Nursing and the Privilege of Prescription, 1893-2000

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Published by The Ohio State University Press

Keeling, Arlene W.
Nursing and the Privilege of Prescription, 1893-2000.
The Ohio State University Press, 2007.
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Notes

Introduction

and the Dilemma of Shared Practice,” in *The Long Term View* [no eds.] (Andover, MA: Massachusetts School of Law at Andover, 1999), 27–35.


17. Lavinia Lloyd Dock, *Textbook of Materia Medica for Nurses*, 4th ed. (New York: G. P. Putnam’s Sons, 1905), preface, 1: “It is in the hope of filling this middle place [between the medical profession and the lay public] that this textbook has been compiled.”


20. Throughout this work, the term preferred by American Indians today, that of “Indian” rather than “Native Americans” is used. The Indian tribes had various ancestries. The Navajo migrated to the Southwestern region of the United States from Canada.

Chapter One


3. Elizabeth J. MacKenzie, Associate Director of HSS Visiting Nurse Service to Ellis M. Black, MD, Chair of the Medical Economic Committee, Westchester Medical Group, Bronx, New York. (Westchester Village was apparently in the Bronx and is not the city of Westchester as it is known today.).


6. LWC, NYPL, box 43, folder 1.7.

7. According to Hitchcock, alcohol sponge baths every hour were “most in vogue.” Jane Hitchcock, “Five Hundred Cases of Pneumonia,” *AJN* 3 (1902–03): 169–75; quote p.172. Jane Hitchcock was a member of the New York Hospital Alumnae Association and Head Nurse in the Nurses’ Settlement, Henry Street.

12. [na], “The Treatment of Families in Which There is Sickness,” Xerox of original, LWC, NYPL, reel 29, 13.
14. Ibid., 570.


20. Ibid., 386.

22. According to a April 3, 1919 *New York Post* article, “Settlement Takes Over a Saloon,” LWC, CU, box 46, folder 1.10. See also “Report of the West Side Committee,” LWC, CU, box 42, folder 3, and LWC, VCU, reel 14, box 16, folder 15. In this original documentation, the black nurses are referred to as “colored,” as was customary at the time. Notes in this folder indicate “five colored nurses” working in the “colored section” of the city.

24. Buhler-Wilkerson, *No Place Like Home*, 146–48. For further reading on this topic, see chapter 7 of this work. See also LWC, VCU, reel 14, box 16, folder 15, notes on Metropolitan Life Insurance payments for industrial policy-holders.


27. Metropolitan Life Insurance Company form, LWC, NYPL, reel 29.


29. Ibid.


31. Ibid. A report from the HSS Record Office for March 1923 notes that the nurses made 34,240 home visits that month, “From Information Department, Henry Street Settlement,” LWC, NYPL, reel 29.

32. Acetalanid was “a powerful depressant to the spinal nerve centers,” an analgesic and antipyretic (used with caffeine “to diminish untoward effects”). It was used in the treatment of migraines. From [no author], *Physician’s Handy Book of Materia Medica and Therapeutics* (Detroit, Michigan: Nelson, Baker and Co., 1903), 1. This book included classified list of pharmaceutical preparations. See also Philip J. Hilts, *Protecting America’s Health: The FDA, Business, and One Hundred Years of Regulation* (New York: Knopf, 2003), 48. These ingredients (including morphine and alcohol) were often packaged as “soothing syrups” and given to infants, for whom the drugs were often fatal (48).


35. It was not until 1922 that Banting, Best, Macleod, and Collip announced the discovery of insulin. Alexander Fleming isolated penicillin in 1928, but it was not used widely in the U.S. until the 1940s. Prontosil (containing sulfanilamide) was introduced in 1935. These drugs and others were prescribed by physicians. For further documentation of drugs prescribed by physicians in this era, see original prescriptions, KC, CNHI, UVA. See also *Handy Book of Materia Medica*, 1903, 318 for the treatment of tuberculosis: “Treat symptoms as they arise on general principles. Patient should ‘live outdoors.’ Cod liver oil and cough medicine such as ‘cannabis indica or heroine, hydrocyanic acid and chloroform,” could be used.


37. Albert T. Lytle, “Materia Medica, Pharmacy and Therapeutics,” *AJN* 6 (1905–1906): 217–24. Lytle, a physician from Buffalo, New York, was invited to address the semi-annual meeting of the New York State Nurses Association, Niagara Falls (October 17, 1905). No state required a pharmacy school diploma until New York in 1910. The role of the pharmacist was limited by custom and
law to dispensing only, but prior to 1952, when the Durham-Humphrey amendment to the 1938 Food, Drug and Cosmetic Act came into effect restricting discretionary powers of pharmacists, many counseled patients about medications. Gregory Higby, "Pharmacy in the American Century," Pharmacy Times 63 (1997): 16–24. Of significance to this work, the early nurse registration laws only mandated the requirements necessary to qualify an individual as a nurse; they did not define the scope of nursing practice.


40. M. M. Brown, "The Home Medicine Closer," AJN 3 (1903–1904): 196–97. Narcotics such as laudanum were kept freely in the home. Laudanum, an alcoholic solution of opium, was first compounded by Paracelsus about 1527. A leading brand, Sydenham’s Laudanum, was introduced in England in 1680. The preparation was used widely through the nineteenth century to treat a variety of disorders. In 1905 the U.S. Congress banned opium (www.intheknowzone.com/heroin/history.htm). Patent medicines during this era claimed to cure a variety of ills. For example, Listerine was advertised as an agent that could prevent disease, including tuberculosis (Hilts, Protecting America’s Health, 83). See also Minnie Goodnow, "Success in Teaching Materia Medica,” AJN 7 (1906–1907): 703–4; and Physician’s Handy Book of Materia Medica (1903), 328. Icthyol, an ointment, was also called ammonium ictyhol-sulphonate. Other forms of ictyhol were ictyalbin and ictyloloidin.


43. Ibid., 170–71. Presumably these medicines had been prescribed by a physician according to the law in this era.

44. Physician’s Handy Book of Materia Medica, 303. Bromoform was prescribed by physicians for whooping cough. To treat “sever paroxysms, a little chloroform or amyl nitrate by inhalation” was noted to give relief. See also: Dock, Materia Medica, 89.


47. The HSS nurses also visited middle-class patients and families, particularly after the Metropolitan Life Insurance Company sponsored their services in 1909. See Buhler-Wilkerson, No Place Like Home; Lillian Wald, “The Treatment of Families in Which There Is Sickness,” AJN 4 (1904), reprint LWC, NYPL, reel 29, 1–10.

48. Buhler Wilkerson, No Place Like Home, 47.

49. Wald, notes, LWC, VCU, folder 15, box 16, reel 14.

50. Of the 29,105 patients the HSS took care of in 1916, only 33 percent of
the calls came from physicians; 30 percent were referred by the Metropolitan Life Insurance Company. Referrals also came from charitable organizations and clergy. Buhler-Wilkerson, *No Place Like Home*, 103.


54. Brochure, LWC, VCU, reel 98, box 85, 1–2. One-half pound of flaxseed was listed under “Drug Supplies to be ordered for one of the camps run by the HSS nurses: Supply List 1931,” LWC, CU, reel 53, folder 1.13.

55. Flaxseed poultices were made of dried ripe seeds of flax ground into a meal. “A flaxseed poultice must be made over a fire . . . the water must be boiling actively when the meal is added. . . . Flaxseed poultices are sedative. They relieve pain and relax spasm.” Lavinia L. Dock, *Text-Book of Materia Medica for Nurse*, 7th ed. (New York: G.P. Putnam’s Sons, 1921), 83. Hop bags, containing an aromatic volatile oil, resins, an acid, and an alkaloid called lupuline, were used externally for the relief of pain. They were wrung out with water to apply moist heat, or heated through to provide dry heat (198–99). Bernard Fantus, *The Technic of Medication* (Chicago: Press of the American Medical Association, 1926).

56. LWC, NYPL, reel 29, and “Nurses Settlement Bag,” *AJN* 6 (1905–1906): 375. Their work was also called “district nursing.” See Lillian Wald, “Official Reports of Societies, Nurses’ Social Settlements,” paper read before the Third Annual convention of the Nurses’ Associated Alumnae of the United States, held in New York, May 3–5, 1900; later published in *AJN* 1 (1900–01): 682–83.

57. [na], “Nurses’ Settlement District Bag,” *AJN* 1 (1900–01): 769–72.


60. Ibid., 102.


62. “Nurses Settlement Bag,” 375. “Fluid extract of cascara sagrada may be used in conjunction with coarse diet and increase exercise in the curative treatment of constipation,” 143; Fantus, *Technic of Medication*. A memorandum from Assistant Director of Nurses Jessie Rogers, RN, to Lillian Wald, December 20, 1920, notes that in a break-in of the Morningside Nursing Office between 6:45 PM, December 19, and 7:00 AM, December 20, “the nurses’ bags had been searched” and “two hypodermic syringes” had been taken. She also noted that “the bags were very much disturbed and bottles of solution etc. were thrown about.” LWC, CU, box 46, folder 1.10.

63. Lillian Wald, initialed notes (circa 1895, no date on original), LWC, VCU, reel 14, box 16, folder 1, 14. “The loan closet . . . without which no district nurse can work. . . . In it she keeps sheets, blankets, nightgowns, bed linens, rubber sheets . . . syringes, toys, picture books. . . . From it and the medicine chest
the nurse fills her bag. . . . Thermometer, instrument case, swabs, towels, antiseptics solutions, bandages etc."

64. See Dock, *Materia Medica*.
65. Inventory of camp drug supplies, 1931, LWC, CU, box 53, folder 1.13.
67. Ibid., 144.
68. Ibid., 137.
69. Schedule C: “HSS Nursing Expenses,” July 31, 1915, LWC, CU, box 57, folder 1.3. See also “Drugs and Supplies, 1935.” In the year ending July 31, 1935, drugs and supplies cost $1,026.80 and were a significant proportion of their annual expenses.
71. Mary Clymer papers, Lecture Notes, December 2, 1888, MCC, CSHN, UPenn. Amyl nitrate is also discussed in *Physicians Handy Book*, 19. It was an “anti-spasmodic, reducing arterial tension.” It was used chiefly by inhalation to relax spasm, notably in asthma and whooping cough. Ergot was used post-partum to “control internal hemorrhaging—particularly uterine” (*Physician’s Handy Book*, 63).
72. Ibid.
77. See Sandelowski, “The Physician’s Eyes.” Wald’s notes on district nursing support the autonomy of nurses’ practice: the nurse should be “alert and deft in many kinds of services, quick to detect and ready to act, for in this work the doctor is remote and often never seen.” Article XII: Registration of Nurses, April 24, 1903. Public Health Law relative to the practice of nursing, Section 206, 599, 126th Session, Laws of New York.
79. Wald, handwritten notes, LWC, NYPL, reel 14, box 15, folder 1. See also
81. Henry Street Settlement Department of Nursing Booklet, regulations, LWP, NYPL, reel 29, 3.
85. Edna Foley, “Standing Orders,” AJN 13 (March 1913): 452. “Standing orders are those orders for treatment and medication, endorsed by the local medical society, which can be used until a physician can be secured or when orders have not been left by the attending physician.” National Organization for Public Health Nursing, Manual of Public Health Nursing (New York: Macmillan, 1927), 25.
86. “Draft Code of Ethics,” January 1926, in correspondence from Elizabeth Fox, President, to the Board of Directors, on the topic. “The Relations of the Nurse to the Medical Profession,” LWC, VCU, reel 98, box 85, folder 3. See also correspondence from Lillian Wald to Secretary of the Rockefeller Foundation Jerome D. Green, November 26, 1916, in which Wald speaks of the cooperative efforts of nurses and physicians during the polio epidemic, noting that the doctors were inclined to have children “come to clinic for diagnosis and occasional supervision in order that they may describe to the nurse the muscles they wish exercised or any other treatment that they may care to prescribe.” LWC, VCU, reel 106, box 91, microfilm.
87. Fantus, The Technic of Medication, 90.
89. Fantus, The Technic of Medication, 93.
90. Lina L. Rogers, “The Nurse in the Public School,” AJN 5 (1905): 764–73. In 1904 the staff was increased to 38 nurses which allowed them to cover 100 schools in greater New York (769). Later, physicians made routine inspections only once a month. (769). See also Lina Rogers, “Some Phases of School Nursing,” AJN 8 (1908): 966. “The New York Board of Health first considered the extension of the already existing system of medical inspection of public schools, by the establishment of a corps of nurses in October 1902” (966).
94. LWC, reel 14, box 16, folder 9. See also Rogers, “A Year’s Work.” In order to keep children in school and prevent truancy, nurses treated children in school and returned them to the classroom. According to Rogers, an HSS school nurse, “instead of being sent out of school, he is taken to the nurse who promptly wash-
es the sore spot with a tincture of green soap and water and applies a coating of flexible colloidion. After this kind of treatment for a few days the “ring” disappears entirely (182). According to Fantus in *The Technic of Medication*, a 1–2 percent solution of silver nitrate was used to treat trachoma. It was applied by means of a cotton-wrapped application to the everted eyelids. Immediately after the application, the part was irrigated with a physiologic solution of sodium chloride.

95. Wald, untitled original notes on school nursing, reel 32, NYPL, circa 1902. See also Lina L. Rogers, “School Nursing in New York City,” *AJN* 3 (1903): 448–50.


97. Lavinia Dock to Lillian Wald, February 1, 1905, LWC, CU. Miss Maude Banfield, Superintendent of Nurses at Graduate Hospital, Philadelphia who was very active in the profession, attended the 1904 International Congress of Nursing meeting (Joan Lynaugh personal communication).

98. Editor’s Miscellany, “New World of the Nurses’ Settlement,” *AJN* 12 (December 1912): 243–44. This report notes the opening of the third HSS First Aid Room, this one in the Italian Quarter.

99. Dock to Wald, 1 February 1905. It is unclear from the primary sources when the HSS instituted standing orders. However, by 1913, articles appear in the nursing literature about their necessity in public health. See, for example, Foley, “Standing Orders,” 452.

100. Obituary, “Dr. Kaplan, Friend of East Side Dies,” newspaper article [source unknown] January 7, 1918, LWC, CU, box 49, folder 1.11. One physician to whom the HSS nurses referred patients was Dr. Harry Horner of 77 Park Ave. (LWC, reel 14, box 15, folder 10, 1). Other physicians with whom they worked were “eminent pediatricians Abraham Jacobi, Henry D. Chapin and Henry Koplik.” Wald notes for speech on “Nurses and Nursing,” LWP, NYPL, reel 25, c. 1930;

101. Letters from Chapin, Jacobi and Koplik, LWC, VCU, reel 25. See also references to Dr. Harry Lorner, 77 Park Ave and referrals for “blood tests” to Dr. Lollis Greenwald, 110 E. 36th Street and Dr. Marcus A. Rothschild, 975 Park Ave. LWC, VCU, reel 14, box 15, folder 10.


103. Bylaws of the Executive Committee of the HS Visiting Nurse Service, LWC, CU, box 42, folder 6, 3.


Chapter Two

2. Ibid.

3. Author telephone conversation with historian Joan Lynaugh RN, PhD, FAAN, Professor Emerita, University of Pennsylvania, October 4, 2005.


6. For a comprehensive overview of the work of Catholic sisters in nursing, see Barbra Mann Wall, *Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1865–1925* (Columbus: The Ohio State University Press, 2005).


8. Also see Wall, *Unlikely Entrepreneurs*.

9. For more on this topic see Susan Reverby, *Ordered to Care* (Boston: Cambridge University Press, 1987).


13. Nancy A. Harris, “The Administration of Anesthesia—a longitudinal and comparative analysis of Isabel H. Robb’s chapter on anesthesia” (paper presented, American Association of the History of Nursing Annual Conference, Atlanta, GA, September 24, 2005). See also Florence A. McQuillen, correspondence to Sister Mary Arthur Schramm, CRNA, PhD, February 21, 1972. McQuillen, who served as executive director of the AANA (1948–1970), related that she had spent two months giving anesthesia in nurses’ training. She later worked as a nurse anesthetist at the Mayo Clinic.

14. The Mayo Clinic evolved from the practice of Dr. William Worrall Mayo and his sons, William J. and Charles H. Mayo. It started after a tornado swept through Rochester Minnesota in 1883 when nuns of St. Frances, a Catholic teaching order, were recruited as nurses. In 1889 the Drs. Mayo joined with the nuns
to open a twenty-seven bed hospital which was known as St. Mary’s. It was officially labeled the “Mayo Clinic” in 1914. http://www.mayoclinic.org/about/history.html (accessed October 6, 2005).


16. Ibid., 236.

17. Ibid.


20. Ibid., 308.


23. Ibid.


29. Ibid., 949.

30. Lorrie A. Bennett, CRNA and Barbara A. Jerabek, CRNA, “Sophie Gran Jevne Winton: A Woman and Nurse Anesthetist before Her Time, April 24, 1887 to April 24, 1989” (master’s thesis, Mayo School of Health Related Sciences, Rochester Minnesota, 1999), AANA, HF.


33. Ibid., 797.

quote p. 803. Truckey, a nurse anesthetist, read this paper before the Toledo Graduate Nurses Association, Toledo, Ohio, April 25, 1911. This continued to be a theme. See also Alice Magaw, “A Review of 14,000 Surgical Cases,” *Bulletin of the American Association of Nurse Anesthetists* 7, 2 (May 1939): 66–68.


41. The next year the speech was published. Herb, “Accidents,” 297–302.


43. Ibid.


47. Ibid., 7.

48. Ibid., 8.

49. Ibid., 12.


56. Stoner, *Nell Bryant*. See also McMechan, “Editorial.” McMechan notes that “the supply of Novocain [sic] is almost at the vanishing point in this country [USA].” On page 90 he notes that the drug was being used in Europe at the front. Meanwhile, the French surgeons used the Gwathney technic of ether-oil colonic anesthesia, especially for operations of the head, face, and neck.


58. Ibid., 131.


61. Ohio Statute—Ohio Medical Practice Act, Section 1286–2, (August 2, 1927), (108v. PT., 1, 131). Reprint, AANA, HF.


64. Ibid.


72. Ibid.

73. “Findings and Fact and Conclusion of Law in Recent Nurse-Anesthetist Decision,” *Western Hospital Review* (September 1934): 11.


76. Ibid., 2.


Chapter Three

1. Betty Lester RN, interview by Jonathan Field, March 3, 1978, #780H146FNS06, transcript p. 1, FNSC, UK-SC, Lexington, Kentucky. Betty Lester was assistant field supervisor for the FNS. Her clinic was located at Bob Fork.

2. In 1928 the manual was titled *Routine for the Use of the Frontier Nursing*
Service (hereafter cited as FNS Routines [1928]). Later editions were titled Medical Routines for the Use of the Frontier Nursing Service (hereafter cited as FNS Medical Routines). The manuals were further divided into two sections: (1) Midwifery Routines and (2) Medical Routines, general section. FNS Routine (1928), box 27, folder 1, FNSC, UK-SC.

3. For the most part, the mountaineers were descendents of the English, Welsh, and Scotch-Irish settlers of the Atlantic seaboard. They had migrated inland to this region. They were often referred to as “Highlanders.” Mary B. Willeford PhD, Income and Health in Remote Rural Areas: A Study of 400 Families in Leslie County Kentucky (New York City: FNS Inc. 1932), 15–18.

4. See for example: Alexander J. Alexander MD correspondence to Mary Breckenridge, July 10, 1948. Alexander J. Alexander MD was the chairman of the Kentucky Committee for Mothers and Babies in 1927 as noted on the Stationary of the Kentucky Committee (July 12, 1927), FNSC, UK-SC, box 344, folder 1. See also Oral Interview 790H1136 FNS 43 with Edward and Louise Ray, FNSC, UK-SC. Dr. Edward Ray began medical practice in Lexington in 1929.

5. See, for example, the introductions to the Medical Routines, 1928, 1936, 1948, etc., FNSC, UK-SC.


8. Ibid., 71.

9. See, for example, Bulletins of the State Board of Health of Kentucky, 1922–1937. Works Progress Administration (WPA) Series, 11–85, KHSLS-UL.

10. Susan Allen, “History of the Frontier Nursing Service,” http://www.uky.edu/Libraries/Special/oral_history/Fnshistory.html. (accessed August 15, 2001). The Breckenridge family had a distinguished record of public service. Mary Breckenridge’s grandfather had been Vice President of the United States and her father served as foreign minister to Russia.


13. Ibid.

14. For a complete discussion of the show-casing of nurse-midwifery in the United States, see Nancy Dye, “Mary Breckenridge, the Frontier Nursing Service.”

15. Winefred Rand RN, “Impression of a Public Health Nursing Service in the Kentucky Mountains,” AJN 29, 5 (May 1929): 527–30. See also: Mary Breckenridge, “An Adventure in Midwifery,” original manuscript (October 1926), 5, KHSLS-UL, and Mary Breckenridge, Wide Neighborhoods: A Story of the Frontier Nursing Services (Lexington: University Press of Kentucky, 1981). The first two [nurse-midwives], Fred Coffin and Edna Rockstroth, were former mem-

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bers of the Maternity Center Association in New York and had gone to London to obtain training in midwifery. Breckenridge, “An Adventure in Midwifery,” 5.


19. Ibid.


21. Anna Rude MD, “The Sheppard-Towner Act in Relation to Public Health,” JAMA 20, 12 (September 16, 1922): 959–64; quote p. 959. Rude was director, Division of Hygiene, United States Children’s Bureau. It is interesting to note that Mary Breckenridge refused any federal aid and relied solely on private funding for the FNS.


24. Della Gay, interview by Dale Deaton, September 8, 1978, interview #790H19, transcript pp. 8 and 15, FNSC, UK-SC. Della Gay was a young woman living in Leslie county in the 1920s.

25. Annie Veech, MD, “Child Health Work in Kentucky” (original document, 1922): 1. KHSCLS-UL. And Annie Veech, “But Children Need Mothers,” Child Health Section Original manuscript (apparently a draft for the newspaper), May 1, 1932, KHSCLS-UL.


27. Ibid.


29. The work was modeled on the famous Queens nurses of Great Britain, particularly upon the development in the Scotch Highlands, where economic, racial, and geographic conditions were similar. New York Times, September 5, 1932, “Kentuckians Greet New Type of Nurse”; Breckenridge, Wide Neighborhoods; Rand, “Impressions of a Public Health,” 527–30. According to one
report, “Two [of the] nurses, graduates of the Army School and trained in public health at Teachers College and Henry Street, are now taking their midwifery in premier schools of the old world . . . at their own expense.” Breckenridge, “An Adventure in Midwifery,” 5.

30. Mary Breckenridge, “An Adventure in Midwifery.” The nurses were also to follow the rules of the Central Midwives Board (CMB) as far as possible under the conditions in which they worked. Each nursing center was required to keep a copy of the CMB rules and Fairbairn’s Midwifery text on hand. *FNS Routine* (1928), 10.


32. Bonnie Bullough, “The Current Phase in the Development of Nurse Practice Acts,” *SLLJ* 28 (1985): 365–95. “By 1923, all the states then in the Union, plus the District of Columbia and Hawai, had statutes providing for the licensure of nurses” (370). It was not until 1955, when the ANA defined the scope of practice for nursing that this became the model for nurse practice acts in many states.


37. Vanda Summers RN, “Saddle-bag and Log Cabin Technic,” *AJN* 38, 11 (1938): 1183–84. Vanda Summers, RN, SCM, was one of the British nurse-midwives, trained at the University College Hospital, London. She was working with the FNS when she wrote this article.

38. Oral interview by Carol Crowe Carraco with Molly Lee, February 9, 1979, accession # 790H49FNS58, #56, p.15, FNSC, UK-SC.


40. *FNS Routine* (1928), 10

41. Ibid.

42. The definition used in this book for “to give drugs according to standing orders” is “to furnish.” “Proprietary” medicines were “trademarked, patented or secret,” according to *Gould’s Medical Dictionary* (Scott, 1926) in Willeford, “Income and Health” (1932), 46.

44. *FNS Routine* (1928), 48.
48. *FNS Routines* (1928), 6. See also: Bernard Fantus. *The Technic of Medication* (Chicago: Press of the AMA, 1926), 90. (In this era, both nurses and physicians used these as therapeutic treatments. Prescriptions for these therapies can be found in both the nurses’ textbooks and the AMA’s publication on prescriptions for physicians; see ch. 2.)
50. Mary Breckenridge correspondence to Josephine Hunt MD, December 10, 1925. FNSC, UK, box 344, folder 1.
52. Ibid., 20.
55. *FNS Routines* (1928), 28.
56. Ibid., 29.
60. Ibid., 12
61. Ibid., 17.
62. Ibid., 7.
63. *FNS Routines* (1928), 5.
64. Breckenridge, “Yarb Lore,” 12
65. Ibid., 8
66. Ibid., 15.
67. Ibid., 17.
68. *FNS Medical Routine* (1930), 9.
70. Mary Breckenridge, “Corn Bread Line,” *Survey* 64 (August 15, 1930), 12.
71. “Kentucky Frontierswomen,” draft of original article for the *New York Times*, May 13, 1931. Box 610, 75 KHS-SC, UL.
72. Mary B. Willeford, “Organization and Supervision of the Field Work of the FNS, Inc,” *Quarterly Bulletin of FNS* (Winter 1935): 7–8. The fee for prenatal, delivery and postnatal care was $5.00. A fee of $1.00 was charged per family/year for all other care for those who could pay. In the first 1000 cases, the
FNS nurses had two maternal deaths, both due to chronic heart disease. In the second thousand deliveries, they had no maternal deaths from any cause whatso-
ever.”

73. Ibid.
74. Della Gay interview.
75. Ibid., 21.
76. FNS Medical Routines (1936), 1. FNSC, UK-SC, box 27, folder 3.
78. FNS, Delivery Bag Contents. FNSC, UK-SC, box 225, folder 11.
79. FNS Medical Routines (1936), 28.
80. Ibid., 28.
81. Oral interviews: #19, p. 8; #232, p. 5; #100, p. 7. FNSC, UK-SC, Oral History Project. See also “Trisulfa and Trisulfin” (July 10, 1948), FNSC, UK-SC, box 197, folder 5, and Alexander J. Alexander, MD correspondence to Mary Breckenridge, July 10, 1948. Alexander J. Alexander, MD was the chairman of the Kentucky Committee for Mothers and Babies in 1927 as noted on the Stationary of the Kentucky Committee (July 12, 1927), box 344, folder 1.
84. FNS Medical Routine (1948), 3
85. “Standing Orders,” original document. FNSC UK-SC, box 225, folder 11 (circa 1940–1950s, when Penicillin was widely available in these forms).
88. Ibid. See also Nancy Dye, “Mary Breckenridge, the Frontier Nursing Service.”

Chapter Four

2. Elizabeth Forster graduated from the nursing program at Baltimore’s Union Memorial Hospital in 1912 and subsequently from an advanced course in public health nursing at Johns Hopkins. Forster, born in 1886 to an old southern family in South Carolina, was forty-four years old at the time that she worked with the Navajos. She had joined the Colorado Springs Visiting Nurse Association in 1913 and became supervisor in 1915, so she had years of experience as a Public Health Nurse prior to her field nursing work in the 1930s. Emily K. Abel, “‘We are left so much alone to work out our own problems’: Nurses on American


4. Ibid.

5. Ibid. E. R. McCray, was the agency superintendent for the region—in Ship Rock. (No first name is given.)


8. Ibid., 2.

9. Ibid., 6. Earlier, in 1909, funds had been specifically targeted for the treatment of trachoma, however this was the first appropriation for general medical services.


18. Ibid.

19. [na], “General Information on Nursing in the Indian Health Service (HIS),” April 1928. NAU-CL, MS #269, box 1, folder 10.

20. Ibid., General Information


22. Ibid., 201.


25. Charles J. Rhoads was appointed as US Commissioner of Indian Affairs in 1929 by President Herbert Hoover. Rhoads was “a devoted member of the society of Friends and active in Philadelphia area business and academic communities.” He had knowledge of Indian problems because of the interests of his father, James E. Rhoads, who helped establish the Indian Rights Association.” In http://www.amphisoc.org.

27. These requirements changed in the 1940s with the shortages due to WWII. Mary Zillitas and Delores Young (who enlisted in the IHS in 1945) were new graduates when they began. See Indian Health Service Nursing Questionnaires (hereafter cited as IHSNQs), NAU-BBWC, MS 269, NAU.PH. 92.14, box 1.


29. Ibid.


31. See IHSNQ to Ida Bahl, NAU-BBWC, box 7.

32. Department of the Interior, Office of Indian Affairs, “Circular of Information,” NAU-BBWC, MS 269, box 1, folder 1.4 (September 1927), 2.

33. Emily K. Abel and Nancy Reifel, chapter 26: “Interactions between Public Health Nurses and Clients on American Indian Reservations during the 1930s,” in Judith Leavitt, Women and Health in America, 2nd ed., 489–507. According to these authors, the field nurses arrived knowing little or nothing about the Indians and their language and clearly “acknowledged the dominance of white medical knowledge” (quote p. 501).

34. Both Mary Zillitas and Delores Young wrote of this desire for adventure in the IHSNQs, NAU-BBWC, MS 269, box 1.

35. The Meriam Report, 249.

36. Ibid.

37. The Navajo had been scattered throughout the Four Corners Region and in 1863, many hid in Canyon de Chelly to escape the invasion of Kit Carson for the US government. During what the Navajo later referred to as “The Long Walk,” along 300 miles to Fort Sumner New Mexico, about 200 Indians died. In 1868 the Navajo were allowed to return to what would become the Navajo reservation. www.logoi.com/note/long_walk.html. 4/20/2006.

38. See “Field Nurses’ Narrative Reports,” NARA, RG75, E779, box 9, [no folders].


40. Mollie Reebel, “Field Nurse’s Narrative Report, April 1933,” NARA, RG75, E779, box 9, [no folders].

41. Elizabeth Forster to Laura Gilpin, August 1, 1932. Sandweiss, Denizens, 102.

42. Elizabeth Forster to Emily, February 20, 1932. Sandweiss, Denizens, 70.

43. Gladys Solveson, “Field Nurse’s Narrative Report, March 1936,” NARA, RG75, E779, box 9, [no folder]. Solveson was a nurse in the Western Navajo Area, Tuba City.

44. Dorothy Williams, “Field Nurse’s Narrative Reports, February and March, 1936,” NARA, RG75, E779, box 9, [no folders].

46. Lillian B. Watson, “November Narrative Report 1955,” NAU-BBWC, MS 269, box 1, folder 1.3. For more on their transportation, see The Meriam Report, p. 250. “Lillian Watson began her nursing career in 1955 at Fort Wingate, New Mexico after graduating cum laude from Catholic University in Washington, DC. She initially joined the IHS because there was an acute shortage of trained personnel. In addition to her work at Fort Wingate, Watson taught at the Regina School of Nursing in Albuquerque, New Mexico. After receiving her MSN with honors from the University of California in 1962, she worked in the VISTA program from 1965–1966. In 1973 she became Chief Area Nurse at Windowrock, Arizona, working with the Navajo tribe.” From NAU-BBWC, MS 269, Introduction to the collection, p. 3.

47. Mary Zillitas, “Last Navajo Assignment,” original manuscript. NAU-BBWC, MS 269. Incoming correspondence to Bahl, box 1, folder 1.4.

48. Abel, “We are left so much alone,” to work out our own problems,” 49.

49. Mary Zillitas, IHSNQ, NAU-BBWC, box 1, folder 1.4.


51. Mary Eppich, “Field Nurse’s Narrative Report, May 1935,” NARA, RG75, E779, box 9, [no folders]. Eppich also noted in that report that “the two clinics were held” that month, so apparently she conducted them alone. She had also “treated 66 patients, dispensed 29 medicines,” and made “thirteen Hogan calls.” This was not always the case, as later, Eppich wrote that Stevenson “made five Hogan calls” with her.

52. Dorothy Loope, IHSNQ to Ida Bahl, 1974. NAU-BBWC. MS 269, box 1, folder 1.4.

53. Mary Eppich, “Field Nurse’s Narrative Report, April 1935,” NARA, RG75, E779, box 9, [no folders]. Eppich goes on to discuss three other cases in which the “children had symptoms of Tuberculosis.” Dr. Elliot confirmed her diagnosis.

54. See Field Nurses’ Narrative Reports, NARA, RG75, E779, box 9, [no folders].


57. Ruth Seawright, IHSNQ, NAU-BBWC, MS 269, box 1, folder 5.

58. Elizabeth Forster, “Field Nurse’s Narrative Report, April 1933,” NARA, RG75, E779, box 9, [no folders].


60. Lillian G. Watson, “Annual Narrative Report, March 1955 to July 1956,” original manuscript, NAU-BBWC, MS 269, box 1, folder 1.3.

61. Dorothy Williams, “Field Nurse’s Narrative Report, May 1931,” NARA, RG 75, E779, box 9, [no folders]. Williams also noted that she visited 22 hogans.


64. Ibid.

65. Mollie Reebel, “Field Nurse’s Narrative Report, April 1933,” NARA, RG75, E779, box 9, [no folders].


70. Ibid.

71. Ibid. Argyrol was “an organic silver preparation . . . for inflammation of mucus membranes,[or] as a prophylaxis for opthalmia neonatorum.” Goostray, Drugs and Solution, 57.


74. The use of Sulfamide and its derivatives was widespread in the United States by 1939. Perrin H. Long MD, “Sulfamides and Its Derivatives,” AJN 39, 7 (1939): 719–27. Penicillin was beginning to be used in the early 1940s. Chester S. Keefer MD, “Penicillin,” AJN 43, 12 (1943): 1076–78. See also: Barbara Brodie, “The Search for Penicillin,” Windows in Time (Newsletter of the Center of Nursing Inquiry, University of Virginia) 12, 2 (November 2004): 6–8 and 11. “By the spring of 1942, American commercial firms were producing enough Penicillin for research testing. The first intravenous dose of Penicillin was given in March 1942” (p. 8).

75. Elizabeth Forster to Laura Gilpin, January 10, 1932. Sandweiss, Denizens, 65.

76. Mary Eppich, “Field Nurse’s Narrative Report, December 1935,” NARA, RG75, E779, box 9, [no folders]. No first names could be found for these physicians in her documentation.

77. Ibid.

78. Gladys Solverson, “Field Nurse’s Narrative Report, April 1936,” NARA, RG 75, E779, box 9, [no folder].

79. Mollie Reebel, “Field Nurse’s Narrative Report, April 1933,” NARA, RG75, E779, box 9, [no folders].

80. Lydia T. King, “Field Nurse’s Narrative Report, April 30, 1936,” NARA, RG75, E779, box 9, [no folders]. King practiced in the Navajo Agency, Klagetoh District. She visited 102 patients that month and dispensed “62 medicines to individuals in field and office.”

81. See for example: Mary Eppich, “Field Nurse’s Narrative Report, January 1935,” NARA, RG75, E779, box 9, [no folders].
82. Dr. Charles S. McCammon to Ida Bahl, April 1, 1974. NAU-BBWC, MS 269, box 1, folder 1.4.
84. Delores Young, IHSNQ, NAU-BBWC, box 2, folder 1.4.
85. Zillatas, IHSNQ, NAU-BBWC, box 1, folder 1.4.
86. The Meriam Report, 88.
87. Lori Arviso Alvord, MD, and Elizabeth C. Van Pelt, The Scalpel and the Silver Bear (New York: Bantum Books, 1999); see also: Mary Zillatas, IHSNQ, NAU-BBWC, MS 269, box 1, folder 1.4.
89. Alvord and Van Pelt, Scalpel and the Silver Bear, 186.
90. Ibid., 6.
93. Lillian Watson, RN graduated cum laude with a BSN from Catholic University in 1955, and received her Masters of Science in Nursing from the University of Colorado. In the 1960s, she assumed the job of Chief, Area Nursing Service Branch, Navajo Area Indian Health Service, Window Rock, and Arizona. NAU-BBWC, MS 269, box 1. See also: Lillian Watson, “Narrative, November 1955,” NAU-BBWC, MS 269, box 1, folder 1.3.
94. Mary Eppich, “Field Nurse’s Narrative Report, April 1935,” NARA, RG 75, E779, box 9, [no folders], 2. See also Dorothy Williams, “Field Nurse’s Narrative Report, June 1935,” NARA, RG 75, E779, box 9, [no folder].
97. Gladys Solveson, Field Nurse’s Narrative Report, March 1936. NARA, RG75, E779, box 9, [no folder].
98. Dorothy Williams, “Field Nurse’s Narrative Report, February 1936,” NARA, RG75, E779, box 9, [no folders].
100. Elizabeth Forster, “Field Nurse’s Narrative Report, May 1933,” NARA, RG75, E779, box 9, [no folders].
101. In emergencies, they did deliver babies. Mary Zillitas did an emergency delivery, receiving instructions by telephone. She had to give ergotrate and vitamin K for post-partum hemorrhage and transport the patient 37 miles to a hospital. See Mary Zillitas’ record IHSNQ, NAU-BBWC, MS 269.
104. Zillitas, IHSNQs, NAU-BBWC, MS 269, box 1.
106. Delores Young, IHSNQs, NAU-BBWC, MS 269, box 1. Delores worked in 1945 in Crownpoint New Mexico in a hospital and wrote that she “enjoyed the cadet nurses and Red Cross nurses who came to help out.”
107. Ibid. Young wrote about taking children to Salt Lake City.
108. Ibid.
110. Watson, Annual Report, p. 3.
111. [na], Monthly Narrative 1957, NAU-BBWC, MS 269, box 7, folder 437. TB remained a problem in the 1950s among the Native Americans.
112. Watson, Annual Report, p. 3.

**Chapter Five**

1. Margene O. Faddis RN, “Eliminating Errors in Medication,” *AJN* 39, 11 (November 1939): 1217–23. Faddis, RN, MA, was Associate Professor of Medical Nursing at the Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio.
7. The Flexner Report was one of the most important events in the history of American and Canadian medical education. It was a commentary on the condition of medical education in the 1900s and the impetus for major changes in medical education. The report is named after Abraham Flexner, an educator (not a physician), who prepared it for the Carnegie Foundation. For further reading on


9. For further reading on this topic, see Stevens, *In Sickness and in Wealth*; Howell, *Technology in the Hospital*.


12. Ibid., 109


16. For further reading on this topic, see Susan Reverby, *Ordered to Care*; Melosh, *The Physician's Hand*.


18. Ibid., 1087

19. Ibid. See also Lavinia L. Dock, *Textbook of Materia Medica for Nurses* (New York: G. P. Putnam's Sons, 1927). Beginning in the Great Depression, the majority of RNs in America were employed by hospitals as staff nurses. They were not working in the Frontier Nursing Service or in migrant camps or on Indian reservations; instead, they worked in hospitals throughout the country—on general medical and surgical wards, in obstetrics, psychiatry, and pediatrics, in operating rooms, and in out-patient clinics. Public Health Nurses did have “standing orders,” at least in 1912 in Chicago. See Edna Foley, RN, “Standing Orders,” *AJN* 13 (1913): 451–53.

20. This phenomenon was later described by a psychiatrist in the 1960s. See Leonard Stein, “The Doctor-Nurse Game,” *Archives of General Psychiatry* 16 (1967): 699–703.


23. Concern for preventing medication errors was a common theme in the nursing literature. By 1939, Faddis, writing in *AJN*, made a plea for “the exclusive use of white medication cards instead of the colored ones which had long been in use, so that “orders could be more easily read,” Faddis, *AJN* 39, 11: 1220. In the same article (p. 1218) she noted “the oft-repeated ‘read the label three times’ is one of the best ways to prevent errors. . . . If the label is read with care when first the bottle is taken from the shelf, when the drug is removed and again when the bottle is replaced, fewer nurses will have cause for regret.”


34. Headline: “Eisenhower is in Hospital with 'Mild' Heart Attack; his condition called 'good,'” New York Times, September 25, 1955. For further reading, see: Clarence G. Lasby, Eisenhower’s Heart Attack (Lawrence: University Press of Kansas, 1997).


37. Ibid., 651.

38. Ibid. For further reading on this topic, see Julie Fairman, “Watchful Vigilance: Nursing Care, Technology and the Development of Intensive Care Units,” Nursing Research 41, 1 (January/February 1992): 56–60. Even during WWII, at home in the United States, the task of starting an IV was still within the domain of medicine.

39. Abdellah and Starchan, Progressive Patient Care, 652.

40. William B. Kouwenhoven, James R. Jude, G. Guy Knickerbocker,


44. Indeed, physicians controlled which medical tasks they delegated to nurses and which tools of the trade nurses could use. From the turn of the twentieth century, doctors had delegated to nurses the tasks of administering oral and intramuscular medications and taking the patient’s temperature, pulse rate, and respiration (TPR). They also delegated dressing changes. After completing the initial dressing change of a surgical incision site, a surgeon would expect the nurse to change the consecutive dressings. In order to remove the tape and gauze easily, the nurse would use a special “bandage scissors” to cut the dressing. Because of her responsibility for these three tasks, the thermometer, syringe, and bandage scissors became trademarks of nursing practice. See Margarete Sandelowski, “The Physicians’ Eyes: American Nursing and the Diagnostic Revolution in Medicine,” *NHR* 8 (2000): 3–38; quote p. 24.


47. Mildred Crawley, “Care of the Patient with Myocardial Infarction,” *AJN* 61, 2 (February 1961): 68.

48. Physicians who would initiate coronary care units were in Australia, Toronto, California, Miami, Kansas City, New York, and Philadelphia.


52. Judith Stuart, “Hartford Coronary Care Unit,” unpublished manuscript, KC, CNHI.


54. Presbyterian was a 325-bed institution. Approximately 170 patients were admitted each year with AMI. Lawrence E. Meltzer and J. Roderick Kitchell, Grant Proposal NU00096–01, PC, CNHI.

55. Ibid.

56. Ibid., 6.

57. Ibid.

58. Ibid. 11.


60. Rose Pinneo, “Historical Perspectives of Coronary Care Units,” speech
given in Chicago, Illinois, June 1981: PC, CNHI. Rose Pinneo received her BA from Maryville College, Maryville, Tennessee, her diploma from Johns Hopkins Hospital, and her MS in Education from the University of Pennsylvania. She was Assistant Educational Director and Medical Nursing Instructor, West Jersey Hospital, Camden, New Jersey, and Medical-Surgical Instructor, University of Pennsylvania. Curriculum Vitae, Rose Pinneo, PC, CNHI. Rose Pinneo, RN, MSN, interview by author, Sebring, Florida, Novembers 19, 1999; transcript in PC, CNHI.


62. Pinneo interview, 1999

63. Rose Pinneo, “Machines in Perspective: Nursing in a Coronary Care Unit,” *AJN* 65, 2 (1965): 76–79. See also Janice Lufkin, telephone interview with author, November 13, 2001, transcript in KC, CNHI; and Lynn Warner telephone interview with author, August 20, 2001, transcript in KC, CNHI.

64. Rose Pinneo, “Nursing Care of the Cardiac Patient,” paper presented at the Third Clinical Nursing Conference, sponsored by the AHA Nursing Committee and the ANA Conference Group on Medical-Surgical Nursing, Miami Beach, Florida, October, 1965; PC CNHI, p. 3.

65. Janice Lufkin, telephone interview with author, November 13, 2001. Transcript KC, CNHI. Lufkin, a 1962 graduate from Presbyterian Hospital School of Nursing, worked for a few months after graduation in the eye and ear ward and then as a graduate nurse in the Maximum Care Unit. She rotated to the new two-bed CCU in January 1963 when it opened. She began to work there full-time and became head nurse after Helen Haugh resigned. In 1966 she left the CCU and entered the navy.

66. Lynn Warner telephone interview by author, August 20, 2001; transcript in KC, CNHI. Warner, a 1963 diploma graduate of Presbyterian Hospital School of Nursing, worked in the first group of nurses who staffed the Presbyterian CCU. Her previous experience included a year of night shift work in the Maximum Care Unit at Presbyterian. Subsequently, she received a PhD in nursing.

67. Lufkin interview.

68. Ibid.

69. Warner interview. Dilantin was introduced in 1938 for the control of seizures in epilepsy. (See Faddis, “New Drugs.”) It was later used as a treatment for cardiac arrhythmias. It had to be mixed in normal saline rather than in Dextrose and water to ensure that it would dissolve. In the 1960s, nurses rather than pharmacists mixed IV solutions and some medicines at the bedside.

70. Meltzer et al., *Intensive Coronary Care*, 2.


75. Lawrence E. Meltzer, Rose Pinneo, and J. Roderick Kitchell, *Intensive

76. See nurse interviews, Presbyterian Hospital and Bethany Hospital. Transcripts, KC, CNHI.


78. Fairman and Lynaugh, Critical Care Nursing.


80. Fairman and Lynaugh, Critical Care Nursing, 24.

81. Even in the 1970s, the chief of medicine at the University of Virginia, Edward Hook, MD, did not approve of having “standing admission orders” to the CCU. His argument was that the house staff had to learn what orders to write. Meanwhile the house-staff physician bypassed this problem by writing “CCU routine,” thereby allowing nurses to implement care as they usually did. Keeling unpublished memoirs, CCU at the University of Virginia, 1971–1974.

82. Sandelowski, “The Physicians’ Eyes.” See also Allen, “Negotiated Boundary.”

Chapter Six


2. Ibid., 22. Durran was part Ute and part Navajo.

3. Ibid., 24.

4. Ibid.


16. Ford, “A Deviant Comes of Age,” 87. Functional areas of nursing, like administration and education, became minor content areas.

17. Ibid., 88.


23. The history of the process of certification for nurse practitioners is beyond the scope of this work. For more information, see Dr. Julie Fairman’s work on the subject. See also: the National Association of Pediatric Nurse Associates and Practitioners collection (hereafter cited as NAPNAP), and the National Certification Board of Pediatric Nurse Practitioners and Nurses papers (hereafter cited as NCBPNNP), CNHI, UVA.


25. Rogers, “Nursing: To Be or Not to Be.” See also Joan Lynaugh, Patricia Gerrity, and Gloria Hagopian, “Patterns of Practice: Master’s Prepared Nurse Practitioners,” *Journal of Nursing Education* 24, 7 (September 1985): 291–95, and Reba de Tornyay, “Expanding the Nurses’ Role Doesn’t Make Her a Physician’s Assistant,” *AJN* 71, 5 (May 1971): 974–75.

28. Ibid.
30. Ibid., 56.
33. Lynaugh, Gerrity, and Hagopian, “Patterns of Practice,” 291.
41. Ibid.
42. Ibid., 4
43. Ibid. The Henry Street Settlement was no longer a viable site for this type of project. The Visiting Nurse Service of the Settlement separated from Henry Street in 1944 to become the Visiting Nurse Service of New York. Henry Street activities focused on social issues since that time. http://www.henrystreet.org/site/PageServer?paagename=abt_history (accessed 10/19/2005).
44. Booz, Allen, and Hamilton, Management consultants [no first names available], “Family Nurse Practitioners in Kentucky,” *FNS Quarterly Bulletin* (1970): 3–11. Reprint [no volume or number] in FNS Collection UKSC. At about the same time, an interdisciplinary team led by Richard Kirk, MD at the University of Kentucky also studied the use of nurses to provide primary care in Appalachia and concluded that “formally trained nurse practitioners working as ‘physician associates’ could increase the effectiveness of our health care system.” Richard Kirk, Joseph Alter, Helen Browne, and Judith Davis, “Family Nurse Practitioners in Eastern Kentucky,” *Medical Care* 9, 2 (March–April 1971): 160–68.
48. Ibid., 4. In 1977, the FSMFN affiliated with the University of Kentucky College of Nursing. In 1985 it affiliated with Bellarmine College of Louisville and the Frances Payne Bolton School of Nursing at Case Western Reserve University of Cleveland, Ohio. Through these affiliations, students were able to earn graduate credit for courses taken at FNS and apply them towards a Master Degree in Nursing at these institutions.


50. Ibid., 5.

51. [na], “Distribution of Drugs—FNS,” typed manuscript, FNS, UKSC (no date, circa 1975), 1–4.

52. Ibid., 1.

53. Ibid.

54. Ibid. Narcotics were considered “controlled” substances and there were specific guidelines for their use outlined in the Harrison Narcotic Act of 1914. Nurses and physicians had to account for each and every dose of such drugs as morphine and codeine. Since the reception of the FNS, Breckenridge had employed young women from well-to-do families to serve as couriers.


56. “Distribution of Drugs,” FNSC-UK, 2

57. “In the fiscal year 1976, 70.6 percent of the funded grants were at the certificate level and 23.55 were at the master’s level.” Denis H. Geolot, “NP Education: Observations from a National Perspective,” *Nursing Outlook* 35, 3 (1987): 132–35.

58. RWJ, 6.


60. Lynaugh, Gerrity, and Hagopian, “Patterns of Practice,” 291.

61. Personal communication of author with Barbara Brodie, RN PhD FAAN, The Madge Jones Professor Emerita, The University of Virginia School of Nursing. 10/17/05. Barbara Brodie had visited Loretta Ford a few years before Brodie accepted a faculty position at the University of Virginia and was very interested in the PNP role.


63. Lynaugh, Gerrity, and Hagopian, “Patterns of Practice,” 291.

68. Ibid., 67.
69. Fairman, “The Roots,” 164. Clearly, the rules were different outside settings like FNS or the Indian Health Service.
70. Author interview with Barbara Dunn, RN, PNP. Richmond, Virginia, 2004.
72. Ibid., 25.
74. Barbara J. Safriet, “Health Care Dollars and Regulatory Sense: The Role of Advance Practice Nursing,” *Yale Journal on Regulation* 9, 2 (Summer, 1992): 417–88; quote p. 445. Moreover, the Drug Enforcement Act (DEA) required that practitioners wishing to prescribe controlled substances obtain DEA registration numbers, and only those practitioners with broad prescriptive authority (e.g., physicians and dentists) could get these numbers.
80. In 1984 an Associate Professor at the University of Wisconsin- Madison, Joy Calkin, proposed a model for “advanced nursing practice,” specifically identifying CNSs and NPs with master’s degrees as Advanced Practice Nurses (APNs). Ann B. Hamric, Judith A. Spross, and Charlene M. Hanson, eds., *Advanced Nursing Practice: An Integrative Approach* (Philadelphia: W. B. Saunders, 1996).
84. Koch, Pazaki, and Campbell, “The First 20 Years,” 64. See also Brush and Capezutie, “Revisiting,” 5–11.
89. Ibid., 14.

Chapter Seven

1. E-mail message received by Arlene W. Keeling, RN PhD, Director of the Acute Care Nurse Practitioner Program at the University of Virginia School of Nursing, 2/15/00, p. 1 of 3 [names omitted to ensure confidentiality].
2. Ibid. The landmark 1938 Federal Food, Drug, and Cosmetic Act terminated consumer control over choice of medications, even though such was clearly not the intent of that law. Physicians were chosen as the providers to select medications. Antoinette Inglis and Diane Kjervik, “Empowerment of Advanced Practice Nurse: Regulation Reform Needed to Increase Access to Care,” *Journal of Law, Medicine and Ethics* 21, 2 (1993): 193–205.
3. Ibid. See also Safriet, “Health Care Dollars,” 457, footnotes 134 and 135.
4. Ibid.
6. See Inventory of camp drug supplies, 1931, LWC, CU, box 53, folder 1.13. In 2000, of course, there were many more over-the-counter drugs in Schedule VI (e.g., Ibuprophen, Tylenol PM, Benadryl, hydrocortisone creams, Desitin [for diaper rash], Lotrimin antifungal cream, Digel, Mylanta, etc.). It also included the wide variety of herbal remedies available to the public.
7. E-mail received by Arlene Keeling, RN PhD, Director of the Acute Care Nursing Practitioner Program at the University of Virginia. Subject: HB 818. 2/18/00, p.1 of 3.
8. Ibid.
9. Emily Couric, correspondence to Joanne Peach FNP, February 13, 2000. Peach Collection (PCH), CNHI.
10. Ibid., 1.
12. Hadley, “Nurses and Prescriptive Authority: A Legal and Economic


16. Ibid., 687.

17. Ibid. Amici briefs were letters and documents of support sent to the court stating reasons the judges should decide in favor of one position.

18. Ibid.

19. Ibid., 685.

20. Ibid., 688–90.

21. Ibid.

22. [na], “History and Historical Highlights 1973 through 1998. http://www.nanda.org/html/history1.html 10/21/2005. Conference Proceedings were published following each biannual conference. Editors included Derry Moritz, Mi Ja Kim, Gertrude McFarland, Audrey McLane and Rosemary Caroll Johnson. In 1982 the group incorporated and formed the North American Nursing Diagnosis Association (NANDA). Much has been written on this topic. Further discussion of NANDA is beyond the scope of this work.


24. Lynaugh and colleagues reported that 90 percent of the responses (of NPs in their survey form 1975–1985) noted that they worked in ambulatory settings, “particularly hospital or community based clinics.” Joan Lynaugh, Patricia Gerity, Gloria Hagopian, “Patterns of Practice: Master’s Prepared Nurse Practitioners,” *Journal of Nursing Education* 24, 7 (September 1985): 291–95; quote p. 292.


27. See also Ann B. Hamric, Judith A. Spross, and Charlene M. Hanson, eds., *Advanced Practice Nursing: An Integrative Approach*, 3rd ed. (Philadelphia: W. B. Saunders, 2000). These authors have been leaders in the cause to clearly label what is and what is not “advanced practice nursing.” The label itself is still being discussed in the profession as a proposed broader definition, the “Doctor of Nursing Practice, or DNP” may replace it.


29. Hamric et al., *Advanced Practice Nursing*.


32. Ibid.

33. See Safriet’s “Health Care Dollars” for a complete discussion of this issue.

34. Diane F. Mahoney, “Nurse Practitioners as Prescribers: Past Research

35. Safriet, 461.

36. Ibid.


44. Frank et al. v. South (1917).


49. During the 1960s and 1970s, the other major advanced practice role for nursing was the Clinical Nurse Specialist (CNS), many of whom worked in specialty areas of hospitals, like the CCU, renal units, neurology units, etc. (The nurse anesthetist was already in existence.) During the 1970s, federal funding from the Professional Nurse Traineeship Program provided fiscal support to new graduate programs in nursing for CNSs. Meanwhile, several specialty nursing organizations, including the American Association of Critical Care Nurses
(AACN) and the Oncology Nursing Society (ONS), developed. In addition, the ANA’s Congress of Nursing Practice operationally defined the role of the CNS, and nursing began to conduct evaluative research on the outcomes of CNS care. By mid-decade, the American Nurses Association (ANA) officially recognized the CNS role, operationally defining the CNS as an expert practitioner and a change agent. Of particular significance, the ANA’s definition included master’s education as a requirement for the CNS (ANA, Congress of Nursing Practice, 1974). See Keeling and Bigbee, in Hamric et al, chapter 1, for further reading on the Clinical Nurse Specialist history. The Nurse Training Act of 1964 (Title VIII of the Public Health Service Act, H. R. 10042) provided federal funding for the construction of nursing schools, faculty development, special projects, and student loans and scholarships. Between 1964 and 1971, Congress appropriated more than $334 million for nursing education.

53. New York State Education Act, Article 139, Section 6902, paragraph 3a, (1995). Paragraph 3b authorizes nurse practitioner’s prescriptive powers with similar restraints.
57. During the second half of the twentieth century, numerous national organizations, including NAPNAP, The Academy of Pediatric Nurse Practitioners, and The National Certification Board of Pediatric Nurses and Practitioners administered certification examinations to NPs. For a complete review of this topic, see Julie Fairman’s work on the subject.
61. Ibid.
62. This was certainly the case in the Acute Care Nurse Practitioner program


64. During the 1990s, the number of NPs increased dramatically in response to increasing demand, the national emphasis on primary care, and the concomitant decrease in the number of medical residencies in the sub-specialties.


66. NONPF, *Criteria*.


69. Virginia Code 54.1–2957.01, “Prescription of Certain Controlled Substances and Devices by Licensed Nurse Practitioners.”

## Conclusion


3. Ibid., 2.