Handling the Sick

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Today we are living at the close of one era and at the beginning of another... The inexorable drive of progress brings us face to face with needed adjustments, newer methods, newer visions, and wider hopes. The best of the old era must be retained, the best of the new adopted.

—Janet Geister, 1931, *The Minnesota Registered Nurse*

After the last woman who had been admitted to the St. Luke’s program finished her training on June 20, 1937, the school closed. No formal observances or fanfare marked the event. After all, the school was respected, but not great. Even in closing, St. Luke’s was just part of local and national trends. Between 1930 and 1935, the number of hospital schools of nursing in Minnesota plummeted from fifty-one to thirty-six, likely prompting more than one nurse who read Geister’s statement above to wonder if this was really progress. Outside the state, the situation was the same, with the number of accredited schools declining nationally from 2,286 in 1929 to 1,472 in 1936.

No doubt many women were rueful over these changes, since access to training was becoming increasingly limited. Nursing leaders, however, regarded the closings as a much-needed step in making way for collegiate education in nursing. Yet to their disappointment, the number of programs associated with colleges increased to only seventy in the mid-1930s, nearly all of which represented two years of general education either before or after a conventional three-year hospital training program.

“With regard to discontinuing our training school at St. Luke’s Hospital,” the nursing superintendent wrote to the parent of an applicant, “it was done primarily because we felt that greater opportunities awaited our
entering group at the University Hospitals. This was, however, merely an attempt to put a more positive face on the school’s dissolution. As the superintendent later explained in a letter to the New York Board of Nurse Examiners, “We have found it unadvisable to enter a class . . . the oversupply of nurses in this locality was becoming a grave problem for a while and we decided to staff with graduates for the time being.”

“For the time being” became permanent, as the national economic depression of the 1930s deepened and fewer patients were able to afford private duty. Hospitals responded by permitting more graduates to remain at work, often providing only a small increase in wages over what they had received as students. With the turn away from a staff of apprentice nurses, the number of fully trained nurses in hospitals across the country rose an astounding 700 percent in less than ten years, from four thousand in 1929 to twenty-eight thousand in 1937 (the last year of the St. Luke’s school). Obviously, many other hospitals besides St. Luke’s rethought the need for a nursing school in this period. The Great Depression alone was not enough to account for so many program closings, however, some of which were in hospitals that were highly solvent and boasted a long and satisfying tradition of nurses’ training.

“ Tradition . . . (was) the major reason why some of those hospitals that had schools . . . were so reluctant to either improve it or decided to discontinue it,” offered a prominent member of the Minnesota Board of Nurse Examiners and a former president of the Minnesota Nurses Association. This individual was speaking in regard to the increased attention that the board was giving to enhancing academics in nursing schools during the early 1930s, and her comment could not have rung more true for St. Luke’s. Similar to hospital and school officials across the country, those at St. Luke’s diligently complied with board suggestions regarding practical training, while altogether ignoring recommendations for improvements in classroom education. Every action that they took in guiding training at the hospital articulated Nightingale’s contention that nursing was “impossible to learn from any book.” After more than forty years of this singular vision of nursing, they were not about to abandon it and retool themselves and their program for an academic ideal touted by a relatively small but increasingly influential nursing elite. Nor could they continue indefinitely to subvert the new agenda while purporting to accommodate it. Thus, closing was the most reasonable alternative.

For the women of St. Luke’s, widespread economic despair and ominous clouds of war in Europe and Asia provided a dishearteningly fitting backdrop to a long-established system of training and work that surely felt
under siege, both from forces within and outside nursing. The mainstay of their employment—private duty—was rapidly disappearing, along with many of their schools, while arguments for a type of professionalization that put academics at center stage were being made more forcefully than ever. Uncertainty must have seemed to lurk in every corner, a situation that has parallels to modern nursing. “We are a profession under fire,” advise the current editors of the American Nurse. They further caution, “Threats to both nursing practice and the profession itself are on the upswing.”

Little seems to have changed in the underlying nature of the threats, despite the passage of time and a steady stream of technological miracles within nursing and medicine. Now, as in the past, nursing is assailed by cost-containment pressures, changing work expectations, a lack of clarity about what nursing is and what nurses do, and a resulting void in which “nurses nationwide are finding themselves replaced by technicians and care assistants.” Nursing leaders have responded predictably, echoing past calls for nurses to identify their unique contributions to the field of health and to unite behind the vision of nursing reflected in these contributions. Nursing’s “salvation . . . must be built on a unity of purpose and a shared vision,” insists one such individual, who begins her argument with the desperate question, “Does nursing have a future?”

Of course nursing has a future, but it might or might not be built on the efforts or ideas of those who are themselves nurses today. Whether one defines nursing as “handling, managing and controlling,” or as “caring,” the face-to-face, hands-on work of nursing is increasingly being given over to individuals who lack the legal title of nurse, but who regularly tend to the needs of patients. At the same time, those who possess the title find themselves positioned farther and farther from the bedside. This is not happening because nursing has been overpowered by medicine, or because of a tightening national budget, although these are important forces with which nursing must contend. It is happening because of the profound lack of appreciation of both of the field’s disparate traditions—craft and profession. Recognizing and embracing the whole of nursing’s past is likely the key to its most coherent possible future.

In the absence of this appreciation, academic and craft traditions will continue to collide and urgent calls for unity will be repeated again and again, without success. Meanwhile, workplace decisions about nursing will remain in the hands of non-nurses, chief among them health administrators, physicians, and insurance executives. To be sure, the largest of the health occupations would wield an awesome power, if nurses could come together behind a shared vision, a reconceptualization of what nursing is about. To begin with, nurses could finally end debate on the contentious
issue of basic entry into practice, bringing some clarity to a confusing sit-
uation in which individuals may become registered nurses with a two-year
community college degree, a hospital diploma, or a four-year baccalaure-
ate degree.\textsuperscript{15}

With entry into practice decided, nurses would then have some credi-
bility in explaining to government and hospital officials, as well as to the
general public, just what are the requirements for safe and competent nurs-
ing. But entry into practice is no more than the opening scene of a lengthy
drama that has gripped nursing in the United States for over a century. At
the heart of this drama is the still unanswered question, “What is nursing?”
“We must decide who and what is a nurse,” one nurse aptly decrees, if we
are to stem “our tribalism.”\textsuperscript{16} Indeed, this is “the taunting question,” as
another observer points out, which has plagued nursing “throughout its
existence.”\textsuperscript{17} Without a clear answer, unity will remain elusive.

The women of St. Luke’s, witness this account, had little uncertainty
about the nature of nursing. Nurses did the work of nursing, which con-
sisted of handling, managing, and controlling individuals and situations in
health-related settings, with the goal of producing neat, finished-appearing
work. Far more than being mere words, this describes how the women of
St. Luke’s lived in every part of their work and training. It was the underly-
ing message, understood by applicants and their supporters, that this was
a field that demanded practical knowledge, physical strength, and emo-
tional stamina. In training, this understanding of nurses and nursing
determined that “shrinking, timid women” would not succeed. The same
was true after training as well, in a field in which nearly all practitioners
during the period of study were essentially independent contractors. The
trained nurse was aware of these traits and apparently considered that she
maintained them, whether or not she was gainfully employed in nursing at
every point in her adult life.

The majority of nurses today, made up primarily of hospital and com-
community college graduates, are heirs to the tradition of nursing epitomized
at St. Luke’s. Although few practice with the independence of their fore-
bears, they continue to express very similar ideals. “When the private duty
nurse left her independent role to become a general duty ‘floor’ nurse, she
left behind her one-to-one relationship with the patient, plus the auton-
omy and creativity” of her past, states one historian, though she held
firmly to a belief in the importance of inner “toughness and determina-
tion” while continuing to prize “experience and practical learning above
all else.”\textsuperscript{18} Academia and academics, on the other hand, remained a source
of suspicion and disdain as a perceived threat to the real work (i.e., craft)
of nursing.
So ingrained are these ideas that most nurses would simply say, “This is nursing,” while few would realize that their definition is based on a more than one-hundred-year-old craft tradition that is unique to this field. Despite their unawareness, however, their comments provide quick confirmation of the endurance of this tradition. For example, in a recent study of the practitioner’s perspective of “the theory-practice relationship in nursing,” one nurse was quoted as saying, “You’re put out there . . . (with) a very worried, very ill patient and the theory goes out the window. It is experience that will make a good nurse.”19 Another nurse explains, “You know you learn by your mistakes, learn by what you do right and basically from that, like anything they say in a book is fine in theory, but in practice it’s different altogether, wildly different in a way.”20

An even more public reminder of nursing’s craft tradition came in a 1980s Newsweek editorial in which a nurse at the time, Alice Ream, shared her view that “the art of skilled nursing is . . . dying out,” a casualty of the increasing emphasis on academics rather than practical knowledge and skill.21 In words that could have been written a century earlier, Ream deplored the current situation in which, for example, “wordy pompous dissertations on bacteriology . . . replace skill training in sterile techniques.”22 She adds that such a problem is perpetuated “when some of those nurses who can’t measure up in a hospital reach burnout, they return to college, get another degree and become professors of nursing.”23 For the sake of patients and nurses alike, Ream concludes, nurses must return to their roots, ridding themselves of the “bug in their ears about being handmaids to physicians” and eschewing academia for a “return to skill training.”24

Similar messages have been replayed over and over in our own experience, including the nurse cited earlier who pointed out that the problem with university nurses is that they take an impressive list of courses but they still “can’t control the (hospital) unit.”25 A personal anecdote involves the nurses to whom one of us introduces a new group of baccalaureate students each semester; these nurses are as regular in their polite greetings as they are in observing how unfortunate it is that university students must spend so much time in the classroom and so little time with patients. There are those as well who could scarcely hide their disdain when the same author explained his plan to enter a doctoral program in nursing. As one emphasized, “That is not what nursing is about!”

Yet academics is exactly what nursing is about to those who have picked up the torch of professionalization from nursing’s early leaders. For the most part, this remains a relatively small elite, for whom academic credentials still seem the key to solving nursing’s abiding crisis of identity. Thus, according to one member of this group, a fellow of the prestigious American Academy
of Nursing, the problem in nursing today is that: “... there are more than two million nurses, and only 32 percent possess the baccalaureate. This percentage is shocking in a field that has prepared nurses at the college level for almost 100 years and in light of the impressive increase in the number of women undergraduates. The number of nurses who possess graduate preparation is, of course, more appalling—9% have obtained master’s degrees, and less than 1% have obtained the doctorate.” Obstinate to the historical forces that initiated and perpetuate this situation, this same leader suggests that “maybe it is time to decrease our enrollments and focus on the brightest students, nurturing them to be motivated for professional careers.” A related solution, she explains, is “to radically change our educational system to prepare only postbaccalaureate students for professional practice.”

This is, in essence, the same stance that nursing leaders have advocated since the first formal courses in nursing were organized. While in the past this meant shunning apprenticeship and focusing on university education, today’s leaders tend to ignore the majority of non-university-educated nurses, fastening their sights instead on plans for entry into “professional nursing” at the master’s or doctoral level. Nor has the ultimate goal changed—full and unequivocal professional status, equal to that of medicine. Meanwhile, “we might say we are duping the public,” as two nurses state in regard to the ongoing confusion surrounding the issue of entry into nursing practice.

Now, as in the era of the St. Luke’s nurses, the viewpoint of the leaders would seem likely to elevate a few, leaving behind those who transact the work of nursing. This would widen rather than bridge the ideological chasm between nursing professionals and average nurses. Thus, a university dean of nursing observes that “the distance between the discipline of nursing (i.e., nursing as an academic pursuit) and the practice of nursing is increasing.” And an Indiana nurse questions, “With nurses at two million strong, it’s inconceivable that we cannot come to a meeting of the minds and demand our place... yet we seem unable to get together with one voice.” A largely unrecognized and key difficulty, however, is that often nurses have been misled about their past, particularly in regard to traditions that lie at the heart of nursing.

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Nursing’s past is not just a record of struggle toward professional status, and to suggest that it is constitutes a narrow view unsupported by the current evidence. That view tends to obscure much of what is unique and real
about the field. Recognition of this fact is a major legacy of the women of St. Luke's and those represented by their story. In addition, close attention to their story has an importance that extends well beyond the simple recognition of a more complex history. It gives us a chance to rethink our understanding of the nature of nursing, not only in regard to the past, but in terms of the present and future as well. Through this process of revisiting the past and questioning old ideas, we believe it is possible to envision a model of nursing that incorporates and blends the disparate traditions.

The starting point for this new model (see figure 12), as well as for reclaiming nursing’s varied history, is understanding that the intense physicality of nursing is a basic characteristic of this field, rather than a symbol of oppression to be overthrown. This characteristic is reflected in the claims of the St. Luke’s applicants to a “strong back,” the ability to “work and never get tired,” and the ability to “walk as many as 12 miles a day.”

During and after training, the women similarly strove to be “strong and
capable in handling patients," realizing that "nursing is a strenuous piece of work even for the most strong." Nor has nursing ceased to be an intensely physical endeavor. For the majority of today's nurses, nursing remains a field that tests the limits of physical endurance, as they monitor, feed, bathe, lift, transfer, and ambulate patient after patient.

This is not to deny the exploitive aspects of nursing experience, either past or present. Rather, it is an acknowledgment of a core reality that defines nursing, a reality that was embraced by the women of St. Luke's and is similarly embraced by contemporary nurses. For some this reality seems to be an embarrassment, as they praise "the exquisite . . . intellectual challenge" of nursing without ever mentioning the equally remarkable physical challenge, except as something to be forsaken. In truth, the physicality of nursing remains a key to understanding the nature of this field and of gender norms, for it continues to defy stereotyped notions of women's fragility.

Just as important as recognizing the centrality of physical stamina in nursing is understanding the importance of a strong will. A woman who lacked "pluck and determination" and had "not much force to her" was as unlikely to succeed in nursing during the era of St. Luke's as she is today. This is contrary to gender-based notions of nursing passivity and saintly submissiveness. Instead, without threatening anyone's femininity, nursing still requires practitioners to be self-reliant, "willing to speak forcefully," and even ready to protest when the situation demands, as occurred when the St. Luke's nurses believed hospital administrators acted unfairly. Indeed, strength of will is implicit to handling, managing, and controlling workers and ward, the definition of nursing at St. Luke's. Despite some of the negative connotations that might surround these terms today (particularly the idea of "controlling") nurses continue to shoulder the major responsibility for ensuring smoothly functioning health settings. Moreover, this responsibility still calls for skillful handling and managing of the physical environment, patients, and personnel. While there certainly are more personnel in nursing contexts now than there were in the period of this study, the need for fully nuanced nursing has not lessened.

The model of nursing that emerges from this narrative, then, is one that acknowledges nursing as an intensely physical undertaking that generally demands of its practitioners both a strong will and a strong body. Also in this model, nursing is seen as something that requires a high level of "good sense and practicality," joined together with the well-honed skills of a craft. "She has a head full of good sense" was a typical description of nursing applicants. During training, women were repeatedly called upon to exercise "real thinking," which was contrasted with a focus on "intellectual concepts." As one nurse was previously quoted as saying, "The practical
aspect of nursing . . . must never be sacrificed in the struggle after the more
alluring and less substantial adornments,” which she equated with acade-
mic study. 39

It was exactly this type of thinking that underlay the solid belief in the
importance of apprenticeship training. To be sure, hospital and physician
self-interest fed this belief and even used it for exploitive gains, but such
self-interest cannot diminish the fact that apprenticeship, as a feature of
nursing that predated the first hospital schools, was viewed and continues
to be viewed by many nurses as a fundamental element in the process of
becoming a nurse. Apprenticeship and nursing may be even more closely
linked, as some feminist scholars have argued since the 1980s, by a femi-
nine emphasis on immediacy, meaning hands-on experience and contex-
tual understanding. 40 For women, in this view, knowledge tends to be
regarded as “an understanding that needs to be confirmed in context and
in use; experience may need to accompany formal expertise . . . there is a
need to have knowledge confirmed and validated by others.” 41 Unlike class-
room learning, which was of minimal importance at St. Luke’s, appren-
ticeship learning was and is rich in terms of context and experience. And
this was exactly the type of learning anticipated by prospective nurses,
including the 1902 applicant who asked “to enter the hospital in order to
complete the instruction and practice” that she had already begun “as assis-
tant to a well-trained and exceptionally good nurse” in her community. 42

So, too, apprenticeship training seemed to be a fitting expression of the
essential qualities of good sense and practicality that nurses were expected
to demonstrate. It was consistent also with the overall goal of nursing at St.
Luke’s—the production of “neat, finished-appearing work.” Apprenticeship
was the reasonable way of perfecting the craft skills of the nurse, a core fea-
ture of nursing, which was epitomized in the twelve steps of bed making, the
seventeen steps of giving an injection, and the eighteen steps for adminis-
tering a hot pack. When all of these related aspects are viewed together—
apprenticeship, expectations of good sense and practicality, the goal of
finished-appearing work, and the emphasis on craft skill—a closely con-
ected pattern is formed, one that is a crucial part of a unique nursing iden-
tity and an equally crucial part of the model being presented here. More
than a defense of outmoded traditions in nursing, the lessons from these
eyear nurses also suggest ways to bridge the gap that has so long existed
between the leaders of this field and the majority of its practitioners.

The apprenticeship tradition remains a source of power within nursing,
though also a source of suspicion when viewed as adverse to purely academic
pursuits. Rather than arguing the case of nursing as an exquisite intellectual
challenge, or further polarizing the field with calls for entry into practice at
the doctoral level, perhaps prominent nurses can carefully tie educational and research goals to the practical needs of patients, as identified by practicing nurses. This will necessarily involve a reaffirmation of the importance of apprenticeship learning in nursing, not as an adjunct to more important classroom teaching, but as an indisputably significant and historically proven key aspect of this field. This need not be a painful step, and indeed might bring some comfort to a field so often split by the sense that it must be either practical or theory-based. In fact, nursing is complete with both elements.

The women of St. Luke’s made clear a century ago that conceptualizing nursing as an intellectual endeavor only would widen the divide between nurses. Envisioning the field as comprising practical knowledge and applied skill will help to resolve differences by providing a clear and historically based focus for nurses at all levels. The lack of a common understanding rooted in the realities of nursing practice is evident in the conundrum recently posed by a dean of a university school of nursing, an editor of a scholarly nursing journal. In somewhat self-congratulatory terms, this individual remarked on her admiration of nursing’s “stunning successes . . . (and) the clear trajectory” of nursing leaders, then pondered, “I’m less certain if the followers are all aboard the spaceship.” The gap between nurses and the leaders in their field, symbolized by the Mississippi River during the 1909 nurses’ convention held in Minnesota, is being perpetuated in the twenty-first century. The same lack of agreement on the nature of nursing also fuels a seemingly endless string of contradictory conclusions about nursing’s fate, which alternate between dramatic praise—“American nursing has accrued with remarkable speed all the accoutrements of . . . a learned profession”—and dire warnings about the “disintegration of nursing as a distinct profession.”

After more than a century of colliding visions, it seems clear that average nurses today are as unlikely as those at the time of St. Luke’s to accept an ideal that conflicts with their deeply held beliefs about, and daily experience of, the work of nursing. The story of the women of St. Luke’s suggests a way to unite the opposing visions of nursing by grounding the intellectual work of nursing in past and present realities. Physicality, strength of will, an abiding emphasis on practicality, apprenticeship, and a deep pride in craft skills are all essential realities of nursing’s past and present. Trying to hide or ignore these realities will only further polarize proponents of the different standpoints on nursing. These ideas can more profitably be blended into a combination of immediate realities and intellectual investigation. Rather than precluding further development of nursing education or research, these two parts clearly indicate the direction that the development of nursing should take.
Nursing education and research, to be appreciated by all nurses, must be driven by practical ends and practicing nurses, rather than the professional inclinations of a relatively small group of leaders. To accomplish this means letting go of the cherished notion that, one day, after sufficient struggle, nursing will finally achieve full professional status, equal to that of medicine. In actuality, the playing field is not level. From roots in a highly gendered time, medicine and nursing developed different bases of power. The gender-specifications of those fields have changed and are changing, but the social power of medicine—in terms of money, status, and organization—is not bending to bring up the “little sister” of nursing to its own level. The harder nursing leaders struggle for all the trappings of a profession, and the more invested they become in the system of hierarchical organization that defines professions, the more likely it is that medicine will increase in stature and nothing will be changed for nursing. Indeed, as one expert on the politics of nursing remarks, “The question we should ask is not ‘is nursing a profession?’ but ‘should nursing want to be a profession.’”

The women of St. Luke’s answered this question back when it was first asked by helping to forge a unique occupational model in which sameness with medicine was never an issue. For them, nursing was an entirely separate practice, both in the immediate sense of working with patients and in terms of basic beliefs about the nature of their endeavor. They understood that they were engaged in the most practical of all health occupations, one in which their strength, experience, and skill were prized above all else. It was nursing, not medicine, and as Nightingale once remarked, “woe unto the man” who failed to appreciate the difference. Furthermore, most nurses firmly believed that the key to entering this distinctive field was apprenticeship training.

Apprenticeship was the cornerstone on which rested the entire process of becoming a nurse. It was the route through which trainees came to fully appreciate the comment “Once a nurse, always a nurse.” As Melosh remarks,

For (early) nurses, apprenticeship culture nurtured the intense commitment to work that is more commonly associated with professional training and practice. In oral memoirs, even women who had not been employed for many years continued to identify themselves and to be identified by others as nurses. . . . And most talked wistfully of going back to work someday. Nursing remained a part of them in a way that other women’s work simply does not: waitresses, secretaries, teachers, or social workers seldom have such strong and enduring personal and social connections to their work.”
This was the unshakable truth that allowed nurses to maintain the highest commitment to their occupation, even amidst a pattern of episodic paid employment shaped by gendered expectations of marriage and family.\textsuperscript{49} One does one not have to search widely to find nurses today who chose their career, as one individual recently remarked, in order “to do something that I can believe in, to learn a skill that I’ll always have and be able to raise a family.”

As compelling as these historic findings might be, however, the challenge that they represent to long-held assumptions of nursing’s professionalization track will make them, and the model to which they give rise, difficult for some to accept. Yet reclaiming the entirety of nursing’s past opens the way to understanding “not only the exploitative nature of . . . (nursing) work,” as one author explains, but to understanding “the positive qualities inherent in it as well as why they seem to get lost when professionalized.”\textsuperscript{50} With each added piece of information examined, the voices of the women of St. Luke’s, recorded in their writings and reports, grow more insistent that we see nurses and nursing not only through the lens of professionalization, but on their own terms and in their own distinct way.

Initially, this seemed to be a direct challenge for this study. Intent on earning our doctorates, we initially set out to join a long list of other writers in exposing the early injustices in this field. Our goal was to complete a paper based on records of the St. Luke’s Hospital Training School for Nurses that would defend caring as the historic basis for nursing’s claim to special knowledge. The women of St. Luke’s, however, turned our preconceptions upside down. Even the near-sacred notion of the tradition of caring in nursing, at least as it is argued by contemporary authors, seems flawed when tested against the real lives of nurses in training.\textsuperscript{51} Their description of nursing—handling, managing, and controlling patients, workers, and ward with the aim of producing neat, finished-appearing work—while perhaps constituting caring in a very broad sense, was a different type of tradition than we had expected to observe. Nor were we expecting to see that instead of chafing against such a tradition, nurses embraced it. Their work was not performed as some kind of internalized oppression, but as a tradition to be honored and continued.

In short, our view of nursing’s past is clouded when viewed primarily through the lens of professionalization.\textsuperscript{52} Recognition of this fact is an important legacy of average nurses, such as the women of St. Luke’s. While the programs in which they trained faded away, relatively unnoticed, their real contribution continues on in the form of a unique and enduring approach to nursing, thanks to the availability of the written records the
women and the program saved for posterity. Within this approach are the seeds of an alternative model of nursing that can help to remake nursing in the future.

The divisions in nursing were already well established when, in 1920, Lavinia Dock and Isabel Stewart made the following observation:

Every body of workers . . . has its own traditions which have gradually accumulated and which are handed down from generation to generation of new recruits. In this way the whole group is welded together into a more or less homogenous and united body with common aims and a common spirit. Traditions do not, however, always make for progress . . . the best work (of a field) is usually done by building up and strengthening good traditions and institutions and letting the old useless ones die out.53

These women, both ardent supporters of professionalization, undoubtedly hoped nursing’s craft traditions would fade away. But that did not occur. What has taken place instead is a persistent pattern of renewing the division with every generation of nurses. The key to stopping this divisive process, as attested to here, lies in recognizing and claiming the traditions of the rank and file as well as the leaders. Gentle hands, expert injections, careful handling of the patient in pain—nursing’s craft legacy—must be accorded the same historical legitimacy as the exquisite intellectual challenge of nursing. Only then, as this story of strong and determined women shows, will nurses be able to come together and decide which traditions to strengthen, which to let die, and which to support for the future of nursing.