Goodrich and Beard, were able to garner so much attention and funding from the Foundation is impressive. Furthermore, these women’s roles within these international organizations positioned them as pioneers in international relations. Holding active roles within these institutions and participating in programs within countries of American strategic interest, these women created tangible links that facilitated American expansion in other realms. Thus, in a time of increased American isolationism, they forged international relationships and projected an American presence internationally. This not only positioned American nursing as a global power, but also created a space for the global influence of the USA. In return, these women benefited individually through new career and leadership opportunities.

In some cases, however, the development of such an “international” approach positioned Americans who worked internationally against their US-based colleagues. For example, Embree biographer Alfred Perkins has argued that Embree’s extensive travel abroad meant he avoided the parochialism that often develops from identifying strongly with one particular locality.\textsuperscript{24} Thus, while most Americans were moving toward isolationism, Embree’s travels provided him with a broad perspective and prevented the development of an attitude of narrow nationalism. Like Crowell, however, this may have contributed to


putting him at odds with his Foundation colleagues and led to his eventual departure from the RF in 1927.\(^{25}\)

**An Enduring Legacy**

The Rockefeller Foundation’s influence and funding to knowledge development continued to grow throughout the post–Second World War period until they were involved in nearly every field, from agriculture to fine arts. Despite economic, social, and political conflicts, including the Depression, the rise of fascism, and the outbreak of the Second World War, the Foundation’s influence on the education of nurses remained steadfast. Although the Foundation’s support to the formation of nursing schools in Europe diminished over this period, the RF continued to provide “leadership training” to nurses through their fellowship program, and was a leading supporter (and financer) of nursing education until 1955. Through the careful selection of nurses from around the world who had demonstrated leadership potential, the Foundation provided tailored educational fellowships to study within select nursing schools. The aim of this program was to return these fellows to their home countries in order to further spread a single “model” of nursing education worldwide, and thus continued to perpetuate Foundation ideals in the training of health professionals. In this way, Goodrich’s vision for nursing education continued to spread to nursing schools in Europe, Asia, and South America beyond the interwar period.

\(^{25}\) Ibid., 72.
Bibliography


“European Council of Nursing Education.” *World’s Health* 3, no. 6 (June 1922): n.p.


“The International Red Cross Conference in France.” *The Public Health Nurse* 11, no. 7 (1919): 505


Parsons, Marianne G. "Directrice of the State Schools of Nursing in Prague." *The Nursing Times*, May 1923: 486.


*Proceedings of the Medical Conference Held at the Invitation of the Committee of Red Cross Societies. Cannes, France, April 1-11, 1919* (Geneva: The League of Red Cross...


Appendix A
List of Primary Sources

Barbara Bates Centre for the History of Nursing

National Organization for Public Health Nurses Records, 1913-1953 MC 83
  Roll 11 May 1926-May 1928
    June 1924-June 1926
    June 1921-1924
    1920-1921
    1912-1919, Book #1
    1912-1919, Book #2
    1912-1919, Book #3
  Roll 22 Correspondence
    Annual Reports
    Miscellaneous Materials, 1915-1952
  Roll 23 Miscellaneous Materials, 1915-1951
  Roll 24 Miscellaneous Materials, 1925-1951
  Roll 25 Miscellaneous Materials, 1919-1953

Annie Goodrich Papers, 1871-1955 MC 4
  Series I. Organizations, 1913-1938
    Box 1 f.1 United States Student Nurse Reserve (Army School of Nursing)
    f.2 Correspondence and Memoranda, 1918 Reports
    f.3 "The Contribution of the Army School of Nursing"
    f.4 "The History of the Army School of Nursing"
    f.5 "Report of the Plan and Creation of the Army School of Nursing"
      Yale University School of Nursing
    f.6 Development

International Federation of Red Cross and Red Crescent Societies

  A0831.2 Nursing
  A0835.8.13 Nursing/International Public Health Nursing Course
  A0842.2.2. Nursing
  A0859.6 Nursing
  A0859.7 Nursing. Docs prepared by Nursing
  A0291.1 Nursing Advisory Committee

Rockefeller Archive Center

Record Group 1: Project files
  Series 100 C: Staff Occasional Papers
    Box 37 f. 308-326 Progress Report - Nursing Education, 1926-1928
    Box 38 f. 327-340 Progress Report - Nursing Education, 1926-1928
      f. 341 Rockefeller Foundation Nursing Activities, 1915-1955
  Series 200 C: United States-Nursing
    Box 121 f. 1498-1499 National Organization for Public Health Nursing, 1914-1922
f. 1501 National Organization for Public Health Nursing, 1926
Box 123 f. 524-1527 Yale University-School of Nursing, 1920-1927

Series 305 C: Brazil - Nursing
Box 6-7 f.43-45 Sao Paulo School of Nursing, 1928-1954
Box 7-8 f.46-56 School of Nursing-Rio de Janeiro, 1928-1955

Series 401 C: England - Nursing
Box 33 f. 419-25 Nursing 1922-1940
f. 426 Beard, Mary, “Study of Maternal Care in England,” 1925
Box 34 f.427 Crowell, F. Elisabeth, “Study of Sick Nursing and Health Visiting in England,” 1922

Series 500 C: France- Nursing
Box 9 f. 9 97 Nursing, 1919-1928
f. 100 Crowell, F. Elisabeth. “Nursing and Hospital Service in France, 1921”

f. 10 108 Williams, Linsly Rudd, “Memorandum on Training Schools for Public Health Visitors in France,” 1922

Series 700 C: Europe - Nursing
Box 19-20 f.137-140 Nursing, 1920-1928,
Box 20 f. 146 League of Red Cross Societies, 1921-1926

Series 705 C: Austria – Nursing
Box 2 f.17 Nursing, 1922-1927, 1931-1932
Box f.18 Crowell, F. Elisabeth, “Study of Sick Nursing and Health Visiting,” 1923

Series 710 C: Yugoslavia-Nursing
Box 1 f.1 Belgrade School of Nursing 1924-1928
Box 4 f.36 Nursing, 1920, 1926-1927
f.37 Crowell, F. Elisabeth, “Memorandum re Sick Nursing and Public Health Visiting in Yugoslavia,” 1923
Box 4-5 f.39-41 Zagreb School of Nursing, 1923-1934

Series 711 C: Bulgaria - Nursing
Box 1 f. 10 Nursing, 1916-1928
f. 11 Crowell, F. Elisabeth, “Memorandum: Study of Sick Nursing and Public Health Visiting in Bulgaria,” 1923

Series 712 C: Czechoslovakia - Nursing
Box 5 f.39 Bureau of Public Health Nursing, 1928, 1931-1935
f. 41-42 Institute of Public Health-School of Nursing, 1921-1922, 1924-1939

Series 750 C: Hungary - Nursing
Box 2 f.20 Nursing, 1922-1923, 1925-1928
f. 21 Crowell, F. Elisabeth, “Sick Nursing and Public Health Visiting in Hungary,” 1923
f. 22 Debreczen School of Nursing, 1925-1933, 1936
Series 751 C: Italy - Nursing
Box 4 f. 55 Nursing, 1922-1931
  f. 56-57 Crowell, F. Elisabeth, “Study of Sick Nursing and Public Health Visiting in Italy,” 1922
Box 5 f. 58 Crowell, F. Elisabeth, “Supplementary Memorandum on Conditions of Nursing Education in Italy 1924"

Series 783 C: Romania - Nursing
Box 3 f. 18 Nursing, 1922-1927
  f. 19-20 Bucharest School of Nursing, 1926-1927
  f. 21 Cluj School of Nursing, 1926-1936, 1940
  f. 22 Crowell, F. Elisabeth, “Sick Nursing and Public Health Visiting in Romania,” 1923

Series 789 C: Poland - Nursing
Box 3 f. 29 Nursing, 1920-1928
  f. 30 Bureau of Public Health Nursing, 1926-1936
  f. 31 Crowell, F. Elisabeth, “Sick Nursing and Public Health Visiting,” 1922
  Box 3-4 f. 32-33 University of Cracow-Public Health and Bedside Nursing, 1922-1937
  Box 4 f.35 Warsaw School of Nursing, 1922-1933

Record Group 3.1: Policy
Series 906 Medicine and Public Health
Box 2 f.15 Nursing Education, 1917-1932, 1950
  f. 16 “Conference on the Training of Nurses Called by Officers of the RF,” New York City, February 28, 1920
  “Report on Conference on Nursing Education,” October 5, 1925

Record Group 6: Field Offices
Paris Field Office, 1917-1959
Box 23 f. 252 England: Public Health Nursing, 1922-1939

Record Group 12: Officer’s Diaries, 1911-1973
Embree, Edwin, 1917-1927
Vincent, George, 1917-1927
Beard, Mary, 1925-1927
Crowell, F. Elisabeth, 1926-1928

Royal College of Nursing Archives
I. Private papers of individuals:
C/51: League of Red Cross Societies.
C/78/6: International Council of Nurses

7.11.1. International Courses

Royal Holloway and Bedford New College, University of London archives
BC/11/1/6- Bedford College papers/Nursing Studies department/Public Health Nursing papers/international Students’ course.

BC AL 331/1-6
BC AL 331/1- Public Health Nursing 1921-1927, International Red Cross Societies
    331/2- Public Health Nursing, 1928
    331/3- Public Health Nursing, 1929-1930
AL/333/1-4
    1- Committee for organisation of course for International Students/ Report of Social Studies Committee, 1926.
    2- Committee for Organisation of International Nursing Students 1927-1928
    3- Committee for Organisation of International Nursing Students 1928-29
    4- Committee for Organisation of International Nursing Students 1930-31

BC/AR/ 150 file D335 Bridges, Miss Daisy, S.R.N
BC/AR/150 file D317 Baggallay, Miss O., MBE LLB
Of the 194 nurses trained between 1918 and 1919, only fifty-two had completed their training by the end of 1919, and only twenty-eight took up posts with the Commission’s dispensaries.
Appendix C
Recommendations by the ICN Advisory Board to the LRCS, 1924

Resolutions. Preamble: Recognizing the educational and economic value of the trained nurse to the nation’s welfare and the need for adequate nursing facilities in time of war, disaster and epidemic, the Nursing Advisory Committee, realizing that one of the purposes of the National Red Cross Societies is “the improvement of health, the prevention of disease and the mitigation of suffering”, pleads that the National Red Cross Societies devote themselves to the development and advancement of nursing resources in their several countries, and recommends:

1. That the promotion and development of public health nursing should form a vital part of the program of National Red Cross Societies in countries in which National Red Cross Societies are engaged in health activities and in countries in which the Government, public and private organizations look to the Society for assistance in their health work.

2. That National Red Cross Societies should endeavour earnestly, in their respective countries, to promote in the minds of the public the national importance of the nurse; to work for the advancement of nursing education; to encourage educated women to enter schools of nursing and to improve the social and economic status of the nurse.

3. That National Red Cross Societies should endeavour to stimulate the development of schools of nursing of the highest order in their respective countries as much as possible in accordance with a plan and curriculum subsequently to be drawn up by the Nursing Advisory Board of the League, providing that institutions of this character do not already exist.

4. That National Red Cross Societies should recognize the value of nursing organizations and should work with them to promote their ideals for the best interest of the countries’ welfare.

5. That National Red Cross Societies should enrol, in a nursing reserve, all qualified nurses in the country who would be in a position to respond to the call of their country in time of war, disaster or epidemic.

6. That while recommending to the National Red Cross Societies the standardization of nurses to be enrolled or trained by the Red Cross Society in the future, we also gratefully recognize the valuable services rendered to their countries, in the past, by those nurses who have received less training, and recommend that they still hold the privilege and title of “Red Cross Nurse”, but that from now onwards all new groups trained by Red Cross Societies in short courses for emergency purposes should be designated “Voluntary Aid Detachments” or a similar term and should serve under the enrolled Red Cross nurses.

7. In order that the Government and the public of each country may be assured that the National Red Cross Society will provide adequate and efficient nursing service, when called upon, and in order to facilitate international cooperation during war or disaster, that National Red Cross Societies should, hereafter, designate as Red Cross nurses, only those who have graduated from schools of nursing (schools accepting women of higher education) and giving not less than two years of consecutive and full time training, the ideal being a 3 year course, in connection with a hospital or hospitals providing medical, surgical and special services.
8. That National Red Cross Societies should appoint an Advisory Nursing Committee consisting of representative nurses and representatives of the medical profession, the Health, Educational and Hospital authorities and others with a knowledge of nursing, to study the need for nursing service, to determine the nursing activities to be undertaken by the National Red Cross Society and to guide its development.

9. That during the ensuing two years the League should continue the International Course in Public Health Nursing and should develop an International course for the training of nurse administrators and teachers of schools of nursing. That the Nursing Division of the League should be put in a position to advise and assist National Red Cross Societies in the development of their nursing activities.¹

¹ Recommendations of the Nursing Advisory Committee of the League of Red Cross Societies, 1924-1961. Box A0859/7. International Federation of Red Cross and Red Crescent Societies Archive.