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Nursing and Health Care in Jacksonville, Florida, 1900-1930

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NURSING AND HEALTH CARE IN
JACKSONVILLE, FLORIDA, 1900-1930

BY

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iv</td>
</tr>
<tr>
<td><strong>CHAPTERS</strong></td>
<td></td>
</tr>
<tr>
<td>I  INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II NURSING AND HEALTH CARE IN JACKSONVILLE ON THE EVE OF THE TWENTIETH CENTURY, 1860-1899</td>
<td>15</td>
</tr>
<tr>
<td>III NURSING EMERGES AS A VOCATION, 1900-1913</td>
<td>47</td>
</tr>
<tr>
<td>IV THE NURSING VOCATION ORGANIZES AND MATURES, 1914-1930</td>
<td>97</td>
</tr>
<tr>
<td>V THE JACKSONVILLE EXPERIENCE IN NURSING AND HEALTH CARE INDUSTRY</td>
<td>149</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>165</td>
</tr>
<tr>
<td>BIOGRAPHICAL SKETCH</td>
<td>76</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>27</td>
</tr>
<tr>
<td>II</td>
<td>28</td>
</tr>
<tr>
<td>III</td>
<td>31</td>
</tr>
<tr>
<td>IV</td>
<td>56</td>
</tr>
<tr>
<td>V</td>
<td>58</td>
</tr>
<tr>
<td>VI</td>
<td>67</td>
</tr>
<tr>
<td>VII</td>
<td>69</td>
</tr>
<tr>
<td>VIII</td>
<td>86</td>
</tr>
<tr>
<td>IX</td>
<td>107</td>
</tr>
<tr>
<td>X</td>
<td>117</td>
</tr>
<tr>
<td>XI</td>
<td>131</td>
</tr>
<tr>
<td>XII</td>
<td>143</td>
</tr>
<tr>
<td>XIII</td>
<td>146</td>
</tr>
</tbody>
</table>
This study examines the development of nursing as a vocation, in the early twentieth century, within the context of a growing southern city and an evolving health care system. Nursing advanced from a domestic service to a recognized vocation during this era.

An extensive survey of historical and nursing literature revealed few studies which focus on nursing and health care in an urban context. Those studies identified gave only brief glimpses of nurses and focus on northern cities. This investigation aims to add a southern chapter to the history of nursing and health care in urban settings.

A community systems approach to analyzing changes in the city provides the context for evaluating nursing development, while health care became more accessible and professional. Historical approaches used to support the thesis include analysis of social history, public health, morbidity and mortality statistics, and quantitative
collective biography. These methods yield data which depict what it meant to practice nursing during the study period.

Much of the actual information about the nurses and their practice had to come from indirect sources in order to draw conclusions from the research. Primary sources used in this research include newspapers, city directories, census reports, probate records, city health reports, student nurse and hospital records, oral histories and medical records. Secondary sources include southern, women's, urban, city, institutional, medical and public health histories. In addition, nationally oriented nursing histories and theses proved useful in the analysis of primary data.

The findings of the study demonstrate marked transitions in the maturation of nursing and health care in the city. These changes happened at a different pace when compared to similar events in northern urban areas. Many variables contributed to the differences noted, including the cultural expectations of women and race relations in community life. Nurses functioned in the beginning of the study as occasional domestic servants who were primarily black women. They practiced in a city with limited public health services, one hospital for whites and a pest house for blacks. By 1930, nurses practiced in a city with improved public health services, four hospitals with nurses' training schools, including one for blacks. Nurses enjoyed a professional association and the protection of a state practice act. These women progressed from shadowy figures seldom seen in public, to a group of workers recognized as an asset to the health of the community.
CHAPTER I
INTRODUCTION

This study examines nurses and the development of nursing as a vocation within the context of a changing health care system and a growing southern city in the first three decades of the twentieth century. Nurses developed as working women in response to stunning innovations in health care. The city provided an environment making significant transitions following a disastrous fire in 1901. The expansion of the city continued throughout the progressive era, World War I period and the 1920s. Interaction of the urban setting, the work environment and the workers resulted in major changes during these years.

A vital component in the social history of a community concerns how people receive care during times of illness. Until the evolution of modern public health measures, annual outbreaks of infectious diseases created a constant need for bedside nursing care. Individuals living near the turn of the century could not depend on a cure from the contemporary medical profession, which had just begun its final break with Galenic Theory. Infections, trauma, drug addictions, mental illness and chronic diseases created problems the physician, the druggist and the young hospital could not solve. This meant the patient had to rely on his own recuperative powers, usually remaining at home with the supportive care of a nurse. This caring
aspect of patient management often made the difference between life and death.¹

The story of how the female nurse became a paid worker at the bedside, demonstrates the progress of a group of women as they took former home skills and transferred them to a public setting. Nurses constitute the largest single occupational group in the modern health care system. These practitioners represent a significant occupation which emerged in the late nineteenth century and remained almost exclusively composed of female workers. Nurses as females, as workers and participants in an evolving health care industry create a useful focus for social and historical analysis within a community.²

Nursing developed nationally as a vocation after the Civil War. The first three schools for nurses, patterned after Florence Nightingale's design, opened in the early 1870s. Schools of nursing grew at a slow rate until the 1890s when they burgeoned from 34 in


1893 to 432 in 1900. This rapid expansion of schools continued to accelerate with 1006 operating in 1909 and 2206 functioning in 1927. Unfortunately, this phenomenal growth did not reflect a strong interest in nursing education for women. Hospital administrators learned quickly that a nursing school provided two major sources of income for their institutions. First, the students cared for patients who paid the hospital fees. This care would not have been available without the nurses. Second, the students also cared for patients in the home and the patients paid the hospital for their services. In addition, graduate nurses did not practice in hospitals as they do today, but worked under doctors' orders in private homes. These hospital policies harmed nursing education and practice during this important period of development, because they shifted the emphasis from educational programs to servicing the needs of the institution. Also, the students actually competed with graduates in the private duty market.³

Many nursing programs provided little or no formal training as students struggled to keep up with patient care responsibilities. Lectures, when they did occur, came in the evenings after the long work day. Few changes or improvements were introduced for the students until forced by state inspectors and nurse associations after

1913. As a result, nursing education became enmeshed in the evolution of hospitals as they made the transition from organized charities to businesses in the early decades of the twentieth century.4

Early nursing superintendents had a dual role in the hospital setting. They directed nursing practice in the facility and directed the training school for students. These leaders became concerned about the trends in educational practices in the 1890s. They came together to form the first association devoted to improving and standardizing educational practices in training schools. This organization, The Society of Superintendents of Training Schools, established in 1893, provided much leadership to the fledging vocation. It also began a process to monitor nursing educational practices which still continues today.5

The leaders of this first association also helped to establish the other major nursing organization begun before 1900. They helped form the Nurses Associated Alumnae in order to meet the needs of the practicing nurse. The goals of this group aimed to improve standards of practice for nurses, by promoting ethical values and legal


recognition of nurses through licensure. These two organizations have endured.6

Since these organizations had many of the same people leading them and directing innovations, a small number of women shaped nursing at the national level during the early part of the century. The membership of the associations came primarily from northeastern and midwestern states but their actions affected groups in all regions of the country. These changes occurring in the north reflected social and cultural variations of the region. In contrast, the development of nursing as a vocation in Jacksonville followed a very different time line compared to major centers in the north. The reasons for these variations provide insight into the cultural forces shaping health care development in a growing southern city.7

The existing books on Jacksonville history fail to examine the development of nursing as a part of local health care. The classic sources on Jacksonville history such as T. Frederick Davis, History of Early Jacksonville (1924) and Pleasant Gold, History of Duval County (1928) give scant attention to health care and never mention nursing. Old Hickory's Town, by James Ward (1982), describes only the oldest hospital in the city in relation to a major epidemic. Pioneer physicians do receive passing mention in this work but nurses do not appear at all. None of these books give any description of how health


care developed in the city, even though illness remained a significant local problem throughout the era.

Other studies display similar oversight in relation to nurses and health care growth. Elihu Burritt, *Experiences in a Stricken City* (1889), describes a first hand account of Jacksonville's crisis during the last great yellow fever epidemic in 1888. Nurses never become visible in this survey except in brief comments about Sand Hills Hospital. This lack of information stands out considering the city authorities paid nurses over $30,000 to nurse the victims of the epidemic. Nurses also remain invisible in Webster Merritt, *A Century of Medicine in Jacksonville and Duval County* (1949). This book describes the growth of the medical profession with some attention to the growth of hospitals, but it only reports major epidemics in the discussion of health care.8


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little analysis or discussion of the factors which contributed to changes in nursing and health care.

Currently, on the national level, nursing historical research remains limited. All of the major textbooks on nursing history cover broad time frames emphasizing a national perspective and the accomplishments of national leaders. This approach eliminates analysis or discussion of regional variations. These histories also focus on "firsts" in the profession which occurred primarily in the northeastern part of the country. 9

Books describing the history of public health care in cities offer perspective on this study, but also focus on northern locations and events. Again, advances in health care which occurred as innovations or firsts receive much attention. In addition, recent works on women's history, institutional history and urban studies generally ignore the southern nursing experience. 10

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9 Kalisch and Kalisch, The Advance of American Nursing; Bullough and Bullough, History, Trends and Politics of Nursing; Patricia Donahue, Nursing the Finest Art (St. Louis: C.V. Mosby Company, 1984); M. Louise Fitzpatrick et al., Nursing in Society and Society: A Historical Perspective (Philadelphia: W.B. Saunders Company, 1983). These five texts are the major works describing the basics of the history of nursing which are available today.

A comprehensive survey of pertinent literature reveals considerable material on nurses, nursing, urban history, women and work, and health care growth. None of these studies address the issue of how nursing evolved as a vocation in a southern city, in the early twentieth century.¹¹

Unpublished resources include several dissertations on nursing education, nursing in institutions, clinical practice of nurses and medicine, nursing associations and other components of the research study. These resources add perspective and a national or institutional view, but do not address the same issues as Jacksonville. One dissertation addresses Florida nursing history, but it analyzes nursing education throughout the state and covers a wide time frame. The only nursing school curricular data in the study come from a period following the depression.¹²

These findings lead to the conclusion that while supportive and comparative data for this study exist in abundance, no studies of

¹¹Major data bases and cumulative indexes have been reviewed, personally and by computer from the beginning of the study in 1982 to February, 1987.

nursing as a clinical practice and a vocation within the development of health care in an urban context exist in current literature. No studies put nursing care into the context of the development of community health care. In addition, no studies focus on the history of nursing within a southern city. Only one study addresses the development of nursing within a northern city and it focuses on nursing within specific training schools. Nurses represent an important group in the social history of health care in a community. Nursing needs additional data on the southern experience in order to develop a more comprehensive history of growth in the society. It also needs studies from the "grass roots" in preference to the traditional "top down" or institutional perspective.

The conceptual model used in this study consists of several approaches to the problem gathered from the disciplines of nursing and history. First, systems theory will serve as the major construct for analyzing Jacksonville as a city, nursing as a vocation and changing health care services. This theory allows for examination of the greater system of the city and selected subsystems as they interact, adapt and feed back to each other over time. This theory has proven useful in assessing individuals and communities interacting today. This approach also allows analysis of how various components of a city can affect one another and initiate change in a group or subsystem like the vocation of nursing.13

In this study, nine major subsystems or aggregates emerged as most significant to understanding how nursing and health care changed. First, the two largest subsystems consist of the division of the city along racial lines. Black Jacksonville and its white counterpart lived side by side in separate but unequal communities with distinctively different community characteristics. These two subsystems also reflect strong cultural and socioeconomic variations which had a great impact on the development of health care.

The third subsystem which transcends this study consists of the cultural value system and mores which characterized Jacksonville in the study period, particularly in relation to the role and status of women. Nurses in the community functioned within hospital and home situations which practiced these mores. The changing status of women, especially southern women, greatly impacted the direction of nursing as a vocation.

The patients make up the next large subsystem in the community since they shared the illness experience of the time and interacted with health care providers. Public health services comprise yet another subsystem in the community. The workers within this group addressed public health problems ranging from quarantine management, to street cleaning, to the development of a modern public health

system. This group of health workers included professionals and laymen working together for a healthier city.\textsuperscript{14}

The last four subsystems represent smaller but influential groups included in the research. Health professionals, other than public health workers, carried a large burden throughout the period supplying services to a changing community. Doctors, dentists and druggists make up this aggregate. These men and women provided leadership in times of trouble and daily services to patients in need. The next group who also provided services to the sick included lay healers like granny midwives, black wise women and knowledgeable white widows. This aggregate in the health system functioned throughout the period, at times to the consternation of the recognized professionals.\textsuperscript{15}

Hospitals represented a small but important subsystem during the study period since they underwent such large changes and multiplied in numbers. These young institutions also experienced a significant increase in utilization by patients of all types. Nurses represent.

\textsuperscript{14}Numerous newspaper articles in the Florida Times Union and Evening Metropolis, beginning in the 1880s and continuing throughout the 1930s, chronicle the activities of the Board of Health and its staff. These articles reflect similar data in early city board of health reports.

\textsuperscript{15}Local physicians received constant recognition after each community emergency in local newspapers and in official reports of disaster relief committees. Dentists and druggists received less frequent but consistent recognition in newspapers and could be found on various civic committees. The presence of these healers and practitioners can be identified, both directly and indirectly. Oral reporters report the activities of these indigenous healers; Jacksonville, Florida, City Commission, Annual Report of the Board of Health for Year 1910 (Jacksonville: Author, 1911), p. 22. Dr. Charles Terry, City Health Officer, complains in his official report of 1910 that midwives must be blamed for high infant mortality rates in the city.
the last subsystem examined, since they interacted with all other systems in the community. Nurses began the period as females with relatives who were sick or as hired nurses with questionable credentials and progressed to trained practitioners, licensed by the state to provide an increasingly important service.

The social history design used to relate the research findings uses approaches described by Berringer, Kyvig and Stearns. They look at society from the bottom up, drawing conclusions about the typical experiences of patients and providers. The nurses serve as a group in the study, although a few individuals do emerge. Cultural, medical, public health and community history provide additional perspective on the women who became nurses in Jacksonville at this time.16

While the approaches to this study may appear complicated, the interaction of the numerous components prove critical to gathering solid data about nurses. These nurse practitioners moved in a complex work and living situation which functioned within the changing city. Their status and role as women made them most elusive for historical study. All of the components selected for analysis provide small portions of what may never be a complete picture of nursing and health care in Jacksonville in this period. Yet, through the analysis, the picture becomes clearer.

The resources available for this study proved plentiful and worthwhile. Those sources utilized break down into five major categories. First, books, contemporary to the study period, provide limited data from a national perspective about daily life, illness, medical, nursing and public health practices. Historical works and dissertations analyzing the same topics as well as the other components of the study also gave valuable background and comparative data.

Second, newspapers, city directories, professional journals and reports provided contemporary views of city life, institutions and clinical practices. This group of sources supplied important clues about cultural mores and values. Although surveying this group of sources demanded considerable time, the first hand accounts gave images not available today.

Public records including census manuscripts, probate files, public health reports and annual hospital reports comprise the third major group of sources. These materials yielded brief but accurate glimpses of nurses who practiced and the patient they served. They also depicted health care issues facing the community.

Less public, but accessible, are records still existing in hospitals covering admission data, medical records and student nurses records. These sources, the fourth area surveyed, proved most fruitful when trying to describe the world of the nurse and what she did in those settings. The admission records demonstrated clearly changing illness and hospital utilization patterns.
The fifth group of resources includes interviews from nurses, physicians and their children. They supplied useful information regarding nursing, health care and life in the city during the last ten years of the study period. The oral reports also addressed issues related to emerging practice for nurses, prevalent cultural practices and self-care activities in the twenties.

Several gaps remain in the sources identified and limit the study's conclusions. First, no hospital records survived from the World War I period (1914-1919). Also, none of the hospitals had complete medical records for the thirty year study. To further complicate the problem on medical records, of those that do exist, many of the nurses notes did not survive. A few examples of bedside notations do remain; however, but they do not represent a large sample. Further, the number of oral reports are limited due to the small classes graduated during the twenties and deaths within those classes. The median age of these women is now the early eighties, since students entered at a later age during this period.17

Still, the research yielded a large quantity of basic data about Jacksonville, its health care and its nurses. The analysis of these data provides a fresh approach to examining nursing history in the context of women's history and from the perspective of a medium size southern city.

CHAPTER II
NURSING AND HEALTH CARE IN JACKSONVILLE ON
THE EVE OF THE TWENTIETH CENTURY, 1860-1899

Jacksonville approached the twentieth century as a smaller sister
of other major southern cities, but the largest population center in
Florida. Jacksonville shared with these larger cities many of the
typical post Civil War experiences common to urban areas. The
destruction of war, frequent fires, periodic epidemics and the
economic cycles of the late nineteenth century left their mark on the
city and its inhabitants there.¹

The Civil War devastated Jacksonville. Its port and strategic
location in North Florida made it a target of union troop invasion and
occupation on four different occasions. Each occupation resulted in
much destruction to the city. Many residents who fled during the
conflict, returned after the war to find their homes and city in
ruins. Economic prosperity returned gradually after the war with
rebuilt lumber mills, a new railroad depot, wharves and a flourishing
tourist trade.²

¹U.S. Bureau of the Census, Abstract of the Twelfth Census, 1900
(New York: Arno Press Reprint, 1976), pp. 101 and 136; Howard Rabinowitz,
"Continuity and Change: Southern Urban Development, 1860-1900," in The
City in Southern History, Blaine Brownell and David Goldfield, eds.

²T. Frederick Davis, History of Jacksonville, Florida and
Vicinity 1513-1924 (Jacksonville: The Florida Historical Society,
1925), pp. 149-154; Richard Martin and Daniel Shafer, Jacksonville's
Ordeal by Fire: A Civil War History, James Ward, ed. (Jacksonville:
Florida Publishing Company, 1984), pp. 72-75, 86, and 160-165; Jerrell
Shofner, Nor Is It Over Yet (Gainesville, Florida: University of
While local business conditions improved, environmental and social problems cast a shadow on the post war city. The veneer of a bustling port, portrayed in local newspapers as ideal for invalids and tourists, glossed over significant environmental dangers. Problems like poor drainage of sewage and inadequate garbage disposal menaced residents and tourists alike year round. Public funding for sanitation, education and public health measures never adequately corrected any of these problems during the century. Small improvements or expenditures devoted to the city's health received considerable attention in the press. For example, in the 1880s, the local newspapers announced whenever city sanitarians limed the streets, scrubbed the city market or picked up garbage on the riverfront. Reports of monthly meetings of the city health board appeared regularly and readers also learned of the purchase of a horse and buggy for the city physician to enable him to visit the sick poor.\(^3\)

City leaders attempted to reassure residents in the summer months about the safety and sanitary conditions in Jacksonville, while epidemics raged elsewhere. Putting a good face on things proved necessary in an era when entire cities might fall prey to one of the common fevers of the period. By the 1890s, reports appeared in the papers about admissions to the two hospitals in the city, frequently stressing how many persons had gone home cured. Advances in

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\(^3\)Florida Daily Times, January 14, 1882, and August 1, 1882; and Florida Times Union, July 11, 1884, and July 20, 1884.
protection from communicable diseases remained limited, however, and little changed for the typical city resident during the late nineteenth century. City leaders did manage a few improvements like a limited sewer system in the downtown area and a safer water supply. Still, unpredictable economic conditions limited progress.

Social problems relating to cultural values and norms also affected the post-war experience of city residents. Black residents lived alongside whites in separate and unequal neighborhoods within the city. Two Jacksonvilles emerged in the post Civil War era. Blacks worked in unskilled, low paid jobs with little upward mobility, while whites worked in all levels of society and experienced upward mobility. This unequal distribution of wealth led to separate and unequal conditions in the two Jacksonvilles. A few black residents did make genuine social and economic progress and developed to form a small leadership group for the rest of black Jacksonville.5

The general view of the white public expressed in the Florida Times Union reflected a condescending attitude toward blacks. They appeared in local newspapers generally under two conditions: first,


when they broke the law or did something socially wrong and, second,
when they suffered tragedy or injury. By the closing years of the
century, blacks became a majority of the city population. White
denial of their significant role limited community progress in
addressing all local problems including the management of illness.

The community view of women demonstrated another cultural value
which limited progress in nursing and health care before 1900. Women
represented a sizable group in the community, yet they played a very
limited role in the public life of the city. Women as portrayed in
local newspapers and public records were frequently reminded of their
subordinate roles. They received advice in the daily paper on how to
raise their children, manage their homes and remember their feminine
frailties. The newspapers also described scientific evidence of
women's psychological and physiological inferiority. Drug advertizers
targeted women for tonics and other treatments to help them overcome
their female problems which kept them from fulfilling their dependent
roles in society. The few classified advertisements for women workers
required character references or testimonials about the woman's
honesty and morality in addition to basic skills. Similar
stipulations did not appear in advertisements for male workers. In
addition, advertisements placed by women seeking work included the
term widow, indicating the reason for leaving home for work. This

6 Florida Times Union, July 21, 1983; January 30, 1883; January 3,
1884; August 21, 1885; Edward N. Akin, "When a Minority Becomes the
Majority: Blacks in Jacksonville Politics, 1887-1907," Florida
probably increased their acceptability as employees since the Civil War had left a surplus of females in society. Also, impoverished widowhood could still denote gentle breeding, but changed circumstances. 7

Meanwhile, the working poor women in the community remained invisible except for listings in the city directories. These city directories depicted significant portions of the black and poor white female population actively employed as domestics, dressmakers, seamstresses, shopkeepers and managers of boarding homes. Nurses did make a limited appearance in the later years of the nineteenth century, but never exceeded 12 per year. 8

Two examples of women initiating change and providing leadership in the community can be found in this period. First, in the early

7Florida Daily Times, January 6, 1883, p. 4. The headline reads "A Grand Charity Ball," to benefit St. Luke's Hospital Association; Florida Daily Times, January 15, 1882, p. 3. One of the many days when the column "Mrs. Grundy Says," appeared, giving women advice on manners, gossip and housekeeping; Florida Times Union, July 29, 1889, p. 3 (Florida Daily Times, March 12, 1882). This advertisement for Dr. Pierce's Golden Discovery which promises to help the young woman live to her wedding day and to cure weak lungs, spitting blood and asthma, is just an example of many aimed at women; Florida Times Union, July 8, 1889, p. 8. This ad stipulated the race and character of the person wanted to be housemaid or nurse; Anne Scott, The Southern Lady: From Pedestal to Politics, 1830-1930 (Chicago: University of Chicago Press, 1970), p. 106.

8Selected city directories 1871-1900. These directories indicate, both in the service section and alphabetical listing section, many women who list occupations other than housewife, especially in the black community. Seamstresses and domestics outnumbered nurses throughout the late nineteenth century.
1870s, three wives of prominent community leaders organized an association to aid sick tourists. These women directed the organization which grew and eventually became St. Luke's Hospital.

Second, in 1884, Mrs. Josephine Schumacher, wife of a local bank president, founded a hospital for the sick and needy. The hospital was named by her associates on the governing board as a memorial to her oldest son, Frankie, who had died as a child. The hospital which has small separate units for blacks and whites opened in 1884 and remained active in the community until 1901. Mrs. Schumacher died in 1892, but her community based board of directors continued the work until the turn of the century.9

The history of St. Luke's, like newspaper reports of the Frankie Schumacher Hospital Association, reflects the limited view of women and nurses during this period. None of the ladies who led these two organizations ever entered a hospital room to physically care for sick patients. The only time the "ladies" who supported the hospital put on uniforms came when they dressed in uniforms and posed as nurses with donation cans on downtown street corners. Meanwhile, pupil nurses and nurses for hire never went into public to help raise money for the hospital. They earned money by caring for private patients who paid the hospital. Nursing sick bodies of strangers remained a dangerous, dirty and unladylike work. Locally, caretakers or nurses

came from the ranks of poor whites, widows or trustworthy blacks. Religious calling, widowhood or destitution still represented the motivation to practice nursing. It never became the sort of activity middle or upper class whites ever wanted their daughters to do outside their own families.  

While cultural views and attitudes limited the progress in nursing and health care, the climate, environment and general sanitation problems contributed to high levels of communicable diseases in Jacksonville. Warm winters attracted large numbers of northern invalids which elevated disease rates in those months, while the intense summer heat and daily rains brought epidemics of numerous diseases. Limited resources to maintain cleanliness added to conditions favorable for annual outbreaks of typhoid, intermittent, dengue and malarial fevers. Jacksonville also experienced several serious epidemics of less common but deadly diseases like smallpox and yellow fever in the closing decades of the nineteenth century.

The rapid growth of Jacksonville between 1870 and 1900 complicated existing sanitation problems. Lovely tree lined city streets suffered from heavy flea and mosquito infestation. Open cesspools, rotting garbage, muddy streets and dead animal carcasses characterized many downtown streets. The filth in the main

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11 Merritt, A Century of Medicine, pp. 115-121.
residential areas of upper class citizens paled when compared to conditions in poorer neighborhoods, where city services failed to maintain even a modicum of cleanliness. Frequent cloudbursts and flooding further complicated the city's problems. Citizens familiar with these conditions accepted the usual summer visitations of fevers and flus. In addition, all of these seasonal diseases occurred with less frequency than the white plague of tuberculosis which afflicted people year round. Complete health remained a special blessing throughout the period for citizens in Jacksonville.\(^{12}\)

When persons in the community became ill with any type of disease during this era, recuperation or terminal care usually occurred at home. Family members and servants assisted the patient in coping with acute illnesses and provided support until recovery or death occurred. Medical services from doctors, dentists and druggists assisted the family in coping. In addition, indigenous healers and patent medicines often played a role in home care of the sick. When epidemics struck, the system of medical care quickly broke down. Residents and visitors alike suffered from lack of assistance.\(^{13}\)

\(^{12}\)Reports in a sample of local papers of deaths by the city physician often demonstrated the presence of tuberculosis in the city; St. Luke's records for 1899 report twelve tuberculosis cases, compared to four cases of typhoid.

\(^{13}\)Persons reported ill or dead in the newspaper sample were described consistently as being at home under the care of doctors and families. A selection of these articles include Florida Times Union, September 20, 1884; September 10, 1885; January 9, 1891; January 27, 1891; July 2, 1889; Richard Martin, The City Makers (Jacksonville: Convention Press, 1972), pp. 230-238.
This system of home based patient care worked reasonably well, with daily medical attention, except in two situations. First, if the sick person lacked the supportive system of a home and family, a major element of his care became unavailable. The lone traveler, the widow or the aged and mentally slow could end up without support when ill. Second, if the sick person did not have a home in the city and became ill with a major communicable disease, arrangements for care were unorganized. If the visitor resided in one of Jacksonville's large hotels, the illness could spread to servants, caretakers and other hotel residents. The people caught in these two situations stimulated the development of Jacksonville's earliest hospitals which sought to meet the needs of the isolated or homeless sick while protecting the community's health.

A number of temporary hospitals grew out of the necessity caused by war or epidemic, but none of them became permanent institutions until late in the nineteenth century. For example, military hospitals served victims of the Seminole Indian Wars and the Civil War, but closed when the fighting ended. Also, a crude pest house/hospital, built in the woods north of the city, called Sand Hills, served the needs of the city at times of epidemic until after 1900, but closed between episodes.¹⁴

The first permanent institution for the indigent sick and infirmed in the city, built with county funds, was begun in the

¹⁴Martin, A Century of Service, pp. 2-11; Merritt, A Century of Medicine, pp. 32, 66 and 149-150.
1870s. Located at the corner of Jessie and Franklin Streets, this new county hospital had two divisions, one for aged homeless and the other for the indigent sick. Known locally as the pest house, residents received a lower level of care, since they had less acute health problems and often needed only simple custodial care. The hospital patients enjoyed a higher level of care with better food and medical attention from the city physician. This public facility grew during the first ten years of service, then remained essentially unchanged for the rest of the century.15

In 1872, the three wives of prominent city leaders previously mentioned became alarmed about the plight of sick tourists often left to suffer in city hotels, or forced to enter the county pest house. This problem became public when two invalid tourists died on the streets of the city. The women organized a "Relief Association of Jacksonville," for the purpose of helping the sick find suitable facilities for care. The group soon recognized the necessity of having a hospital and began fund raising activities to achieve their goal. The association rented space in town to care for sick visitors and called it St. Luke's Hospital. The first facility opened its doors on March 11, 1873. By 1876, a new building with additional space for more patients neared completion, only to burn to the ground just days before opening. The women's association with community help and insurance funds rebuilt on a site further out of town on

15Merritt, A Century of Medicine, pp. 79-83.
Palmetto Street. This third building served the city from 1878 until 1914.16

St. Luke's served white patients from many socioeconomic classes. Visitors, invalids and poorer residents without home assistance became patients in the facility before the turn of the century. Hospital records from 1899 indicate the patient population came from many diverse segments of the community and from other parts of the country. The most common reason for admission was infectious diseases of many varieties. The length of stay varied from 2 to 189 days. Women entered as housewives whether they were married or not and the most common occupation of the men listed was laborer. The patients primarily came from Jacksonville and greater Florida, but residents from ten other states and two foreign countries appeared in the admission records. The patients received treatment for a great variety of disorders including communicable diseases, gunshot wounds, childbed fever and acute appendicitis.17

While St. Luke's and the county hospital have endured to contemporary times, smaller facilities emerged during this period which did not survive the transition to the modern period. They represented a combination of public and private efforts to meet the needs of sick patients and make a living. The presence of all of the

16Martin, A Century of Service, pp. 16-21 and 62-64. This building on Palmetto Street still stands today as an historical landmark and houses offices.

17St. Luke's Hospital, "Hospital Admissions Register" (9 months, March-December, 1899), archives (Jacksonville: Author, 1899-1900).
health facilities indicate a sensitivity to community health problems, even though the efforts to cope with those problems often proved ineffective.¹⁸

Medical services provided the core of formal health care during this era and the practitioners in the community included doctors, dentists and druggists. All three of these practitioners increased in numbers during the closing years of the nineteenth century. The physician population reflected typical trends and included regularly educated physicians, naturopaths and homeopaths, with a few eclectics appearing in the group. Although the local medical society was formed in 1874, true control over the practice of medicine did not come until the progressive era. Physicians played a very prominent role in community life and appeared often in local news stories either as practitioners caring for victims of accidents or leading community committees.¹⁹

Dentists and druggists also left considerable public data about their professional activities in the newspapers, but little data about their backgrounds, education and preparation. Their numbers increased during the era, but greater ambiguity existed in relation to their roles in health care. For example, physicians occasionally listed

¹⁸See Table I for a summary of the purpose, size and site of all the health facilities in the city during this period.

¹⁹Sample on the table taken from selected city directories from the last 22 years of the century; Paul Starr, The Social Transformation of American Medicine (New York: Basic Books, 1982), pp. 112-144. See Table II for a summary of the physicians, dentists and druggists in the community during this period.
### Table I

<table>
<thead>
<tr>
<th>Date Established</th>
<th>Name and Purpose</th>
<th>Site and Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1870: land purchased, some buildings opened</td>
<td>Duval County Hospital and Asylum: care of the county poor, infirmed, and Insane</td>
<td>Jessie and Franklin Streets, Oakland Section; 3 small buildings for patients and inmates</td>
</tr>
<tr>
<td>1876-1877: earliest reports of hospitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1873</td>
<td>St. Luke's Hospital: care for invalid tourists and white residents who could not be cared for at home</td>
<td>Corner of Palmetto and Duval Streets, Fairfield Section; 40 beds by 1898</td>
</tr>
<tr>
<td>1884</td>
<td>Franke Schumacher Relief Association Hospital (memorial by a mother to her older son): maintains wards for white and colored patients</td>
<td>433 Oak Street, Riverside Hospital</td>
</tr>
<tr>
<td>Pre-Civil War</td>
<td>U.S. Marine Hospital: management of quarantine of sick entering the port and ship quarantine</td>
<td>1716 E. Church Street, Fairfield Section</td>
</tr>
<tr>
<td>Late 1880s</td>
<td>City Emergency Hospital: care of indigents and poor needing immediate medical care in the city</td>
<td>Downtown on Pine Street at First; by 1900 moved to facilities formerly for F. Schumacher Hospital</td>
</tr>
<tr>
<td>1895-1896</td>
<td>The Fairfield Sanitorium (also known as Florida Sanitory, owned by Dr. Malvena Reichard for invalids who could pay proprietary): the only hospital not open for charity</td>
<td>729 Talleyrand Avenue</td>
</tr>
</tbody>
</table>

Based on city directory survey by Martin, A Century of Service; Merritt, A Century of Medicine; and Brown, Jacksonville.
<table>
<thead>
<tr>
<th>Year</th>
<th>Physicians</th>
<th>Dentists</th>
<th>Druggists</th>
</tr>
</thead>
<tbody>
<tr>
<td>1877</td>
<td>14 (white)</td>
<td>3 (white)</td>
<td>3 (white)</td>
</tr>
<tr>
<td></td>
<td>1 homeopath</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 colored</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1877</td>
<td>10 (white)</td>
<td>4 (white)</td>
<td>4 (white)</td>
</tr>
<tr>
<td></td>
<td>1 homeopath</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 eclectic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 colored</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1879</td>
<td>21 (white)</td>
<td>5 (white)</td>
<td>8 (white)</td>
</tr>
<tr>
<td></td>
<td>4 homeopath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1882</td>
<td>28 (white)</td>
<td>7 (white)</td>
<td>9 (white)</td>
</tr>
<tr>
<td></td>
<td>2 eclectic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 colored</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 homeopath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1886</td>
<td>35 (white)</td>
<td>10 (white)</td>
<td>16 (white)</td>
</tr>
<tr>
<td></td>
<td>1 eclectic</td>
<td>1 colored</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 homeopath</td>
<td>1 female</td>
<td></td>
</tr>
<tr>
<td>1887</td>
<td>42 (white)</td>
<td>10 (white)</td>
<td>16 (white)</td>
</tr>
<tr>
<td>1892</td>
<td>47 (white)</td>
<td>7 (white)</td>
<td>19 (white)</td>
</tr>
<tr>
<td></td>
<td>2 colored</td>
<td>1 colored</td>
<td></td>
</tr>
<tr>
<td>1898</td>
<td>41 (white)</td>
<td>11 (white)</td>
<td>21 (white)</td>
</tr>
<tr>
<td></td>
<td>4 colored</td>
<td>2 colored</td>
<td></td>
</tr>
</tbody>
</table>
themselves in the business directories as druggists as well as doctors. Dentists had more clearly defined roles but seemed more tenuous in the community, since some advertised temporary offices in hotels only during the tourist season.\textsuperscript{20}

All three groups of practitioners advertised heavily in local newspapers. Doctors listed the hospitals where they studied, druggists promoted patent medicines and dentists promised painless treatments, or perfect dentures. The local pharmacy frequently served as an emergency room where victims of trauma got carried for pain relief or stimulants before the trip home to recover.\textsuperscript{21}

In addition to doctors, dentists and druggists, the patient of the period could turn to a large patent medicine industry which bolstered the concept of self help or use of lay healers in the home. The dismal experiences of persons who received formal medical treatment which, in the nineteenth century, included purging, electric shock and blistering stimulated much interest in self care.

Advertising of easy to take "cures" for many problems created a great

\textsuperscript{20}Jacksonville, Florida, City Directory, 1898 (Jacksonville: Vance's Printing Co., 1898), pp. 274-285; Florida Daily Times, December 4, 1881, p. 1, classified advertisement; February 2, 1882, p. 3, classified advertisement; Florida Times Union, February 16, 1883, p. 4, classified advertisement. See Table II for a summary of the physicians, dentists and druggists in the community during this period.

\textsuperscript{21}Florida Times Union, January 3, 1886, p. 3, Professor A.J. Dexter advertises as a natural physician, electrical surgeon and massage operator; Florida Daily Times, December 4, 1881, p. 1, Dr. A.D. LeMaître from Paris advertised as a regular French physician; December 3, 1881, p. 4; March 30, 1882, p. 4. This article represents many from the survey indicating how emergencies received attention in the community.
demand for these products. The newspapers in Jacksonville reflected this national approach by patent medicine makers to create demand through extensive advertising and outrageous promises. These claims by manufacturers approached the absurd, even considering the lack of knowledge of many consumers. Unfortunately, in the face of life threatening acute and chronic illnesses the patent medicines remained popular.22

The contemporary home medical manuals available to the public at this time also confirm the philosophy that home nursing supplemented with home remedies and patent medicines offered the patient the best chance to recover from most diseases. Some patent medicine firms even published their own manuals under a physician's name to promote their remedies. When the claims of the remedies were compared with the purging, bleeding and blistering or surgery of the typical physician, the choice of mild home care and hope of cure from a bottle looked like a good alternative.23


23Florida Daily Times, February 2, 1882, p. 3, carried an advertisement for the Family Medical Guide, ed. by Edwin Lanicester, M.D., which supported use of various nostrums; Florida Times Union, January 10, 1886, p. 4, carried a full page advertisement for "Swifts Specific: The Great Vegetable Blood Purifier," which included directions for ordering health manuals which supported the use of Swifts specific.
# Table III

**Patent Medicines Advertised in Local Papers Before 1900—A Selected Sample**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Manufacturer</th>
<th>What It Cured or Relieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hood's Sarsaparilla</td>
<td>C.J. Hood Co., Howell, MA</td>
<td>scrofula, boils, pimples</td>
</tr>
<tr>
<td>Swift's Specific Great</td>
<td>Swift's Specific Co., Atlanta, GA</td>
<td>impure blood, dyspepsia, catarrh, nervousness, goiter, yellow fever</td>
</tr>
<tr>
<td>Vegetable Blood Purifier</td>
<td>Dr. Pierce through local distributors</td>
<td>anti-bilious, laxative, weak lungs, spitting blood, asthma</td>
</tr>
<tr>
<td>Dr. Pierce's Pellets</td>
<td>Dr. Pierce through local distributors</td>
<td></td>
</tr>
<tr>
<td>Parson's Purgative Pills</td>
<td>I.S. Johnson &amp; Co., Boston, MA</td>
<td>impure blood; cures liver, kidney disease, and yellow fever</td>
</tr>
<tr>
<td>Ayers Cherry Pectoral</td>
<td>Dr. J.C. Ayer and Co., Lowell, MA</td>
<td>strangling and respiratory problems from colds</td>
</tr>
<tr>
<td>Vitalized Phosphites</td>
<td>F. Crosby Co., New York City</td>
<td>brain fatigue, neuralgia, and failing memory</td>
</tr>
<tr>
<td>Bradford's Daily Regulator</td>
<td>Bradford Regulator Co., Atlanta, GA</td>
<td>diseases peculiar to women and relives their complaints</td>
</tr>
<tr>
<td>De Bing's Pile Remedy</td>
<td>J.B. Miller, M.D., Philadelphia, PA</td>
<td>blindness, bleeding, itching, ulcerated or protruding piles</td>
</tr>
<tr>
<td>Dr. Sonvielles Telescopic Regulator</td>
<td>Local office</td>
<td>head, heart, throat and lungs</td>
</tr>
<tr>
<td>Dr. Francis</td>
<td>New York offices</td>
<td>opium, morphine, chloral, alcoholism, at home</td>
</tr>
</tbody>
</table>

Sources in order of their listing: local Jacksonville newspapers, all the Florida Times Union, January 7, 1897, p. 4; January 10, 1886, p. 4; August 5, 1889, p. 3; February 16, 1884, p. 3; January 1, 1891, p. 3; December 30, 1881, p. 2; January 8, 1891, p. 3; January 1, 1885, p. 4; January 29, 1885, p. 4.
The doctor's office, the pharmacy, the dentist's office and home still remained the sites for most health care before 1900. Emergency care for accidents or trauma took place in the nearest doctor's surgery or closest drug store. Surgery most often took place in the doctor's or dentist's office or on a kitchen table in a home. Dying at home remained the common practice until the twentieth century.

Nurses who worked for pay caring for the sick remained largely anonymous during this period. A few did list themselves in the business directories in the services section. The directories did not list the nurses with any consistency from year to year, with some of them disappearing only to reappear in later years, yet according to the alphabetical listings in the directories they lived in the city throughout the period.

Nurses as a group became visible during the two largest epidemics to plague the city late in the century. Although, serious diseases like tuberculosis and typhoid attacked residents with regularity, the disastrous yellow fever epidemic of 1888 and serious typhoid fever epidemic of 1898 brought nursing care into the public spotlight. Both

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24 Examples of death reports: Florida Daily Times, May 11, 1881, p. 4, Luther M. died at home of a congestive chill; July 15, 1882, M. H. died at home of typhoid pneumonia; July 16, 1882, p. 1, Senator B. H. died at home; Florida Times Union, August 28, 1884, p. 5, Mrs. C. V. died at the Tremont after many years of invalidism; September 13, 1885, p. 5, two children died at home from remitting fever, January 27, 1871, p. 8, R. J. died at home of acute bronchitis.

25 All city directories printed between 1871 and 1900 surveyed for listing of nurses for hire in residential as well as business sections. Several nurses remained in the city throughout the period, but were not listed as nurses each year.
epidemics increased the public demand for nursing services and the
people who could practice nursing became recognized in the community
for a valuable service. This brief moment in the limelight, however,
faded quickly. The horror of nursing yellow fever and typhoid fever
victims lingered in people's minds much longer than memories of heroic
service. This resulted in a lowered general interest in nursing as a
vocation as indicated by and absence of nursing students entering
St. Luke's Training School between 1889 and 1893.26

During the yellow fever epidemic of 1888, normal community life
stopped for over five months. The city lay crippled economically and
physically throughout the late summer months and well into the fall.
The primary weapon among cities of the time to combat yellow fever
remained the quarantine laws which had been in effect since the
eighteenth century. Ignorance of the etiology of yellow fever led to
ineffectual efforts to cope with the epidemic. The environment, city
crowding, sanitation problems and the introduction of an infected
traveler all collided during that hot summer. Entire families died.
Many fled early in the disaster, but the rest stayed quarantined in
the city while food supplies and aid flowed in from across the
country.27

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26 Merritt, A Century of Medicine, pp. 162-167; Martin, A Century
of Service, pp. 115-121; St. Luke's Hospital, School of Nursing,
School of Nursing Directory (Jacksonville: St. Luke's Hospital, School

27 Ward, Old Hickory's Town, pp. 167-169; Merritt, A Century of
Medicine, pp. 148-152 and 154-157; Martin, A Century of Service,
p. 84; Martin, The City Makers, pp. 224-229.
The city languished for weeks as the death count rose. Civic leaders and unknown vagrants died simultaneously, as doctors worked without success to stem the symptoms. Guns were fired day and night in the belief that concussion of the air would kill the yellow fever germ. Sulfur, pitch and tar fires were started supposedly to sanitize the air. Sanitarians sought to clean the river and streets in a belated attempt to prevent further disease. People stayed indoors with closed windows throughout the stifling weeks of summer, trying to avoid the germ. The needs of the community outstripped the supplies of everything, including nurses.²⁸

Although the first case of yellow fever appeared in late July, 1888, and the number began to climb in August, it took city leaders until August 10, 1888, to declare a public health emergency. They then founded the Jacksonville Auxiliary Sanitary Association to organize relief efforts for the city and to provide leadership during the emergency. A committee on Nurses and Medical Attention became active on September 11 as a working group with the Auxiliary Sanitary Association. This committee co-ordinated the utilization of physicians and nurses and the deployment of medical supplies. The tasks of the committee included providing accommodations for nurses

and overseeing expenditures of funds for nursing services and any materials they used. 29

In the subsequent report, the Committee on Nurses and Medical Attention concluded: "the value of good nursing in the treatment of yellow fever is too well appreciated by all persons familiar with the disease to need argument." The report goes on to say, that many nurses volunteered to help and received payment through government relief revenues. The total number of nurses enrolled in the nurses bureau during the epidemic numbered 837 of whom 397 were white and 440 were black. Of all nurses, two thirds were female and about one in five came from Jacksonville. The remainder of the nurses came to the city from other parts of the country. The committee spent over $30,000 on nurses' salaries and meals during the epidemic. 30

The remainder of the report of this committee on nurses portrays an ambivalent image of nurses and nursing during the disaster. While applauding the significance of bedside nursing early in the report, the committee goes on to record:

It was found necessary to arrest some nurses for drunkenness, carelessness and disorderly conduct, and send them out of town, to prevent other people being imposed upon. In spite of the care taken to secure only acclimated and experienced nurses, many were attacked by the fever and others found entirely incompetent. 31

30 Adams, Report of JASA, pp. 139, 140 and 149.
31 Ibid., p. 140.
The committee also had problems with American Red Cross Volunteer Nurses dispatched by Clara Barton from Louisiana. The report of the committee on Nurses and Medical Attention states that they helped little "... by reason of their average inefficiency and unreliability." Miss Barton's representative in Jacksonville dissociated himself from the nurses, but Miss Barton defended them in spite of the criticism. Dr. Joseph Porter, subsequently Florida's first public health officer, accused some of the Red Cross nurses of drunkenness, theft and general worthlessness. Although Miss Barton felt the criticism unfairly disgraced the Red Cross organization, she continued to offer help and relief to the Jacksonville committee.32

Another group of volunteers caused problems for the Committee on Nurses and Medical Attention. Mr. Harry Miner, a New York businessman, offered to send trained nurses for Florida and pay their transportation and salaries, if the committee could accommodate them. Dr. Neil Mitchell, president of the Auxiliary, accepted the offer. Nine nurses arrived in late September and began their work. Troubles began when most of the nurses arrived without funds and claimed Mr. Miner had agreed to pay them. Miner then communicated that they had volunteered their services. This left the nurses in dire straits. After much confusion, the nurses did receive payment.

Unfortunately, all but two of the nurses came down with the fever and averaged only a few days of actual service.33

One of the women listed in the report on the Harry Miner nurses was Lavinia Lloyd Dock, a Bellevue Hospital graduate, who worked in the Sand Hills Hospital located north of the city. Miss Dock went on to become an international leader of nursing during the early years of the twentieth century.34

Another positive image of nursing during the epidemic came from the experience of another Bellevue trained, New York nurse. Miss Jane Delano came to Florida at the request of a local physician with whom she had worked at Bellevue, in spite of a strong dislike of mosquitoes. This dislike saved many lives, since she requested that the windows of the Sand Hills Hospital be covered with screens eliminated contact with the fever carrying insect. Miss Delano arrived in Jacksonville on August 31 and, with quiet assurance, took over the duties as Matron of Sand Hills Hospital.35


34Lavinia L. Dock et al., History of American Red Cross Nursing (New York: MacMillan Co., 1922), p. 17; Roberts, American Nursing, pp. 70-74 and 80-81; Teresa Christy, "Portrait of a Leader: Lavinia Lloyd Dock," Nursing Outlook 17 (February 1969): 72; Mary Roberts, "Lavinia Lloyd Dock--Nurse, Feminist, Internationalist," American Journal of Nursing 56 (February 1956): 176-179. Miss Dock demonstrated expertise as a pioneer nurse historian, writing the first four volumes history of the profession, based on European research. She also wrote prolifically on such diverse subjects as sex hygiene and pharmacology. She participated actively as a suffragette and went to jail for picketing the White House over the issue of the vote for women. This woman stood just 4 feet 10 inches tall, yet carried on her nursing duties with others much larger than herself.

35Dock, History of Red Cross Nursing, pp. 16-22.
Sand Hills, situated 3.5 miles north of downtown, in a pine forest, consisted of twenty separate wooden buildings and numerous tents. In spite of the crude conditions at the hospital and intense heat of summer, neither Miss Delano nor any of her nurses contracted yellow fever. Miss Delano worked with other nurses including Miss Dock for three months to save lives and care for the dying. Also, Miss Delano, like Miss Dock, went on to become a nationally known nursing leader. Among her many accomplishments, she became Director of the American Red Cross Nursing Service during World War I.36

Although women did most of the yellow fever nursing, men also served during the crisis. Their records have not survived, but at least one case story can be confirmed. Reverend J.P. Sharpe, the pastor of St. Paul's Methodist Church in the city, died on September 9, 1888, after losing his battle with the fever. He had received medical attention from a local doctor, medicine from Bettes Pharmacy and nursing from a black male nurse named Matthew. The New York Times reported that Reverend Sharpe died through the "neglect of nurses." However, the pastor's daughter wrote years later to the Jacksonville Historical Society explaining what truly happened to her family:

The Truth is that he (Pastor Sharpe) had an excellent nurse. The negro man and my mother lay by my father's side and directed care of him. My father had a Kidney complication, and really died of congestion of the brain. His forehead was perfectly black as if it were bruised. . . . The negro Matthew, who nursed father was faithful to come back and massage his skinny little legs and feet--trying to make blood which wasn't tone to circulate. . . . My father was too exhausted to stand the ravages of yellow fever, and I don't believe the best of nurses could have saved him. I have always regretted the injustice done to Matthew.37

The actual bedside nursing of patients during this epidemic demanded stamina and fortitude. Patients passed through stages of severe chills, burning fever and hallucinations. Treatments included laxatives, mercury, silver nitrate or mixtures of watermelon seeds and gin. Brandy and champagne might be given as stimulants. Foot-soaks, steam baths and cool washes with cloths might follow with enema and more laxatives if no improvements occurred. The disease would run its course and in fatal cases it concluded with episodes of "black vomit" from gastrointestinal hemorrhages. The unfortunate patient and family might attempt to cope with the fever by taking a variety of patent medicines, but these only worsened the disease. The death was usually caused by dehydration and shock caused by the victims' inability to

take fluids and replace losses from the treatments. Webster Merritt, a prominent local medical historian, has noted: "It is apparent that those physicians who secured good nursing and supportive care for their patients obtained the best result from treatment, whereas those who weakened their patients with strong medicines and drastic measures obtained the poorest results."39

A local reporter graphically described conditions for nursing at St. Luke's Hospital during the epidemic:

The reporter was duly shown into the reception room and the resident physician's sleeping apartment on either side of the front entrance... The inspection of the men's ward completed the first floor tour... here, in two large airy rooms, stood the clean white cots, upon which the pitiful forms of the sufferers lay, some of whom were better and some worse, but all patient and quiet and carefully attended by their vigilant nurses.

Upstairs the private room, nurses rooms and women's ward are located, the latter being free of patients, though some private rooms were occupied by females. One of the pleasantest of the upper rooms was closed and upon being opened, the visitor was informed that here one of the most typical cases had suffered and died, and the bed, floor and even the wall had been so thoroughly permeated with black vomit that, although the room had been thoroughly scrubbed several times, and quantities of disinfectants used to purify it, it was still kept closed. In proof of this need the matron pointed to the wall, which though several feet from bed, was still smeared with black, inky stains, which she said could be removed only by scraping the wall.40

One of the few public personal reactions to the epidemic from a nurse appeared in this same article when the reporter asked

38Merritt, A Century of Medicine, p. 155; John C. Gunn, Gunn's New Family Physician, or Homebook of Health (New York: Moore, Wilstback and Baldwin, 1865), p. 416.
39Merritt, A Century of Medicine, p. 155.
40Martin, A Century of Service, p. 87.
Mrs. Caroline Standing how the experience had affected her:

... I shall never forget the horrors of those first two weeks as long as I live! ... You see we were so peculiarly placed. Our resident physician was called north just at the outbreak of the fever, while we had a virulent case of yellow fever in the house, though at the time of her departure it had not been so conceded. ... When it was known in the house that the case was considered suspicious, my help became completely demoralized and most of them fled panic stricken, leaving me with this violent case of yellow fever among fourteen other sufferers from other diseases, who all together with those of us who were well, had been exposed to and were of course liable to become victims of the fever. 41

Mrs. Standing then described the many victims who, rushed to the hospital by fearful families, died soon after admission. She as well as members of her staff also contracted the disease they were trying to manage in others. While her story made good news copy, it did little to interest prospective nurses to enter a field so fraught with danger.

Webster Merritt cites the development of a state board of health as a positive outcome of the tragic epidemic which claimed over 400 lives. Nursing did not fare as well. The nurses training school at St. Luke's did not have any graduates after the great epidemic until 1895. It seems the heroes of the epidemic faded from memory before the memories of the horror and death. 42

41 Ibid., p. 88. Dr. Anita Tyng was resident physician during 1888. It is noteworthy that she was the third female resident physician at St. Luke's since its opening. Dr. Malvina Reichard had served as the first resident physician from 1882-1887 (also serving as superintendent) and was relieved by Dr. Helena Davis in 1884-1885.

42 Merritt, A Century of Medicine, pp. 162-165.
The problem inherent in nurses training programs in the late nineteenth century also contributed to the lack of students at St. Luke's. Twelve-hour shifts, heavy physical labor, scattered occasional lectures by doctors and constant exposure to communicable diseases characterized the life of the pupil nurse in the 1880s. Hospital leaders described nursing as "high calling" and sought women of refinement and education. The daily tasks of a pupil nurse, which emphasized cleaning floors, cooking and household tasks, bore a striking resemblance to the activities of black maids and sick nurses in the community. The adoption of many hallmarks of the Florence Nightingale military/religious model, however, helped attract six students in 1895. Special uniforms, role models from other programs, strict behavior codes and an expanded curriculum brought the program into a closer alignment with northern schools of the period. Still, the number of students did not grow significantly nor did consistently large groups enter the school until the next century.43

In the closing years of the nineteenth century, the city again coped with a serious epidemic, which did not close the port, but did cost many lives and disrupt city activity. In April, 1898, the Spanish American War broke out after the sinking of the U.S.S. Maine in Havana harbor. By May, Jacksonville became a staging area for the

43Martin, A Century of Service, pp. 98-100; Kalisch and Kalisch, The Advance of American Nursing, pp. 81-82 and 157-174; the "Nightingale" approach to nursing education combines a "high calling" and religious devotion to practice within a rigid, disciplined environment designed to bring out the best in the nurse for the patient's sake.
military. The camp for soldiers opened on Ionia Street in East Springfield, and soon 3000 men resided there. This camp, named "Cubre Libre" by the men, housed soldiers from Wisconsin and Illinois.44

As early as May 23, an ill soldier entered St. Luke's Hospital with a serious disease. Soon after, more soldiers arrived from Mississippi and among them were men infected with typhoid fever. By early June the heat and rainy season arrived and the camp became a sea of mud. Typhoid, measles, mumps and food poisoning soon plagued the troops in the camp. At one point the county hospital and several military hospitals cared for the rest of the victims. Women of the city also accepted sick soldiers in their homes and assisted American Red Cross nurses. By late July, the epidemic began to attract national attention after seventeen deaths among the troops. The local newspaper admitted on July 31, 1898, that 301 men out of 15,255 soldiers had contracted typhoid.45

By August, the epidemic peaked and additional help arrived in the city. Unfortunately, the conditions at St. Luke's became increasingly overcrowded. Although the hospital had a capacity of forty patients, over 112 soldiers entered the facility in August. The pressure on the hospital did not diminish until October when the military hospitals

44Ward, Old Hickory's Town, pp. 171-172.

45Martin, A Century of Service, pp. 112 and 116; Davis, History of Jacksonville, p. 212; Florida Times Union, May 24, 1898; July 22, 1898; July 23, 1898; August 1, 1898.
increased their capacity and the cases began to decrease as the epidemic ended. 46

Local historian, Richard Martin, has noted that a total of 362 men died locally in the epidemic, while only 385 died in combat during the war. Of those who died in Jacksonville, only seven died at St. Luke's, probably the result of the quality of bedside care given to the men by the student nurses at the hospital. 47

The comments by local historians and newspaper writers during this epidemic reflect a changing attitude and respect for nurses in general and American Red Cross nurses in particular. Serving with the American Red Cross had become an acceptable way to help in times of epidemic. Even Miss Barton received positive press coverage during the epidemic of 1898. This demonstrated progress in the public image of nursing which lasted at least during the crisis. The local paper even printed a song sung by the soldiers themselves in tribute to their nurses: 48

Hurrah for the nurses of the typhoid ward
Alert and gentle and true.
Hurrah for the milk, the ice and the broth,
And the big bathtub so blue.

46 Martin, A Century of Service, p. 117.
47 Ibid., p. 120. Until the 1930s, bedside care in hospitals was delivered by student nurses under direction of graduate nurses.
All hail! to the nurse of the typhoid ward,
Her voice is soft and low,
And a sick man feels his pangs depart,
For she charms away his woe.

Long live the nurse of the typhoid ward--
She redeems the battle's blood:
For good she puts us all on ice,
And all our kinfolk, friends, and--
Will think that very nice.

We still do live, we patients all
And join into this song,
And pray unto the lofty dome,
That nurses may live long.49

These positive comments may have meant a lot to the eight women who finished their training program at St. Luke's in 1898 and 1899. Yet again as after the yellow fever epidemic, no students entered the school during the year of the epidemic.50

By the turn of the century, Jacksonville ranked first in the state in population and commerce. While the scars from the epidemics remained, the health delivery system showed significant signs of growth. The numbers of doctors, dentists and druggists increased during the nineties. In addition, St. Luke's had graduated twelve students. Smaller hospitals and institutions to care for special populations survived. Black Jacksonville, which was also involved in both epidemics, received health care from a small group of black health professionals. Ironically, the segregation of the races during

49 Martin, A Century of Service, p. 121.

50 St. Lukes' Hospital, School of Nursing, School of Nursing Directory, p. 115.
the Spanish American War may have saved black lives, since black soldiers moved to other cities for training and service. As the new century approached, both Jacksonvilles looked with hope for progress and better opportunities to live healthier lives. This new century also marked the beginning of the most dramatic period of growth for the nearly anonymous vocation of nursing.

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51 Ward, Old Hickory's Town, p. 172; Florida Times Union, July 21, 1898, p. 6.
CHAPTER III
NURSING EMERGES AS A VOCATION, 1900-1913

Jacksonville entered the twentieth century as the largest city in the state. The population of the city stood at 28,429 with black residents comprising 57 per cent of that number. Business, social life and cultural values all reflected the segregated life of two Jacksonvilles living side by side.¹

The 1900 Manuscript Census Schedule and city directories reflect the residential segregation. They also show a predominance of small businesses, sawmills, substantial hotels for tourists and the railroads which brought travellers, freight and commerce to the city. A small community of professionals and businessmen seem dwarfed in the long census listings of menial workers and day laborers. Most women listed homemaking as their occupation, if they lived with a husband, father or brother. A few women worked at jobs as dress-makers, seamstresses or ran boarding houses. Only 100 women and 1 man identified themselves as nurses with 74 of those women and the man

identified as colored. The other 27 whites listed themselves as either pupil nurses at St. Luke's, trained nurses or sick nurses.\textsuperscript{2}

The 1900 Manuscript Census Schedule showed most black males working at menial jobs. Also many households listed no adult male member, or only one male living with more than one generation of females. More black women than whites worked outside the home. Some black women appeared on the census schedule as live-in workers in white neighborhoods. By far the majority of nurses for hire, domestics for hire and women available for work came from black Jacksonville in 1900.\textsuperscript{3}

The business directories from the years near the turn of the century also list many churches, civic clubs and social societies in both Jacksonvilles. The Lyric Theater was the city's one performance center for whites which operated during the tourist seasons. News papers announced numerous social events and traveling performances, staged primarily for tourists.\textsuperscript{4}

Jacksonville did possess a small powerful social and economic elite who guided the city during the turbulent years before and after the fire of 1901. These people provided leadership at city hall, the board of trade, women's club and a variety of other religious and

\[ \text{2See note 1; U.S. Bureau of the Census, Manuscript Census Schedule, Duval County, Florida, 1900.} \]

\[ \text{3U.S. Bureau of the Census, Manuscript Census Schedule, Duval County, Florida, 1900.} \]

\[ \text{4Ibid., Evening Metropolis, March 6, 1906; June 18, 1906; July 6, 1906; January 8, 1913; Florida Times Union, November 15, 1914.} \]
social organizations for whites which facilitated community affairs. This elite group resembled the small group which directed the Jacksonville Auxiliary Sanitary Association during the yellow fever epidemic of 1888.  

Municipal fires plagued many cities throughout the nineteenth century, due to hazards related to cooking and heating, combined with combustible building materials of the time. Jacksonville experienced frequent major fires in the previous century. These earlier fires, however, did not adequately prepare the community for the great fire of May, 1901. This fire began in a fiber factory in the central city and, in the next eight hours, grew into a fire storm which destroyed 466 acres of the oldest and most populated portion of Jacksonville. The 2,368 structures destroyed included twenty-three churches, ten hotels and all public buildings, leaving almost ten thousand people homeless and five people dead. The property loss to the city approached fifteen million dollars with only one third of that loss insured. In addition, over half of the city's tax base disappeared in the fire.  

Rebuilding after the fire began within twenty-four hours after the disaster. Financial assistance flowed into the city and soon builders, architects and planners followed. The stimulus of


rebuilding helped accelerate urban and economic growth which had begun before the fire. By November, six months after the fire, Jacksonville was sufficiently rebuilt to host the annual Florida State Fair. 7

Jacksonville's response to national trends associated with the progressive era followed in quick succession in the next few years. New growth which accompanied the building boom rekindled interest in health and social reforms. Cultural growth and diversification also developed with the influx of new residents. While local papers had emphasized every small change in the previous century, rapid progress in almost every aspect of community life appeared regularly in newspapers, city directories and maps of the city printed in the first decade after the fire. Public transportation, fire protection, civic entertainment, social services, public health programs and public safety programs all grew during this era of reform. 8

Two major areas where progress lagged during this period included the role and status of women and the evolution of the black community. The boom which increased Jacksonville's population to 57,699, by 1910, brought prosperity which was not shared by all segments of the community. Women and blacks lived throughout this


period without full rights and privileges within the civic and
political life of the city.9

Women continued to receive patronizing coverage in the press
during the first fifteen years of the century. Most patent medicine
ads still referred to the physical inferiority of the female and her
need for patent nostrums. Newspaper stories about female illnesses,
weak virtue and poor judgment in worldly affairs still patronized
women. Some women, however, did stimulate progressive change during
this period. The Women's Club became a strong force for civic
improvement working on behalf of better schools, health care for
children and an organized approach to charity work. This local group
supported state and national organizations which envisioned women as
future organizers and leaders of healthy, stable communities. The
local woman's club began a local charity organization, a forerunner of
public welfare programs and developed the exhibitions of
tuberculosis. These public exhibitions on tuberculosis educated the
public on the disease's control. The leaders of the club recognized
the need for professional help in the areas of social services and
nursing and hired appropriate people to work in these programs.10

9Crooks, "The Changing Face of Jacksonville," p. 451; Crooks,
"Jacksonville in the Progressive Era," pp. 68-69; Florida Times Union,
May 11, 1909.

10Mary Wood, The History of the General Federation of Women's
Clubs (New York: The History Department General Federation of Women's
Clubs, 1912), pp. 30-31; Crooks, "The Changing Face of Jacksonville," pp. 458-459; Evening Metropolis, November 1, 1905; January 24, 1906;
June 15, 1906.
Despite their sometimes condescending images, newspapers also contributed indirectly to a more progressive view of women by reporting events which increased their growing awareness of their rights and aspirations. Critical essays on American suffrage demonstrations, created positive images for female readers. A front page headline entitled, "Immoral Split Skirts or Lack of Skirts, is Stirring Country," described women disrupting Jacksonville traffic by wearing pants and skirts sewn in the middle. The article stated that the inappropriate dress of women had spread throughout Jacksonville and that local leaders worried about the future morality of women. A women's fashion page article announced that, "Divorce Solution to Marital Misery; Better Than Poisoning," suggesting that divorce might be preferred to a miserable marriage. Women became more visible in a variety of roles during this period and, although they still depended on men in many ways, changes began which would alter the role of women in the community.  

Black Jacksonville also made progress in these early years of the century, but their steps forward remained much smaller than for their white counterparts. Historians of the progressive era have dubbed the race issue in the north and south as the "blind spot" in reform. The Jacksonville experience tends to support this conclusion. Black

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11 Evening Metropolis, May 4, 1913, p. 7, "England Fears the Bomb"; June 30, 1913, p. 6, "Immoral Dress of Women is Stirring Country"; May 13, 1913, p. 4, "Divorce"; Florida Times Union, May 11, 1909, p. 1, a political cartoon shows a woman unable to vote in a booth because she cannot make up her mind; October 10, 1911, p. 12, "Plea for Suffering Women."
literacy increased, some black residents did climb into the middle class and a few even achieved status in the professions and business community. These advances, however, did not offset the loss of black political representation in city government by 1907 and the systematic elimination of blacks from all leadership positions in city employment. Blacks did continue to serve in positions within their communities, but they no longer participated in any major citywide decisions. Much of this exclusion process began in the previous century with the rise of Jim Crow legislation and white manipulation of voting districts. This exclusion remained for three generations, rationalized by city leaders who resurrected old myths of black inferiority. Many blacks became locked in a cycle of powerlessness and poverty, and suffered excessive illness and mortality rates. Limited job opportunities, racism, segregation, greater morbidity and shortened life expectancy all combined to limit black residents in their participation in the political and economic life of Jacksonville.¹²

These limitations prevented blacks from fully benefitting from the boom which followed the fire. To complicate their existence further, a renewed emphasis on the white supremacy ideal, rekindled violence and open discrimination against blacks. James Weldon Johnson, a noted black educator, writer and diplomat, who grew up in

Jacksonville during the postreconstruction era cited these changes in his autobiography and grieved the loss of the hopeful city of his youth. He wrote that Jacksonville became a pure cracker town where blacks could not count on fairness or equality in any area of life.¹³

Blacks did receive more recognition as a significant group in the community in the newspapers, especially the evening paper, the Evening Metropolis. Weekly columns called, "The Colored People Here and Elsewhere," depicted positive aspects of community and social life among black citizens and their groups. The Florida Times Union also included a Sunday column called, "Items of Interest Among the Colored People." These columns carried social news and items about community activities. Frequently, the Evening Metropolis columns would include sermons preached in local black churches or announce funerals of prominent black citizens. The rest of the reporting in the papers, however, continued a slant seen in earlier publications where blacks only appeared when they were hurt or in trouble.¹⁴

The limited cultural views and social system affecting blacks and women within the Jacksonville community hindered the development of nursing, in particular, and the city, in general. Because black women did most of the nursing, care of the sick remained menial work which


¹⁴Evening Metropolis, June 13, 1906; November 1, 1905; Florida Times Union, October 8, 1911.
white ladies did not engage. As long as blacks and women stayed in their inferior states in the community, nursing would have problems.\footnote{U.S. Bureau of the Census, Manuscript Census Schedule, Duval County, Florida, 1900; U.S. Bureau of the Census, Manuscript Census Schedule, Duval County, Florida, 1910 (Washington, D.C.: U.S. Government Printing Office, 1910). Both show significant numbers of black women working as nurses. Women occupied a transitional role in the prewar era and what was considered proper for women varied considerably from the modern perspective. In the discussion that follows it will be demonstrated that physicians and hospital leaders seized the religious-military model practiced by Miss Nightingale in order to raise the social status of white women who practiced in this black dominated field just after the turn of the century.}

Illness during the early twentieth century emerged with a different image compared to the previous century. The city still experienced periodic outbreaks of typhoid, measles, scarlet fever and diphtheria, but these epidemics produced only small, limited episodes which did not disrupt daily community life. The era of the great summer fever epidemics had ended. Modern epidemiology and the wide acceptance of the germ theory helped to reduce the incidence of many of the diseases that had plagued the city. Also, local attention to innovations in medical and public health measures helped to continue the work of eradicating communicable diseases still present in the area, like tuberculosis.\footnote{Hospital admission records from St. Luke's 1900-1906 and DeSoto Sanitarium 1906-1913 indicate limited episodes of these epidemics, also public records reflect how these diseases occurred in the community during this period. See Table IV.}

Mortality rates declined in the years from 1900 to 1913, as the number of deaths from communicable diseases decreased. Whites benefitted more than blacks in this measure of improving health. In 1900 the mortality rate for the city stood at 28 per 1,000 population.
Table IV  
Patterns of Hospital Utilization at St. Luke's Hospital and DeSoto Sanitorium, 1900-1913

<table>
<thead>
<tr>
<th>Institution</th>
<th>N (in 1000s)</th>
<th>Typhoid</th>
<th>Malaria</th>
<th>Tuberculosis</th>
<th>Infectious</th>
<th>Pneumonia</th>
<th>Obstetrics</th>
<th>Mental Health/Drug Abuse</th>
<th>Surgery</th>
<th>Total Infectious/Communicable Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St. Luke's Hospital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1900</td>
<td>141</td>
<td>1</td>
<td>26</td>
<td>6</td>
<td>29</td>
<td>5</td>
<td>10</td>
<td>16</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>(9 months)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1901</td>
<td>118</td>
<td>2</td>
<td>21</td>
<td>4</td>
<td>33</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>1902</td>
<td>124</td>
<td>2</td>
<td>12</td>
<td>13</td>
<td>41</td>
<td>5</td>
<td>9</td>
<td>10</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>1903</td>
<td>112</td>
<td>0</td>
<td>16</td>
<td>8</td>
<td>20</td>
<td>2</td>
<td>3</td>
<td>19</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>1904</td>
<td>139</td>
<td>4</td>
<td>10</td>
<td>12</td>
<td>37</td>
<td>6</td>
<td>9</td>
<td>22</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>1905</td>
<td>165</td>
<td>9</td>
<td>11</td>
<td>35</td>
<td>12</td>
<td>3</td>
<td>18</td>
<td>33</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>1906</td>
<td>680</td>
<td>31</td>
<td>76</td>
<td>80</td>
<td>108</td>
<td>15</td>
<td>63</td>
<td>178</td>
<td>305</td>
<td></td>
</tr>
<tr>
<td>1907</td>
<td>109</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>24</td>
<td>2</td>
<td>9</td>
<td>33</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td><strong>DeSoto Sanitorium</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1906</td>
<td>204</td>
<td>8</td>
<td>6</td>
<td>1</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>101</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1907</td>
<td>57</td>
<td>15</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>14</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>1908</td>
<td>44</td>
<td>14</td>
<td>9</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>1909</td>
<td>364</td>
<td>20</td>
<td>7</td>
<td>1</td>
<td>28</td>
<td>24</td>
<td>25</td>
<td>150</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>1910</td>
<td>159</td>
<td>49</td>
<td>16</td>
<td>2</td>
<td>19</td>
<td>6</td>
<td>19</td>
<td>21</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>1911</td>
<td>69</td>
<td>18</td>
<td>7</td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>18</td>
<td>4</td>
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<tr>
<td>1912</td>
<td>103</td>
<td>13</td>
<td>21</td>
<td>0</td>
<td>12</td>
<td>2</td>
<td>11</td>
<td>21</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>1913</td>
<td>29</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>1911-1913 (3 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Sample included 1900, 1906, 1909-1913 (DeSoto), every case on admission register included; 1901-1905, 1907, 1908, 1910, every 5th case included; 1911-1913 every 10th case included. All newborns excluded.
By 1913 the mortality rate had dropped to 19.5 per 1,000 population. When the breakdown of these rates looks at the experience of the two Jacksonvilles, the disparity becomes clear. Whites had a mortality rate of 20 per 1,000 population in 1900 with the rate for blacks 50 per cent higher. By 1913 the mortality rate for whites had fallen to 15.6 per 1,000, while the black rate stood at 22.5.\textsuperscript{17}

Much of the progress in lowering the mortality rates and improving the health of the community resulted from public health reform and improved sanitation and hygienic measures in the community. The excess death rates in the black community troubled a few community leaders, especially Dr. Charles Terry, the City Health Commissioner, who served the city from 1910-1916. The State Board of Health reports and the few city board of health reports that have survived show Dr. Terry gathering data and reporting the problems which contributed to the high black mortality rates. He raised issues related to inadequate sanitation improvements, drainage problems, poor access to health care and the ignorance in the black community. At times he demonstrated an impatience with the loss of life, particularly the high mortality of newborns. He attributed many deaths of babies to the ignorant mismanagement of black midwives. He repeatedly urged civic leaders to improve conditions in the black community and chided a slow moving city government by citing the

Table V
Sample of Mortality Rates and Selected Causes of Death for City of Jacksonville, 1900-1913

<table>
<thead>
<tr>
<th>Year</th>
<th>Total White Population</th>
<th>White Deaths</th>
<th>White Death Rate</th>
<th>Total Black Population</th>
<th>Black Deaths</th>
<th>Black Death Rate</th>
<th>Total Population</th>
<th>Total Deaths</th>
<th>Crude Death Rate/100,000</th>
<th>T.B.* Deaths</th>
<th>Malaria Deaths</th>
<th>Typhoid Deaths</th>
<th>Pneumonia Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>12,294</td>
<td>294</td>
<td>23.9</td>
<td>16,382</td>
<td>527</td>
<td>32.1</td>
<td>28,676</td>
<td>821</td>
<td>28.6</td>
<td>73</td>
<td>215</td>
<td>34</td>
<td>82</td>
</tr>
<tr>
<td>1901</td>
<td>13,931</td>
<td>314</td>
<td>22.5</td>
<td>17,709</td>
<td>491</td>
<td>27.7</td>
<td>31,640</td>
<td>805</td>
<td>25.4</td>
<td>91</td>
<td>261</td>
<td>37</td>
<td>82</td>
</tr>
<tr>
<td>1902</td>
<td>15,568</td>
<td>275</td>
<td>17.6</td>
<td>19,036</td>
<td>576</td>
<td>30.2</td>
<td>34,604</td>
<td>851</td>
<td>24.6</td>
<td>103</td>
<td>281</td>
<td>45</td>
<td>82</td>
</tr>
<tr>
<td>1903</td>
<td>17,205</td>
<td>304</td>
<td>17.6</td>
<td>20,363</td>
<td>552</td>
<td>27.1</td>
<td>37,568</td>
<td>856</td>
<td>22.7</td>
<td>100</td>
<td>281</td>
<td>44</td>
<td>82</td>
</tr>
<tr>
<td>1904</td>
<td>18,842</td>
<td>291</td>
<td>15.4</td>
<td>21,690</td>
<td>577</td>
<td>26.6</td>
<td>40,532</td>
<td>868</td>
<td>21.1</td>
<td>150</td>
<td>27</td>
<td>31</td>
<td>82</td>
</tr>
<tr>
<td>1905</td>
<td>20,480</td>
<td>349</td>
<td>17.0</td>
<td>23,016</td>
<td>590</td>
<td>25.6</td>
<td>43,496</td>
<td>939</td>
<td>21.5</td>
<td>7</td>
<td>38</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>1906</td>
<td>22,118</td>
<td>318</td>
<td>14.3</td>
<td>24,342</td>
<td>557</td>
<td>22.8</td>
<td>46,460</td>
<td>875</td>
<td>18.8</td>
<td>101</td>
<td>251</td>
<td>41</td>
<td>82</td>
</tr>
<tr>
<td>1907</td>
<td>23,756</td>
<td>415</td>
<td>17.4</td>
<td>25,668</td>
<td>642</td>
<td>25.0</td>
<td>49,424</td>
<td>1,057</td>
<td>21.3</td>
<td>141</td>
<td>35</td>
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<td>82</td>
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<td>1908</td>
<td>25,394</td>
<td>396</td>
<td>15.5</td>
<td>26,994</td>
<td>659</td>
<td>24.4</td>
<td>52,388</td>
<td>1,055</td>
<td>20.1</td>
<td>135</td>
<td>31</td>
<td>40</td>
<td>82</td>
</tr>
<tr>
<td>1909</td>
<td>27,032</td>
<td>430</td>
<td>15.9</td>
<td>28,320</td>
<td>717</td>
<td>25.3</td>
<td>55,352</td>
<td>1,147</td>
<td>20.7</td>
<td>141</td>
<td>35</td>
<td>37</td>
<td>(28B)</td>
</tr>
<tr>
<td>1910</td>
<td>28,632</td>
<td>458</td>
<td>15.9</td>
<td>29,685</td>
<td>685</td>
<td>23.0</td>
<td>58,317</td>
<td>1,143</td>
<td>19.6</td>
<td>150</td>
<td>27</td>
<td>31</td>
<td>(28B)</td>
</tr>
<tr>
<td>1911</td>
<td>30,088</td>
<td>526</td>
<td>17.4</td>
<td>31,193</td>
<td>841</td>
<td>26.9</td>
<td>61,281</td>
<td>1,367</td>
<td>22.3</td>
<td>124</td>
<td>41</td>
<td>40</td>
<td>82</td>
</tr>
<tr>
<td>1912</td>
<td>31,543</td>
<td>499</td>
<td>15.8</td>
<td>32,702</td>
<td>777</td>
<td>23.7</td>
<td>64,245</td>
<td>1,276</td>
<td>19.8</td>
<td>116</td>
<td>15</td>
<td>10</td>
<td>82</td>
</tr>
<tr>
<td>1913</td>
<td>32,998</td>
<td>518</td>
<td>15.6</td>
<td>34,211</td>
<td>772</td>
<td>22.5</td>
<td>67,209</td>
<td>1,290</td>
<td>19.1</td>
<td>120</td>
<td>48</td>
<td>22</td>
<td>82</td>
</tr>
</tbody>
</table>

special activities of private organizations trying to help black residents. He did include in his arguments some of the myths about the black residents' racial inferiority and their high susceptibility to some diseases. His goal, however, remained: to reduce black deaths in Jacksonville. 18

All public health reports from this period show a definite trend toward the reduction and elimination of many serious communicable diseases in spite of the great differences between the races. The major trends demonstrate a shift in medical and public health thinking as well. Doctors no longer stood by helpless in the presence of many diseases that had baffled their own fathers. There emerged a belief that medicine and public health had genuine answers to community health problems. Quarantine and insulation from disease gave way to active methods like mosquito eradication which prevented the occurrence of the diseases. These changes helped the community and public health officials become proactive instead of reactive to illnesses. Also, the public became aware that the patient could also play a role in preventing illness by hygienic and precautionary measures like immunizations and safe refuse removal. 19


The local newspapers demonstrated the growing awareness within the community of the role of disease prevention in the city's health. The readers had access to a series of articles on staying well and preventing many common illnesses. The chief focus of many of these articles aimed at stopping the spread of the white plague, or tuberculosis. The Women's Club and the city health department organized exhibits to educate the residents on how to prevent the spread of tuberculosis through hygienic home management. These two community organizations also sponsored fresh air treatment to cure those with existing disease. Germ Theory also received much attention in the newspaper articles of the time. All of these educational and preventive programs directed readers away from the medical quacks and patent medicine peddlers to the mainstream of medical practitioners in the community.20

In order to carry out progressive public health activities, the city made major commitments during this era to improve and expand the board of health and health department. Long awaited efforts to provide clean water, safe drainage, better supervision of privies, food inspection, garbage control and pest control required significant increases in staff. In 1900, the city health department had a city

health officer, Dr. Francis Miller, a board of health consisting of
two members and a few sanitary inspectors. By 1914, the board of
health had three members who oversaw a department with a city health
commissioner, a bacteriologist, a city physician, two school medical
examiners, two school nurses, a colored district nurse, two sanitary
inspectors, a milk inspector, a meat and food inspector, an oil gang
foreman and fifteen sanitary patrolmen. The responsibilities of the
agency had grown and diversified as the role of prevention had
emerged. Instead of merely monitoring nuisances, the department
attempted to prevent them from developing. School physicals, oiling
streets and standing water to eliminate mosquitoes, and inspection of
all foodstuffs became routine responsibilities of the department.
Results of screening and testing of foods including milk supplies
appeared in the newspapers in order to inform the public and increase
compliance to health policies in the city. Thus, health became an
important daily concern in the city in an attempt to eliminate
needless morbidity and mortality through preventive action.21

Despite these public health efforts, infections and communicable
diseases continued to plague patients in the hospitals. Patients who
had undergone surgery often experienced serious postoperative
infections in this epoch before antibiotics. Also, patients with
chronic diseases developed life threatening infections due to reduced

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21 Jacksonville, Florida, City Commission, Annual Report of the
Board of Health for Year 1913, frontpiece; Florida Times Union,
January 1, 1900, p. 6; Crooks, "Jacksonville in the Progressive Era,"
pp. 62-63.
resistance to organisms in the hospital. As a result, aseptic technique and antiseptic activities meant the difference between a patient's survival or death in many situations. The common presence of pus, in surgical wounds and severe infections among the chronically ill, created a germ laden environment in the early twentieth century hospital. These conditions increased the risk to nurses and others who spent long hours on these hospital wards and made nursing a calling with genuine risk to its practitioners. 22

Meanwhile, the passage of the Pure Food and Drug Act of 1906 forced the patent medicine industry to alter many of its previous spurious activities. While it would take several years for the full impact of this new government regulation to take effect, the law helped reduce the role of patent medicines in the management of major illnesses. The pure food and drug law combined with modern medical advances in germ theory and pharmacology greatly reduced the reliance of the general public on questionable nostrums for even less serious communicable diseases like measles and mumps. The patent nostrum companies still offered relief and remedies to Jacksonville residents throughout the period but their advertisements changed. First, the claims ceased to offer outrageous cures for small pox or cancer. Instead, the focus of the advertisements shifted to chronic or self-limiting problems for which medical science had no sure cures, like constipation and women's monthly disorders. Swamp root promised

relief for backache, Doan's Kidney Pills protected women from sick kidneys and Cascarets offered to clear the liver through healthy bowels, all thirty feet of them, for those brave enough to try any of these potions.23

Lydia Pinkham's Vegetable Compound appeared most often in local papers during these years, promising the modern woman health and rejuvenation from all female woes. The ads for this compound used many testimonials from successful users and the manufacturer actually solicited questions from women seeking help. They printed these letters offering advice which always recommended the compound to relieve symptoms. Later examination of these letters by historians has revealed women suffering tensions, worries, boredom and disappointments along with major ailments which often produced disabling physiological symptoms. The advertisements themselves demonstrated an evolution of appealing to the public, with the old fashioned warnings about female fraility giving way to ads picturing a trained nurse or formal medical setting as the site for using the compound. They inferred that educated health workers also used Mrs. Pinkham's.24


In addition to self-help measures and patent medicines, patients in this period sought assistance from folk healers, wise women and home-made folk remedies. These persons left no public record, but aged persons who lived in Jacksonville during this period report a network of wise older persons who provided remedies and advice. This folk system appeared more often in interviews with black than white residents. The black community had very limited access to formal health services at this time, so this network of care met the needs of the growing population. Most reports cite home remedies prepared by the mother in the family for minor, acute, self-limiting ailments. Much folklore and superstition remained in the remedies or curative practices regardless of race. While whites might make limited attempts at self-management followed by a visit from the doctor, blacks tended to rely on the healer or remedy alone, letting nature take its course. Blacks reported seeking the aid of a physician, only as a last result. The reports of Dr. Terry tend to confirm that blacks sought medical aid later in their afflictions than whites decreasing the success of the medical treatment. This behavior frustrated white physicians and black physicians alike; but in light

_Evening Metropolis, November 1, 1905_. The patent medicine self-help movement never totally disappeared, in spite of the legislation designed to limit untested cures. Young cites the impatience of Americans in relation to illness among other things. The tendency to take things in their own hands without seeking formal help and the desire for a quick fix for health problems still fuel self-help activities in modern times. Many of the nostrums advertised in Jacksonville papers before World War I still exist today, because modern medical science still cannot claim a cure for common colds, chronic constipation or sore, flabby muscles which plague lazy health consumers.
of the poverty and traditions in the black community, the delaying action became quite logical.25

The health practices described in these local oral histories reflect more general activities reported throughout the south during these years. Health care practice for blacks evolved as the direct result of three main influences: their African heritage; their transcultural experiences with white medicine or folkways; and resources at their disposal, such as local herbs, roots and healers. Examples of the medical practices in the slave community included the use of herbs, roots, spells, healers, massage and rituals which included elements of Voodoo or spiritualism.26

Along with these practices, evolved a complex system of health beliefs. Two major beliefs directly affected how blacks coped with severe illness. First, they believed that illness represented victimization from evil forces outside the person which led the patient to the healer who could help combat the evil. This action left the patient a passive recipient of the healer's skill. The second belief viewed illness as divine judgement of God, which left the patient in the position of taking the punishment or asking for

25Interview with Mrs. Florence Holman, retired nurse, Jacksonville, March 26, 1982; interview with Mrs. Hettie Mills, retired nurse, Jacksonville, March 6, 1982; interview with Miss Helen Huber, retired nurse, Jacksonville, March 9, 1982; interview with Mrs. Idele Hovey, retired nurse, Jacksonville, March 8, 1982; Jacksonville, Florida, City Commission, Annual Report of the Board of Health for Year 1913, pp. 4-5, 40.

mercy with the help of those about him. These two options of outwitting the devil or accepting God's decision, led the patient to the indigenous healer, not the physician. Dr. Terry's frustration with the black midwives demonstrated the presence of white cultural ethnocentrism, which failed to address deep seated beliefs in the black community. The combination of limited opportunity, impoverished environment and the cultural variables not recognized by health leaders probably contributed to the gap between the black and white mortality rates. Dr. Terry and his colleagues had the latest information and the correct goals, but reached them slowly due to their ignorance of the black community's health beliefs and practices.27

Hospitals also underwent changes during the first thirteen years of the century. In 1900, only five facilities existed to care for the sick on a regular basis and, of these, only one operated as a business for profit. By 1913, the city had seven hospitals or sanitariums which cared for the ill and four convalescent homes for the aged which cared for their residents on an intermittent basis. Three of the hospitals and one of the convalescent homes operated as profitable businesses. The increase in the health care businesses began in northern urban areas in the 1870s, for two major reasons. First, a

27Loudell Snow, "Folk Medical Beliefs and Their Implications for Black Patients," Annals of Internal Medicine 81 (1974):83; Richard Darson, American Negro Folktales (Greenwich, Connecticut: Fawcett Publication, 1956), pp. 202-206. All of the black reporters stated that in general their relatives and friends avoided medical practitioners black or white preferring folk remedies and home care, except in dire circumstances. See Table VI for a summary of folk remedies in the black community.
Table VI
Folk Remedies in the Black Community

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Cures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toothache</td>
<td>Whiskey held in the mouth</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Soot to wounds, apply spider webs</td>
</tr>
<tr>
<td>Burns</td>
<td>Get conjurer or healer to talk fire out of the burn</td>
</tr>
<tr>
<td>Fever</td>
<td>Hang onions in room</td>
</tr>
<tr>
<td>Prevent child-bed fever</td>
<td>Do not bathe mother or baby for 9 days after delivery</td>
</tr>
<tr>
<td>Dress umbilicus of newborn</td>
<td>Grated nutmeg, raisins, lard or fat</td>
</tr>
<tr>
<td>Stomatitis or thrush of newborn</td>
<td>Wipe out mouth with a soiled diaper</td>
</tr>
</tbody>
</table>

profit making hospital could augment a physician's income which remained limited at this time. Second, private hospitals and clinics attracted upper class patients who wished to avoid crowded public and charitable facilities. Nursing facilitated profit making and other types of hospitals, since nurses doing special duty in the hospital or home brought additional income to the agency. The increase from one to four proprietary facilities in Jacksonville reflects these trends as well as the use of nursing students to aid the profit margins.28

In 1900, St. Luke's and the County Hospital cared for most of the gravely ill patients needing institutionalization. Blacks and whites who needed charity care went to the county hospital and asylum. Only whites received care at St. Luke's which relied on charitable donations and fees for financial survival. During this period changes took place in the funding of St. Luke's, making it a hospital funded by public and private sources. The city discontinued its support of the Emergency Hospital located in Riverside on Oak Street and the county made few changes in the hospital and asylum. Thus the expansion in hospital facilities occurred in the private for profit sector during this period of change, with one exception, which was Brewster Hospital.29

The first new hospital organized after the turn of the century started in January, 1901, as a medical mission clinic for students at

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29See note 28.
<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
<th>Size</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Luke's Hospital Association</td>
<td>Palmetto Street</td>
<td>30 beds</td>
<td>Care of white patients indigent and private pay</td>
</tr>
<tr>
<td>Duval County Hospital and Asylum</td>
<td>Corner of Van Buren and Jessie Streets</td>
<td>100 beds both sections</td>
<td>Care of aged and ill, black and white patients, all indigent</td>
</tr>
<tr>
<td>Frankie Schumacher Hospital Association</td>
<td>Oak Street in Riverside</td>
<td>20 beds</td>
<td>Care of white patients, indigent and private pay</td>
</tr>
<tr>
<td>Invalids' Rest</td>
<td>Talleyrand Avenue at Swift Street</td>
<td>10-15 beds</td>
<td>Private pay, white invalids</td>
</tr>
<tr>
<td>U.S. Marine Hospital</td>
<td>1716 E. Church St.</td>
<td></td>
<td>Quarantine of ill travelers and sailors</td>
</tr>
</tbody>
</table>

In 1913
(U.S. Marine Hospital, Invalids' Rest and Frankie Schumacher no longer listed in city directories, Hospitals in Jacksonville, in 1913)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
<th>Size</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>AfroAmerican Brewster Hospital (opened 1901)</td>
<td>913 W. Monroe St.</td>
<td>15 beds</td>
<td>Charity, Christian care of ill black patients at home and in the hospital</td>
</tr>
<tr>
<td>DeSoto Sanitorium</td>
<td>West 5th Street, Corner of Perry</td>
<td>30 beds</td>
<td>Care of private pay, white patients of the doctors who owned the facility</td>
</tr>
</tbody>
</table>
Table VII--continued.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
<th>Size</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeley Institute</td>
<td>2049 Main Street</td>
<td>18 beds</td>
<td>Treatment of drug addiction, white patients, private pay</td>
</tr>
<tr>
<td>Dr. Carey Rogers Hospital</td>
<td>1435 Riverside Ave.</td>
<td>20 beds</td>
<td>Dr. Rogers' treatment of white patients, private pay</td>
</tr>
<tr>
<td>Springfield Sanitorium</td>
<td>1636 Hubbard Street</td>
<td></td>
<td>Private pay, white patients</td>
</tr>
<tr>
<td>Old Folks Home for Aged</td>
<td>1624 Milnor Street</td>
<td></td>
<td>Charity for aged white patients</td>
</tr>
</tbody>
</table>

Based on business directory sample; Jacksonville, Florida, City Commission, Annual Report of the Board of Health Report for Year 1913, p. 20; St. Vincent's Hospital, Daughter's of Charity, "Correspondence File," archives (Jacksonville, 1910-1916).
the Boylan Home and as a training school for black nurses. Miss Iowa Benson, a Bellevue graduate from Grinnell, Iowa, came to Jacksonville to direct the school of nursing and prepare nurses to render care in the community. The school had two purposes: ministry to the suffering and furnishing young women a means to earn a living. This venture was sponsored by the Women's Board of Home Missions of the Methodist Episcopal Church South.\textsuperscript{30}

For the first four months, this school operated without a hospital. The students who had enrolled paid a fee of fifty cents. Within four months, the student body had grown to eighteen. In order to gain clinical experience, the students practiced their skills by doing home visits and caring for black residents ill at home. The students made 417 home care visits in the months before the fire. Following the fire, 75 victims, most suffering infectious disease, sought care at the school, which converted into a makeshift hospital. By the end of the year, patients regularly sought care in the two-room infirmary which never closed after the fire, and students had completed 1,230 home visits.\textsuperscript{31}

In 1902, Mrs. M. A. Brewster of Danielson, Connecticut, donated $1,500 in memory of her late husband, Reverend George Brewster, which helped the mission to secure its first hospital property at 915


\textsuperscript{31}See note 30.
West Monroe Street. This donation enabled the training school and hospital to become a legitimate medical facility for the black community. Other donations soon allowed hospital leaders to equip patient rooms and a modest operating room. Mrs. Dillsworth, M.D., graduate of Meharry Medical College took charge of the hospital as superintendent during the year of formal organization. In 1904, the school of nursing and hospital incorporated as one institution and Mrs. Olive Webster, R.N., served as superintendent of the school and hospital for the next twelve years. 32

The school and hospital buildings consisted of one large structure with two stories, 40x70 feet in size, and a smaller brick building behind the larger building with two large rooms. The hospital usually had ten to fifteen patients in the smaller building. The larger facility served the school and patients when necessary. The school continued its strong emphasis on visiting nursing in the home. 33

From 1902, Brewster Hospital offered black physicians a facility to take patients, perform operations, teach student nurses and obtain qualified trained nurses to do home care. It was the only institution where these doctors could practice until the medical profession began to desegregate in the late 1950s. Although the hospital never had adequate funding during this period, it had intense community support

32 Methodist Medical Center, "Brewster Hospital, School of Nursing Catalog, 1929," archives, Jacksonville, pp. 2-3.

33 Ibid.
and ongoing assistance from the church women who sponsored the program. The blacks in the community also considered it a much better place to go when sick than the public hospital which had been described by contemporaries as little better than an almshouse. 34

The next new hospital to open had a totally different purpose and structure. Dr. Carey Rogers, a local physician who had previously been in charge of the Freddie Schumacher Hospital, and several associates invested in a private-for-profit sanitarium which housed their surgical patients, all of whom were white and could pay for hospitalization. The DeSota Sanitarium opened on February 2, 1906. This hospital aimed to make a profit and enrich the practices of its owners. The hospital began primarily as a surgical facility, but developed a general service program by 1912. The hospital opened a nursing school in 1906 so that students could care for patients in the hospital units and provide private duty for serious cases. Special duty cases brought additional income to the hospital. Although the hospital began as a business, it maintained a reputation for being honest and ethical with patients and kept the highest standards of practice, according to a contemporary physician who was not one of the owners. 35

34 Interviews with Mrs. Hettie Mills and Mrs. Florence Holman, and correspondence between Dr. Gerry Holden and the Daughters of Charity, Emmitsburg, 1910, archives, St. Vincent's Hospital, Jacksonville.

35 Florida Times Union, February 5 and 6, 1906; correspondence from Dr. Jerry Holden to Daughters of Charity, 1910; see Table IV for a summary of hospital utilization from 1900-1913.
In 1910, Dr. Carey Rogers sold his interest in the DeSoto Sanitarium and moved from Springfield to the Riverside area of the city. The owners who remained at the DeSoto Sanitarium continued to operate the facility and expanded services. By late 1910, a local physician named Gerry Holden began corresponding with the Daughters of Charity regarding the possible purchase of the sanitarium and he along with others drew up a proposal to present to the order. Dr. Holden explained the value of the sanitarium and described Jacksonville as a city quickly outgrowing the facilities at St. Luke's and at the sanitarium. He expressed doubts about the ability of the new St. Luke's, planned for the Springfield area, to meet the needs of the population. He encouraged the order to consider the purchase of DeSoto because the nurses were well trained, the equipment and facility were comparable to Hopkins where he had trained and the price seemed modest. 36

The hospital records from the DeSoto Sanitarium that have survived end in the spring of 1913, so little exists about the following year. In 1915, however, after much negotiating, The Daughters of Charity with the support of the local Roman Catholic diocese, purchased the DeSoto Sanitarium for approximately $76,000. The Daughters took over the management of the facility in 1916. 37

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36 See note 35.

37 Florida Times Union, April 25, 1916; correspondence and clipping files, archives, St. Vincent's Hospital, Jacksonville.
The records of the DeSoto Sanitarium, that have survived, demonstrate a heavy surgical case load, with increasing general medical and mental health cases during the decade after the facility opened. The patient population came from all over Florida indicating that the hospital became a surgical center for cases that could not be managed in more rural areas. The presence of mental health problems, some drug addiction and many traumas reflect community and regional concerns of the period. 38

When Dr. Carey Rogers moved to Riverside, he invested with one other physician in the Carey Rogers Hospital which opened in January, 1911. Within five years the name changed to the Riverside Hospital identifying the institution with its neighborhood. This facility also maintained very high standards for a small number of white patients who could pay for the first class service of a small private clinic. The students recruited for the training school provided bedside care from the first week after the hospital opened, with Dr. Rogers and his colleagues teaching its few formal classes. This practice of quality services for the segment of society that could pay for them stimulated other businessmen physicians to open their own hospitals in the city. Dr. Rogers' Riverside venture has endured while the others have not. 39

38 See Table IV for a summary of hospital utilization from 1900-1913.

39 Organizational papers, student and patient records and hospital records, Riverside Hospital Museum and archives, Jacksonville.
The earliest records of the Carey Rogers Hospital demonstrate a diverse surgical case load which came from many sections of the state. Many of the procedures done during the first two years of the hospital's operation surgically treated cancers and other tumors detected by rural physicians. Most of the patients returned to their homes after surgery to fully recover or receive terminal care. A significant number of these early patients suffered a variety of disorders related to childbearing which required surgical treatment. Very few cases of communicable diseases appeared in the records, and those patients who experienced infections had other primary problems. While all the records from this hospital's first years of activity cannot be found, the ones which did remain provide much data about surgical practice of the prewar period in Jacksonville.40

St. Luke's Hospital also changed considerably during these same years. The hospital experienced several financial crises which required community attention, but still managed to grow. A new facility was built in Springfield, opening in 1913. St. Luke's records demonstrated increasing patient case loads with growing numbers of charity patients. The hospital suffered from chronic overcrowding reported in the newspapers and local correspondence. Although the hospital continued to appeal to the public through numerous fund drives, by 1913 public money played a major role in building a unit for communicable disease victims in the new hospital

40A total of 33 records of the 699 admissions to Riverside Hospital before 1914 have survived. They remain filed at the hospital in the Medical Records Department.
as well as providing for charity care. The minutes of the medical board at St. Luke's Hospital described an increasingly complex group of practitioners who practiced in many new specialties. For example, in addition to medicine and surgery, specialists in obstetrics, gynecology, urology, eye, ear, nose and throat, and pediatrics were listed as chiefs of each service. The physicians also assumed a more direct role in nursing education, assigning specific instructors for topics in the school curriculum. The medical staff met regularly to oversee the care of patients, the operation of the nurses training school and status of the hospital's chronic money problems. Resources never caught up with needs during this period, but the institution flourished in spite of the problems.

St. Luke's records indicate why money problems troubled the institution. The numbers of charity patients increased steadily during the years after the fire and the hospital served more local residents with limited resources. Also, these increases did not occur after major epidemics or disasters, making public spirited fund raising more difficult. The patients sought care for acute and chronic illnesses which did not evoke charitable impulses to donate to

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41 Martin, A Century of Service, pp. 138-145; Jerry Holden, correspondence with Daughters of Charity, 1910; Jacksonville, Florida, City Commission, Annual Report of the Board of Health for Year 1913, p. 20; Evening Metropolis, October 25, 1903; November 14, 1905; January 10, 1906; see Table IV for the summary of hospital utilization 1900-1913.

the hospital. In addition, receipts for hospital bills which remain in probate files indicate that the prices charged for services remained very modest. In one case, a child burned in an electrical accident, had an amputation of a leg, surgical care by a private duty nurse and eleven days of hospitalization. The bill from St. Luke's came to a total of $67. This included all operating room fees, and dressing charges. The physician's fee which included hospital visits and the surgery amounted to $100. These medical bills seem modest in an economy where $40 would buy a sofa and $25 would purchase a good man's suit, hat and shirt. These low prices in the case served in 1905, indicate that paying patients did not make up the losses from indigent cases.43

Along with city growth, the number of doctors and druggists dramatically increased during this period. Dentists also increased their numbers at a more modest rate. Medical practitioners increased from 23 in 1900 to 78 in 1910. They also began to diversify and specialize during this period. Black doctors only increased from seven to eight in the same period. This meant that 70 of the 78 physicians in the city were white in a city that had almost equal numbers of black and white residents.44

43Probate file #2739, Duval County Courthouse, Jacksonville; Florida Times Union, June 4, 1908; Evening Metropolis, November 10, 1905.

Druggists also grew in numbers between 1900 and 1910. In 1900, 18 druggists resided in the city, with two of those men also listed as physicians. By 1910, that number had grown to 47, with all white practitioners listed as druggists only. Most of the newer practitioners owned their own stores or worked for pharmaceutical concerns in the city. This increase provided more neighborhood druggists. Again, the black community fared poorly with the number of black druggists actually decreasing from five in 1900 to three in 1910. This problem intensified when analysis of the manuscript census schedule and city business directories revealed one of the black druggists also served as a physician, further depicting the black health care community. 45

The smallest group of practitioners in the community were the dentists. They increased from 10 in 1900 to 16 in 1910. These practitioners do appear over many years of city business directories indicating that they were no longer seasonal, serving primarily the tourist trade. The number of blacks in dentistry remained very small with one practicing in 1900 and four practicing in 1910. 46

Nurses increased in numbers and in educational status during this same period. In the 1900 manuscript census schedule, 27 white women listed themselves as nurses with six pupil nurses at St. Luke's included in that number. Also, three white nurses list themselves as "trained" and their names do appear in St. Luke's records. In

45 See note 44.
46 See note 44.
contrast, 73 black women and 1 black man list themselves as nurses with 3 women listed as midwives. None of the black nurses listed were identified as trained. During the following ten years many aspects of nursing changed. With the opening of new hospitals and the growth of older ones, trained nurses became more common. The trained nurse also developed a more modern image. Unlike doctors, druggists and dentists who had to obtain formal education, outside the city, nurses learned nursing locally. The term trained nurse soon differentiated the nurse who had spent two or three years learning her skills in a hospital from a nurse who picked up her trade by experience alone. Although trained nurses remained a small minority during the first decade, they challenged the old view that any woman could be a nurse. Their practice and visibility began a change in the city which had been well underway in the north for some time.47

By 1910, 104 black women listed themselves as nurses, with 86 white women identified in the same field. Of the white women, 56 of them identified themselves as trained nurses. Black women still held a majority among nurses practicing in the city, but whites, especially trained whites had caught up considerably. By 1913, 58 white nurses

47U.S. Bureau of the Census, Manuscript Census Schedule, Duval County, Florida, 1900; U.S. Bureau of the Census, Manuscript Census Schedule, Duval County, Florida, 1910; the use of the term trained nurse in the 1910 census indicates a growing acceptance of the term denoting a hospital based training program. Also, daily advertisements of Lydia Pinkham's shifted their focus from female ills to the value of the compound as attested by trained nurses from various hospitals; Kalisch and Kalisch, The Advance of American Nursing, pp. 165-196, 219-224.
advertised themselves in the business directory as trained nurses, while no black women were listed in the directory at all.48

Brewster, St. Luke's, DeSoto Sanitarium and the Carey Rogers Hospital all had students during this period. Little can be determined about the specific curricular content or daily routines; but limited data about each of these programs survived in school reports, catalogs, newspaper articles and student records. The minutes of the visiting medical staff of St. Luke's Hospital indicate the doctors regularly gave lectures to students by 1906. These early lectures included discussions on medicine, surgery, obstetrics, gynecology, pediatrics, anatomy and physiology. By the 1909-1910 student year, the physicians' lectures included six hours of physiology, seven hours of materia medica, six hours of visceral anatomy, ten hours of bacteriology and three hours of urinalysis. These lectures with an additional ten hours in dietetics taught by the superintendent of nursing constituted the junior or second year of the program. The senior or third year student experienced the following lectures: six hours of gynecology; six hours of obstetrics; ten hours of surgery; ten hours of medical practice; three hours of eye, ear and throat; and four hours of nursing ethics. All of these classes took place in the evenings after the students had worked a full day on the hospital units.49


A rare interview with a 1910 graduate of St. Luke's Hospital provides insight into the day to day problems confronting pupil nurses in the program just described. Miss May Davies, an English born student, studied with the physicians and Miss Mary Alberta Baker, superintendent of nurses. Miss Davies gave her interview in 1980, just a year before her death at the age of 92. Miss Davies stated she felt that the school prepared her well to do private duty nursing. She felt the hours were very long but necessary. As a student, she got up at six in the morning, went on duty at seven and worked until seven in the evening with a two-hour break in the afternoon. Classes took place in the evenings. Students went to class after leaving the unit for the day or before reporting for night duty. Students only had Sunday afternoon off to go to church and do personal things like laundry. She recalled that many students entered the school, but few graduated.50

Miss Davies also remembered the problems associated with the shortage of nurses and overcrowding at St. Luke's during her student days. One night she reported to the second floor unit for night duty as an aide since she was still a beginner in the program. When she arrived, the supervisor told her she would be in charge since the assigned nurse went home sick. This upset Miss Davies since many of

50 Interview (by Steven Hambrecht) with E. May Davies, retired nurse, Jacksonville, November 19, 1980. This interview is significant since Miss Davies is the only nurse of her era to give an oral interview about her experiences as a student and practicing nurse. Her recollections confirm the description of the chronic nurse shortage and heavy workloads at St. Luke's between 1907 and 1910, described by Richard Martin in A Century of Service.
the patients had serious illnesses. She sponged a typhoid victim intermittently all night and gave all newly ordered medications. An older nurse checked on her just before the end of the shift and asked if she had given the routine medications ordered for all the patients. Miss Davies admitted she did not know what the other nurse was talking about, since she had never been in charge before. This indicated to Miss Davies how little a nurse might know during those early days in her career and still end up in charge of many sick patients.51

St. Luke's curriculum expanded further by the 1912-1913 student year when the school advertised a preparatory course which lasted two months and emphasized courses to assist the student in practice. Classes took place in the daytime and included hygiene, hospital ethics, dietetics, household economy, anatomy and physiology, materia media and solutions. The rest of the curriculum taught by physicians occurred in the late afternoon or in the evenings for the rest of the student's three-year program. This introduction of a preparatory course marked a major transition in nursing education in St. Luke's. Up to this point students like Miss Davies began their clinical practice in an apprentice-type experience without any theoretical preparation. This program acknowledged that theoretical preparation facilitated clinical training.52

51See note 50.

52Hayden Burns Library, Florida Collection, "Program of Instruction at the Nurses' Training School of St. Luke's Hospital, Catalog, 1913-1914," in the St. Luke's Folder, Jacksonville, pp. 2-5.
A DeSoto Sanitarium catalog from the 1912-1913 school year described a two-month probationary period. The course lasted three years with lectures scheduled eight months of each year. Lectures and classes covered topics including general nursing, materia medica, anatomy, physiology, hygiene, general medicine, surgery, gynecology, obstetrics, massage, dietetics and cooking. These courses corresponded to most topics listed by St. Luke's with the exception of massage. The school catalog also listed bedside skills taught in the program which included dressing of blisters; administration of fomentations, poultices and enemas; use of catheters; bandaging; and recording temperature, pulse and respiration.53

These curricular plans demonstrated theoretical and practical educational goals which prepared the pupil nurse for clinical practice under the direction of the physician in the homes of paying patients. The nurse gave daily physical care to the patient, prepared and cooked the invalid's diet and carried out all household activities related to the care of that patient including cleaning and laundry. Only a small number of graduate nurses remained in the hospital during this era.54

The young women who entered the schools during this pioneering period came from many parts of Florida and neighboring states. These


54Kalisch and Kalisch, The Advance of American Nursing, pp. 219-224; oral reports of local nurses cited previously; hospital admission records from DeSoto cited cases when nurses gave private services for a fee.
students also represented a considerable age range from the late teens to the early thirties. Noteworthy are the lack of Jacksonville residents among the student rosters of this period. Occasionally, a local woman appears on the student lists, but the vast majority of the students came from small towns in Florida and Georgia. While the student files which remained from these years give little data about grades or performance skill, a final comment did appear on some records discussing the type of nurse the student would make.\(^55\)

While the number of trained nurses remained small during these years, they began to organize professionally in 1909, following a pattern already begun in the north. Changes in nursing as a vocation in the north had brought nurses into alumni and professional associations. Nationally, pioneer nursing leaders already had recognized the need to standardize educational programs and clinical practices of nurses. Conflicts between hospital trained nurses and the uneducated lay nurse for hire had become apparent by the late 1880s in metropolitan centers of the northeast. The earliest professional organizations began during the 1890s at the national level with nursing leaders from these centers. Both the American

\(^{55}\)See Table VIII for a summary of students who entered the four training programs before 1914 and did graduate. "Students Who Have Withdrawn" a bound volume in the archives at St. Luke's Hospital, Jacksonville. This book gives a rare view of the students who entered nursing school and did not complete their programs. Miss Davies remembered many leaving early. This book which began in 1913 notes all the students who left training. The four who left St. Luke's in 1914 stayed in the program only a few weeks. One student defied her night supervisor, two students could not handle the work and one student developed endocarditis and rheumatism.
## Table VIII

Students Enrolled in Jacksonville Nursing Education Programs from 1900-1913

<table>
<thead>
<tr>
<th>Initials</th>
<th>Age</th>
<th>Home Address</th>
<th>Reason for Entering</th>
<th>Final Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St. Luke's Hospital</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TK&lt;sup&gt;b&lt;/sup&gt;</td>
<td>18</td>
<td>Tillman, FL</td>
<td>1 year teacher's school wants nursing</td>
<td></td>
</tr>
<tr>
<td>ZH</td>
<td>21</td>
<td>Eden, FL</td>
<td>wants to help others</td>
<td></td>
</tr>
<tr>
<td>IW</td>
<td>23</td>
<td>New Smyrna, FL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FW</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HB</td>
<td>24</td>
<td>Stuart, FL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RB</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP</td>
<td>18</td>
<td>E. Atlanta, GA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EK&lt;sup&gt;b&lt;/sup&gt;</td>
<td>19</td>
<td>Tillman, FL</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DeSoto Sanitorium</strong>&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JB</td>
<td>24</td>
<td>Middleburg, FL</td>
<td></td>
<td>Fair</td>
</tr>
<tr>
<td>EB</td>
<td>26</td>
<td>Seabreeze, FL</td>
<td></td>
<td>Very Good</td>
</tr>
<tr>
<td>SB</td>
<td>19</td>
<td>Jacksonville</td>
<td></td>
<td>Very Good</td>
</tr>
<tr>
<td>SB</td>
<td>19</td>
<td>Monteagle, TN</td>
<td></td>
<td>Satisfactory</td>
</tr>
<tr>
<td>AC</td>
<td>20</td>
<td>Folkston, GA</td>
<td></td>
<td>Very Good</td>
</tr>
<tr>
<td>BE</td>
<td>20</td>
<td>Founton, GA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LMF</td>
<td>18</td>
<td>Orange City, GA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MF</td>
<td>18</td>
<td>Lake City, FL</td>
<td></td>
<td>Very Good Nurse</td>
</tr>
<tr>
<td>RG</td>
<td>23</td>
<td>Tarpon Springs, FL</td>
<td></td>
<td>Very Good</td>
</tr>
<tr>
<td>Initials</td>
<td>Age</td>
<td>Home Address</td>
<td>Reason for Entering</td>
<td>Final Rating</td>
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<tr>
<td>---------</td>
<td>-----</td>
<td>--------------------</td>
<td>--------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>BH</td>
<td>28</td>
<td>Brooksville</td>
<td></td>
<td>Fair Student</td>
</tr>
<tr>
<td>AK</td>
<td>22</td>
<td>Key West, FL</td>
<td></td>
<td>Very Good</td>
</tr>
<tr>
<td>MMO</td>
<td>24</td>
<td>Chipley, GA</td>
<td></td>
<td>Fair</td>
</tr>
<tr>
<td>LM</td>
<td>23</td>
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<td></td>
<td>Fair</td>
</tr>
<tr>
<td>NM</td>
<td>22</td>
<td>Deland, FL</td>
<td></td>
<td>Excellent Surgical Nurse</td>
</tr>
<tr>
<td>IO</td>
<td>22</td>
<td>Orlando, FL</td>
<td></td>
<td>Most Satisfactory</td>
</tr>
<tr>
<td>KP</td>
<td>18</td>
<td>Canada</td>
<td></td>
<td>Fair</td>
</tr>
<tr>
<td>DP</td>
<td>18</td>
<td>Caspon Springs, VA</td>
<td></td>
<td>Very Good Student</td>
</tr>
<tr>
<td>OR</td>
<td>22</td>
<td>Swannee, TN</td>
<td></td>
<td>Good Student</td>
</tr>
<tr>
<td>MR</td>
<td>23</td>
<td>Talleyrand</td>
<td></td>
<td>Very Satisfactory</td>
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DeSoto Sanitorium—continued

<table>
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<th>Reason for Entering</th>
<th>Final Rating</th>
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</thead>
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<tr>
<td>ER</td>
<td>25</td>
<td>Douglas, PA</td>
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<td>Very Good</td>
</tr>
<tr>
<td>BS</td>
<td>26</td>
<td>Orange City, FL</td>
<td></td>
<td>Very Satisfactory</td>
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Riverside Hospital

<table>
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<th>Initials</th>
<th>Age</th>
<th>Home Address</th>
<th>Reason for Entering</th>
<th>Final Rating</th>
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</thead>
<tbody>
<tr>
<td>TPN</td>
<td>32</td>
<td></td>
<td></td>
<td>Very Good</td>
</tr>
<tr>
<td>JW</td>
<td>21</td>
<td>Milledgeville, GA</td>
<td></td>
<td>Excellent</td>
</tr>
<tr>
<td>SS</td>
<td>21</td>
<td>Jacksonville</td>
<td></td>
<td>Very Good</td>
</tr>
<tr>
<td>DB</td>
<td>24</td>
<td>Jacksonville</td>
<td>Wants to help others</td>
<td>Good</td>
</tr>
</tbody>
</table>
Table VIII--continued.

<table>
<thead>
<tr>
<th>Initials</th>
<th>Age</th>
<th>Home Address</th>
<th>Reason for Entering</th>
<th>Final Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>JC</td>
<td>37</td>
<td>Gainesville, FL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RG</td>
<td>30</td>
<td>Transfer from</td>
<td>Dr. Allen's Invalid Home, Milledgeville, GA</td>
<td>Good</td>
</tr>
<tr>
<td>MD</td>
<td></td>
<td>Materials missing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MW</td>
<td>26</td>
<td>Hawthorne, FL</td>
<td>Wants to be useful</td>
<td></td>
</tr>
<tr>
<td>BMcc</td>
<td>24</td>
<td>Boardman, FL</td>
<td>Likes to help others</td>
<td></td>
</tr>
</tbody>
</table>

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a. The St. Luke's Hospital, School of Nursing, School of Nursing Directory lists sixty-three graduates in this period. Only seven records remain in personnel files.

b. TK and EK were sisters. Served in World War I with American Red Cross.

c. St. Vincent's Hospital, "Hospital Personnel Records for DeSoto Sanitarium, School of Nursing" (Jacksonville, 1912-1913) lists thirty graduates in this period. Twenty-one records remain in personnel files at St. Vincent's.

d. Riverside Hospital, School of Nursing lists nine graduates in this period and student files are all present in nursing personnel records.

Note: Brewster Hospital records indicate just a list of names with no additional data.
Nurses Association and the National League for Nursing began during this period. Soon after, state and local organizations supporting these national groups began forming. The issue of nursing licensure created a major topic at the 1901 meeting of the new International Council of Nurses. By 1903, the first state licensure law became effective and within five years many other states had similar statutes. These early legislative efforts were stimulated by state and local nurses' associations seeking legal recognition of educational standards.56

In 1909, the Jacksonville trained nurses began to organize under the supervision of the two superintendents of nurses at St. Luke's and DeSoto. Both of the training programs had superintendents from the north who had brought with them many of the ideas, programs and standards from the hospitals where they had trained. Miss Mary Alberta Baker, the superintendent at St. Luke's, came to Jacksonville as a Registered Nurse from New York and Ethel Clarke, the superintendent at DeSoto, came as a Registered Nurse from Maryland. These two women had the encouragement and support of Mrs. W. W. Cummer, a St. Luke's board member, who offered her home as a meeting place for the two groups of nurses from the two hospitals.57

Graduates from the two nursing programs and their leaders met at Mrs. Cummer's home on March 1, 1909, in order to form the first


nurses' association in the state. Although Mrs. Cummer had not trained as a nurse, she had a keen interest in the problems facing nurses. She represented a wealthy, civic minded family and had considerable experience in the management of nursing activities from her volunteer work with the hospital.\textsuperscript{58}

The participants in this organizational meeting demonstrated strong hospital identification. The nurses from DeSoto sat on one side of the room and the St. Luke's graduates assembled on the opposite side with the three leaders in the middle. Miss Clarke presided over the meeting which elected Miss Baker the charter president. The objectives of this new organization reflected the early goals of the American Nurses' Association which had organized in 1897. The three major objectives included to promote unity among trained nurses; to keep abreast of progress in the practice of nursing; and to unite for greater control of nursing education, licensure and ethics. Two months after this initial meeting the \textit{American Journal of Nursing} reported:

Jacksonville, The Florida Association of Graduate Nurses effected a permanent organization in May and all efforts are tending to make state registration an accomplished fact in the near future.\textsuperscript{59}

The growth of the population in Florida during the first decades of the twentieth century stimulated new hospitals, more training

\textsuperscript{58}Gillies, \textit{Sunshine and Breezes}.

\textsuperscript{59}Ibid.
schools and a critical need for standards in nursing. Nurse practice acts had passed in many other states beginning in 1903. These early nursing leaders in Florida recognized the need to gain control of nursing standards in order to protect the public and improve the image of nursing in the community. Thus the executive committee of the association worked from 1909-1913 to organize their members to prepare for their first state convention and the first licensing act in Florida.⁶⁰

In 1912, Miss Nettie Flanagan, a local member, represented the group at the American Nurses Association Convention in Chicago and helped to establish a link between the state and national organizations. During this same year the association hired a legal counsel, J. M. Barrs, a Jacksonville attorney, to assist them in developing the structure and organization of a legislative bill providing for registration of nurses.⁶¹

The Florida Association of Graduate Nurses hosted the first annual convention of the group, on January 29, 30 and 31 at the Board of Trade building in Jacksonville. Local papers devoted much attention to this inaugural meeting which brought nurses to town from all over the state. In order to attend the convention, members of the association paid a fee of $2 while the members of the executive committee paid $5. In addition, members and leaders had to pay any additional travel or housing costs. These were significant sums in

⁶⁰Ibid.
⁶¹Ibid.
an era when the nursing superintendents earned $60 to $75 per month and a dress cost $5 and a skirt cost $2. The meetings of the convention focused on the upcoming legislative session, the proposed practice act and nursing standards. The main social event of the convention consisted of a group trolley car trip to the ostrich farm in East Jacksonville.62

Following the convention, Miss Baker, the elected lobbyist for the association, Mr. Barrs and the legislative committee met with state representatives from various areas of the state to discuss the proposed law. A modified bill evolved from these meetings and was submitted to the legislature that year. Miss Baker went to Tallahassee for the state legislative session which took place during April and May of 1913. In this era before women could vote in Florida, it remains a wonder how this female nurse lobbyist affected the legislative process. Whatever her reception may have been, she succeeded in her efforts. The first practice act governing the licensure of nurses passed the Florida Legislature and Governor Trammell signed it into law on June 7, 1913. Nurses received public recognition as a vocation that deserved regulation and standardization for the protection of the public.63

In addition to the Florida Nurses Association members, another group of graduate nurses developed a public image during this

62Gillies, Sunshine and Breezes; Florida Times Union, January 28, 29, 30, February 8, 9; souvenir program of the first convention, archives, Florida Nurses Association, Orlando, Florida.

63Gillies, Sunshine and Breezes, p. 2.
period. The city board of health records include annual reports from school nurses, infant nurses and the colored visiting nurse describing their many diversified activities, in the years between 1911 and 1914. While infant welfare nurses focused on educational programs and health activities for vulnerable infants, the colored visiting nurse described a varied caseload of colored patients with infectious diseases, sick infants and mothers with child bed fevers. The colored visiting nurse also cited granny type midwives as a problem in preventing illness among the newborns in the black community. She described the poor housing conditions, filth, overcrowding and general ignorance in the black community as major barriers in her preventive work. The school nurses provided many services to school age children including dental and vision screening, management of communicable diseases and home visits with parents. None of these early nurses in public health appear on the rosters of local nurses' training schools, indicating the Dr. Terry may have recruited them from out of state with some experience or training in public health. Local nursing schools did not include public health theory or practice in their curriculum plans. Public health nursing remained a field where nurses had to be taught on the job or attend a postgraduate program, until after World War II.64

As this chapter in the development of nursing ended, the practitioners eligible for licensure could look back at the many

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changes that had taken place. The hospital trained nurse had begun to
develop a public image that differentiated her role and status from
the untrained nurses formerly recognized in the community. Nursing
schools began public graduations in 1904 and the programs of these
events received considerable attention in newspapers. The actual
speeches given by the nurses and doctors who addressed the graduates
helped to inform the public about the problems and possibilities of
nursing. Physicians praised these graduates for their high calling,
difficult labors and unselfish devotion to the sick. Symbols like red
roses, white caps and aprons, and candles combined with pledges of
obedience to doctors' orders and hospital policy for the good of the
patient made these white nurses something special in the eyes of the
public. Miss Davies also mentioned Miss Baker's emphasis on the pride
in being a nurse which she included in all of her lectures. These
efforts sought to make nursing more acceptable to a community that
linked nursing with the image of the black servant for hire, during a
period when more educated and technically astute nurses were needed to
meet the needs of the evolving hospital and public health systems in
the city.65

The lay nurse for hire, black or white, remained behind in the
shadows as the trained nurses stepped forward. The only evidence of
lay nurses who learned their trade by experience or with a doctor's
help, survived in a small directory printed in 1901. This list of

65Florida Times Union, June 8, 1910; Martin, A Century of
Service, p. 139; Interview with E. May Davies.
nurses printed for the physicians in the city included only white nurses and they were a mixture of trained and untrained women available for private duty cases. By 1913 for unknown reasons, the black nurses for hire no longer listed themselves in the city business directories. In addition, a few notations in city probate records indicate payments to private nurses, one of which bears a mark of X where the nurse signed a receipt indicating illiteracy. These women remained in the shadow with little recognition or respect in the community.\textsuperscript{66}

The black female nurse, the white lay nurse for hire and this new hospital trained white nurse all cared for the sick in the city before World War I; but only the latter gained the status necessary to achieve licensure by the state as a measure of acceptability. It must be noted that none of the data for this period indicate any public record of the 29 trained nurses graduated from Brewster Hospital. There may be many explanations for this phenomenon, but their absence of public recognition, even within the black community raises the question of racism within the community's evolving health care system. The white trained nurses would eventually eliminate the other groups of practitioners with the exception of the black trained nurses in the years to come. This gradual elimination of untrained practitioners from skilled practice began with the new licensure law and continued until licensure became mandatory in 1950. It is noteworthy that physicians confronted with poorly educated

\textsuperscript{66}Probate file #2739.
practitioners eliminated all but regularly trained physicians by the early twenties. 67

The nursing vocation in Florida approached the years of World War I as a younger, but vital counterpart of the northern nursing organizations with many characteristics of organized nursing, barely imaginable, just thirteen years earlier.

CHAPTER IV
THE NURSING VOCATION ORGANIZES AND MATURES, 1914-1930

The city of Jacksonville slipped into an economic depression in the summer of 1914 with the outbreak of World War I in Europe. Shipments of lumber and phosphates to Germany dropped sharply. Real estate speculation halted and unemployment increased. Tax revenues diminished, and 60 per cent of local office space was vacant. City services were cut back. One local historian described 1915 as "a hard one for everybody, businessman, property owner and wage earner." The next year local economics improved slightly with an increase in movie making activities and the opening of an oil importing terminal.¹

American entry into the World War, however, changed the economic conditions in the city significantly. The siting of a Quartermaster Training Camp at Black Point along with a major expansion of ship building facilities stimulated growth. The influx of 30,000 young military trainees, however, brought pressures from military leaders to close Jacksonville saloons and brothels. The army also spent hundreds of thousands of dollars in building projects at the camp which created new jobs for local workers.²

¹Davis, History of Jacksonville, pp. 250-252.
In addition to serving as mobilization point for troops, the city became a center for ship building for the wartime Navy. While it took some time after the declaration of war and awarding orders, Jacksonville firms began producing ships at record rates by early 1918. Twelve new vessels left Jacksonville shipyards in 1918, with eight more vessels completed in 1919. This feverish activity also stimulated the local economy.³

For many Jacksonville residents, the war meant daily headlines from the waterfront in the city's two newspapers. The hoopla of liberty bond drives and appeals for meatless, heatless, wheatless and lightless days to conserve fuel and food also were reported. Wages increased with war work, but so did inflation with food prices increasing 60 per cent in 1917 alone. These economic changes made life very difficult for the poor.⁴

In the midst of these events, city life halted for over a month beginning in October, 1918, due to the Spanish influenza epidemic. The local experience with this pandemic of flu stopped normal business and social activities completely for almost three weeks. During the worst of the epidemic, running soup kitchens, delivering meals and providing home care kept healthy residents busy. The city quickly


⁴Florida Times Union, July 3, 1917; September 20, 1917; Evening Metropolis, October 2, 1918; Martin, A Century of Service, pp. 154-156; Davis, History of Jacksonville, p. 270.
regained normal activities in November, 1918, and held a jubilant celebration which marked the Armistice ending the war.⁵

Postwar Jacksonville experienced numerous adjustments following the return to a peace time economy. Labor strikes and inflation troubled community life during the first two years after the armistice. City growth continued steadily with the rural to urban migration typical of southern cities of this period. By 1920, the city's population stood at 91,558 which represented an increase of more than 300 per cent over the 1900 census.⁶

The 1920s marked the decade of the "Florida Land Boom" in American history and Jacksonville participated to a limited degree. From 1921 to 1924, a combination of easy credit and warm sunny winters sparked a major speculation real estate boom in South Florida. Development schemes both legitimate and illegitimate, flourished from Miami to Boca Raton to Tampa and St. Petersburg. In Jacksonville developers began to promote residential communities at Venetia, San Jose and the Beaches. Construction and building permits peaked in late 1925 but fell back early in the next year, following the collapse of credit.⁷

⁵Tebeau, A History of Florida, p. 375.

⁶Davies, History of Jacksonville, p. 500; Blaine Brownell, "The Urban South Comes of Age," in the City in Southern History, Blaine Brownell and David Goldfield, eds., pp. 137-139.

The bust, however, was not as severe in Jacksonville as further south. The city's financial and commercial strengths meant greater stability. Developments may have slowed in San Marco, but new hotels, office buildings, schools, theaters, churches, and hospitals added size and diversity to the city during the decade. Still, the collapse was felt in the city with many projects left uncompleted and additional plans delayed for many years. The impact of the 1929 crash ended the prosperity decade with the city's population just short of 130,000.  

Women in Jacksonville fared much better during World War I than they had previously. The war effort gave many women the opportunities for employment as well as for extended volunteer jobs. The variety of employment opportunities expanded during this period with female workers taking positions in clerical, business and communications industries. A advertisements even listed positions for either male or female workers with the same salaries. Jobs attracted women from out of town, resulting in one charitable group establishing a safe, refined, residence for them. Most women still stayed at home, but those who could not or would not, received more acceptance in the


8See note 7; Tebeau, A History of Florida, p. 386.
wartime community that needed their labor. The American Red Cross urged women to volunteer for relief work. Local women from all socioeconomic classes in the white community served in volunteer activities at Camp Johnston and in the Red Cross workrooms located downtown near Bay Street. Black women also helped in Red Cross centers in the black community, and like their white counterparts, made mittens, rolled bandages and prepared relief kits for men in military camps in this country and abroad. Women also ran assistance and feeding programs during the 1918 and 1919 influenza epidemics. Newspaper articles described outstanding women volunteers and workers both locally and nationally throughout the war years.9

Traditional women at home learned new techniques to cope with food rationing and shortages in typical household goods. Articles on menu planning, household economy and maintaining family spirit appeared on the women's pages during the war. Women were reminded often in these articles that they played an important role in winning the war, by keeping home life going while the men left for Europe.10

On September 7, 1920, the first woman registered to vote in Jacksonville. The passage of the nineteenth amendment to the U.S. Constitution completed an era in women's suffrage and provided females

9 Florida Times Union, January 24, 1917; February 14, 1917; June 3, 1919; June 26, 1920; January 2, 1926; January 1, 1915; January 15, 1915; July 15, 1917; September 20, 1917; October 4, 1918; October 5, 1918; October 10, 1918; January 15, 1919.

10 Florida Times Union, January 3, 1917; January 10, 1917; February 7, 1917; February 19, 1917; July 14, 1917. It is interesting to note that the menus offer two dietary patterns, one for manual workers and one for brain workers.
with a basic right of citizenship. Florida never ratified the amendment, but Florida women rapidly took advantage of their franchise. In Jacksonville's first six-week registration period, 8,702 white women and 7,309 black women became voters. These women obviously disagreed with the Florida legislator who had stated: "Let us leave woman where she is--the loveliest of all creation, queen of the household and undisputed dictator of the destiny of Man."¹¹

In contrast to the experience of Jacksonville women, black citizens fared poorly during this era. Many black workers remained locked into lower income jobs and poverty. The small professional and business community, which did achieve middle class status during the war years, could not provide the many services needed by the larger portion of black Jacksonville which had not fared as well. Black high schools, churches and community organizations did prosper for the upper classes in the black community, but the majority still found life very difficult. One of the first large groups of city blacks to migrate north left between 1916 and 1920. During this period more than 6,000 of the 35,000 black residents left the city for northern industrial cities. Although this migration disturbed city and state leaders, the issue did not stop local papers from continuing to portray blacks in negative images as victims of tragedy or perpetrators of community problems. Efforts to stem the migration of

blacks in order to protect labor intensive industries like lumbering and terpentine manufacturing, were aimed at stopping the white labor recruiters rather than trying to improve conditions for the blacks seeking to leave.  

Southern historians offer several explanations for the wave of racial and ethnic hatred and violence which followed the war, including the release of war stresses, the urban migration of blacks and difficult financial times in rural areas. While the violence did not occur exclusively in the south, it did happen more frequently with greater destruction. Locally, papers gave frequent attention to the activities of the Ku Klux Klan and reported lynchings of blacks in graphic detail. The articles also described alleged "horrible" acts by blacks and justified retaliation with brutal force like whipping or lynching. One local article described the problem of institutionalized racism within the prevailing law. A black man came home from work one day and found his black wife "entertaining" a white businessman from Bangor, Maine. The article described the black man shooting the white man, who fled to a local hotel where he later died. Both the black husband and wife were promptly arrested for murder. 

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13Tindall, The Emergence of the New South, pp. 170-175, 165; Blaine Brownell, "The Urban South Comes of Age," pp. 146-147; Florida Times Union, March 22, 1917; June 16, 1924; June 19, 1925; August 8, 1925. The murder case involving the black couple was reported on March 22, 1917.
Lynching and other forms of murder of blacks in the postwar society were the ultimate form of institutionalized community control exerted by whites. Jacksonville had one lynching in 1919, when two black males were arrested for murdering a young white man. A mob overpowered a guard, took the men to the north side of town and shot them. This event received criticism from the leadership in the city because the act of violence violated the image of Jacksonville being a civilized business center. Unlike other southern cities and rural areas where violence reigned through most of the twenties, Jacksonville's blacks remained safe from mob violence after this isolated incident. Jacksonville's leadership created control over the growing black community by stringent segregation and political disenfranchisement. One southern historian described an incident in 1920 when 4,000 blacks stood in line from eight in the morning to five in the afternoon on election day without being permitted to vote.\footnote{Tindall, The Emergence of the New South, pp. 165-170; Crooks, "Jacksonville in the Progressive Era," p. 70.}

The illness experience of the city during the years 1914 to 1930 reflected national trends and specific southern problems. Jacksonville's mortality rates fell each year between 1914 and 1930, for which there are figures, with the exception of 1918 and 1919 when the rate rose due to the influenza epidemics. While mortality rates continued to fall, they never fell below northern rates for comparable cities, unless the black mortality rate was omitted. Only then did city death rates for whites compare favorably with northern cities.
The black mortality rate stayed higher than the white rate throughout the period and public reports blamed poverty, ignorance and poor nutrition as major factors. Tyndall cited the presence of chronic infectious diseases among poor blacks and whites like malaria, tuberculosis and hookworm as well as nutritional diseases like pellagra, as factors in the higher southern rates.\textsuperscript{15}

The patterns of disease changed greatly during this period. Tuberculosis still affected residents and the antituberculosis programs continued throughout the twenties. The incidence of fatal infections continued to drop and the incidence of chronic debilitating diseases increased. For example, the typhoid death rate stood at 15.5 deaths per 100,000 population in 1923 and declined to 5.8 per 100,000 by 1930. The leading cause of death in the state by 1923 was heart disease with tuberculosis second. Tuberculosis fell to the fifth ranking cause of death by 1931, causing fewer mortalities than pneumonia, cancer and strokes. While deaths from sickness declined during the decade, mortality rates for automobile accidents began to climb. In the eight years between 1923 and 1931 the rate of

deaths from auto accidents more than doubled from 15 to 33 per 100,000.16

The city health department in early reports and later newspaper articles described the chronic struggle with high maternal and newborn death rates, and hookworm infestations. Blacks experienced these problems at rates varying from 50 per cent to 100 per cent higher than whites with similar problems. Local campaigns attempted to lower the prevalence of hookworm infestations. Newspapers announced hookworm eradication programs and public health nurses described public screening programs. A state health officer cited environmental and socioeconomic factors in the population targeted for health problems which hindered the success of the public effort to eliminate hookworm.17

Maternal and infant prevention programs also experienced difficulties but achieved limited success during the twenties. Efforts to educate mothers about child care and preventive health services often failed because of persons not wishing help with private matters like child-bearing. Public health agencies also sought to educate and control lay midwives who still delivered most of the black infants in Jacksonville. These efforts also had limited success.


17 See note 16.
<table>
<thead>
<tr>
<th>Year</th>
<th>Total Population</th>
<th>Black</th>
<th>White</th>
<th>Total Crude Death Rate</th>
<th>Resident White Death Rate</th>
<th>Crude Black Death Rate</th>
<th>Resident Black Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td>19065</td>
<td></td>
<td></td>
<td>20.2</td>
<td>17.7</td>
<td>22.8</td>
<td></td>
</tr>
<tr>
<td>1916</td>
<td>82,029</td>
<td>41,754</td>
<td>40,273</td>
<td>19.45</td>
<td>16.61</td>
<td>10.33</td>
<td></td>
</tr>
<tr>
<td>1917</td>
<td>84,993</td>
<td>43,265</td>
<td>41,788</td>
<td>25.1</td>
<td>23.5</td>
<td>15.1</td>
<td></td>
</tr>
<tr>
<td>1918</td>
<td>91,558</td>
<td>41,527</td>
<td>50,031</td>
<td>15.14</td>
<td>14.11</td>
<td>10.4</td>
<td></td>
</tr>
<tr>
<td>1919</td>
<td>15.4</td>
<td>12.3</td>
<td></td>
<td>14.2</td>
<td>12.3</td>
<td>10.4</td>
<td></td>
</tr>
<tr>
<td>1920</td>
<td>15.5</td>
<td>12.5</td>
<td></td>
<td>15.03</td>
<td>12.5</td>
<td>10.4</td>
<td></td>
</tr>
</tbody>
</table>

**Duval County Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>Crude White Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1928</td>
<td>12.5</td>
</tr>
<tr>
<td>1929</td>
<td>12379 Total Deaths: Whites, 1,136; Blacks 1,243</td>
</tr>
<tr>
<td>1931</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Based on Jacksonville, Florida, City Commission, Annual Report of the Board of Health for Year 1915; Jacksonville, Florida, City Commission, Report of the City Commission of the City of Jacksonville, Florida, Covering the Years 1917 to 1920.

Still, the overall maternal and infant death rates dropped by a third during the twenties. The increased use of physicians and hospitals for labor and delivery for white infants also contributed to the decline in the death rates of mothers and infants. 18

The city's major influenza epidemic during this period created difficult problems. By September, 1918, the city health officer released a health warning about the problem of influenza, including guidelines for prevention. On October 1, this warning ran again in local papers along with suggestions for using masks in daily activities. During October, the American Red Cross work rooms, which had previously made bandages, shifted to producing masks for citizens to prevent the spread of the flu. By October 3, 1918, St. Luke's Hospital overflowed with patients. Soon so many people came down with the illness that soup kitchens were opened to provide food to families too sick to cook. Camp Johnston loaned the city portable soup kitchens in order to reach more residents. The city also set up a kitchen in the black community. By October 13, the epidemic peaked in the city with the highest daily death toll of thirty-nine. The incidence of new cases dropped off quickly in the days that followed and by the end of October the soup kitchens began to close. Of an estimated 30,000 patients down with the flu, 464 victims died. More

18See note 16.
people died in this epidemic than those who died in the yellow fever epidemic in 1888 when the toll came to 435.\textsuperscript{19}

The influenza infection flared again in early 1919 and 1920 when 621 and 2,541 cases, respectively, appeared. In 1919 the death count came to 64 with 79 deaths recorded in 1920. Many of these cases were relapses from earlier bouts with the flu. These two outbreaks affected mortality rates slightly, but did not disrupt community life or overflow local hospitals like the larger crisis of 1918.\textsuperscript{20}

Meanwhile, the public health departments at the city and state levels expanded their programs and staffs during the war years. Unfortunately, the data about these agencies for the twenties remains scant, since reports were not printed by the state board of health from 1923-1931. Local board of health reports, if they were printed, have not survived in local collections. A retrospective report covering 1923-1931 for the state board of health indicated that programs in place during this period progressed with considerable outside help from charitable organizations.\textsuperscript{21}

\textsuperscript{19}Davis, History of Jacksonville, pp. 272-273; William Straight, "Florida and the Spanish Flu," Journal of the Florida Medical Association, 68 (August, 1918): 645-654; Florida Times Union, September 14, 1918; September 18, 1918; September 19, 1918; September 26, 1918; September 29, 1918; October 1, 1918; October 3, 1918; October 4, 1918; October 7, 1918; October 8, 1918; October 9, 1918; October 18, 1918; October 19, 1918; October 20, 1918; October 23, 1918; October 24, 1918; October 28, 1918.

\textsuperscript{20}See note 19.

Local newspapers reported activities of the Rockefeller Foundation, the federally funded Shephard Towner Rural Health programs and local organizations working to promote public health programs. This mixture of public and private funding to combat tuberculosis, hookworm infestation, and maternal and newborn mortality rates continued throughout the twenties. Public awareness of the prevention programs was reflected in articles in local papers which described good responses to the programs. The local board of health reports, which have survived, describe growing attendance in clinics, school health programs and tuberculosis clinics. Campaigns against rodents, mosquitoes, rabid dogs and garbage in the streets also improved conditions. These campaigns were in addition to the older programs which provided food, milk, water, restaurant, and market inspections to protect food and water supplies. The effectiveness of these programs are demonstrated in the dropping mortality rates, especially in the area of food borne and infectious diseases.\(^{22}\)

The patent medicine and medical self-help industry appeared in local papers through advertising, although the impact of these products and services diminished greatly during the twenties, in comparison to attention paid to modern public health and medical science coverage in the publications. The advertisements for the many products, however, did provide a view of health problems which average consumers might be concerned about during this period. Digestive

\(^{22}\)See note 21.
disorders led to products which promised to remove acid thought to sour foods in the stomach and create poisons. Constipation could be eased by "Herb Juice" or "Cascarets," while "lazy livers" functioned better with "Shivar's Mineral Water." Ovaltine ads promised to soothe ragged nerves. "Musterole" and "Allcock Plasters" relieved severe headaches and muscle pains. Kidney diseases increased in the decade leading to the advertisements for "Jad's Salts" and "the Texas Wonder" which promised relief of all bladder and kidney problems. On less delicate topics, "Pyramid Pile Salve," and "Hem-Roid" offered to relieve this unpleasant problem, and "Tetterine" promised to help people to stop scratching in public by curing ringworm, eczema and lice. Still, the space in the newspaper devoted to these patent medicines decreased as newer areas of advertising like grocery specials and coupons began to compete for space.  

The hospitals in the city matured and modernized during this period with St. Vincent's, the Duval County Hospital and Asylum, and St. Luke's all moving into new facilities. Brewster Hospital also added a new building to its existing plant. St. Luke's moved, first opening for patients on January 14, 1914. The new hospital, located on the Boulevard at Eighth Street, was a pavilion style structure with six units all connected to each other by corridors. It could accommodate seventy-six patients. Earlier in 1913, the city board of

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health had built two contagious units on the St. Luke's site for blacks and whites needing isolation. The two city units could accommodate a total of twenty-eight patients with half the beds for blacks and half for whites. The new city facility, combined with new St. Luke's, required a larger staff and expanded budget. Dr. A.H. Wilkinson, hospital superintendent directed the move from the old hospital on Palmetto Street and instituted a sweeping reorganization of the hospital staff in 1915.²⁴

The hospital responded to the stresses of World War I and subsequent influenza epidemics with limited medical resources. The number of new beds proved inadequate for the epidemic. Financial problems also troubled St. Luke's during these years, because two flu epidemics occurred within one fiscal year and economic fluctuations made fund raising difficult. Nurses and doctors left the hospital for war duty and enrollments of pupil nurses failed to keep up with the needs of the facility. As a result, work loads in the hospital grew intolerably. By early 1919 conditions got so bad that student nurses went on strike briefly to protest conditions. This forced hospital leaders to hire graduate nurses at higher wages to help relieve the overburdened students compounding the financial crisis.²⁵

A return to financial health along with rapid expansion characterized St. Luke's in the twenties as eight private rooms, a new


maternity pavilion and a children’s ward became part of the facility. St. Luke’s celebrated its fiftieth anniversary in 1923. Before the end of the decade new x-ray services; eye, ear, nose and throat operating rooms; and expanded maternity services enhanced the scope of assistance available to patients. 

By the mid-twenties, the hospital began a quarterly bulletin for all hospital association members. This periodical reported activities of the hospital and included articles on health and disease prevention. These articles described a variety of topics from nutrition to hookworm control in layman’s language. The few surviving medical records from the twenties and the summaries of case loads printed in the quarterly Bulletin indicate St. Luke’s had a broad ranged case load. Surgery represented the leading reason for admission, with a large number of diabetics needing the new insulin treatment. Maternity cases also needed care. One of the most significant changes in the pattern of patient utilization came in the area of maternity. In the earlier admission register, obstetrical admissions were rare. By 1927, St. Luke’s admitted over four hundred cases a year and having babies in the hospital became a common practice. The medical records and quarterly articles describe an expanded staff representing fifteen different specialty areas.

26 Ibid.  
One very unusual probate record described a case which also survived in the limited medical record collection at St. Luke's. A small child had several very serious infections including meningitis, enterocolitis and raining otitis media. He remained hospitalized for many weeks with this massive infection and his bills reflect the significant increase in the cost of hospitalization in 1923 when compared to the burn victim described in Chapter III. In the Adams case in 1906, the child had severe electrical burns with an amputation and three-week hospitalization. The total cost for hospitalization and physicians fees came to $167. By the end of the child's illness in 1923, the total cost for hospital care came to $512 while the doctor's fees came to $573 and nurses fees for private duty added another $952. The child received constant care from nurses and intensive care from the physicians involved. The nurses' notes indicated few medications were given, but much attention to physical comfort through massage and bathing, and strict aseptic technique helped to prevent the spread of the child's infection. By the medical standards of this era, this child should have died. He recovered slowly and later went to college indicating that he had escaped the brain damage common to victims of meningitis in this time before antibiotics.28

The purchase of the DeSoto Sanitarium by the Daughters of Charity for 76,000 dollars in 1916, culminated negotiations which began with

28Shands Private Record, #6801, Duval County Courthouse, Jacksonville, Florida; St. Luke's Medical Record, #25284, Medical Records Department, St. Luke's Hospital, Jacksonville.
letters and proposals from local physicians and priests in 1910. Dr.
Jerry Holden, Father John Maher and Bishop Curley all worked to
convince the order of a need for a Roman Catholic hospital in the
city. On May 1, 1916, the three sisters sent from the motherhouse in
Emmitsburg, Maryland, took charge of the DeSoto Sanitarium. At this
time the staff consisted of five physicians, a lay superintendent, a
matron, fifteen pupil nurses and two untrained workers. Only seven
patients remained in the hospital which had a capacity of forty-one.
Two more sisters arrived in June to help run the hospital and by July
19, 1916, the DeSoto Sanitarium was renamed St. Vincent's Hospital.29

The sisters improved the facility and operated in the two
pavilions until 1926 when the purchase of property on the St. Johns
river in the Riverside section of the city enabled the order to plan
for a new facility. The hospital, which was incorporated in 1919,
approached the public and the Catholic diocese for funds to build a
new hospital for the growing west side of Jacksonville. Although the
newspapers gave limited coverage to the good work of the sisters
throughout the war and years that followed, the community supported
the sisters in their drive for a new facility. This Roman Catholic
hospital weathered the prejudice that accompanied the election of
Governor Sidney Catts in 1915. The sisters eventually received the
help they needed and on May 12, 1927, the cornerstone of the new

29St. Vincent's Hospital, "Correspondence Files," archives,
Jacksonville, 1916-1928; Florida Times Union, May 2, 1916; July 20,
1916.
St. Vincent's was laid in Riverside. Just eleven months later on April 12, 1928, the new hospital with 200 beds opened at Barrs Street and St. Johns Avenue. The admission records for this hospital from 1919 to 1930 have survived intact in three large leather bound volumes. The records of the caseload of the hospital depict several characteristics about health care and the community during this period. First, a large number of the people treated at the hospital could not pay their bills. Charity care represented a major portion of the hospital's activities. This finding parallels the St. Luke's experience. Second, the utilization of hospital beds changed dramatically in the twenties as the number of obstetrical cases climb along with routine surgical procedures like tonsillectomies.

Another trend noted in the pages of these admission registers concerns the increasing specialization of physicians. Dr. John Boyd exemplified this transition. In the earlier DeSoto records, Dr. Boyd performed much gynecological surgery, but frequently treated tourists for a variety of problems both medical and surgical. By the twenties,

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31St. Vincent's Hospital, "Patient Admission Registers," 1919-1930. See Table X for a statistical summary of changing hospital utilization patterns demonstrated in the sample of the registers.
Table X
Changing Utilization Patterns in St. Vincent's Hospital, 1919-1930

<table>
<thead>
<tr>
<th>Year</th>
<th>Typhoid</th>
<th>Malaria</th>
<th>Infections</th>
<th>Cancer</th>
<th>Mental Health</th>
<th>Surgery</th>
<th>Obstetrics</th>
<th>Drug-Related</th>
<th>Pneumonia</th>
<th>Unusual Cases</th>
<th>Tuberculosis</th>
<th>Death</th>
<th>Total Cases</th>
<th>Sampling Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>1919</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>13</td>
<td>0</td>
<td>12</td>
<td>49</td>
<td>every 10th case</td>
</tr>
<tr>
<td>-6 mos.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>1920</td>
<td>0</td>
<td>5</td>
<td>17</td>
<td>6</td>
<td>1</td>
<td>34</td>
<td>13</td>
<td>3</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>22</td>
<td>101</td>
<td>every 10th case</td>
</tr>
<tr>
<td>-12 mos.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1922</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>34</td>
<td>15</td>
<td>4</td>
<td>2</td>
<td>10</td>
<td>0</td>
<td>18</td>
<td>74</td>
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<tr>
<td>1927</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>23</td>
<td>16</td>
<td>0</td>
<td>1</td>
<td>9</td>
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<td>0</td>
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<td>5</td>
<td>36</td>
<td>2</td>
<td>93</td>
<td>179</td>
<td>every 10th case</td>
</tr>
<tr>
<td>1929</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>48</td>
<td>15</td>
<td>0</td>
<td>8</td>
<td>18</td>
<td>0</td>
<td>55</td>
<td>118</td>
<td>every 10th case</td>
</tr>
</tbody>
</table>
his practice included only female gynecological cases. Dr. C.M. Sandusky demonstrated another type of specialization. Every case admitted to this doctor's service required a tonsillectomy. His busiest periods of work came in December and June during school vacations and most of his patients were children.\textsuperscript{32}

Catholic laypersons, priests and religious sisters from all over Florida received free care in the facility. Local persons regardless of religious beliefs also sought care at St. Vincent's. In addition to pupil nurses, the hospital became a training center for surgical interns in 1929. As the twenties closed the small hospital, which had only seven patients in 1913, had grown to a modern medical center and training facility for doctors and nurses.\textsuperscript{33}

Although the hospital records remain missing for the war years, the collection of files for the twenties offer a rich source of data about the city's illness experiences. Infections, especially serious postsurgical complications still killed patients. Congenital defects and prematurity caused frequent newborn deaths. Surgical treatment of cancers and gastrointestinal diseases increased and survival rates improved. Communicable disease admissions became rare except during influenza season in the winter and dengue fever season in the summer.\textsuperscript{34}

\textsuperscript{32}Ibid.
\textsuperscript{33}Ibid.
\textsuperscript{34}Ibid.
In 1919 three physicians purchased the Carey Rogers Hospital and set up the Riverside Clinic to serve as an outpatient dispensary. The three doctors were Dr. Edward Jelks, a surgeon; Dr. Jarry Peyton, a urologist; and Dr. Turner Cason, an internist. They represented the first multispecialty clinic and practice in Florida. The hospital grew during this period and expanded its x-ray and other diagnostic services. Unlike St. Luke's and St. Vincent's, however, Riverside Hospital retained its small sanitarium character designed to attract wealthy clients who preferred quiet, uncrowded conditions. 35

The twenties marked a period of major change for the county hospital and asylum. Since its inception, the Duval County Hospital and Asylum had experienced periods of intense public scrutiny followed by periods of public neglect. Local physicians characterized the hospital as little more than an almshouse and city maps identified the county hospital as a pest house. An official report of the Duval County Welfare Board describes the state of the hospital in the early twenties: "The buildings of the old hospital were wooden structures forty years of age. At best they were makeshifts. Constructed as almshouses it was difficult to adapt them to hospital use. They were heated with small wood stoves." In 1926, however, the county opened a

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new hospital called the Duval Medical Center, located in Springfield on Jefferson Street. This new facility has a capacity of 230 beds.\textsuperscript{36}

The new hospital served the indigent patient only and had a residency requirement for nonemergency care. The administrator of the new facility reported in his 1925 report: "Only persons so destitute as to be unable to pay for similar treatment elsewhere and who have been residents of Duval County for at least one year will be eligible for treatment. Transients will be accepted in cases of emergency only." The hospital served blacks and whites in segregated units. The entire medical and administrative staffs were white. Although black nurses had worked in the old hospital, they left the new institution soon after it opened because of dissatisfaction with newly hired white nursing supervisors. Reports of caseloads in the new hospital describe a high incidence of acute surgical cases such as appendectomies and tonsillectomies. The hospital superintendent noted that chronically ill patients had to wait for admission in deference to acute medical and surgical cases.\textsuperscript{37}

Brewster Hospital changed the least of all the facilities during the twenties due to the depressed state of the economy in the black community. The hospital did receive a grant from the Methodist Women's Home Missionary Society in 1921. This grant allowed the hospital to move to a larger building on Monroe Street. This


\textsuperscript{37}Ibid.
building permitted the hospital to expand to three wards with three indoor lavatories. The expanded hospital could accommodate twenty-six patients. Black nurses and other citizens familiar with the institution during this era describe a small, squalid, struggling agency where people worked very hard to provide the best possible care to patients treated there. One black physician's daughter remembers spending Sunday afternoons with her mother and other churchwomen at the hospital rolling bandages, cleaning supplies and wrapping surgical instruments for the operating room. A few black doctors did practice in Jacksonville and brought patients to Brewster Hospital. White doctors also came to Brewster to help with difficult cases. These white physicians would then transfer patients who needed complicated acute care to the Duval County Medical Center.38

Hospitals in Jacksonville became mature members of the health care system, growing in size and complexity during this era. Middle class city residents sought obstetrical care in centers shunned just a generation earlier. Technology evolved to advance x-ray techniques, radium implants for cancers and creative surgical interventions for gastrointestinal abscesses. Survivals far outnumbered deaths. Many smaller private clinics also opened during the twenties, but the large hospitals set the pace and survived the economic cycles that eliminated smaller ventures. The modern facility in Jacksonville

38 Interview with Mrs. I.E. Williams, doctor's widow, undated, Archives Methodist Health Systems, Jacksonville; Interview, Mrs. Thelma Livingston Harris, retired social worker and black physician's daughter, Jacksonville, November 29, 1984.
reflected a mixture of charitable impulse, public support and emerging business practices.39

A survey of business directories and hospital records during this era demonstrated a growing health care team of doctors, druggists and dentists who supported the health care practices in the hospitals in the community. Specialization among the physicians became more pronounced after the war and appeared in business directory advertisements and admission records. Close to half of the city's doctors left for war duty during 1917 and 1918. The total number of physicians increased from 145 in 1914, with 20 of those practitioners black, to 178 physicians in 1930-1931 with 19 black physicians. This decline of black professionals also appeared in the ranks of druggists and dentists. Two factors contributed to this community problem. First, the increased standards in all health professions following World War I, may have eliminated some irregularly prepared and

39 Survey of St. Vincent's Hospital, "Patient Admission Registers," 1906-1930; Survey of microfilm patient record collection, 1921-1930, Medical Records Department, St. Luke's Hospital, Jacksonville; Survey of existing patient records, 1915-1930, Medical Records Department, Riverside Hospital, Jacksonville. A good example of the type of hospital that opened and closed in Jacksonville in the twenties was the Marvin Smith Hospital located on St. Johns Avenue. The patients in this facility had gastrointestinal diseases. Dr. Smith opened his hospital in 1921 and died in 1923, and the hospital closed upon his death. His hospital building still stands and is used as a rest home for the aged.
unlicensed black practitioners, however, who may still have been practicing in the community, but were not listed in business directories. Second, the severe economic cycles in the postwar years and the twenties may have limited access to education for black professionals.40

The number of white druggists also grew during the twenties. In 1914, a total of fifty-seven druggists including ten black druggists served city needs. Most of these pharmacies were downtown or near downtown neighborhoods. By 1930-1931, ninety-one druggists practiced in the city and several suburbs. Of these pharmacists, only two blacks appeared in the directory. One oral reporter described how her physician father often gave medications to poor families who could not afford to go to the drug store. This indicates that black physicians still, on occasion, played both roles for patients.41

The outbreak of World War I had a less immediate impact on Florida trained nurses than others in the country, since the American Red Cross required enrolled nurses to have graduated from hospital with at least fifty beds. Only St. Luke's met this requirement after

41Jacksonville, Florida, City Directory; Interview with Mrs. Thelma Harris.
opening the beds in the new hospital. As a result, members of the class of 1917 were the first graduates eligible to enroll.\textsuperscript{42}

One of these graduates, Mrs. Esther Troeger Oetjen, related a glimpse of St. Luke's and her wartime Red Cross experiences during a 1982 interview. Mrs. Oetjen remembered twelve-hour shifts during her training with an occasional two-hour break in the afternoon. She recalled evening classes with doctors and the shortage of personnel after April, 1917, as doctors left for military duty. Mrs. Oetjen also recalled the dangers of practicing nursing during this era. One of her fellow students contracted smallpox after beginning training. She had to go to Sand Hills Hospital north of the city for treatment. Mrs. Oetjen remembered the student returned so scarred that she left the nursing program. Nurses often suffered exhaustion from the effects of having so many tasks to do each day. In addition to caring for patients day and night, nurses had to mend and sterilize rubber gloves, wrap sterile packs, sharpen needles and scalpels, and maintain the cleanliness of all operating and delivery rooms. Doctors did take blood pressures and only head nurses wrote on the charts, but all the other big and little tasks had to be done by student nurses.\textsuperscript{43}

Mrs. Oetjen graduated from St. Luke's in June, 1917, and enrolled almost immediately in the American Red Cross Nursing Service. After

\textsuperscript{42}Gillies, \textit{Sunshine and Breezes}, p. 2.

\textsuperscript{43}Interviews with Mrs. Esther Troeger Oetjen, retired nurse, Jacksonville, July 20, 1982, and October 9, 1982.
duty in Georgia, she and three other local nurses went to New York to await transport to France in October, 1918. She served in western France for two years during the postwar recovery period. She practiced as an operating room nurse and helped to train French nurses to take her place. After returning to St. Luke's, she worked as an operating room supervisor training students. Mrs. Detjen met her husband, a surgeon, in the early twenties and retired from nursing to raise a family.44

The number of practicing nurses increased steadily during this period and the educational preparation of the nurses also improved. In 1914, seventy-two women listed themselves in the business directory as nurses, with one of those practitioners identified as black. No distinction regarding preparation was made in the listing. By 1930-1931, 135 women were listed as graduate nurses with twelve of those identified as black. Another fifty-five women advertised as practical nurses with four of those women identified as black. The development of these distinctions occurred primarily because of the activities of two major organizations within the vocation which were the Florida State Association of Graduate Nurses and Florida State Board of Examiners of Nurses.45

The Florida State Association of Graduate Nurses worked during the war years to provide leadership to the newly appointed Florida

44See note 43.
45Jacksonville, Florida, City Directory; Gillies, Sunshine and Breezes, p. 3.
State Board of Examiners of Nurses and to organize the state nurses relief committee. The relief committee served a vital role for disabled or sick nurses in this era before Workman's Compensation or private insurance. The money sent to sick, aged or dying nurses often made the difference between reduced circumstances and destitution. 46

Another active committee in the association sought to establish standards for credentials adequate for membership. Potential members had to pass a screening committee which determined their eligibility. In the years before registration of nurses became universal, establishing standards proved a cumbersome task. The following section of the Association's first constitution demonstrates the dilemma:

Membership--An applicant must be a graduate in good standing from a well equipped and properly organized general training course, which offers not less than a two-year course. She must give a satisfactory endorsement from a former superintendent of the training school, together with such evidence of skillful and acceptable work, proof of professional ability and morality as the Committee on Credentials may demand.

Standards, such as these which are taken for granted today, did not then exist and had to be created by the organization. 47

As the twenties opened, the association changed its name to the Florida State Nurses' Association. The group survived the economic problems of the twenties following the real estate bust, and expanded

46 Gillies, Sunshine and Breezes.

47 Ibid., p. 4.
the relief committee to cope with nurses who had financial difficulties. The conventions provided important meeting opportunities for emerging specialties like, private duty nurses, public health nurses, Red Cross nurses and nursing instructors.  

The association established links with many other social, welfare and health organizations in the state during this period and became a recognized resource for nursing and health standards. Nurses never enjoyed high salaries during the boom times in the state, which may explain why they coped so well with the depression which followed.  

In 1929, the association suffered a major setback when the bank that held the organization's treasury failed. During the depression, many private nurses experienced periods of unemployment. The association did not waver during the crises that followed; however, increasing relief efforts for nurses out of work and cutting membership fees for those suffering reverses. None of the nurses interviewed for this study reported any serious destitution during the depression years. Some pooled their resources, sharing living quarters. Some went to work for hospitals, while others spent part of the year in the north doing private duty. The relationships and standards provided by the association for the practicing nurse remained intact and promoted a positive self-image for graduate nurses during these years.  

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48 Ibid., pp. 80-82.
49 Ibid.
50 Ibid., p. 4.
Another significant nursing organization emerged during this period called the State Board of Examiners of Graduate Nurses. The first licensure law passed in 1913 provided for the governor to appoint a five-member board and for that board to administer licensing exams at least once a year. The board also had the right to hold hearings, revoke licenses or prosecute those violating the licensure law. All practicing nurses assumed the title of Registered Nurse had to have a state certificate before June 1, 1916. This permissive law, however, did not prohibit persons nursing the sick who did not claim to be Registered Nurses. The board administered the first licensing examinations, for white nurses only, on October 29 and 30, 1917, and twenty-eight candidates took the exam. The pass rate for this first group was 100 per cent.\textsuperscript{51}

By 1918, "Standards for Accredited Schools of Nursing" were approved by the board and sent to the programs in the state as a new guideline for student requirements. The board also planned for periodic inspection of training programs by a staff member who could enforce the new standards. In 1919, an appointed inspector of training schools began to survey the state's training schools. The inspector wrote detailed reports on how the schools met or failed to meet the new rules for accreditation. The minimum requirements for

\textsuperscript{51}Florida State Board of Nursing, "Minutes of Florida State Board of Examiners of Graduate Nurses," archives, Jacksonville, 1913-1930.
the programs included a three-year term of study and at least two years of high school prior to admission.\textsuperscript{52}

Additional modifications in the state licensure law for nurses were passed in 1919, which set minimum educational standards for admission to nursing schools at a high school diploma. Standards for nursing instructors and basic curriculum design also became part of the guidelines from the state board. Each school in Jacksonville had to complete a detailed report annually describing how the school met state requirements. Some of these reports have survived and give much data about the individual programs as they worked to meet the standards of the state board.\textsuperscript{53}

The earliest surviving school standards were approved on June 10, 1926. The board gave detailed guidelines on suggested courses students should complete in high school. The nursing school had to be located in a hospital with at least 30 beds and must have a student enrollment of at least six. The required curriculum included anatomy, physiology, materia medica, dietetics, urinalysis, pediatrics, contagious diseases, hygiene, bacteriology, nursing history, ethics, obstetrics and gynecology, and mental and nervous disorders. This curriculum represented many more hours of lecture and study for these students compared to the curriculum plans of the local schools before

\textsuperscript{52}Florida State Board of Nursing, "Rules and Guides for the Florida State Board of Examiners of Graduate Nurses," archives, Jacksonville, 1913-1930.

\textsuperscript{53}Florida State Board of Nursing, "School Files," archives, Jacksonville.
1910. The State Board of Examiners of Graduate Nurses also limited the students' duty hours to sixty-four per week and required two weeks of vacation each year. This document also ended the payment of wages to student nurses allowing only stipends to cover books, uniforms and personal expenses.54

The exam given to graduate nurses in 1926 also survived providing a good example of the type of questions used in this period. Students had to select fifty essay questions from a pool of seventy-five possible items. The exams were then graded by the Board of Examiners. Passing students had to achieve at least 70 per cent on the test. A survey of school records in Jacksonville during the twenties indicates that the students excelled on this test and frequently scored over 90 per cent. Only three failures in the high sixties appeared in the Jacksonville records.55

The size of Jacksonville hospitals and their diverse patient caseloads furnished local students excellent clinical experiences. Although the Jacksonville schools had difficulty recruiting all high school graduates for their student bodies, the educational level of student nurses did improve during the twenties. By 1930, all of the


55 Florida State Board of Nursing, "Minimum Requirements for Accredited Schools of Nursing," in school files, archives, Jacksonville. See Table XI for a sample of questions on the 1926 exam. This was also the first year the exam was open to black graduate nurses.
Table XI
Sample of Questions From Florida State Board, Examiners of Nurses
Examination June 7 and 8, 1926

Dietetics
1. What would you give a typhoid fever case the first week that he is given solid food?
2. Discuss the diet in pellagra.
3. Name important points to remember in feeding of all patients.

Children's Diseases
1. Outline nursing care in diphtheria, scarlet fever, and measles.
2. What body structures are most vulnerable to infection?

Communicable Diseases
1. In what stage is syphilis most infectious?
2. Outline the nursing care of a patient with typhoid fever.

Gynecology
1. What is salpingitis?
2. When is abdominal massage beneficial?
3. Name four parts of the mammary glands.

History/Ethics
1. Who is the founder of modern nursing?
2. Name three national nursing organizations.
3. How would you proceed to register in another state?

Hygiene
1. What is the present theory regarding the necessity for fumigation?
2. How should the sputum of patients suffering with diphtheria?

Materia Medica
1. What effect is opium on secretion?
2. Name two alkaloids of opium.
3. What do you understand by accumulative action of a drug?

Medical Nursing
1. Name three common diseases of metabolism.
2. What is endocarditis? Pericarditis?
3. Give the nursing care in anemia.

Mental Nursing
1. In what manner should we meet a mentally sick person?
2. What is one of the most important forms of therapy used in the treatment of mental cases?

Obstetrics
1. Name some accidents of pregnancy.
2. Name and describe the stages of labor.
Practical Points
1. When is the best time for bathing? Why?
2. Why is monthly hygiene important?
3. Name two points to be observed in the care of a hypodermic needle.
4. Why is regularity in defecation important?
5. What points are to be observed about the feces?
programs in the city required a high school diploma or its equivalent for admission.56

In addition, the training schools at Riverside and St. Vincent's Hospital developed a new educational relationship with the Florida State College for Women during these years. Students would spend two years at the college after completing the hospital diploma program and receive a Bachelor's degree in nursing. This relationship appeared in the 1926 rules for the board which stated that the combined program required five years of study.57

Oral reporters also recall certificate programs being offered by large teaching hospitals in the north and midwest. These courses last six to twelve months and awarded certificates in specialty fields like pediatrics, obstetrics and surgery. These certificates qualified a nurse to be a supervisor in a hospital unit and to teach student nurses.58

Nurses interviewed reported that by 1930, the distinction between the Registered Nurse and practical nurse had become an accepted fact in the nursing community. The State Board of Examiners of Graduate Nurses.

56St. Luke's Hospital, "Student Nurses," personnel records, archives, Jacksonville, 1902-1930; St. Vincent's Hospital, "Student Nurses," personnel records, archives, Jacksonville, 1906-1930; Riverside Hospital, "Student Nurses," personnel records, archives, Jacksonville; Interview with Hettie Mills, retired nurse, Jacksonville, March 6, 1982.

57Rules and guides from Florida State Board of Nursing, "Minimum Requirements for Accredited Schools of Nursing," in school files, archives, Jacksonville, p. 4.

58Interview with Mrs. Idele Hovey; Interview with Ruth Troupe, retired nurse, Jacksonville, May 24, 1982; Interview with Clara McWilliams, retired nurse, Jacksonville, May 26, 1983.
Nurses attempted to clarify the differences by issuing certificates to practical, untrained nurses with good references in 1921. These nurses were not differentiated in Jacksonville Business Directories, however, until the 1930-1931 edition. This publication indicated that the concept that a nurse needed a systematic education of at least three years had become acceptable in the Jacksonville community.59

In spite of the efforts of the State Board of Examiners of Graduate Nurses to achieve standardization of nurses' training schools in the state, the four programs in Jacksonville retained much of their individuality. Their locations in the community, history and racial composition all contributed to their differences. Graduates of this era from three of the programs have shared some of each program's individual characteristics. Mrs. Florence Cooper Holman, class of 1920 at Brewster Hospital, recalled a heavy program of physical labor as a hallmark of her first year at the school. Her class remained small and the hospital still functioned in the old 1902 building. Freshmen students scrubbed everything and did much of the custodial work such as sweeping floors and starting wood fires. The few classes that the students attended had physician-lecturers. They studied medical nursing, ateria medica, dietetics, and nursing ethics. In dietetics, students learned how to cook special diets. Classes remained erratic throughout her three years since new students arrived each month. Mrs. Holman remembered that some of the white supervisors

left during the war, but black nurses did not go because they were not eligible to enroll in the American Red Cross as trained nurses.  

All of the chief nurses and administrators at Brewster during the war were white. Mrs. Holman remembered just a couple of black doctors, who had patients in the hospital. White doctors helped in the hospital occasionally during this period. "The doctors were boss." Nurses stood when they entered any room and the nurse always followed orders to the letter. Only the supervisors or matron could question a doctor's orders.

Brewster nurses provided a strict round of physical care each day, starting with a bath in the morning, afternoon clean up before the rest hour, and the evening toilet which helped the patient relax. Backrubs, massage, cleanliness, and comfort measures all had to be done by the nurses. Students worked five twelve-hour days with a half day off on Saturday and Sunday.

Mrs. Holman recalled her student uniform consisted of a solid blue dress, with a white apron, bib and cap. Freshmen students could wear bibs or caps. Juniors wore the full uniform and seniors wore black bands on their caps. Juniors and seniors received five dollars per month. Mrs. Holman remembered the great pride in becoming a junior with a full uniform, cap and monthly salary. She also

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60 Interview with Mrs. Florence Holman.
61 Ibid.
62 Ibid.
expressed a deep sense of satisfaction from her service as a private
duty nurse after graduation. In her early eighties, Mrs. Holman still
practiced as a volunteer in a local hospital hospice unit.63

Mrs. Hettie Thompson Mills entered Brewster eleven years after
Mrs. Holman's graduation and described a similar strict learning
environment with much scrubbing and cleaning. The facility had grown
and the staff then had a cook and custodian, so students enjoyed a
slightly lighter load. Mrs. Mills graduated in 1932, and her memories
of the hospital span the early years of the national depression. The
hospital struggled to survive financially and thus students had to
carry very heavy patient care loads throughout their program. Classes
were held more regularly in a separate educational building during the
day. The students had white nursing instructors for nursing arts,
nursing ethics and history. The rest of the theory courses were
taught by physicians who were mostly white. The clinical teaching on
the hospital units had to be done by senior nursing students and head
nurses. Senior students also made rounds with doctors.64

By the early thirties Brewster served as a teaching hospital for
black interns from Meharry Medical School in Nashville, Tennessee, and
Howard University in Washington, D.C. The hospital also hosted
"clinics" which provided continuing education for black physicians
throughout Florida and Alabama. Mrs. Mills felt she received a very
good education. The five members of her class all passed the state

63Ibid.

64Interview with Hettie Mills.
licensing exam with grades ranging from 83 per cent to 92 per cent. Mrs. Mills married one of the Meharry medical graduates who practiced in Jacksonville. 65

The two surviving reports of Brewster by the state inspector of training schools describe a facility with limited resources doing an acceptable job of preparing nurses. The inspector remarked in the report of the strong sense of discipline and purpose in the activities of the school. She compared Brewster favorably with the much more affluent St. Luke's. 66

St. Luke's graduates from the twenties describe a three-month probation period, twelve-hour work days, with a three-hour break in the afternoon for classes, and much physical labor as characteristics of their school experiences. Classes took place from September to May and the students had half days off on the weekends after their probationary periods. They had to be in their rooms studying by 9:30 pm each evening on workdays, and after the probationary period they had a midnight curfew on the weekends. 67

The students at St. Luke's also had a separate classroom area equipped with a "Mrs. Chase" practice doll and a simulated hospital

65Ibid.

66Florida State Board of Nursing, "School Files," archives, Jacksonville.

67Interview with Mary Park Lennart, retired nurse, Jacksonville, July 12, 1982; Interview with Ruth Troupe; Interview with Idele Hovey; Interview with Eleanor Wood, Jacksonville, March 20, 1982; Interview with Helen Huber.
unit where students practiced bedmaking, baths, injections and other procedures. By 1923, St. Luke's had a full time instructor in addition to the director of nursing and supervisors. 68

Mrs. Eleanor Edwards Wood, St. Luke's Class of 1924, recalled her uniform consisted of a blue and white striped dress with a white gored apron and white bib and cap. Her remembrance of surgical nursing included many routine tonsillectomies and hernia repairs. They saw cancers rarely. She hated obstetrics because pain medication could not be given. Medical nursing was also hard for Mrs. Wood because so little could be done for infected patients. People with pneumonia received bedrest, whiskey, chest plasters and prayers. Both Mrs. Wood and Mrs. Mary Park Lennart, St. Luke's Class of 1927, recalled the emphasis on detail, and little things important to patients, as a major aspect of clinical training. These nurses remembered being taught they were responsible for the comfort as well as the care of the patient. They also remembered strict rules about student dress and conduct in the school. Uniforms were inspected each day and sloppiness led to punishment in the form of lost privileges. 69

The doctors worked very hard in the St. Luke's of the twenties. They received respect as the persons ultimately charge of the patient. Doctors and nurses maintained a strict code of professional behavior and Mrs. Woods stated that students looked up to "doctors as

68 See note 67.
69 Interview with Eleanor Wood.
gods." All the St. Luke's graduates described long tours of night
duty as students and how these experiences remained with them. These
nurses remembered cases like febrile babies who had to be sponged
every hour, heart patients requiring vital sign checks every fifteen
minutes and duty on the contagious unit with iron lungs which had to
be hand cranked during power failures. 70

The student records from St. Luke's describe a full theoretical
and clinical education which met state requirements in most ways. It
took until 1927 to have all incoming students graduates of high
school. Ruth Troupe, who entered St. Luke's in 1928, remembered
several in her class had secondary school education. She entered with
two years of experience teaching elementary school. 71

Only one graduate of Riverside Hospital from the twenties gave an
interview on her school experiences. Mrs. Evelyn Chambliss Cooper,
Class of 1927, remembered she had to have a high school diploma, good
grades and three recommendations for admission to the school in
November, 1924. She found the first year very hard, since she came to
Jacksonville from the rural Florida town of Greenwood and experienced
much homesickness. As a probationer she remembered much cleaning and
scrubbing with only one half day off per week. At the end of

70 Interviews with Mary Lennart, Ruth Troupe, Idele Hovey and
Eleanor Wood.

71 St. Luke's Hospital, "Student Nurses," personnel records,
archives, Jacksonville, 1902-1930; Interview with Ruth Troupe.
probation students received their caps and got one and one half days off per week.\textsuperscript{72}

Riverside students received regular stipends to cover books, uniforms, and personal expenses. Probationers received ten dollars, freshmen twenty dollars, juniors twenty-five dollars, and seniors thirty dollars each month. The students knew these were the highest allowances in the city. It made them feel special.\textsuperscript{73}

The students had to live under strict house rules in the dormitory. Penalties for smoking, tardiness, and sloppiness usually took the form of lost late leaves or days off. Mrs. Cooper recalled some classes in the daytime but most took place in the evening for the convenience of the physician lecturers. The students got very little actual experience in obstetrics and no experience in psychiatric nursing. The school gave them enough lectures to pass state boards. Students took exams every term in order to progress in the program.\textsuperscript{74}

Although classes played an important role in their education, clinical practice was of prime importance for nurses to succeed in the nursing program at Riverside. Nursing care included being nice to every patient, answering call lights immediately, and daily total bedbaths. Every student nurse had to keep long notes but only the

\textsuperscript{72}\textit{Interview with Evelyn Cooper, retired nurse, Jacksonville, May 24, 1982.}

\textsuperscript{73}\textit{Ibid.}

\textsuperscript{74}\textit{Ibid.}
Head nurse actually wrote on the chart. Nurses took temperatures but not blood pressures. Doctors had to receive proper respect and students stood whenever they entered a room or the nurses' station. Little details could cause students great trouble if they were forgotten or omitted through carelessness, since all patients either paid their bills privately or had insurance. Mrs. Cooper recalled the emphasis on pleasing the patient. The nurses running the Riverside program reminded the students that they were special and cared for a better class of patients than other nurses in the city. This memory matches the attitude about the hospital expressed just a few years before by May Mann Jennings, a progressive, suffragist and educator:

If I were you, much as you dislike to have your daughter become a nurse, I would make application to Dr. Rogers, mentioning my name and see if you could not get her in training in his hospital. . . . There is a refined atmosphere around this hospital and you need have no fear for her future after she is trained there. Everything is high class and Miss Spears whom I knew as a little girl in Tallahassee is the Superintendent. . . . This would be my suggestion to you. I know how you feel about your daughter becoming a nurse, even though she does like the work. . . .

Although this letter was written almost ten years before Mrs. Cooper graduated, the atmosphere and attitudes seemed the same. 75

A comparison of student records from three of the Jacksonville schools indicate students experienced similar curricula and school examinations. Each program required skill in a long list of

75 Ibid.; May Mann Jennings to Mrs. Caroline Morehead, March 15, 1918, p. 1; May Mann Jennings papers, Box 13, P.K. Yonge Collection, University of Florida, Gainesville.
procedures. In addition, each program evaluated students' personal characteristics and potential as practitioners, head nurses and hospital managers. Comments on students records ranged from very positive to pointedly negative. Many records had very opinionated comments in margins. 76

The student population in the schools changed in the twenties. While women from rural Florida still represented the largest group in the student bodies, the number of local women from Jacksonville entering training increased. Of 399 students who graduated between 1914 and 1930, eighty-three came from Jacksonville. The majority of students came from ten other states and three foreign countries. Several sets of sisters attended the same schools during different years and several small towns had students who knew each other attend together. Enrollments climbed modestly during the twenties proportionately less than the substantial increase in the number of hospital beds at St. Luke's and St. Vincent's Hospital. The vocation still suffered from a shortage of students due to a variety of reasons including higher entry standards, lack of status for working nurses, and the need for strong women in this age before mechanical assistance devices in hospitals. Also, the conservative tone of southern values about women working unless necessary limited the number of potential students. It must be noted that in 1931 St. Vincent's graduated its largest class in its history with thirty-one students and St. Luke's

76Student records of Schools of Nursing in archives of St. Vincent's, St. Luke's, and Riverside Hospitals. See Table XII for a comparison of the three programs curriculum plans and clinical evaluation forms.
Table XII
Summary of Curriculum Plans and Student Evaluation Standards for Jacksonville Schools of Nursing in the Twenties

<table>
<thead>
<tr>
<th></th>
<th>Riverside Hours of Class</th>
<th>St. Vincent's Hours of Class</th>
<th>St. Luke's Hours of Class</th>
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<tbody>
<tr>
<td>Anatomy &amp; Physiology</td>
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<td>Bacteriology</td>
<td>20</td>
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<td>Nursing Procedures</td>
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<tr>
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<td>tactfulness</td>
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also graduated a larger class of nineteen that same year. The larger number of Jacksonville students suggest the possibility of other vocational avenues closed to them. These students entered in 1928 after the collapse of the Florida Land Boom. The schools of nursing offered free room and board, an education and the allowance for three years, plus a licensed vocation to earn a living after graduation. 77

By the end of the twenties, nursing had changed greatly from the vocation in the community in 1913. While enrollments in the nursing programs did not increase dramatically after World War I, steady growth in the programs paralleled the improving public image of nursing as a licensed vocation. The hospitals grew significantly and improved their public image. The State Board of Examiners of Nurses became an organized force which raised standards for admission and completion of the nursing programs. The board also instituted rules to differentiate the Registered Nurse from the practical nurse by offering certificates to working untrained nurses. The Florida Nurses Association which received leadership from Jacksonville nurses, provided support for the revision of the licensure act in 1919 and the implementation of the rules for training schools. Nursing in Florida in general, and in Jacksonville in particular, still lagged educationally and organizationally behind major centers in the northeast, but a foundation had been established. This foundation

77 See note 76. See Table XIII for a summary of student enrollment in Jacksonville schools from 1914-1930.
Table XIII
Summary of Student Enrollments, 1914-1930

<table>
<thead>
<tr>
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<td>5</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
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<td>4</td>
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<td>17</td>
<td>15</td>
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<thead>
<tr>
<th></th>
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<th>Total from Out of State</th>
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Florida towns with one or more students enrolled in Jacksonville nursing schools:
(two student records had no home address)

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<td>Beauford</td>
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<td>Cassia</td>
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<td>Chipley</td>
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<td>Clearwater</td>
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<tr>
<td>Coronado Beach</td>
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<td>Cowell</td>
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<td>Crescent City</td>
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<td>Deerfield Beach</td>
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<tr>
<td>Daytona Beach</td>
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<tr>
<td>DeFuniak Springs</td>
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<td>Dunedin</td>
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<td>Eden</td>
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<td>Eustis</td>
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<td>Fernandino</td>
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<td>Fountiland</td>
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<td>Grant</td>
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<td>McIntosh</td>
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<td>Tarpon Springs</td>
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<td>Tillman</td>
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<td>Wachula</td>
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<td>Wellborn</td>
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<tr>
<td>Winter Haven</td>
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served the vocation well in the twenties and into the thirties. The nurses prepared in the training programs had two characteristics which helped them cope in the hard times to come. First, they had an intense pride in their training and the skills they offered the public. Second, they derived a deep sense of satisfaction in being able to help others in need in a unique way. The image of nursing improved during the period and more nurses began to enter the field for a greater variety of reasons. Many of the oral reporters described their admiration for a nurse already in practice. Some had friends or sisters in the profession that influenced them to enter training programs. Nursing finally became an attractive alternative to teaching for some students in this period. Some also needed to earn a living and nursing offered a free education. Every nurse interviewed stated she had the desire to help others and this helped them stick out the rigors of training.

Unlike their predecessors, these nurses played a very public part in community life. They had become licensed, admired and better educated. Still, the public in general and many parents in particular still had reservations about delicate young white women and daughters entering the field that had so recently been dominated by black females. These concerns remained, but had diminished considerably in the seventeen years since nurses received their licensure law.
Nursing and health care in Jacksonville, Florida, developed substantially in the first thirty years of the twentieth century. At the same time it developed at a pace substantially behind northern nursing and health care systems. The lag resulted from the traditional social, cultural and racial values of the community, seen particularly in the contrasting character of the two Jacksonvilles existing for whites and blacks. The role and status of women in this stratified southern, segregated community also played a major role in the evolution of nursing. As a result, the history of nursing in Jacksonville differed considerably from the histories of nursing viewed from a northern or national perspective.

Jacksonville more than quadrupled its 1900 population of 28,429 to 129,549 residents in 1930. Black Jacksonville’s population grew also, but at a slower rate than white Jacksonville, declining from 57 per cent of the total population in 1900, to just over 40 per cent in 1930.¹

The high mortality rates, which troubled the community in the early years of the century, fell steadily throughout the thirty years of the study, with the exception of the flu epidemics of 1918 and 1919. By 1930 the white mortality rates matched those of northern cities during this era. The major lingering health problems in the community which resisted correction were the black mortality rates from infectious diseases and newborn deaths. The excessive black mortality rates stayed 50 per cent above white rates throughout most of the study period. The white city leaders attributed this problem to black inferiority and personal carelessness about following good health habits. The data presented suggests instead the lack of access to health care providers due to poverty and discrimination which exacerbated the black mortality rates.²

It remained very difficult to live in Jacksonville as a black resident and achieve a sense of belonging to the greater community. Segregation into black neighborhoods, exclusion from city government and the loss of the voting privilege isolated blacks in their own stratified community. Black residents survived this period as second class citizens. The decline of black women from nursing and the other health professions reported in the study indicate hard times for the black community. This thirty-year period represented disappointment,

frustration and an uphill struggle for the black community. For a minority the struggle paid off in improved living conditions, black owned businesses and strong black churches. The success of Brewster Hospital with the support from the white women of the Methodist Church, provided the black community with a center for patient care and a school that supplied graduate nurses working for the black patients in their homes and in the health department. Much of the preventive care that reached the black neighborhoods during this period came from the visiting public health nurses and local clinics staffed by nurses.3

The cultural view of women changed some, but continued to slow the progress of women working outside of the home. The southern cultural myth, of the good woman on a pedestal and the fallen woman at work, began to fade after the success of women working during the war era. By 1930 the majority of married southern women still stayed at home. The prevailing beliefs in the community did not stop the growth of single women working in business and vocations, but did slow progress for jobs associated with hard physical labor. The nurses interviewed reported that none of their associates worked after marriage. Married middle class women with children stayed home in accordance with traditional values for childrearing activities.4

3Duval County Welfare Board, Third Annual Report of the Duval County Welfare Board, pp. 38-40; Interview with Thelma Harris; Interview with Florence Holman; Interview with Hettie Mills.

The evolution of the woman community leader took place during the study period. Socially prominent women had established St. Luke's and the Freddie Schumacher Hospitals in the previous century, but the new century brought women's organizations confronting community issues and social problems that affected the entire area. The wives and daughters of prominent citizens received increased public recognition and respect for activities in the areas of disease prevention and social welfare. These women helped to eliminate the myth that women could not maintain southern femininity while dealing with unseemly problems like tuberculosis prevention and destitute families.5

The only women who did not make obvious social progress in this period were black women. Laboring under the double stereotype of being inferior racially and sexually, these citizens experienced many of the worst side effects of the social system of the day. The numbers of black women listed as nurses in the business directories from 1900-1930 declined steadily from 73 listed in 1900 to 18 listed in 1930. The black lay healers, midwives and wise women remained active during this period according to oral reporters. Black women had greater acceptability as working persons due to their low wages,


5See note 4.
but could never aspire to the advances made by upper and middle class
white women. Yet even a few black women became graduate nurses at
Brewster. The black nurses interviewed described their opportunity to
go to Brewster as a special event not typical of other black women in
their neighborhoods. Thus, an opportunity to become a nurse remained
an honor and chance to move up in the stratified black community for a
small number of young black women in the city.⁶

The white patient in Jacksonville health care system benefitted
enormously from the maturation of hospitals and innovation of modern
technologies. The number of general hospital beds increased from 150
in 1900 to 680 in 1930. Competition for patients and the recruitment
of volunteers developed in the twenties, almost forty years after
similar changes occurred in the north. Hospitals began to value the
private patient and attempted to attract paying patients in order to
offset losses from charity cases. The move of the patient from the
home to the hospital which began in the 1880s in larger northern
metropolitan areas with large immigrant populations, could not be
detected in Jacksonville until after World War I.⁷

⁶Janiewski, "Sisters Under Their Skins," p. 17; business
directory survey, 1900-1930; local newspaper survey, 1900-1930;
Interview with Hettie Mills; Interview with Thelma Harris; Interview
with Florence Holman.

⁷Duval County Hospital and Asylum had 230 beds, St. Luke's
Hospital had 170 beds, St. Vincent's had 200 beds and Riverside and
Brewster had 40 beds each; Rosner, "A Once Charitable Enterprise," pp.
94-96; Starr, The Social Transformation of American Medicine, pp.
160-164.
As new hospitals opened with additional services and expanded facilities, middle class white patients increased their utilization of the hospital's services. At the turn of the century, hospitals cared for patients with communicable diseases, and trauma, or invalids visiting the city with a host of chronic disorders. Surgery took place occasionally, but did not represent the major activity in the hospital. By 1930, the patient more likely needed routine surgery or emergency surgery and communicable diseases became rare. More patients entered the hospital expecting good results which occurred with greater frequency as the century progressed. The charity patient made up a significant portion of the patient population throughout the period.  

In addition, the increased use of x-rays improved diagnostics. Cancer treatments with radium and new surgical techniques to combat abdominal abscesses also improved recovery rates. The patients in the hospital of the late twenties sought preventive surgery like tonsillectomies and routine obstetrical care and stayed in the facility for a shorter period of time. This indicated a higher admission rate for more patients to stay fewer days.  

The black patient experience took place at Brewster Hospital though nurses from that facility gave home care to others. The city  

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8St. Vincent's Hospital, "Patient Admission Registers," archives, Jacksonville; St. Luke's Hospital, "Patient Admission Register," archives, Jacksonville.

9See note 8.
built a contagious disease unit for blacks in 1914 which held fourteen patients. This facility became part of the new St. Luke's Hospital complex in Springfield. Some blacks received care in the public county hospital before the twenties and after the new facility opened in 1926. The care of the rest remains obscure residing in the network of lay healers, wise women, midwives and mortality rates of the city. None of the Brewster records, county records or the St. Luke's records of patient care for blacks survived, so detailed knowledge of how blacks fared during these years remain sketchy.¹⁰

Public health services advanced throughout the era as the result of improved financial resources from an expanding tax base between 1900 and 1926. The leadership of a northern trained public health officer, Dr. Charles Terry, from 1909-1916, also stimulated progress in personal health services available in the community. Immunization clinics, health supervision clinics for babies and school health services reached whites and blacks in the community. The city health department supplied a biracial staff for nursing and social services for the rapidly growing community. The white staff invariably outnumbered the black staff, limiting the effectiveness of the department's program for blacks.

The one dispensary style facility which developed at Riverside Hospital varied considerably from northern dispensaries, because the

clients treated in the clinic all paid for their services. The dispensaries in northern cities primarily served the poor who could not afford private physicians. The city never developed a dispensary system typical of larger northern cities. Public health and hospital leaders preferred a system of public health clinics, hospital admitting areas and charity services given in doctors' offices. Home care and visiting nursing continued to provide many city residents with acute care services. Nursing schools provided most of the labor intensive services in the hospitals with their students. The schools also sent students to do home care for the hospitals in order to supplement the institutions' incomes. As graduate nurses became more numerous, St. Luke's and St. Vincent's organized lists or registries of nurses available for private duty home care cases. Hospitals also assigned students and graduates to do special duty for seriously ill patients and charged additional rates for this care. This practice became more common after the war when hospital admissions increased.¹¹

The increasing competition for patients who could pay or had insurance that would pay led hospitals to hold special events for the community like fund raising fairs. They also published special newsletters for consumers such as the Bulletin from St. Luke's. Business practices became more routine in the records and internal writings of the institutions, although the public image portrayed in

the papers never varied from the charitable institution working for
the community good.¹²

Historian Barbara Melosh has provided an excellent model for
examining the value of nursing history within the context of social
history of a community. First, nursing history demonstrates how
gender affects and how work can change existing, unequal, power
relationships. Also, nursing provides an exclusively female point of
view of labor within a male dominated system. Finally, nursing
history reveals the evolving consciousness of women in careers and
gives insight into their efforts to shape their work.¹³

The development of nursing in Jacksonville reflected the same lag
in progress seen in other areas of health care for two reasons.
First, nursing and domestic service stood very closely connected in
1900 and nurses were primarily black. Thus, nursing faced the double
burden of being associated with female domestic service and blackness
in the segregated community of Jacksonville. Nursing suffered a poor
public image in northern areas as well, but the racial connection does
not appear in the studies of northern programs.¹⁴

¹²See note 11.

¹³Barbara Melosh, The Physician's Hand (Boston, Massachusetts:

Margene O. Faddis, A School of Nursing Comes of Age: A History of the
Frances Payne Bolton School of Nursing, Case Western Reserve
University (Cleveland, Ohio: The Alumni Association of the Frances
Payne Bolton, School of Nursing, 1973), pp. 10-145; Ethel Johns and
Blanche Pfefferkorn,
Nursing innovations in Jacksonville followed steps similar to the north, but changes occurred at different rates and for different reasons than in other metropolitan centers. For example, the difficulty in recruiting nurses during the formative phase of school development began in the northeast in the 1870s and 1880s, followed by a surge in the opening of schools and enrollment of students in the 1890s. In Jacksonville, schools could not claim regular classes and graduations until after 1900 and the city never experienced a dramatic increase in the number of schools or students. While Jacksonville recovered from the fire in 1901, the New York State Nurses Association formed and the first state practice act for that state was drafted. 15

In addition, the Jacksonville nurses followed the leadership of northern trained nurses as they organized the first association in 1909, and then drafted the first licensure act in 1913. This law reflected a big step for the small group of nurses and it followed more than thirty laws passed in other states earlier. This lag in legislative activity reflected the small community of trained nurses and the lack of a developed system of training schools before 1910.


Northern metropolitan areas had the benefit of numbers and the impetus for change came several years sooner.  

The Florida State Nurses Association supported the activities of the American Nurses Association throughout these years, but escaped many of the serious problems in the twenties that plagued nurses in some of those progressive metropolitan centers. During the twenties, schools of nursing expanded in size and increased in number nationally to such a degree that an actual surplus of nurses began to develop. The numbers of graduates increased just as the demand for private duty nurses dropped while inpatient hospital care remained in the hands of students. This led to financial hardships and difficulties for the nurses left unemployed. The American Nurses Association launched several efforts to reduce the number of nurses graduating.  

None of these problems troubled Florida or Jacksonville, so the state association devoted much energy in the twenties to the elevation of standards as Florida nurses caught up with the rest of the country. For example, the State Board of Examiners of Graduate Nurses in Florida passed the entrance requirement for nursing students of a high school diploma in the early twenties. Several large northern programs had required this level of preparation before 1910 and by the twenties some northern schools admitted over a third of their students with some college preparation. It took Jacksonville nursing schools

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17Melosh, The Physician's Hand, pp. 40-42; Gillies, Sunshine and Breezes, pp. 4, 80-82.
until the late twenties reach this standard. The state association worked to implement the school requirements through education and encouragement of all its members during conventions and programs. The leaders of nursing in Jacksonville took careful note of the problems occurring in the north during the twenties and this may have helped them cope with the subsequent depression years.\textsuperscript{18}

The local nurses trained during these years reported great satisfaction with their ascribed status in the white male dominated hospital and health system. They described a strong identification with the home hospital where they trained. They noted the hard labor in their training, but remembered the lectures which embraced the Nightingale model depicting nursing as an art or ministry to which one is called and a science which required a good education. They worked with doctors who were "gods" and these doctors spoke at their graduations calling the nurses special, committed and professional. They accepted the designation at face value without developing the consciousness described by Melosh. The beliefs of these nurses reaffirmed the long held value of the God-given fitness of women to be nurses and that a calling to help mankind could elevate any task, no matter how menial, to a level acceptable to white working women. No strong nursing leaders similar to those stimulating controversy at the

\textsuperscript{18}See note 17.
national level emerged during this period of growth for nurses in Jacksonville, so compliance and pride in one's work prevailed. 19

The hospitals, medical and nursing leaders worked to make nursing more attractive to young women, but efforts fell short of goals throughout the period. Although enrollments grew steadily, the growth in the schools never matched the expansion of the hospitals. Also, the largest facility in the city, the county hospital did not have a school. In 1900, one hundred nurses appeared in the business directory and by 1930-1931, 132 professional nurses and 57 practical nurses appeared in the directory. This represented an increase which was far less than the growth in hospital beds and city population. Although some practicing nurses in the city may not have needed a directory listing due to the growth of nurses registries, the number still seems very small for a city of over 129,000 people. 20

By the close of the study, the nursing programs and students in Jacksonville bore a strong resemblance to northern programs in the years just before World War I. The primary reasons for this lag came from the social aftermath of slavery and the cultural mores of southern society which firmly believed that social class, gender and race shaped the domestic and work activities of citizens. While northern women will remained subordinate to men, change there occurred

19 Interviews with local retired nurses, Melosh, The Physician's Hand, pp. 40-42; Lee, Neighbors, pp. 280-281; Johns and Pfefferkorn, Johns Hopkins, p. 188.

20 Survey of School of Nursing records in archives of Brewster, St. Luke's Riverside and St. Vincent's Hospitals; Business Directory Survey, 1900-1930/31. See Table XIII.
at a quicker pace than in the south. The problems encountered in attracting Jacksonville women into training schools also slowed progress. Most classes during the study period were comprised of rural women from many parts of the state and region. Many graduates left the city after training and those who stayed appeared to have retained a rural view of women and their place. One of the greatest advantages these nurses had over their advanced northern sisters came in their intense satisfaction in their subordinate position in relation to white male dominated hospitals, medical practitioners, druggists and dentists. The data indicate none of the conflict or struggle noted in northern cities due to the chronic shortage of registered nurses in Jacksonville during the twenties. 21

Finally, black nurses interviewed described a similar pleasure from the opportunity to have a job with some security and to have a place of status in their segregated community. They felt fortunate to serve with physicians and accepted the system as it existed in the twenties. Their sensitivity to the plight of their neighbors made their opportunity to be servant-students desirable. Both of the black nurses interviewed came from literate black families with high school educations, indicating that they had an advantage within their community to gain admission to a school and have the necessary background to succeed in the program. 22

21 See Table XII in Chapter IV. The history of the F.N.A. described none of the problems regarding unemployment and conflict described in northern institutional histories and texts.

22 Interview with Florence Holman; Interview with Hettie Mills.
In conclusion, although nursing developed into an organized vocation with a legal basis for practice in the city during the study period, that growth remained limited. The popularity of nursing among middle class whites within the city did not improve dramatically during the study period because of the strong tie to the practice of the black untrained nurse. Gender and race determined much of the community's response to the need for educated nurses. Nursing one's family could be done by any woman, but when it became a job for a salary, white parents frequently preferred some other person's daughter, black or white, do that work, and black nurses paid less. The religious approach to answering a call and the pronouncements of professional status by physicians did little to change the view of most local families. Even the technological advancements of the local health system had little impact on the pattern of beliefs entrenched since antebellum times.

The goal to license all practicing nurses did not come to fruition before the great depression. The primary reason for limited progress in licensure was due to the limited success in convincing whites that a trained nurse could be worth the additional cost above the readily available untrained black nurse in the community. These women may not have been listed in the business directory but they were available for much less than this modern graduate who did not seem as appropriate in the white home when sickness struck. Nursing in the south had roots in slavery which limited the speed at which the modern educated nurse would be accepted as a necessity and not a luxury.
Segregation hurt white nurses and black nurses alike. The struggle to achieve respect, dignity and acceptance in Jacksonville made the nursing experience different from the northern experience and increases our understanding of the history of women as workers in the south.23

23 Florida nurses secured a mandatory practice act to control the practice of all nurses practicing in the state in 1950. It must also be noted that the pattern of development of nursing in Jacksonville bears a strong resemblance to the history of the experience at Emory in Atlanta, described in Until Now, by Maybelle Jones Dewey, published by the Emory University Hospital School of Nursing Alumnae Association. The similarities in the two southern cities' experiences may indicate a strong regional character to the history of nursing which deserves additional study.


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BIOGRAPHICAL SKETCH

Linda Merle Emerson Sabin was born in , on , and began elementary school in Beverly, Massachusetts. In 1952, she and her family moved to Berwick, Maine, where she completed elementary and high school. She graduated third in her high school class in June, 1964. She received a diploma in nursing in September, 1967, from The Johns Hopkins Hospital, School of Nursing, in Baltimore, Maryland. In 1973, Mrs. Sabin received a Bachelor of Science Degree in Nursing from Syracuse University, graduating Magna Cum Laude. She received the Master of Science Degree in Nursing from the same institution in May, 1976.

Mrs. Sabin practiced in obstetrics, public health and psychiatry, before joining the faculty of the school of nursing at St. Joseph's Hospital, School of Nursing, in 1973. In 1982, Mrs. Sabin joined the faculty of the College of Nursing at the University of Florida in Gainesville, where she taught public health and historical research methodology. Since 1984, Mrs. Sabin has been a member of the undergraduate faculty in the school of nursing at Jacksonville University, while retaining an adjunct position on the graduate faculty at the University of Florida, College of Nursing. Mrs. Sabin has taught nursing history to undergraduate and graduate students since 1973.
I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a thesis for the degree of Master of Arts.

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James Crooks, Chairman
Professor of History

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Fred Blakey
Associate Professor of History

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Gina Giovindo
Assistant Professor of Nursing

This thesis was submitted to the Graduate Faculty of the Department of History in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Master of Arts.

April, 1988

Dean, Graduate School
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