

Women's History in House Museums: How Using Local Archives Can Improve Their Histories

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ABSTRACT

While scholarship in recent decades has begun investigating women's history, museums and historical sites have been slower to do so. Although house museums are more open to interpreting women's history, the histories present often remain limited to the family and the house. In this thesis, I argue that by exploring local archival collections for women's voices, house museums can improve their presentation of women's history. Specifically, I investigate connecting nursing history to upper middle class lifestyles through the Chew family at Cliveden, historical house museum.

This paper begins by exploring three local Germantown sites to analyze how women are currently presented on the house tour. Next, I investigate the letters and records of two Chew women, Anne Sophia Penn Chew and Mary Johnson Brown Chew for health concerns, care giving, and the presence of hired nurses. I then explore early nursing training programs at collections housed at the Barbara Bates Center for the Study of the History of Nursing. Using the records of nursing training programs, including the Woman's Hospital, Presbyterian Hospital, and the Visiting Nurse Society of Philadelphia, connections are made between the new trend for educated nurses and upper middle class women and lifestyle, specifically the Chews. Based on my findings, I then propose a method to interpret nursing history on the current house tour at Cliveden.

For sources, I especially rely on the documents of the Chew family housed the Historical Society of Pennsylvania. I also draw heavily on the various nursing program records at the Bates Center.

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TABLE OF CONTENTS

	PAGE
ABSTRACT	ii
ACKNOWLEDGEMENTS	iii
CHAPTER	
1: INTRODUCTION	1
2: HISTORIOGRAPHY	4
A HISTORY OF NURSING HISTORY	16
3: CASE STUDY: WOMEN’S HISTORY IN GERMANTOWN HOUSE MUSEUMS 31	
WYCK HISTORICAL HOUSE AND GARDEN	33
EBENEZER MAXWELL MANSION	36
CLIVEDEN	40
4: CAREGIVING AT CLIVEDEN	47
5: NURSING DEVELOPMENTS IN PHILADELPHIA, 1860s-1890s	59
6: PRESENTING NURSING HISTORY AT CLIVEDEN	74
7: CONCLUSION	82
BIBLIOGRAPHY	86

CHAPTER 1

INTRODUCTION

According to Roy Rosenzweig and David Thelen's *The Presence of the Past* museums are the most trusted source for historical information.¹ Unfortunately, the stories told in museums present only a narrow view of history. Even as historians discover forgotten pasts and lost voices, museums have been slow to rewrite their own stories. As public historians have argued, museums present a mainly white, male, upper-middle class past. Traditionally museums have ignored or inadequately portrayed women in historical discussions and tours. Small museums, such as house museums, have been better at representing women's history than larger museums. However, their histories are often limited to the house or specific individuals rather than being representative of a larger community or national history.

This thesis argues that archival collections can be used to make house museums more effective at interpreting women's history. I make my case by examining how women's history is done at three Philadelphia area house museums: Wyck Historical House and Garden, Ebenezer Maxwell Mansion, and Cliveden. I demonstrate that, by using the archives at the Barbara Bates Center for the Study of the History of Nursing, Cliveden can connect nursing to its history. Specifically, hospital records create an opportunity to link the development of training programs for nurses with upper middle class women's lifestyles and social activities during the mid-nineteenth century.

¹ Roy Rosenzweig and David Thelen, *The Presence of the Past: Popular Uses of History in American Life* (New York: Columbia University Press, 1998).

In the mid-nineteenth century, associations like the Visiting Nurse Society of Philadelphia (VNS) engaged to provide the poor with professional care as well as to educate them about proper care giving. The VNS's success spurred local branches throughout the city including in Kensington and Germantown. Hospital records from early nursing programs highlight the changes in nursing training and patient care as well as in women's choices in education and employment. They also demonstrate the link between nursing and the benevolent reforms during the mid-to late-nineteenth century. Philanthropy, fundraising, and volunteering were all hallmarks of middle-upper class social life.

Nursing history also provides an example of the values and missions of women in that era. Many hospitals developed from upper middle class efforts to change society through moral and reform movements. Hospitals then began establishing professional nursing programs in the 1870s rather than rely on the experience-based training of a previous generation. These programs recruited students from the financially stable working and lower middle classes as opposed to the lower working class. These students like a previous generations of nurses, generally preferred homecare positions over hospital work. In addition, many middle class families used outside personnel, including trained nurses, for assisting in caring for loved ones as they had the resources to employ additional help during difficult situations. The ideology of benevolence and domesticity advanced nursing and influenced its professional development.

By using the Bates Center's collections, I will connect early nursing programs' history to Cliveden in an attempt to expand women's history at the site. The life of Mary Johnson Brown Chew during the 1860s- early 1890s provides several avenues to explore

upper middle class lifestyles as well as their connections to and support of the new trend for training programs. Upper and upper middle class households, including Cliveden, hired private nurses as additional aids until the idea and use of hospitals fully developed. Mary's life shows the increasing reliance on servants for everyday life as well as during illnesses, though family members were still present to help care. In doing so, upper middle class women supported the development of professional nurses as well as using them to ease their personal burden during times of family illness.

Nursing history is important story for the public to be introduced to at historic sites. Even today, after over a hundred years of official training, nursing is still a predominately female profession. Healthcare, care giving, and nursing affects everyone in some form or another, in both the past and the present. Nursing history can expand the histories told at museums and inform people about the origins of early care giving, women's choices, and middle class lifestyles. Nursing as we understand it today, developed out of the transition to trained nurses beginning in the 1860s. Nineteenth century hospital programs, in the next century, influenced the college programs that educate modern nurses. Today's nurses and our healthcare system touch everyone in the community from nurses to patients to loved ones. Professional nurses began with training programs and the middle class women who sponsored them. By exploring that history in public sites a unique and women's history is presented to the community.

CHAPTER 2

HISTORIOGRAPHY

In recent decades, nursing historians have investigated the profession's origins and the social conditions that influenced its development. Much of this work has paid particular attention to the shift away from untrained midwives toward hospital-trained nurses in the mid-1800s. Most historians agree that motherly duties and adherence to the cult of domesticity encouraged the shift toward trained nurses. Recently, nursing historians have expanded their research into more specific niches such as public health and the collapse of hospital programs. Similarly, historians investigating historic house museums have examined their own early roots in preservation movements and women's history. These historians are primarily seeking to inspire historic sites to incorporate new scholarship, especially on women. In this light, and that nursing has traditionally been considered a woman's profession, its history has the potential to expand interpretation at house museums.

Two historians have explored this connection between nursing, labor, and historical sites. Lynn Y. Weiner studies the various socio-economic roles that women held and the potential to use it at historic site interpretation. She notes that spaces, whether they are homes or battle sites, are areas where women's history can be told through nursing. In particular, nursing is an opportunity to make a connection to the present as even today women hold the majority of positions in social, education, or healthcare fields.² Annmarie Adams examines a site that does what Weiner suggested.

² Lynn Y. Weiner, "Women and Work," in *Reclaiming the Past: Landmarks of Women's History*, ed. Page Putnam Miller (Bloomington: Indiana University Press, 1992), 212-220.

She researches the preservation of a former nurses' resident building that now presents the history of hospital programs. Its isolated location and the layout of personal and work spaces explore nurses' experiences, particularly the propriety that programs demanded for their students.³ This organization used an existing building as an avenue for exploring nursing history publically. Thinking about nursing history at house museums requires that we think about the particular shifts of these places.

Historic house museums face numerous opportunities and obstacles. There is a consensus amongst public historians that sites need to improve their interpretation to attract visitors. Historians, such as James C. Rees and Dina Kanawati, examine the difficulties facing house museums. These range from visitor expectations to financial issues. As Rees has shown at Mount Vernon, through its reinterpretation for slavery and creation of hands-on exhibits, making a connection to the visitor is critical to for establishing quality programming. In addition, new interpretation has the potential to increase visitation and revenue. Without striving for both, according to Rees, museums will fail to attract people or provide visitors with relevant and memorable connections to history. As Kanawati investigate, many historical sites struggle with defining themselves, especially within limited budgets. With declines in visitation and financial constraints, publically and privately owned historic sites struggle to plan, create, and revitalize their

³Annmarie Adams, "Rooms of Their Own: The Nurses' Residences at Montreal's Royal Victorian Hospital," in *Restoring Women's History through Historic Preservation*, eds. Gail Lee Dubrow and Jennifer B. Goodman (Baltimore: The Johns Hopkins University Press, 2003), 131-144.

histories to appeal to visitors.⁴ According to Rees and Kanawati, these threats can be addressed by improving public programming.

Other historians have focused on larger museums and their lack of attention to women's history. In *Gender Perspectives*, for example, several historians contend with this problem.⁵ Edith P. Mayo in particular emphasizes that exhibits on women are only beneficial if they take new scholarship seriously.⁶ In an earlier work, Mayo notes that while new scholarship has focused on women, museums have not. Only with better connections between scholarship and museums will nonacademic audiences have a better knowledge and appreciation for women's participation throughout history.⁷ In addition, Robert Sullivan notes that through the selection of artifacts and histories presented, museums represent what they believe society values. However, museums need to

⁴ James C. Rees, "Forever the Same, Forever Changing: The Dilemma Facing Historic Houses," (Paper Presented at American House Museums: An Athenaeum of Philadelphia Symposium, December 1998), <http://www.philaathenaeum.org/hmuseum/rees.htm>; Dina Kanawati, "Founding or Funding: Are Historic House Museums in Trouble?" (Master's thesis, Graduate Program in Historic Preservation, University of Pennsylvania, 2006), http://repository.upenn.edu/hp_theses/9/.

⁵ Jane R. Glaser and Artemis A. Zenetou, eds., *Gender Perspectives: Essays on Women in Museums* (Washington, D.C.: Smithsonian Institution Press, 1994), xvii.

⁶ Edith P. Mayo, "New Angles of Vision," in *Gender Perspectives: Essays on Women in Museums*, eds. Jane R. Glaser and Artemis A. Zenetou (Washington, D.C.: Smithsonian Institution Press, 1994), 57.

⁷ Mayo, "Women's History and Public History: The Museum Connection," *The Public Historian* 5, no. 2 (Spring, 1983): 63-73.

recognize that responsibility with the values they are supporting and how they are presenting them.⁸

Historians have also presented various solutions for house museums that struggle financially. Donna Ann Harris argues that houses were saved for their importance, but never received adequate funding. These sites are still attractive to the public despite focusing on white, male stories. However to gain a larger, loyal visitor base, she argues that these places need to expand their histories. In the Philadelphia area, there are at least 275 house museums, yet only a few discuss women or slaves. However, most sites have limited resources. Only 40% of the 275 have a professional staff.⁹ By providing house museums with management solutions, Harris shows ideas for improving their sites.

Other scholars have explored the challenge of classifying historic house museums as well as problems with using objects in them. Giovanni Pinna, Rosanna Pavoni, Monica Risnicoff de Gorgas, and Magaly Cabral emphasize that with a wide range of house museums, there needs to be a better classification system. Subcategories and clear distinctions between types, sizes, and organizational missions of house museums will help the public to understand the differences between sites. In addition, a classification system allows for more efficient investigations into management techniques and new interpretative methods for specific museums. In conjunction, objects are important because museums can only grow within their original collections. Since house museums

⁸ Robert Sullivan, "Evaluating the Ethic and Consciences of Museums," in *Gender Perspectives: Essays on Women in Museums*, eds. Jane R. Glaser and Artemis A. Zenetou (Washington, D.C.: Smithsonian Institution Press, 1994), 101.

⁹ Donna Ann Harris, *New Solutions for House Museums: Ensuring the Long-Term Preservation of America's Historic Houses* (Walnut Creek, CA: AltaMira Press, 2007), 9, 11.

have both a rich history and display spaces for objects, historic places need to balance the objects with the collective histories of the families in order to be responsible centers of education.¹⁰

A particularly important aspect of its scholarship has concerned women and preservation. Barbara J. Howe and James M. Lindgren have both investigated the evolution of women's roles in preservation. Howe notes that woman began the movement as moral guardians of society and history. Lindgren also explores the material value at sites as a key reason for women's interest. These women saw the structure and decorative designs of homes and sites as important to history and society as it expressed the personal values of the community and the nation. He also argues that men, for their own political gains, used the success of women's preservation efforts of history and houses. In Virginia, middle class women's efforts after the Civil War to preserve their elitist, white history were successful enough that men, when seeking office, creating laws to prevent the poor and blacks from gaining power, or reinforcing traditional social behaviors, used the preserved past and sites as hallmarks of a golden society.¹¹ Both historians suggest that as the twentieth century moved towards professionalism and government

¹⁰ Giovanni Pinna, "Introduction to Historic House Museums," *Museum International* 53 (2001); Rosanna Pavoni, "Towards a Definition and Typology of Historic House Museums," *Museum International* 53 (2001); Monica Risnicoff de Gorgas, "Reality as Illusion: The Historic Houses that Become Museums," *Museum International* 53 (2001); Magaly Cabral, "Exhibiting and Communicating History and Society in Historic House Museums," *Museum International* 53, no. 2 (2001).

¹¹ Barbara J. Howe, "Women in Historic Preservation: The Legacy of Ann Pamela Cunningham," *The Public Historian* 12, no. 1 (Winter, 1990): 31-61; James M. Lindgren, "'Virginia Needs Living Heroes': Historic Preservation in the Progressive Era," *The Public Historian* 13, no. 1 (Winter, 1991): 9-24; Lindgren, "A New Departure in Historic, Patriotic Work: Personalism, Professionalism, and Conflicting Concepts of Material Culture in the Late Nineteenth and Early Twentieth Centuries," *The Public Historian* 18, no. 2 (Spring, 1996): 41-60.

involvement, preservationists became interested in architecture and other areas that involved male professional expertise. With more men entering the field, it pushed amateur women out. Even today, it is still male dominated despite women's advances.

Patricia West builds off of Howe and Lindgren in her book, *Domesticating History* (1999) by investigating female house museum founders to discover that they were often active in public realms of politics and society. While it is true that museums have glorified the past, the presence of women complicates it. The shift away from women volunteers to male administration was because of the success of early house museums. West examines four sites—Mount Vernon, Orchard House, Monticello and Booker T. Washington National Monument—for women's organization and their effort to preserve history. A common theme in women's organizations was their ability to be publically active at a time when they were isolated to the home. These women, under the guise of traditional female duties of protecting the home and history, expanded their activities into the public sphere. They were active in organizing, campaigning, and financing for historical sites. In addition, these women were often involved in and influenced political discussions, government, and laws. Each site is reflective of the social conditions and fears of the given time, including political fractioning or immigration. These spaces have a hidden history of gender, politics, and society that is not told but is important. Many historical sites interpret local history but do not explore their organization's foundations and the importance of women at early sites. Female preservationists and women's history in general, unfortunately, are still invisible. While the women who founded these sites preserved the traditional male and social histories, sites today cannot be so limited in their presentations. West explores an aspect of

women's history that is tied to museums. Later scholarship uses her discoveries to investigate how to correct women's invisibility at historic sites.¹²

Despite its history, public historians have been concerned with the lack of historic sites that explore women's history. In *Reclaiming the Past* (1992), several historians focus on women's history and where it can be told at sites. This survey explored women's sites and their stories to theorize how women's presence outside of the home can be interpreted at historic sites. According to Page Putnam Miller, the few women-centered sites focus on individual experiences, rather than women as a community. To provide better programming, extensive background on local sites is necessary in addition to using recent scholarship. By exploring local history, artifacts, community buildings, and women's actions, a more relevant, engaging, and personal history can be told at house museums. Since most of the population leaves behind few records, other creative means, including using artifacts, are necessary to fill in the gaps.¹³ One method Barbara Howe and Gail Dubrow suggest is investigating neighborhood history to discover how women have traditionally been community leaders. While the physical presence of their work may remain in the buildings or the communities, their stories have not.¹⁴ These historians seek, as Mayo suggested, to match research trends with historical sites.

¹² Patricia West, *Domesticating History: The Political Origins of America's House Museums* (Washington, D.C.: Smithsonian Institution Press, 1999).

¹³ Page Putnam Miller, "Landmarks of Women's History," in *Reclaiming the Past: Landmarks of Women's History*, ed. Page Putnam Miller (Bloomington: Indiana University Press, 1992), 6, 8-10.

¹⁴ Howe, "Women and Architecture," in *Reclaiming the Past: Landmarks of Women's History*, ed. Page Putnam Miller (Bloomington: Indiana University Press, 1992), 35; Gail Lee Dubrow, "Women and Community," in *Reclaiming the Past: Landmarks of Women's History*, ed. Page Putnam Miller (Bloomington: Indiana University Press, 1992), 83.

In *Restoring Women's History* (2003), historians investigate the potential problems surrounding the integration of women's history as well as the difficulties of protecting women's sites under Federal regulations. Dubrow and others emphasize that a house museum can easily isolate women within the home, and museums need to prevent that. The cult of domesticity, for example, can imply that women only lived and work within their private home, thus ignoring women in public spheres such as in paid labor, reform efforts, and the community. It can also subordinate women to men by simplifying power relations. By carefully explaining that ideology, women's public actions, and including other stories such as servants, women are less likely to be isolated within the home.¹⁵ Others have defended reinterpretation against critics. As West notes, reinvestigating history is not simply for political correctness, but because sites have a rich history already present, just untold. The nature of historic homes favors male histories, as the staff rooms are often in the former servants' quarters, which are off-limit. However, the cult of domesticity or servants' stories can still present women's history within the home.¹⁶ Since women began the preservation movement, their history needs to be told. Mayo reiterates in her chapter that successful women's exhibits must place women as the primary viewpoint to emphasize their work.¹⁷

¹⁵ Gail Lee Dubrow, "Restoring Woman's History through Historic Preservation: Recent Developments in Scholarship and Public Historical Practice," in *Restoring Women's History through Historic Preservation*, eds. Gail Lee Dubrow and Jennifer B. Goodman (Baltimore: Johns Hopkins University Press, 2003), 3-4, 7, 13.

¹⁶ West, "Uncovering and Interpreting Women's History at Historic House Museums," in *Restoring Women's History through Historic Preservation*, eds. Gail Lee Dubrow and Jennifer B. Goodman (Baltimore: Johns Hopkins University Press, 2003), 83-87, 95.

¹⁷ Mayo, "Putting Women in Their Place: Methods and Sources for Including Women's History in Museums and Historic Sites," in *Restoring Women's History through Historic Preservation*,

Pennsylvania figures prominently in these studies. Karie Diethorn, in *Restoring Women's History*, investigates Independence National Historic Park's efforts for creating new programming in order to be more inclusive through the integration of servants into the Bishop White House story.¹⁸ Servant stories were incorporated into the house tour by exploring the local resources, including letters and floor plans. Another effort in Pennsylvania was the establishment of Pennsylvania Humanities Council, whose mission is to integrate women's history into existing sites. Kim Moon shows here, the PHC supported collaboration between scholars and museums in order to build communication as well as to emphasize how history can account for women with reinterpretation.¹⁹

Other historians have focused on Philadelphia to discuss reinterpretation efforts. Hal A. Salzmann, for example, examines literary house museums for new interpretation strategies.²⁰ The key, according to him, is knowing the visitors and using all of a house's spaces to explore relevant social themes. Sabra Smith also investigates interpretation at popular and unknown Philadelphia sites to suggest new methods to communicate history to potential visitors. Using sites such as the Betsy Rose House and the Powel House,

eds. Gail Lee Dubrow and Jennifer B. Goodman (Baltimore: Johns Hopkins University Press, 2003), 112-113, 119.

¹⁸ Karie Diethorn with John Bacon, "Domestic Work Portrayed: Philadelphia's Restored Bishop William White House—A Case Study," in *Restoring Women's History through Historic Preservation*, eds. Gail Lee Dubrow and Jennifer B. Goodman (Baltimore: Johns Hopkins University Press, 2003), 96-110.

¹⁹ Kim Moon, "'Raising Our Sites': A Pilot Program for Integrating Women's History in Museums," in *Restoring Women's History through Historic Preservation*, eds. Gail Lee Dubrow and Jennifer B. Goodman (Baltimore: The Johns Hopkins University Press, 2003), 248-262.

²⁰ Hal A. Salzmann, "Reading Historic Sites: Interpretive Strategies at Literary House Museums," (Masters' thesis, Graduate Program in Historic Preservation, University of Pennsylvania, 2004), http://repository.upenn.edu/hp_theses/58/.

Smith suggests adding informational flyers, children's activities, maps to local institutions, partnerships with other museums or creating thematic day events as avenues to improve programming and attract new visitors.²¹ While recognizing Wyck's uniqueness, John M. Groff discusses the various efforts made in Germantown to improve histories told at sites.²² Groff provides an example of exploring local history to increase visitation within a limited budget. By using the resources available and being open to new histories, these researchers show that even small museums can provide better quality histories by looking internally. These examples suggest that Philadelphia has been a frontrunner in accounting for women and examples of continuing site development.

Elsewhere historians have explored how to improve interpretations at historic house museums. Jessica Foy Donnelly argues that guided tours tend to focus on objects or on men, ignoring complex family dynamics and social contexts. Gender roles, technological progress, and politics, for instance, often influenced family actions. House museums need to remember that people lived in the houses, and specific rooms are interesting spaces to explore different realities.²³ Another key, as Debra A. Reid mentions, is that women did not live solely in the domestic sphere but participated in public activities. The home itself provides an opportunity to explore these negotiations

²¹ Sabra Smith, "Dead Men Tell No Tales: How Can Creative Approaches to Communication Keep Historic Sites from Going Silent," (Masters' thesis, Graduate Program in Historic Preservation, University of Pennsylvania, 2008), http://repository.upenn.edu/cgi/viewcontent.cgi?article=1097&context=hp_theses.

²² John M. Groff, "To Thine Own Self Be True: The Small Historic House Museum in the Twentieth Century," (Paper Presented at American House Museums: An Athenaeum of Philadelphia Symposium, December 1998), <http://www.philaathenaeum.org/hmuseum/groff.htm>.

²³ Donnelly, "Introduction," in *Interpreting Historic House Museums*, ed. Jessica Foy Donnelly (Walnut Creek, CA: AltaMira Press, 2002), 1-9.

between gender and society.²⁴ Jennifer Pustz in *Interpreting Servants' Lives at Historic House Museums* (2010) recently explores using those ideas for accounting for undocumented people. According to her research, house museums are now beginning to use servant stories as a way to include women into house interpretations. By investigating family records and local stories, lost voices are rediscovered. According to her survey, several museums have relocated staff offices out of the servants' quarters in order to interpret those spaces on the tours. Other historic sites have created exhibited spaces to tell servant stories if they could not move the staff offices.²⁵ While servant spaces may or may not be available, she argues that their stories cannot be ignored, but integrated creatively within the main house.

Several historians, including Bradley C. Brooks and Sandra Mackenzie Lloyd, use Philadelphia's Cliveden as an example for successful reexamination of resources, incorporating new scholarship, and being open to changes. As Brooks shows, the staff created new interpretative and furnishing plans, which allowed them to explore the importance of objects and the meanings objects gained in relation to each other. Based on the object collections and the rooms, the staff then began interpreting the house for its late-nineteenth history. Lloyd uses Cliveden as an example of a site opened to reinterpretation can improve its house tours. Through extensive research on the house and family, new interpretive themes emerged that allowed the staff to recreate its tours and

²⁴ Debra A. Reid, "Making Gender Matter: Interpreting Male and Female Roles in Historic House Museums," in *Interpreting Historic House Museums*, ed. Jessica Foy Donnelly (Walnut Creek, CA: AltaMira Press, 2002), 81-87.

²⁵ Jennifer Pustz, *Interpreting Servants' Lives at Historic House Museums* (DeKalb: Northern Illinois University Press, 2010).

other events to provide quality programming to help attract new visitors.²⁶ By using examples, historians are now exploring history within sites rather than applying history to sites. This trend balances academic work with local histories. Historians have also investigated the challenges of using academic work to advance site histories. Janice Williams Rutherford and Steven E. Shay explore a collaborative project in Spokane, Washington between the Campbell House staff and local graduate students to develop new themes, including women's history, within its house history. Its purpose was to highlight the efforts being made to reinterpret sites as well as to bridge the gap between academic history and public spaces. The interaction between the two fields, according to them, was challenging as each field had a different perspective of the public as well as how to communicate history to them. Academic historians, for instance, had to adjust their methods and goals in order to engage visitors.²⁷ This communication, while difficult, enhances public education at sites.

The physical landscape is also an area where historians have begun exploring history. Several historians investigate in *Preserving Cultural Landscapes in America* (2000) using landscapes to communicate histories of urban, social and gender developments that are reflected or invisible in the physical spaces. Rather than acting simply as a guide, it takes seriously the scholarship and research prospects within

²⁶ Bradley C. Brooks, "The Historic House Furnishings Plan: Process and Products," in *Interpreting Historic House Museums*, ed. Jessica Foy Donnelly (Walnut Creek, CA: AltaMira Press, 2002), 128-143; Sandra Mackenzie Lloyd, "Creating Memorable Visits: How to Develop and Implement Theme-Based Tours," in *Interpreting Historic House Museums*, ed. Jessica Foy Donnelly (Walnut Creek, CA: AltaMira Press, 2002), 210-230.

²⁷ Janice Williams Rutherford and Steven E. Shay, "Peopling the Age of Elegance: Reinterpreting Spokane's Campbell House: A Collaboration," *The Public Historian* 26, no. 3 (Summer, 2004): 27-48.

physical and non-traditional spaces.²⁸ Expanding on that, historians in *Her Past Around Us* (2003), explore the preservation of landscapes and sites for women's history.

Whether that is a factory, a landscape, or a local shop, each site has the potential value to discuss women's history.²⁹ Women were active members of society, both as paid labors and reform advocates, and community buildings are spaces to explore their lost voices. Statues, landscapes, and neighborhood developments reflect women's public actions as well as how they carved spaces for themselves in public society. However, those sites often remain unexplored, leaving a modern public that is ignorant of its surrounding history. In addition, as Bonnie Hurd Smith notes, at house museums and sites it is ironic that women have been excluded from the histories as they often maintained and lived in the houses and communities longer than their male counterparts.³⁰ These historians argue that by exploring historic sites or communities for the physical presence or women's actions a better understanding and interpretation of history occurs.

A HISTORY OF NURSING HISTORY

Just as historians have studied house museums, so have they studied nursing. Nursing historians have sought to uncover its long and complicated history that begins within the home. Nursing history also reflects social developments with the move from untrained women to professional nurses. Roberta West notes in her 1939 History of

²⁸ Arnold R. Alanen and Robert Z. Melnick, eds, *Preserving Cultural Landscapes in America* (Baltimore: Johns Hopkins University Press, 2000).

²⁹ Polly Welts Kaufman and Katharine T. Corbett, eds, *Her Past Around Us: Interpreting Sites for Women's History* (Malabar, FL: Krieger Publishing Company, 2003), 1.

³⁰ Bonnie Hurd Smith, "Women's Voices: Reinterpreting Historic House Museums," in *Her Past Around Us: Interpreting Sites for Women's History*, eds. Polly Welts Kaufman and Katharine T. Corbett (Malabar, FL: Krieger Publishing Company, 2003), 88-95.

Nursing in Pennsylvania that the evolution toward scientific and standardized practices began with community care. In particular, Philadelphian philanthropists enabled the establishment of almshouses and hospitals as well as the creation of nursing programs.³¹

Medical advances changed society and care giving in the years following the Civil War. According to Charles Rosenberg, during the war, hospitals were quickly erected in cities and on battlefields to care for the wounded soldiers. These places, unlike almshouses, were centers of order and cleanliness. It was during the war that ideas of ventilations and germ theory began to be accepted as valid, which would revolutionize medicine. Following the war, governments and private citizens quickly began establishing hospitals. By the turn of twentieth century, hospitals were the new centers for research and new technologies, including x-rays and stethoscopes. People of all classes began seeking physicians at hospitals for surgeries as medicine became more specialized and advanced. Cities, including Philadelphia, became centers of medical developments that moved medicine away from the home, women's healers and herbal remedies toward male academically and practically trained doctors who controlled medical authority and knowledge. However, women still found opportunities to be caregivers outside of the home through nursing. The war provided women throughout the country the opportunity to be caregivers and nurses in hospitals. In particular, lower middle class women from professional families gained new avenues to work outside the

³¹ Roberta Mayhew West, *History of Nursing in Pennsylvania* (Harrisburg: Evangelical Press, 1939).

home. Their successful work caused doctors, nurses, and society to reevaluate care giving and nursing roles and to recognize the need for professional nurses after the war.³²

A leading nursing historian, Barbara Melosh, contends that while early nurses, beginning with nursing programs in mid-1800s, advocated nursing as a professional field it is not. Nurses are not in charge of their field development and they remain under doctors' orders rather than acting on their own. In the late-nineteenth century, doctors influenced nursing programs and taught the required lectures. This enabled physicians to determine the requirements and necessary skills for nurses. While that academic power shifted over the decades, what nurses can and cannot do on the job is still often determined by other professionals, and not by nurses. In addition, nurses cannot diagnose or change treatment plans for patients but rather have to obey the orders given by doctors. According to Melosh, because nurses are not in control of their daily schedules, general actions, or education, they are not a professional field. She explores the changes in social and medical relationships that influenced the gradual loss of nurses' power in the medical hierarchy. As mothers, women had control over treatment options. As trained nurses working in hospitals or homes, however, women lost power. Physicians and nursing leaders saw the need to train nurses but desired educated lower middle class women to the working class who traditionally held power over care giving. Melosh emphasizes that in the shift to private care, nurses were isolated within a stranger's home and compelled

³² Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Book, Inc, 1987) 4-7, 97-99, 154; Rebecca J. Tannebaum, *The Healer's Calling: Women and Medicine in Early New England* (Ithaca, Cornell University Press, 2002), 136.

to follow orders from an absentee doctor. To Melosh, while nurses became better trained, they never controlled their careers.³³

Responding to Melosh, Susan M. Reverby in *Ordered to Care* (1987) argues that while nurses' identity is tied to feminine obligations, they are, nevertheless, professionals despite their limited control. Although she disagrees with Melosh, both comment on the slow then rapid expansion of nursing, and the concerns of the private and public domains of their jobs. Reverby contends that with training and other professional development nursing become a career rather than an unpaid duty, forced job, or obligation. Pride in work and a networking system are signs of professionalism. Nurses may be under doctors' orders or patients' routines, but they still have a specific knowledge and an important role, despite not being at the top of the medical hierarchy.³⁴

Janet Wilson James in "Writing and Rewriting Nursing History" (1984) called for scholarship that focused on ordinary nurses and on their social contexts. This could include the labor market, technological or medical advances, gender roles, or political developments that influenced society and nurses' situations. Without contextualizing nurses' living and social conditions, she claims it limits the effectiveness of nursing scholarship.³⁵ Following James' suggestion, some historians have explored the social contexts of nursing's development. Although concerned with doctors' education in the

³³ Barbara Melosh, *"The Physician's Hand:" Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1983).

³⁴ Susan M. Reverby, *Ordered To Care: The Dilemma of American Nursing, 1850-1945* (New York: Cambridge University Press, 1987).

³⁵ Janet Wilson James, "Writing and Rewriting Nursing History: A Review Essay," *Bulletin of the History of Medicine* 58, no. 4 (Winter, 1984): 568-584.

early nineteenth century, Lisa Rosner comments in “Thistle on the Delaware” (1992) on the geographical positions of men and women. Physicians in Philadelphia were found on the main roads whereas female caregivers were found in alleys or cheap rent sections. While nurses were frequently listed and often as widows, midwives were often unlisted as they were usually married, relied on word of mouth, and practiced for a short period. She suggests socio-economic status affected education, careers, and work locations, especially as training programs developed.³⁶ The geographic and economic status of working class women would later prevent them from entering nursing positions by the end of the 1800s.

Continuing the trend of incorporating social contexts of employment, government, and social concerns, others have explored the development of public nursing. Public nurses, often employed by benevolent or non-profit organizations and later the government, worked within the community to provide care giving, education, and medical supplies to the poor at little or no cost. They often performed home visits, but did not live in the homes as private nurses did. Joellen W. Hawkins and others investigate public nursing’s relationship to the poor health of schoolchildren at the turn of the twentieth century in “School Nursing in America-1902-1994” (1994). Medical advances and Progressive Reforms not only made hospitals readily available but brought attention to the public’s health. These nurse treated minor diseases in schools but also educated the community about preventing the spread of infection. Research shows that public nurses were aware of the shifts in economic and social situations that influenced

³⁶ Lisa Rosner, “Thistle on the Delaware: Edinburgh Medical Education and Philadelphia Practice, 1800-1825,” *Society History of Medicine* 5, no. 1 (1992): 19-42.

people's health and lifestyles. Nurses also recognized the public's concern over failing health as an opportunity for professional growth and employment.³⁷

Also at this time, benevolent organizations, such as visiting nurse societies and relief associations, expanded. These organizations provided health care services to the poor. Karen Buhler-Wilkerson in *No Place Like Home* (2001) explores both the South and North for upper middle class efforts to provide quality assistance to the poor. She discovers identical trends across the country of upper middle class women's support for visiting nurse societies. These societies promoted social reform through improving healthcare, education, and living conditions of poor communities. Visiting nurse societies supplied low cost nursing care to patients. She also traces the power upper class ladies had over their nurses, the community, and poor patients. Her work is especially significant for the connections made to racial tensions, gender and social boundaries, and the working conditions nurses encountered while working for such societies.³⁸

Florence Nightingale was an important influence on the development of training programs. Monica Baly explores that system in *Florence Nightingale and the Nursing Legacy* (1986). Nightingale envisioned a training system that would strengthen the moral and physical resolve of middle class women by teaching them nursing skills. Since there was no body of knowledge solely for nursing, it became an experiment to define the line between doctors and nurses. To Nightingale, training and a strict routine were not for

³⁷ Joellen W. Hawkins, Evelyn R. Hayes, and Carolyn Padovano Corliss, "School Nursing in America-1902-1994: A Return to Public Health Nursing," *Public Health Nursing* 11, no. 6 (Dec 1994): 416-425.

³⁸ Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore, Johns Hopkins University Press, 2001).

acquiring medical knowledge but for creating discipline within her students. She even opposed certifying them. Nurses, in her opinion, were to be morally proper and professionally behaved, but not medically trained for a career or to exercise power.³⁹

Recently, other historians have explored nursing programs for power relations between doctors and nurses. Both professions sought control for who was in charge of patients. This medical hierarchy influenced who created orders, who followed orders, and if subordinates could challenge orders. Though doctors eventually gained control in the hierarchy, nurses still sought and maintained areas of power within this system. C. A. Connolly studied a single hospital's training program, but though an ordinary matron. This matron, as Nightingale suggested, attempted to maintain proper female behavior of her students. However, she defied Nightingale's system by seeking changes to the programs, improving nurses' working conditions, and advocating for their education to be more academic. In doing so, this matron challenged power relations by seeking changes to nursing education, which was under the control of doctors at this time. Matrons at this time were also responsible for the hands-on training of nurses and this matron actively sought to improve her students' working conditions. Connolly uses this matron as a representative of the countless nurses who struggled to improve their situation within the power hierarchy. Her work is important because it shows the efforts made by ordinary individuals to improve nursing education and conditions.⁴⁰

³⁹ Monica E. Baly, *Florence Nightingale and the Nursing Legacy* (London: Croom Helm, 1986).

⁴⁰ C. A. Connolly, "Hampton, Nutting, and Rival Gospels at the Johns Hopkins Hospital and Training School for Nurses, 1889-1906," *Journal of Nursing Scholarship* 30 (1998): 23-29.

Barbara Mann Wall also investigates power relations in nursing but by exploring Catholic nuns' experiences in the late 1800s. Nightingale advocated that nurses should be moral but secular. To Nightingale, nurses should reflect Catholic nuns' obedience, selflessness, caring, and benevolence, but for work in secular institutions. However, nuns had already established hospitals and care giving models. In a time when women were struggling for control, nuns had already asserted administrative power over male doctors. Serving the sick and being obedient were a part of their orders, yet they firmly held control. Wall's work emphasizes the pride these sisters took in their service even though they did not see it as power. In addition, even after the loss of power in the 1930s when doctors and medical boards took control over hospitals, nuns still took pride in their work.⁴¹

As Patricia D'Antonio shows, the relationship between gender and power within nursing is complex, and is further complicated by patriarchal models that fail to account for women. Nurses, despite having similar skills, had different roles and power depending on their situation. She explores the women who enrolled in training programs, and found it was often to gain social and economic independence. In addition, nursing leaders still held power over their students within the male dominated hospital system.⁴²

Another complication of power relations was between the races in hospitals and training programs. As Darlene Clark Hine investigates, black women faced restrictions

⁴¹ Barbara Mann Wall, "We Might as Well Burn It': Catholic Sister-Nurses and Hospital Control, 1865-1930," *History and Gender* 20, no. 1 (Winter, 2002): 21-39.

⁴² Patricia D'Antonio, "Revisiting and Rethinking the Rewriting of Nursing History," *Bulletin of the History of Medicine* 73, no. 2 (1999): 268-290.

and hostilities in nursing schools and hospitals from white nurses, doctors, and employers. Employment opportunities in hospitals for doctors and nurses, as well as positions in nursing programs, were often limited by quotas for blacks. White nurses often resented blacks from taking hospital and training school positions away from white women. In addition, black nurses were often required to take additional years of training under the guise that blacks entered nursing schools lacked sufficient reading, writing, and arithmetic skills. Because of these restrictions, black communities and leaders established their own hospitals and training programs in the mid-1890s.⁴³

Other historians have focused on the diversity and power within nursing history through the relationships between health, women, and society. Federal laws also shaped society and the medical field following the Civil War. The most influential law was the Comstock Law of 1873 that made it a crime to sell or distribute materials that could be used for contraception or abortion, and to send such materials through the federal mail system. This limited women's control over their bodies, family size, and lifestyle. Prior to the mid-1800s when states began limiting women's reproductive options, contraception and abortions were legal. According to Rebecca Tannenbaum, women throughout the centuries, especially when they were valuable community healers, knew and used natural herbal potions to prevent or abort pregnancies, particularly by inducing menstruation. Prior to quickening—the first felt movements of the baby—abortion of the fetus was socially acceptable. However, in later decades, that changed. After passing the Comstock Law women lost what limited control they had over their bodies, though some women

⁴³ Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession 1890-1950* (Bloomington: Indiana University Press, 1989).

still discreetly sought abortions. Women did attempt to use other measures to control their life through voluntary motherhood. Motherhood was still a primary focus for these women but they sought control in the number of pregnancies, children, and the spacing of births. Such methods included breast feeding and limiting use of wet nurses to prevent menstruation and thus pregnancies. In addition, women could claim colds or illnesses in order to avoid having sex. Upper middle class women in the late-1800s sought these avenues in order to have smaller families and so they could enjoy social activities rather than be limited to the home and the children. Working and lower class women employed similar techniques in order to be healthy and maintain steady employment.⁴⁴

The historians in *Women and Health in America* (1999) also explore women gaining control over their actions when social conditions limited their power.⁴⁵ Several authors focus on midwives and private nurses. Laurel Thatcher Ulrich's investigation on midwifery, explores the early 1800s and women's prestige in the community. Through a single woman, Martha Ballard, Ulrich provides a detailed example of powerful women working within a socially approved role before the shifts in medicine. As she notes, until germ theory developed and doctors became the prominent experts, midwives were more

⁴⁴ Tannebaum, 36-38; Cornelia Hughes Dayton, "Taking the Trade: Abortions and Gender Relations in an Eighteenth-Century New England Village," in *Women and Health in America*, ed. Judith Walzer Leavitt, second edition (Madison: University of Wisconsin Press, 1999); Linda Gordon, "Voluntary Motherhood: The Beginnings of Feminist Birth Control Ideas in the United States," in *Women and Health in America*, ed. Judith Walzer Leavitt, second edition (Madison: University of Wisconsin Press, 1999); Leslie J. Reagan, "'About to Meet Her Maker': Women, Doctors, Dying Declarations, and the State's Investigation of Abortion, Chicago, 1867-1940," in *Women and Health in America*, ed. Judith Walzer Leavitt, second edition (Madison: University of Wisconsin Press, 1999).

⁴⁵ Judith Walzer Leavitt, ed. *Women and Health in America: Historical Readings*, second edition (Madison: University of Wisconsin Press, 1999), 7.

trusted and successful in the community.⁴⁶ Charlotte G. Borst's investigation is similar to Ulrich as she investigates midwives but for the development of a medical hierarchy that replaced the hands-on experience of motherhood. Professionalism, here, is linked to the development of a distinct knowledge base and formal training. As midwives had unofficial training, they could not claim exclusivity, but with the creation of schools, nurses gained that degree of professionalism, yet they lost power.⁴⁷ Reverby continues exploring that shift through private nurses at the turn of the twentieth century. By the 1900s, there was a distinction between untrained and trained nurses. However, training was not uniform leaving some women better educated than others. In addition, there were fewer hospital positions, forcing nurses into private work through a registry or a doctor. In doing so, they gave up control of their life.⁴⁸

However, historians have also questioned the powerless situation of nursing. D'Antonio and others have used alumni and other associations as evidence of collective organization, even when private care was the primary source of employment, to suggest that women still found degrees of control. According to these historians, nurses had

⁴⁶ Laurel Thatcher Ulrich, “‘The Loving Mother of a Living Child’: Midwifery and Morality in Postrevolutionary New England,” in *Women and Health in America: Historical Readings*, second edition, ed. Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1999), 48-64.

⁴⁷ Charlotte G. Borst, “The Training and Practice of Midwives: A Wisconsin Study,” in *Women and Health in America: Historical Readings*, second edition, ed. Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1999), 425-429.

⁴⁸ Reverby, “‘Neither for the Drawing Room nor for the Kitchen’: Private Duty Nursing in Boston, 1873-1920,” in *Women and Health in America: Historical Readings*, second edition, ed. Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1999), 460-474.

power over their patients' care as well as in influencing social and political trends.⁴⁹ Expounding on that, D'Antonio in *American Nursing* (2010) focuses on the overcoming of traditional gender expectations. She believes that people continue to choose nursing not only for the work but also for the meaning and professionalism associated with it. Medical hierarchies in the 1800s, left head nurses with nearly complete control over nurses and students. She suggests that while nurses did lose power with training programs, they were still second in command within the medical hierarchy and sought new areas for professional growth.⁵⁰

A final area of concern for nursing historians is the uncertainty in nurses' current professional status. As Ann Bradshaw notes, menial tasks are an integral part of nurses' jobs. The Nightingale tradition perceived all nursing duties, from bandaging to cleaning bedpans, to be altruistic. Nurses today, while needing to know the technical aspects of the job, must also remember their primary goal is patient care, regardless of the tedious tasks.⁵¹ Sioban Nelson and Suzanne Gordon suggest that nurses lack a cohesive identity because they are constantly reinventing their past and obscure their profession's historical roots. Nursing has chosen to deny its contributions, including hygiene and follow-up care, by emphasizing its technological training. In doing so, modern nurses imply that nurses in the past did not see themselves as scientific or professional, when in fact they

⁴⁹ D'Antonio, et al. "Histories of Nursing: The Power and the Possibilities," *Nursing Outlook* 58, no. 4 (2010): 207-213.

⁵⁰ D'Antonio, *American Nursing: A History of Knowledge, Authority, and the Meaning of Work* (Baltimore: Johns Hopkins University Press, 2010).

⁵¹ Ann Bradshaw, "The Virtue of Nursing: The Covenant of Care" *Journal of Medical Ethics* 25, no. 6 (Dec, 1999): 477-481.

did.⁵² Nelson also notes modern nurses are not taught their own history. Therefore, it is not surprising that they have an identity crisis.⁵³

This may change as historians reinvestigate nursing's early history. Historically, women have been caregivers even as they worked outside of the home.⁵⁴ Emily K. Abel's chapter in *Nurses' Work* (2006) builds off Ulrich's work by researching a specific family's interactions with illness. For the majority of women, nursing interrupted their lives, forced them to learn medical knowledge, and isolated them within the home. She notes that farmer's wives still had household chores and those with outside jobs sometimes had to quit in order to care for the ill.⁵⁵ They had to balance daily work with care giving without additional support. Through one family, Abel examines the physical and mental drain to explore women's difficult realities.

D'Antonio's recent works have also explored the early shifts in care taking from mothering to nursing care. She explores in *Nurses' Work* that the reform movements concerning health, hygiene, and the body put physicians, nurses, and patients in competition over who had the authority to administer treatment. With the development of the textile industry and families with new or expanded wealth, especially in Philadelphia,

⁵²Sioban Nelson and Suzanne Gordon, "The Rhetoric of Rupture: Nursing as a Practice with a History?" *Nursing Outlook* 52, no. 5 (2004): 255-261.

⁵³ Nelson, "The Fork in the Road: Nursing History Versus the History of Nursing?" *Nursing History Review* 10 (2002): 175-188.

⁵⁴ D'Antonio, "Introduction," in *Nurses' Work: Issues Across Time and Place*, ed. Patricia D'Antonio, et al. (New York: Springer Publishing Company, 2006), 3.

⁵⁵ Emily K. Abel, "Family Caregiving in the Nineteenth Century: Emily Hawley Gillespie and Sarah Gillespie Huftalen, 1858-1888," in *Nurses' Work: Issues Across Time and Place*, ed. Patricia D'Antonio, et al. (New York: Springer Publishing Company, 2006), 9, 21-28.

upper and upper middle class women had the resources to hire in help. However, untrained aids often interfered with orders, causing physicians to advocate for trained nurses as assistants. She contends, however, that very early programs did not attract the desired students from the lower middle class, in particular, the daughters of professionals or businessmen who were often educated. It took several decades before that shift in nursing actually occurred refuting previous historians who imply it was a rapid transition.⁵⁶

Other historians have continued questioning how rapid the switch from working class women to middle class women was in nursing schools. Sue Hawkins in “From Maid to Matron” (2010) explores the experiences of ordinary nurses. By investigating the realities at one hospital, she demonstrates that although lower middle class women eventually did out number working class women in nursing programs, it occurred at a slower rate than other historians have suggested. Also, even when lower middle class women dominated the student population, working class women were still admitted to programs. In addition, hospitals, to maintain an image, did not always acknowledge the backgrounds of their students. At this hospital, the matron was appointed based on her skills despite her working class background, which then influenced her students’ promotions.⁵⁷ Hawkins challenges conventional nursing history by exploring nursing’s

⁵⁶ D’Antonio, “The Legacy of Domesticity: Nursing in Early Nineteenth-Century America,” in *Nurses’ Work: Issues Across Time and Place*, ed. Patricia D’Antonio, et al. (New York: Springer Publishing Company, 2006), 34-37; D’Antonio, “The Legacy of Domesticity: Nursing in Early Nineteenth-Century America,” *Nursing History Review* 1 (1993): 229-246.

⁵⁷ Sue Hawkins, “From Maid to Matron: Nursing as a Route to Social Advancement in Nineteenth Century England,” *Women’s History Review* 19, no. 1(2010): 125-143.

actual realities. Even when society and doctors were calling for their complete replacement, working class women maintained a presence in training programs.

Nursing history presents an opportunity to expand the history done at house museums. Public historians have investigated women's history, house museums, and ways to incorporate new scholarship into sites. Despite some progress, there is still room for improvement. Since nursing history is primarily a womanly profession, it offers a unique chance to explore women's various roles. Having identified key trends in nursing history, including the transition from untrained to professionally trained nurses as well as the dynamics of private nursing in home, I will now suggest how to connect them to house museums in order to improve women's history at historic sites.

CHAPTER 3

CASE STUDY: WOMEN'S HISTORY IN GERMANTOWN HOUSE MUSEUMS

Although house museums are more open to discussing women's history, it is still an ongoing process to incorporate their stories in meaningful ways at sites. Historical sites that only focus on elite, white men create a false reality that ignores the actual social complexities of an era. I explore the histories told, particularly for the presence of women, in the house tour at three Germantown sites— Wyck Historical House and Garden, Ebenezer Maxwell Mansion, and Cliveden—to analyze how sites are educating their public and to find avenues to improve it. While all three sites do not primarily focus on women, there are still missed opportunities to expand their presence within the site's thematic topics and when they are already mentioned.

In this section, I evaluate the presence of women in standard house tours at three sites. In particular, I focus on where the tour guide discusses women in the house. For instance, are they referenced in the bedrooms, kitchen, office, the hallway, or the outside? I also focus on the contexts that women are mentioned. Are they mostly discussed within family events, the neighborhood, women's roles, public actions, or within a commentary on society in general? As Reid has shown, specific rooms are important for women's presence. The kitchens, bedrooms, and formal spaces are potential areas for discussing middle class lifestyles, technology, domestic roles, or labor relations between the servants and the women of the house. As West has advocated and Pustz has demonstrated, whether sites have full access to servant spaces or not, servants' stories are a way to balance male histories. Through those spaces, women's relationships to the household, mothering duties, and social trends can be define and explored. My analysis also focuses

on the economic class of the women discussed, and if the tours limit themselves by exploring the elites or if they incorporate the working class or servants. Certain rooms, such as the kitchens and offices, are excellent spaces to discuss women's roles, as paid laborers or household managers.

As Reid and Donnelly advocate, I also focus on whether women are isolated within the home. Are the stories and histories told localized to the house, to the city, or to an economic class? On the other hand, are they generalized to the nation, to women's tasks, or to social customs? House museums can easily isolate women to the house even though most women maintained a public presence, as workers or as actors in social reform movements. Histories that can connect specific women to a larger social context—either directly through specific organizations or indirectly as a representative of overall middle class efforts—create more complex and balanced representation of women's lives. I also explore each site's website for any additional information or ongoing research projects.

I choose Germantown because, despite Philadelphia's many museums, it is one section of the city with historic houses and sites that are relatively unknown. Within this neighborhood, twenty-two historic sites provide visitors an opportunity to explore society from the Revolutionary War to the late nineteenth century.⁵⁸ The close proximity of these sites enables an examination of preservation efforts and linked histories within one community. In addition, since the three sites span similar eras, I compare interpretive themes without having to consider large variations across historical context. That is not to

⁵⁸ "Historic Germantown," accessed March 3, 2011, <http://www.ushistory.org/germantown/>.

say that these sites discuss precisely the same trends, but rather they explore similar societal developments and influences. While an investigation of sites across the city would provide a wider range of historical interpretation, focusing on one neighborhood allows for a closer analysis of how individual house museums interpret women's history on the house tour. My survey only focuses on the regular house tours. Other programming and events at each site may explore different histories or expand women's stories, however for the purposes of this thesis only a small portion of each site's programming is investigated.

WYCK HISTORICAL HOUSE AND GARDEN

Listed in 1973 as a National Historic Landmark, Wyck is one of the oldest houses in the Germantown area. Continuously lived in from the 1690s to 1972, nine generations of the family balanced their personal values with modernity in their everyday Quaker lives. The Wyck Association's mission is to preserve and tell the story of the site, including its gardens, farm, house, and objects and papers of the family that lived there for over three hundred years. The non-profit organization, with a few family members still on the board of directors, primarily interprets the site's gardens, but it also showcases the extensive object collection gathered by the family.⁵⁹

Wyck's house tour interprets the building itself, the men of the family, and objects in its thematic collections. The architecture of the building is a particularly important theme. Additions and renovations over the years, the most prominent by

⁵⁹ Wyck Historic House and Garden, "Welcome to Wyck," Pamphlet; Wyck Historic House and Garden, "The Friends of Wyck," Pamphlet; Eileen Rojas, in discussion with the author, March 14, 2011.

William Strickland in 1824, create a seamless exterior and an interesting interior that remains today. As the guide points out, the current house was originally two separate building that was joined together in 1824. However, it is difficult to see the original separation of two spaces. As a result, large windows and unique doors in the center of the house to opened for a produce shop.

Moving across the first floor, the tour primarily focuses on the men's activities and on decorative furnishings and objects. Since the tour is limited to the first floor of the house, the guide does not discuss the bedrooms or servants' quarters, thus limiting opportunities for exploring women's history. Object labels and text panels abound the spaces, especially in the kitchen where numerous objects are displayed on a single, long table. Despite the impressive array of objects, they are not discussed individually or within a larger story of the family or society. Nor are women discussed in the kitchen. Creative interpretative histories presented in cartoon storyboards and other stories augment the guided tour.

The history presented is limited to the family and rarely extends beyond Germantown itself. While the object collections are interesting, the text panels remains limited in making significant connections to external social or economic developments. Only in passing does the guide reference outside events such as the Battle of Germantown. One family member, Reuben Haines, receives frequent attention. He was an active participant in Philadelphian social and reform societies such as the Academy of Natural Sciences and Eastern State Penitentiary. However, those associations are not discussed and therefore, visitors do not understand the institutions' significance. Also mentioned were his interests in science through his objects and instruments, but it is not

expanded on. The guide also implied that Haines' Quaker beliefs inspired his actions, but those influences remained unexplored. The history told at the site remains bound to the house, rarely expanding family actions into the tremendous social developments of reform efforts, poor relief, education, or economic progress.

Of the three tours, Wyck's was the least representative of women's history. When the guide references women, it is only in the context of specific family events. One example included a memorial for Sarah Minturn Haines, who died of yellow fever in 1824. A memorial focused on her things and short life as well as introducing briefly the mothering role of care giving. However, it did not expand into other family interactions or into a commentary on traditional female duties. A second example, again, concerned a family tragedy. After the death of Reuben Haines III in 1832, Jane Bowne Haines gave birth to a daughter, but refused initially to name her. Eventually she named the child Jane Reuben Haines, after the child's parents. While it is an important moment for the family, it does not connect to a larger history of social relations or marriage life. Finally, women are mentioned only briefly in the kitchen, in regards to the sets of fine china.

Women are largely ignored at Wyck. The guide mentions women in connection with family tragedy, but their daily lives, religious beliefs, social customs, and reform efforts are not. There are opportunities, however, to expand women's history while still keeping within Wyck's preferred interpretation themes. For example, the guide references a child-size rocking chair among the chair collection to suggest that Quaker families were close-knit. This is an opportunity to explain Quaker lifestyles in comparison to non-Quaker families, family interactions, or the mothering role in early childhood. Also lost are opportunities in the kitchen to explain women's responsibilities

as well as gender and labor relations on the farm or in the gardens. While the staff is dedicated to highlighting the history of the family and the grounds, by expanding that history beyond the home and to be more inclusive of women, a richer history of family relations can be told.

Wyck's website is the most advanced of the three house museums in terms of site design. However, it contains very little historical information. It presents a brief overview of the family in its history section, focusing heavily on other sections including the gardens and other programs. In the gardens' section, there is more information about the family, their relationships, and their interactions with the land that is not found in the history section. It also does not provide information about current research projects.⁶⁰

EBENEZER MAXWELL MANSION

Organizing in the 1950s and 1960s, neighbors saved Ebenezer Maxwell Mansion from becoming a gas station. Today, it is preserved as a Gothic Victorian house. In addition, a small group of preservationists created a non-profit organization to take over the title and upkeep of the house, turning the building into a historic house museum. The Mansion also was listed in 1971 on the National Register of Historic Places as a part of the Tulpehocken Historic District, one of the first suburban railroad station in the country. Today, the site claims to be the only restored Victorian house museum in Philadelphia. The organization's mission is to preserve the site and its history as an example of Philadelphia's emerging upper middle classes during the 1850s and 1880s. In addition, the organization seeks to encourage the study the Victorians era, especially

⁶⁰ "Wyck Historic House and Garden," Wyck Historic House and Garden, accessed Feb 17, 2011, <http://www.wyck.org/>.

industrial progress and upper middle class culture. Since the main reason the community banded together to save the site was because it valued the house and its aesthetics, the staff focuses its interpretations to reflect that. Historical interpretation, as well as the community events, focuses on the greater Victorian era between the 1850s and 1880s. This includes technological developments, decorative trends, and architectural styles. Although attention is paid to the families of the home, a significant part of its mission is to reflect the larger developments of that era.⁶¹

Two families, the Maxwell family until 1862 and the Hunter-Stevenson family until 1956 lived in the Mansion. Ebenezer Maxwell, a cloth manufacture, built the house in 1859 and although he only lived there for three years, it reflects his personality, name, and class status. The organization preserves the downstairs of the house as the Maxwell family lived in it (1860s), but the upstairs reflects the Hunter-Stevenson's wealthier lifestyle (1880s). The tour explores design and social history in both spaces. It focuses on the Victorian-era technology, customs, and decorative styles, as represented by the wallpaper and furniture.

Maxwell Mansion, of the three sites I visited, most efficiently integrated women into the house tour. The focus of the tour is twofold: the Victorian high style décor, and presenting Philadelphia in the 1880s as a Mecca for economic and industrial growth. The staff explores the upper middle class families that incorporated decorative objects, architecture, and furnishings throughout the house. The presentation of hallstands,

⁶¹ National Register of Historic Places landmark sign; "News," Ebenezer Maxwell Mansion, accessed March 3, 2011, <http://www.ebenezermaxwellmansion.org/news.html>; Diane Richardson, emailed to author, March 4, 2011; Richards, in discussion with the author, March 4, 2011.

intricate wall patterns, and nature-inspired designs are frequent topics of discussion. The guide also explores social class through the evolution of technology in the house. The addition of gas and electricity, for example, changed the purpose and spaces within its rooms, particularly in the kitchen. While a majority of the tour focuses on the objects and the aesthetics of the house, the guide interweaves stories of the two families to personalize its history.

Women receive attention in several instances. In the parlor, for example, the introduction of the cult of domesticity explores an aspect of women's history. In particular, the guide uses the piano to discuss women's roles. Mothers molded their daughters into desirable marriage partners, with an emphasis on domestic activities, propriety, and education. The guide explains that young women who could play the piano had a visible sign that they possessed the qualities that society demanded of them. Ideal female behaviors, society customs, and the leisure time of the upper middle class were presented to visitors as new trends. At the same time the cult of domesticity presents an aspect of women's history, it also limits them to the home. Private activities, such as decorations or proper behaviors, receive attention but not women's public activities, such as poor relief or other reform efforts. However, the tour does open its interpretation to women in general or at least to women with money, by using the female family members as examples.

Women are also included in discussions of renovations to the house over the decades. Rooms such as the dining room or the women's parlor changed purposes with the evolution of gender roles. At Maxwell, those shifts in gender roles receive attention in passing while discussing decorations, such as carpets, fireplaces, or tea sets. The focus is

on the new styles, with social developments as an aside. Another avenue where social customs receive attention is in the bedroom. Here, the guide firmly insisted that Victorians had a healthy attitude towards sex, despite having separate bedrooms. The decorations, spaces, and furniture were the primary focus in those moments, with references to sex and lifestyles as an aside.

The guide mentions that Augusta Stevenson, the last person to live in the house, was the one who combined the master bedrooms to create a larger space. Since Augusta lived in the home alone, she converted her space to reflect her situation. In addition, she is also responsible for the dilapidated condition of the house as she neglected the space in her advanced age. The organization has refurbished the first floor but continues work on the second floor. Even with the ongoing restoration of the second floor, the guide still highlights the changes in modern fashions after the World's Fair in 1888, especially in regard to the Egyptian influences on the wall patterns. However, women are limited to the home with their role in the furnishing and decoration of the house. The room discussed most briefly was the family room, where the family actually interacted.

Maxwell Mansion's presentation of women's history is still limited when compared to other topics discussed. However, what the guide presents is primarily put into the social contexts of the time. While specific family names are mentioned when referring to an object, architectural change or room layout, the guide always returns to a general description of society of the time. The women mentioned are primarily upper middle class. Servants only receive attention in the kitchen and hallways as an aside to conversations about technological and industrial developments. The guide does not expand technological developments to explore how those changes affected their workload

or how the women of the house managed them. That being said, what women's history is presented is insightful and relates to Philadelphia's history in a profound way. The guide successfully connects the family and house history to the social changes of the time. The overall tour centers on the uniqueness of the house and the details of its collection, but what women's history is told is connected to Germantown and society in general for an exploration of upper middle class Victorian society.

Maxwell's website is the most simplistic of the three, but it still provides general information on the house's origins and history as well as current programs. The history section contains a brief lineage of the two families but nothing in-depth. In addition, it provides brief information regarding the interior designs and the historical styles, emphasizing the uniqueness of the house. The organization primarily promotes its events and workshops. While the website does provide enough information for someone to understand the site's significance, it does not present any additional historical information.⁶²

CLIVEDEN

The Chew family throughout the centuries was an active protector of the house and promoted the property as an historic site. In 1961, Cliveden was added to the list of National Historic Landmarks, making it a part of the Colonial Germantown Historic District and in 1966, it was included on the list of National Register of Historic Places. At that time, the Chew family still controlled the property. It was not until 1971 that the family transferred ownership of the property, its 5.5 acres of land, and its artifact

⁶² "Ebenezer Maxwell Mansion," Ebenezer Maxwell Mansion, accessed Feb 17, 2011, <http://www.ebenezermxwellmansion.org/index.html>.

collection to the National Trust for Historic Preservation. Some family members are still on the board of directors today. Under the National Trust's control, over 200,000 family papers were uncovered in the house, which are currently archived at the Historical Society of Pennsylvania. These papers not only contain information about the family but also on topics such as slavery.⁶³

The organization's mission is to preserve the house and grounds in order to share the history of the Chew family and local community history. The organization specifically seeks to preserve the house and its collections as well as to provide the public with historical interpretation based on quality research. In addition, it works within the community to revitalize the area, promote the community, and inspire local historic preservation efforts.⁶⁴ The staff takes seriously its responsibility to provide quality programming concerning the site's history from the Revolutionary War to the twentieth century.

Completed in 1767 for Benjamin Chew, Cliveden was originally a secondary summerhouse for the family to escape the disease-ridden city. By the mid 1800s, it became the year-round residence of the family, though some members still maintained a city home. For over two hundred years, generations of Chews occupied, protected, and restored the house leaving it with a rich, diverse history. The rooms are not overly decorated compared to other sites, and accordingly the history focuses on the family. The

⁶³ "History of Cliveden," Cliveden, accessed March 3, 2011, <http://cliveden1767.wordpress.com/about/>; Harris, 135.

⁶⁴ "Mission Statement," Cliveden, accessed March 3, 2011, <http://cliveden1767.wordpress.com/mission-statement/>; Rick Fink, in discussion with the author, March 14, 2011.

tour moves chronologically, beginning outside the home with the Revolutionary War and continuing inside, moving through the decades with each room. The second floor would be the space dedicated to the twentieth century, but unfortunately, it was not open at the time of my visit.

The Cliveden tour focuses on the family but pays special attention to the house itself. The guide emphasizes the site's role in the Battle of Germantown as well as the staff's recent explorations into slavery at Cliveden. The staff members performing the research are continuously sharing information with the tour guides in order to incorporate the new information into current tours. The Battle of Germantown is a significant moment for the house, and one the family strongly protected and honored as the structure still reflects its war wounds. Battle tactics in regard to British soldiers' positions within the house and the grounds, the bullet holes in the walls, the architectural styles and influences, as well as the construction materials are explained at length throughout the house. In many ways, the house was a member of the family and the staff treats it as such.

While primarily aimed at the grounds and the family, there are moments that the guide reference broader regional patterns of social and economic trends. In the dining room, where fine china is displayed, the guide mentions the economic developments in regards to trade routes with China, and as they relate to the new decorative sensibilities brought in by Mary Johnson Brown Chew. Through the 1861 marriage of Mary, from a leading textile family, to Samuel Chew, in a loving but social alliance, reference to the new wealthy families entering into upper middle class society occurs. In the mid-nineteenth century, the rapid development of the textile industry enabled new families

with different perspectives to enter into the upper middle class. At that moment, for the Chew family, restoring their wealth and social position as members of the upper middle class was extremely important, leading to the union of two influential families. The guide briefly introduces the complex dynamics of family, wealth, image, power, and love, but they remained undeveloped.

Women do receive attention throughout the tour but in varying detail. The first instance was in a discussion of slavery within the women's office, where the female head of the house managed the slave books. This included tracking what slaves needed to be moved South. Prior to the Civil War, Pennsylvania allowed slave owners to have slaves in the state but only up to six months. After six consecutive months, slaves would be freed. To avoid that, owners would send their slaves south when the six-month mark approached. In addition, the women of the house recorded what slaves needed shoes, who received clothing, and their general health. Within that space, an opportunity to connect slavery to other domestic tasks and household management occurred, but it was not explored. In general, the guide rarely explored larger social connections. In particular, references are made to Mary's participation in society activities, such as rebuilding Independence Hall, the Colonial Dames, Philadelphia Civic Society, and the Historical Society of Pennsylvania. What those organizations actually did was left undefined, leaving visitors with a vague notion of public activities, but without any understanding of them.

The discussion of the women's efforts to preserve of the house occurs in the dining room. For generations, the patriotic women of Cliveden sought to preserve the house as it was during the Battle, despite the fact that Benjamin Chew sympathized with

the Tories. However, when Mary suggested adapting modern amenities, such as heating and electricity, into Cliveden, she created tension with Anne, the official owner of property. Eventually the situation, led to the incorporation of new technology though in an inconspicuous design as to preserve the appearance of the original house. That also extended to the new addition, which was designed to minimize its appearance from the street in order to maintain the property as it was during the Revolutionary War. The women also preserved the site's history by commissioning paintings to highlight people and events important to Cliveden, including the Battle and the visit of General Lafayette to the house. This history of Chew women's preservation efforts vaguely hinted at the larger trends of historic preservation, though this was never explicitly stated. As historians have explored, women were the leaders of the preservation movement. An opportunity to connect them to national activities is available here but is not developed.

No access to the servant quarters or the old kitchen further circumvented women's history. The servants receive little attention. The guide implied that there were several servants to care for the family, but their duties and responsibilities were not explicitly discussed. Unfortunately, until summer 2011, the upstairs portion of the tour is not available as it remains under HVAC renovations, though people can walk through the undecorated space. That portion of the tour would have focused on the last generation of the Chews. What information the tour discussed there regarding women or the house is unknown. In addition, the older kitchen is also off limits since the construction of the addition created a new kitchen within the house.

While women at Cliveden are not ignored, there are several opportunities to improve their histories. While recognizing that the site's themes center on the Battle of

Germantown, the house, the family and the newly discovered slavery presence, there are still missed avenues within the presented history to expand on social trends, including preservation movements, upper middle class lifestyle, the cult of domesticity, and servant-management relations. While women receive attention concerning the protection of the building, their activities remain limited and isolated to the home.

Cliveden's website is the best of the three at providing additional information. It has several essays focusing on the family genealogy and history, slavery, the house itself, the women of the family as well as a guide to the archives. The additional information is specific, providing details on topics discussed on the tour as well as information not mentioned. The additional information is interesting, but the website is not utilized at Cliveden. The guide does not mention on the tour or in the reception area as an additional resource or for details about the ongoing research projects. This is a missed opportunity to alert visitors that there is additional information already assembled for their convenience.⁶⁵

While dedicated to preserving and presenting their house histories, all three organizations' tours vary in relating the personal experiences of the families to larger social trends. Women's history is particularly underexplored. While Maxwell Mansion's staff does an excellent job of discussing women's roles in general and connecting them to the family, Wyck's and Cliveden's staffs are more inclined to share only the family's history without external context. Wyck in particular interprets the uniqueness of its family and collections in a general discussion of the era, but rarely addresses women's

⁶⁵ "Cliveden," Cliveden, accessed Feb 17, 2011, <http://cliveden1767.wordpress.com/>.

actions. Cliveden's tour did refer to social activities in relation to its female members but it was glossed over without making significant connections.

CHAPTER 4

CAREGIVING AT CLIVEDEN

The previous section demonstrates that Germantown, like elsewhere in the city, struggles to interpret women's history. How then can these sites improve their programming? Using Cliveden as my example, I will demonstrate how to interpret women's history through the lens of nursing. By using two local archives, I research the connection between the Chew family and early nursing programs. To begin this project, I explore the Chew collection housed at the Historical Society of Pennsylvania. This collection is very extensive, therefore I primarily focus on the records of Anne Sophia Penn Chew and Mary Johnson Brown Chew. My examination of the letters, diaries, pocket journals, and memorandums of Anne and Mary provides insight into how the Chews lived and managed illnesses. These women in particular were prolific writers and often discussed family relations, events, and illnesses. Their documents reveal important information about their lifestyles, particularly child caring and health care giving, which can be connected to nursing history.

Based on those discoveries, I then explored a local archive, the Barbara Bates Center for the Study of the History of Nursing, for nursing history (this is discussed in the next chapter). Using the various collections, including the Woman's Hospital of Philadelphia, the Visiting Nurse Society of Philadelphia, and the Presbyterian Hospital, early nursing programs are examined through board minutes, annual reports, in-house histories, student applications, and other documents. I also investigate individual nurses' documents, including the journals of Mary V. Clymer and Alice Lemley, to gain an understanding of actual early programs as well as their opinion of the education. As I will

demonstrate, exploring local archives can improve house museums histories, both of the family and local developments. Through expanding on what is suggested, implied, and written about between the Chew women, the histories at the Bates Center provide a different possibility of women's history at Cliveden.

This section focuses on Mary Johnson Brown Chew and her family during the 1860s to 1880s. In particular, it focuses on Mary's adherence to society demands (servants, childrearing), her health concerns, and the interactions with her children. While it will mention some of her later activities, I primarily seek to explore her life with her husband, children, and her in-law, Anne, prior to the 1890s. It also provides a connection to the shift toward educated nurses for patient care rather than relying on mothers.

Mary (1839-1927) was one of three children born to David Sans Brown, a prominent textile owner. Mary was born into the new upper middle class then emerging throughout the country without claim to aristocratic titles as the old wealth did, such as the Chews. At this time in society, the middle class was being divided in multiple ways along wealth and the type of wealth of a family. The lower middle class, for instance, was often professional or businessmen families where the husband still had to work but who's children did not and were often able to acquire an education. Upper middle class families were often families who did not need to work but the husbands sometimes leisurely worked. The development of textiles and industry enabled new families to enter into the upper and upper middle class, which was previously comprised of old wealth families. These old wealth families may or may not have had the same amounts of wealth as new wealth families did, but their long-standing status in upper class society maintained their positions.

Anne Sophia Penn Chew never fully approved of Samuel's choice for a wife. She commented several times about their unequal status, and that Mary "seems to be a poor little body brought up with luxurious habits and thus totally unfit for the home that awaits her." In another instance she wrote, "I would have preferred that he should have chosen a wife from among some of the families with whom we had been in the habit" of associating with. Mary was accustomed to the new, luxurious, contemporary comforts that Anne and Sam could not afford. While the Chews had a social status, their name kept them in high society. In reality, they were relatively poor compared to their friends. They could not afford to spend money constantly, especially on extravagant items. Anne also complained of Mary's weakened health, fearing for future problems. Despite her reservations, Anne wrote, "I will favor the match if she makes you happy."⁶⁶

Anne's reception did not go unnoticed by Sam or Mary. In her 1861 diary, Mary comments that "Miss C. came on Monday to see us—a short but on the whole pleasant visit—her manner was neither warm nor cold and I am trying to make myself believe that were I more humble, the trouble & neglect which I have imagined and I have smarted under all winter would make me much less unhappy than it has done heretofore." Mary also writes to Sam about her growing concern for his aunt's prejudices. Though there is no written documentation, the situation between the two women eventually forced Sam to address Anne about her attitude. She explains, first in a draft and later in a sent letter, that

⁶⁶ Jennifer L. Green, "Cliveden: Legacy of Chew Women of Germantown," (Unpublished Paper, June 2004), <http://www.cliveden.org/Content/Research/legacy%20of%20Chew%20Women.pdf>, 17; Anne Sophia Penn Chew (ASPC) memorandum 1860, Historical Society of Pennsylvania (HSP), Box 339; ASPC memorandum 1860, HSP, Box 340; Nancy Richards, "Cliveden: The Chew Mansion in Germantown," (Unpublished Paper, December 1993), <http://www.cliveden.org/Content/Research/The%20Chew%20Mansion%20in%20Germantown.pdf>, 51-52; ASPC memorandum 1860, HSP, Box 339.

while she believes Mary to be overreacting and misreading her behaviors, Sam's happiness was more important, and they needed to set aside their differences. The two women gradually put aside their differences, though never completely. While Anne and Mary were never overly formal or loving, they did share affection. Mutual love and devotion to Samuel and the children eased the relationship between the two women.⁶⁷

One point of contention, but also a point of compromise, between the two women concerned Cliveden's comfort level. Maintenance of the house had always been a consideration, but especially to Anne, who took up residence in Cliveden in 1857 after a twenty-seven year feud between her and her siblings after the death of their father. Once in residence, she was faced with restoring the dilapidated house and making changes to suit Mary. In her desire to keep Sam close to her, Anne wrote in 1860 that "when the time comes for her [Mary] to come here I will try and fix up the house and make her as comfortable as I can." Although Anne offered to make adjustments such as adding furnaces and carpets, she was not fond of actually making them. However, by 1867, Mary's health forced Anne to make changes, since it was difficult for her to live in Cliveden during the winter months. Mary wrote Anne:

Sam seems to be very anxious that I should return immediately to Germantown & I fear...I cannot do so while this cold & changing weather lasts. I only wish that it were in my power but I feel that such health as I possess is only mine by dint of the most careful prudence & I feel that a very little exposure would send me rapidly down hill. I wish if possible to avoid the condition in which I passed last winter, but I feel that either a few more colds or another baby would bring it about, and I think it is very unlikely if I should be sick again that I would ever be better. But I cannot

⁶⁷ Mary Johnson Brown Chew (MJBC), diary entry, April 17 1861, HSP, Box 433; MJBC to Samuel Chew (SC), 186(?), HSP, Box 398; ASPC memorandum 1860, HSP Box, 339; Green, 18; Richards, 52.

help thinking if I take care now, I may slowly regain my strength, although I suppose never to be as I once was. Sam also says that he thinks that rather than be away from him I might endure the few inconveniences of Cliveden. But dear Miss Chew, unless Cliveden is made like modern houses, comfortable, I cannot spend another winter there except at the risk of my life.

In an undated letter, Mary writes to Anne again expressing her delicate health that “I should have been satisfied at Cliveden or anywhere else if I could have the comforts which have now become necessary to my existence.” Her health forced the family to move into the city during the winter months for most of the 1860s and for extended periods after the modifications.⁶⁸

Eventually Anne agreed to build a cottage on the property, which became the two-story addition. Anne’s complaints about the plans did cause Mary to suggest that the family buy a new, smaller home in Germantown. A newer building would have the modern conveniences that Mary needed but still be close to Cliveden, catering to Anne’s desire to maintain the property as well as to be less of an inconvenience to her. Not wishing to upset Sam who desired a space that the whole family could enjoy, Anne conceded to the changes. While there were other points of tension between the two women, this one was long lasting. It was not until later in her life, after the death of her husband and Anne, that Mary took an interest in Cliveden, though never to the same degree. However, when Philadelphia society became interested in preservation, so too did Mary with her involvement with the Colonial Dames.⁶⁹

⁶⁸ Green, 8, 22; ASPC memorandum 1860, HSP Box, 339; MJBC to SC, January 1865, HSP, Box 398; MJB to ASPC May 20 1867, HSP, 398; MJBC to ASPC, undated letter, HSP, Box 349.

⁶⁹ MJBC to ASPC, July 18 1867, HSP, Box 423.

This event not only illuminates the relationships within the Chew family but also Mary's beliefs, which were in line with new middle class Victorian roles. It also provides background for the relationship between two generations. What Anne saw as luxurious, Mary considered necessary for her health. Mary's preference to live in the Brown's city property on Walnut Street was not only because of health concerns but also because of the social, metropolitan atmosphere. While she visited Cliveden often, she wrote to Sam that "I see that it is my duty to be there—if I do not like it quite so well as the city." As a part of this new generation of upper middle class, Mary enjoyed society and attending the theatre and the opera. Sam and Mary frequently took trips to Cape May and Atlantic City. The children were also very socially active with parties, society events, and even a trip to Europe. Mary also joined social clubs such as the Colonial Dames. Her health however, especially during her childbearing years, limited her involvement.⁷⁰

For all these reasons, Mary needed several household servants and often panicked without them. Mary wrote continuously about filling servant positions, adding temporary help, adjusting their duties, and seeking advice about their attitudes. She was constantly making sure that Cliveden had the staff it needed to keep up with the children and her needs when the family or just the children visited. Whereas Anne was content with a few servants, at one point Mary had ten. She also kept up to date on the latest servant trends, including the development of training schools for servants in both Boston and France. "What a blessing it will be," she wrote, "if [they are] successful." As Anne only kept a

⁷⁰ MJBC to SC, undated, HSP, Box 398.

few servants and did not always get along with Mary's staff, Mary was discontented at Cliveden.⁷¹

Disagreement over childcare was another point of tension between the two women. Mary and Sam had six children together: Anne (1862), Elizabeth "Bessie" (1863), David (1866), Samuel (1871), Ben (1878), and Oswald (1880). Anne disapproved of Mary's distant relations with her children. However, Mary was a part of the new generation of upper middle class women that Anne did not understand. Anne was a part of an older generation that believed in large families and hands-on mothering whereas Mary preferred having a smaller family and being less hands-on. New society customs demanded little direct motherly attention to children, giving rise to a dependence on servants, including children's nurses. In this family, the children's nurses had permission to use the rest of the servants to help with the children's routine. The children's nurses were Mary's lifeline, especially one called Catherine who was with the family from the 1860s to sometime in the 1870s. The fear of not having her around, or another children's nurse, made Mary ill and paralyzed with fear. The children's nurse was their primary caretaker, allowing Mary to either rest or enjoy social activities. Mary mentions throughout her letters how much she relies on them not only to care for the children on a daily basis, but also when they are sick. Often, the children's nurse took care of them during the night, as opposed to Mary. If Mary or Sam were up with an ill child, the nurse

⁷¹ Richards 56, 58, 61; MJBC to ASPC, July 23, 1870, HSP, Box 352; MJBC to ASPC, February 17 1873, HSP, Box 351.

was still present. In addition, Mary writes about hiring temporary help or a “monthly nurse” to help care for the children who are ill, or when she was feeling weak.⁷²

Mary often commented that without the children’s nurses she would probably not be as healthy as she was. However, Anne often did not get along with the children’s nurses, especially Catherine, whom Mary often catered to. Anne found her to be a frustrating and difficult person to work with. While Anne was disappointed with Mary’s relationship to her children, she did recognize that Mary could not care for the children herself. Even Anne addressed the need for adding nurses for short periods, when Mary became particularly weak. She even sent Mary some of her servants when things became too difficult. However, Mary’s reliance on servants went beyond the social trend, as it became a health requirement. Doctors even suggested that Mary rest and have someone else look after her or care for the children when she was ill or complaining of fatigue.⁷³

Mary was frequently in ill health and evidently susceptible to colds, especially after childbirth. In 1858, the year prior to meeting Sam, she suffered for over two months with a very serious illness that left her with a new appreciation for the “blessing of health.” For an extended period after delivering the couple’s third child, David, Mary was restricted to bed rest after a difficult time recovering. She wrote to Anne complaining about society forcing women constantly to give birth: “I suppose it must be woman's duty to go on having children every year- - even if it kills her & she knows it will do so & if the Almighty wills it no one ought to complain- - but it requires an effort to be resigned.”

⁷² Richards, 56, 58, 61; Green, 21; MJBC to ASPC, May 2 1866, HSP, Box 352; MJBC to ASPC, undated, HSP, Box 349.

⁷³ MJBC to ASPC, undated letter, HSP, Box 350.

However, she went on to give birth three more times. After a few births, there were occasions when doctors suggested hiring a wet nurse in an attempt to improve Mary's health, especially after David's birth. While it cannot be said that a nurse was hired to help Mary recover, based on other situations and Mary's behavior, the children's nurse or other servants most likely would have been involved with helping her. Mary, even after the changes to Cliveden, limited her and the children's visits due to colds or the threat of illness. She notes that the changes in weather were a prime factor for her and the children's illnesses, often keeping them in the city rather than traveling to Cliveden. Mary comments in 1880 that every year she feels weaker and weaker. In addition, the doctors often diagnose Mary with weakened nerves and neuralgia for many of her spells. Whether Mary was actually ill on all of these instances is unknown and probably unlikely. Her letters sometimes imply she claimed weakness in order to avoid visiting Cliveden. By extension, it is possible Mary claimed illness to avoid getting pregnant again, to control her body, and to enjoy social activities away from the children.⁷⁴

Based on the letters written by Mary to Anne, Mary was highly concerned with the health of her children as well as friends and family. It was an obsession to know if someone was ill or if someone died. Even when the children were visiting Cliveden alone with their nurse, Mary would constantly inquire about their health. Nearly every letter commented on the family's health or an account of the latest illness. She constantly monitored Sam's health, especially in the later years of his life, and wrote to Anne about

⁷⁴; MJBC, diary entry, May 8 18(59), HSP, Box 433; Green, 20; MJBC to ASPC, January 22, 1867, HSP, Box 423; MJBC to ASPC, February 16, 1880, HSP, Box 351; MJBC to ASPC, undated letter, HSP, Box 350.

every cold, doctor's visit, or complaint of fatigue. Mary constantly called the doctor to treat a cold or fever. That is not to say that Mary overreacted, as diseases were a common problem. Rather she paid particularly close attention to the conditions of her children despite her limited interaction with them. In addition, there was always the threat of diseases from other families or the servants. The children did contract serious diseases, including the measles, scarlet fever, and chicken pox. She even vaccinated the children against smallpox on the advice of her doctor. However, according to Mary, one of the children contracted another serious illness or had complications from the vaccination though the others were fine. Another critical situation that garnered much attention from both Sam and Mary was David's foot, which required surgery to straighten. The letters also indicate that family members, including Anne and Martha Brown (Mary's sister), helped at times with the children's illness. Martha was noted as being particularly helpful with David's surgery and his recovery. Whether they were already present at the house or came because the family needed them is unclear, but Mary welcomed their presence. Even when Mary did not need assistance, family members still offered their support.⁷⁵

In times of serious illness or deaths, there are indications that unidentified outside personnel helped with care giving. For instance, when Anne's brother was dying, Anne's letters mention a nurse being present to look after him. Nighttime care seems to have been managed by someone else. In 1881, when Anne's sister Eliza was ill, Mary wrote on several occasions asking if Anne would like her "to send a nurse—I mean regular nurse" to help care for Eliza. Months later, after Eliza did not improve, Mary writes again

⁷⁵ MJBC to ASPC, letters from 1884, HSP, Box 350; MJBC to ASPC, undated, HSP, Box 349; SC to ASPC, April 24 1885, HSP, Box 352; MJBC to ASPC, February 7 1879, HSP, Box 351.

expressing “I will go for a nurse at any time you say.” Mary appears to have visited the woman with no indication she stayed for an extended period to help with caring. Whether the family did ultimately hire another nurse is unclear, but it was discussed. When Mary’s mother was dying in 1879, the doctor suggested that they “ought to have a nurse to help to lift mother and care for her at night.” Though it seems that she turned to family and friends first, Mary writes to Anne expressing that she will ask the doctor about his nurse or someone else that would be a good assistant. When Mary’s father was ill in 1863, though she and her sister helped care for him, it is again implied that someone else took over at night with caring. It also seems that Mary was the “chief nurse,” but whether that was in caring or delegating the caring is unclear. In 1887, when Samuel Chew was in his final days, Mary mentions in her diary that a doctor, she, and a nurse cared for him at home.⁷⁶ However, little else recorded of that time.

It appears too that the family occasionally hired temporary assistance. When Mary references the children’s nurses, they were either named or noted as “the nurse.” When other servants were present, helping the family out, Mary mentions them by name or a position such as cook or chambermaid. However, during serious illnesses, the person present was often noted not by a name but as “a nurse,” with no mention of their position or relation to the family. Those additional nurses were not discussed in terms of behavior or attitude, but only in passing in regard to the health of a loved one, indicating an

⁷⁶ MJBC to ASPC, March 12 1881, HSP, Box 350; MJBC to ASPC, May 13 1881, HSP, Box 350; MJBC to ASPC, November 1879, HSP, Box 351; MJBC to ASPC, undated letter, HSP, Box 350; MJBC, diary entry January 1887, HSP, Box 435.

impersonal relationship. The regular employees' behaviors and interactions were commonly recorded, especially when they helped with the sick children.

While doctors' bills and expenditures do not record if there were additional nurses paid for, letters and diaries indicate that outside caregivers were present. From the letters and her journal, Mary implies that on a few occasions that there was someone to relieve her from her care duties. In addition, there is some indication that the doctor at the time also stayed the night to oversee the situation, including with David's operation and Sam's deathbed. However, for other illnesses, it does not appear that the doctors stayed but relied on others to observe the patient. Mary did write at one point that she would see to it that the doctor's orders would be carried out to the letter when he left. Whether that means she herself or she will oversee someone else is unclear, but it does indicate that mothers still had a role in caring and doctors had to rely on someone else to make sure the patient was receiving proper care. Given the Chew's status in life, it was not uncommon for middle class women to hire day or night nurses to aid during a long illness.

CHAPTER 5

NURSING DEVELOPMENTS IN PHILADELPHIA, 1860s-1890s

Mary's social status allows us to connect her life with a larger history of women's experience in the late-nineteenth century, particularly concerning the shift toward trained nurses. The nurses alluded to in Mary's letters provide an avenue to explore a rarely examined branch of women's labor and education. As her letters show servants and other hired help were common in upper middle class families. Everyday childrearing in those households was carried out less by mothers and more by servants. This shift also applied to health care as children's nurses had to be mindful of symptoms of sickness. In serious situations, female family members hired in nurses to assist. During this time, the wealthy could hire aid for prolonged and difficult illnesses to ease the burden on female family members.⁷⁷ In Mary's circumstances, there are several situations where either she or Anne reference hiring someone outside of the regular servants during a health crisis.

So who were these hired nurses? Where were they trained? Around the mid-nineteenth century, the lack of proficient nurses concerned physicians. They wanted better nurses for both public and private practice. They desired women who would not counter their orders or give unnecessary folk remedies instead of the prescribed medicines. Philadelphia became a leading city in nurse training. Through various local institutions, such as the Woman's Hospital, the Visiting Nurse Society, and the Presbyterian Hospital an understanding of training programs can be connected to the

⁷⁷ D'Antonio, *American Nursing*, 7.

Chews. For example, Mary donated money to the Woman's Hospital and the Visiting Nurse Society, suggesting that she understood the benefits of nursing education.⁷⁸

One of the earliest calls for better-educated nurses came from those associated with the Woman's Hospital of Philadelphia. According to Dr. Mary Grimson, it was the first hospital charter granted in America, which also provided for the education of trained nurses. Established in 1861, the hospital's purpose was to treat women's diseases and children, and to provide obstetrical care. In addition, the hospital served as a dispensary and clinic. While the hospital was free to those who could not pay, those who could pay were charged at the rate of one to eight dollars a week. In addition to providing medical services, it states that a training program for nurses was a main goal for the institution. Though it began as a series of lectures for three months, by the beginning of the twentieth century it became a three-year program.⁷⁹

Although the Woman's Hospital aspired to create its Training School for Nurses, it took several years to establish it. In 1863, the Board was informed that now was the time when intelligent women needed to be educated for the position that was equally valuable to the physician. Also that year, Dr. Ann Preston publically advocated for better-trained nurses. While recognizing the efforts already made to create an educated nursing pool, she expounded on the desirability of such nurses not only for hospitals but also for the rest of society. In addition, she noted that good nurses need to be "conscientious and

⁷⁸ Abel, 21-28; D'Antonio, *American Nursing*, 11.

⁷⁹ Woman's Hospital of Philadelphia Records (WH), Mary Grimson, MD, "The History of the Woman's Hospital 1861-1934," (1934), 3, University of Pennsylvania Barbara Bates Center for the Study of the History of Nursing Archive (Bates), Box 1; WH, *First Annual Report of the Woman's Hospital of Philadelphia* (Philadelphia: Merrihew and Thompson, January 1862) 6, Bates, Box 1.

benevolent, as well as [to have] good common sense and clear perceptions” already present that training could enhance.⁸⁰ The Catholic nuns, according to her, were prime examples of unselfish, kind, and benevolent caregivers.

Preston also stated all “things being equal, whoever has the most of the material and tenderness and warm sympathy with the sufferer, is the best nurse,” however that was not always enough. Families, while perhaps armed with good intentions, sometimes made patients worse. Women were often “worn down with long and extreme illness” whereas professional nurses could be trained in endurance as well as in medical knowledge. Hospitals, she argued, should seek not only to educate nurses but also to provide short courses for wealthy upper class ladies to learn some general techniques of care giving. In addition, those lectures would teach those women what to look for when hiring a nurse. Society also needed to be active in pursuing this direction by “seeking out suitable women and encouraging them to qualify themselves for nursing as a business” and in doing so, gain an appreciation for the nursing field.⁸¹

Preston’s address is important not only for the hospital but for other institutions, as she defined the characteristics that medical professionals believed good nurses possessed. In addition, she set an agenda for advocacy. While she recognized the comforting qualities of mothers, with medical advances, trained nurses were now necessary. In addition, even those who recognized the benefits of trained nurses could not

⁸⁰Ibid; WH, Ann Preston MD, *Treating the Sick and Training the Nurses* (Philadelphia: King and Bair, Printers, 1863), 1, Bates, Box 2.

⁸¹ Ibid, 3, 7, 8; D’Antonio, *American Nursing*.

gain access to them, as they were scarce. Preston admired the efforts being made, but strongly advocated for more advances.

In 1865, the hospital implemented its first nursing program. Until the 1870s, the program was not very successful largely because the applicants did not meet the high standards of intelligence the program required. In the 1870s, the class sizes increased causing the program to expand rapidly. In 1872, the school began granting diplomas rather than certificates to students. It also received its first endowment. An endowment made by Mrs. Pauline Henry stipulated that the school establish affiliations with other hospitals, including Blockely and Philadelphia General Hospital, for students to work in other wards. Another milestone for the school was the creation of two scholarships in 1879. The school determined that each scholarship needed to be a minimum of sixty dollars. Pauline Henry created one entitled the Henry, and Mary Chew established another called the Cliveden.⁸²

This nursing program began as a series of lectures over three to six months. Topics focused on general medicine, surgical tasks, obstetrician, and other nursing tasks. The courses introduced medical procedures and symptoms but mainly focused on nursing duties. In 1872, the program was set at six months of training with three courses in fall, winter, and spring. Each course consisting of at least ten lectures. The school continued to expand its program throughout the years. One notable change was in 1875 when

⁸² WH, "Minutes of the Governing Board," 1865, Bates, Box 1; "Chronology notes of the History of Nursing Instruction," compiled July, 1954, Bates, Box 1; WH, *Fourth Annual Report of the Woman's Hospital of Philadelphia* (Philadelphia: Merrihew and Thompson, January 1865), Bates, Box 1; WH, "Chronology Outline of history of nursing instruction since 1839," compiled July 1954, Bates, Box 1; WH, "Historical account on the occasion of the founding of the new hospital building," 1930, Bates, Box 1.

training increased to eight months with the addition of recitations and quizzes. Another important change was in 1877, when the program became two years with one year of work in the hospital and one year of outpatient services. According to the hospital, this was to acquaint physicians and families with the benefits of trained nurses. It also enabled the school to hire out students to private homes as a source of revenue. By the end of the nineteenth century, the program had increased to three years.⁸³

Candidates for the Woman's Hospital were originally only single women, but in 1885, the school began admitting married women. Regardless of the applicant pool, the school only selected students with good character. In the beginning, class size remained small with about five students, gradually increasing to 15-25 students by the mid 1870s. The program also only accepted candidates between the ages 21 and 45 (that range changed in 1888 to 24-40). Applicants needed to provide references as well as a health report by their physician. Room, board, and wash were first available at a small cost to those who needed it; however after the dormitories were built students were required to live there. On the application, the hospital listed the requirements of their nurses as to alert students to the demands of the program. This included when to change beds and linens in the wards, bathing routine, preparing food, night duties, washing instruments, and keeping quiet hours.⁸⁴

⁸³ WH, "Minutes of the Governing Board," Oct. 1872, Bates, Box 1; WH, "Historical account on the occasion of the founding of the new hospital building," 1930, Bates, Box 1; WH, "Minutes of the Governing Board," Sept 1877, Bates, Box 1.

⁸⁴ WH, *Seventeenth Annual Report of the Woman's Hospital* (Philadelphia: Grant, Faires and Rodgers, Printers, 1879), Bates, Box 1.

The hospital also mentions beginning a directory in 1880s to track where its students found employment. Based on the annual reports, most graduates found work in private care, though some gained positions in hospitals. This became useful as in 1889 the school cautioned the public about nurses in the city falsely claiming they were trained at the school. The directory also enabled the school to confirm a graduation if a private family or a physician was concerned with someone's qualifications.⁸⁵

Another Philadelphia institution that was active in the transition toward trained nurses was Visiting Nurse Society of Philadelphia (VNS). Although its primary mission was to provide proper care to the sick poor, the organization was interested in employing trained nurse, creating affluents with training schools, and educating its own pupils. The purpose of the VNS was to furnish nurses to people who could not secure assistance during illnesses. In addition, this group sought to educate the poor on how to care for the sick. The organization concerned itself with supplying aid after people received proper medical diagnoses. Nurses treated cases of chronic complaints, sudden acute illness, slight accidents, diseases from neglect, and maternity care.⁸⁶

In promoting themselves as a benevolent organization, the women of the VNS offer insight into their own philosophy and lifestyle. These women recognized their firsthand experience of the benefits of additional help during illnesses. They had family members, servants, and hired nurses to ease their situations when caring for the infirmed.

⁸⁵ WH, "Minutes of the Governing Board," 1889, Bates, Box 1

⁸⁶Visiting Nurse Society of Philadelphia Records (VNS), "Original Charter," 1887, Bates, Box 1; VNS, *Seventh Annual Report of the Visiting Nurse Society of Philadelphia* (Philadelphia: George H Buchanan and Company, 1893), Bates, Box 1.

These upper middle class women saw that it was their benevolent duty to make nurses available to those less fortunate. Aid was not merely providing medicine and bandages but also giving comfort and the opportunity to rest. In addition, educating the poor on proper healthcare and germ theory benefited all of society. Basic understandings of hygiene and diseases would not only prevent the rapid spread of infections among the poor but also to the wealthy. By attempting to prevent epidemics, the VNS also decreased the threats of diseases to their own families and servants.⁸⁷

The VNS provided nursing assistance to both people who could and could not pay. Nurses were allowed to visit patients between 8am and 8pm as needed, even three or four times a day. While nurses could not stay at one house all day, the Society did offer to find other people who could. In 1892, visits were reduced to forty minutes, unless it was a maternity case, when the nurse could visit for double the time. When the VNS began taking on surgical cases, nurses could stay continuously with a patient for twenty-four hours. Nursing duties, while a benefit to the patient, were strenuous on the nurses. It required lifting, walking up and down stairs, and traveling into dirty, cramped areas. Washing, bathing, and disinfecting up to twelve cases a day required women who not only had competent skills but also a benevolent, patient attitude.⁸⁸

The VNS worked with the community, particularly with churches, to alert people to their services. In addition, while the Society provided services to those could not pay,

⁸⁷ VNS, *Second Annual Report of the Visiting Nurse Society of Philadelphia* (Philadelphia: George H Buchanan and Company, 1887), Bates, Box 1; Buhler-Wilkerson, 24.

⁸⁸ VNS, "Minutes of the Board," March 1892, Bates, Box 5; VNS, *Third Annual Report of the Visiting Nurse Society of Philadelphia* (Philadelphia: George H Buchanan and Company, 1888), Bates, Box 1; Buhler-Wilkerson, 25.

it would first attempt to find funds from the community. However, there was a special fund dedicated for situations when there were no other resources. For poor patients who were able to pay, a nurse cost five cents per day. The VNS also hired out nurses to private cases. These families, while they could not afford a full time trained nurse, could pay for visits at fifty cents a day. Increasing private cases eased the financial situation of a donation-based organization. In addition, the VNS protected wealthy families by not considering those cases to be public record and only noted that a nurse was sent out.⁸⁹

The Society relied on all types of donations from food to linens in order to provide quality care. The VNS often distributed articles or provided food to their patients. Items such as blankets, pillows, and sheets, were handed out as needed, and the majority of the time the items were returned in good conditions. Mary Chew in particular, on at least three separate occasions (1886, 1892, and 1902) donated money to the organization. The VNS also relied on benevolent people and business to provide discounted medicines, supplies, and other items for patients.⁹⁰

In 1886, the Society reorganized its nursing system from a series of district nurses to one head nurse that would supervise the nurses and delegate new cases. Sarah Haydock, a graduate nurse from the Woman's Hospital, organized the new system, and became the new head nurse. The VNS hired different types of aids, including nurses, helpers, and untrained assistants. They eventually expanded their staff in order to accept

⁸⁹ VNS, *First Annual Report of the Visiting Nurse Society of Philadelphia* (Philadelphia: George H Buchanan and Company, 1886), Bates, Box 1; *Third Annual Report* 1888, Bates, Box 1.

⁹⁰ VNS, *First Annual Report* 1886, Bates, Box 1; VNS, *Second Annual Report* 1887, Bates, Box 1; VNS, *Seventh Annual Report* (Philadelphia: George H Buchanan and Company, 1893), Bates, Box 1; VNS, *Seventeenth Annual Report* (Philadelphia: George H Buchanan and Company, 1903), Bates, Box 1.

more medical, surgical, and maternity cases. Each department had its own head nurse and pupils. The VNS often went through a few head nurses and other nurses per year. For regular nursing positions, they hired trained graduate nurses. However, temporary help and other assistants were often experienced but untrained women willing to work for moderate wages. In addition, with contagious disease cases, such as the measles outburst in 1886, outside nurses were hired to treat those patients in order to minimize the exposure of regular nurses.⁹¹

The VNS also created affiliations with hospitals and physicians. Mainly, it was for the VNS to lend out their nurses to hospital clinics or for hourly visits. However, that decreased in the 1890s. In June of 1888, the Society formed an agreement with Pennsylvania Hospital that VNS pupils, if they desired, would be admitted for one year of training at the hospital, in order to become an officially trained nurse. In 1891, it appears the Society began training its own pupils as though it was a training school. The organization also noted that it was interested in developing a partnership with the Female Medical College to better train its pupils, but it is not mentioned again. The VNS also at this time began granting diplomas to nurses who served for at least twelve months, when they left the organization. However, physicians had to sign the diplomas, as outside employers did not trust the VNS to know the skill level of their nurses.⁹²

⁹¹VNS, *Second Annual Report 1887*, Bates, Box 1; WH, "Historical account on the occasion of the founding of the new hospital building," 1930, Bates, Box 1; VNS, *Fourth Annual Report of the Visiting Nurse Society of Philadelphia* (Philadelphia: George H Buchanan and Company, 1889), Bates, Box 1.

⁹² VNS, "Minutes of the Board," June 1888, Bates, Box 5; VNS, "Minutes of the Board," June 1891, Bates, Box 5; VNS, "Minutes of the Board," Sept 1892, Bates, Box 5; VNS, "Minutes of the Board," Dec 1893, Bates, Box 5; VNS, "Minutes of the Board," March 1894, Bates, Box 5.

Training programs at hospitals across the city, in an effort to enforce their vision of proper nurses, restricted their students' movements, especially with the establishment of dormitories. Programs were able to limit social hours and behaviors, and to control the working schedule since the students lived on site. Schools believed that students' social lives needed to reflect proper behavior, as not to cast doubts on their propriety for future employment. Therefore matrons forbade late nights, dance halls, and drinking. As the VNS expanded, it also aspired to be like hospital programs. In 1888, in an effort to control the nurses, the Society acquired a house with a matron for nurses to live in. In doing so, they imposed similar policies as hospital programs to restrict the freedom of their employees. This prompted Sarah Haydock, the first head nurse in the system she helped organize, to leave as well as other nurses over the years. Like the hospitals, nurses worked a twelve-hour shift. Nurses also were firmly instructed not to accept food or liqueur from patients. The matron and head nurses also regulated neatness and cleanliness not only with nursing uniforms but also in the bedrooms and with patient records. The VNS frequently states that every case needed to have a clear record of information, instructions, and the physicians' diagnoses. Medicine, bandages, and the type of antiseptic were especially critical.⁹³

The Visiting Nurse Society provides insight into the transition toward trained nurses. This organization employed graduate nurses for head nurse and regular nurse positions, but still employed non-trained nurses for hazardous or temporary situations. In addition, the group actively sought ways to train its pupils and to get them officially

⁹³ D'Antonio, *American Nursing*, 40-50; VNS, "Minutes of the Board," "Rules for Nurses," May 1888, Bates, Box 5; VNS, "Minutes of the Board," "Rules for Nurses," July 1890, Bates, Box 5.

recognized for employment outside the VNS. This also suggests that other organizations employed certified trained nurses more often for positions than experienced-taught nurses. Also, because it was not uncommon for physicians or private families to request trained nurses from the Society, the demand for this new nurse was not limited to hospitals. At low or no cost, the public could appreciate these nurses, leaving untrained nurses with fewer options.

Nursing programs, including the Woman's Hospital and the Presbyterian Hospital, followed the most of Nightingale's beliefs, especially strengthening the moral and physical resolve of women. The Presbyterian Hospital's training school provides excellent insight into the women nursing programs recruited and how they taught their students. Nursing programs in general sought to attract intelligent, respected, and financially secure women. During this era, the lower middle class and the financially independent working class had the resources to have their daughters educated. In seeking out these women, institutions limited access for working class women who were experienced-taught. Education became important when patient information and physicians' orders were increasing written on charts with a rotation of people caring for them.

Similar to the Woman's Hospital, Presbyterian Hospital applicants had to provide their health information, including height and weight as well as hearing and speech ability. In addition, letters of recommendation from friends, reverends, and doctors were required as well as a record of their previous employment. In some situations, women declined their acceptance because they could not be released from their current employment. In addition to good health, applicants needed to demonstrate excellent

writing, spelling, and reading abilities. The program routinely denied women admittance because they lacked education. Family commitments were another obstacle to acceptance. For example, on one occasion a father wrote to the school asking that his daughter be denied because her mother was ill and they needed her home. In another instance, a married woman with children but without the husband present was turned down, in part because of the lack of education, but also because there was no additional family support.⁹⁴

Most of the students who applied to training schools were single women in their early twenties however there were exceptions. People across the country applied to the Presbyterian program. Several immigrants also applied, most notably from England and Ireland. Once accepted, the hospital tracked the students' behavior, character, attitude, interactions, grades, and rotation of duties. This continued after graduation as the hospital recorded marriages, work positions, and locations. Most graduates went into private care, though several took positions in hospitals across the country, and even in China.⁹⁵

Although the length of courses and lecture topics varied across programs, nursing students were traditionally trained in two ways: through lectures and hands-on experience. Doctors primarily presented the lectures, and often the sessions were open to the public. In the Woman's Hospital, nurses attended the same classes as the female doctor students and upper middle class ladies. In the courses offered by nursing

⁹⁴ Presbyterian Hospital School of Nursing Records (PHSON), "Index of Students," Bates, Box 73; "Epitome of Training School Candidates As They Are Admitted on Probation and Are Accepted or Rejected with brief synopsis of Character and Work in the Presbyterian Hospital 1889-1900," Bates, Box 73; Baly 12.

⁹⁵ Ibid.

programs, nurses learned everything from preparing medicines to wrapping bandages. Based to the journals of nursing students Alice Lemley and Elizabeth S. Xander, nurses also received lectures on the proper maintenance of lighting, ventilation, and room temperature in addition to preparing food, medicine, milk, and other remedies. Other courses discussed anatomy or surgical procedures so that nurses knew how to bandage, to clean incisions, and to be aware of various symptoms. Physicians also stressed the importance of observation, as nurses were the first person to be aware of changes in patients' health. But on top of all things, nurses needed to be quiet, composed, and cheerful.⁹⁶

One duty that was particularly emphasized was disinfecting all objects in the wards from the floors to the linens to windows. With the close quarters of patients at hospitals, infections were particularly dangerous. Hospitals instructed its nurses to be obsessive about cleaning anything the patients were exposed to in order to minimize the spread of diseases. Most intuitions ordered its nurses to move patients with contagious diseases to the top floors of the building and to prepare the wards in specific ways depending on the disease to minimize the contact with unnecessary objects and people.⁹⁷

Ward duties were the second aspect of the nurses' training. Head nurses assigned students with a rotation of day and night shifts, and each shift had specific tasks. Nurses often worked every day of the week, with alternating Sundays off. Students were often

⁹⁶ PHSON, "Elizabeth S. Xander," lecture notes, Bates, Box 113-114; Mary V. Clymer Papers, daily journal, Bates, Box 1; Alice Lemley Papers, Bates, Box 1; D'Antonio, *American Nursing*, 13.

⁹⁷ PHSON, "Elizabeth S. Xander," lecture notes, Bates, Box 113-114; Mary V. Clymer Papers, daily journal, Bates, Box 1; Alice Lemley Papers, Bates, Box 1

put to work in the ward while still receiving the lecture courses. The idea was not only for students to learn by practicing but also for hospitals to use them as cheap labor in the wards. In addition, student nurses were hired out to private case as another source of income.⁹⁸

As Mary Clymer, a student at the University of Pennsylvania, notes in her daily journal, repetition and practice were the foundation of nursing education. However, while repeating tasks was a form of education, she often expressed disappointment that she was not learning anything new. Clymer frequently commented that days would pass without any changes to her routine or learning a new task. When she did record a change to her schedule it quickly then became a part of her standard schedule. This practice of education began with Nightingale and other early advocates who believed that nurses needed to learn discipline and endurance, which was only possible with repetition. Matrons and head nurses enforced a rigid system of rules in their efforts to prepare nurses with the mental and physical strength to survive hospital or private care positions. Upon graduation, nurses would find jobs where they would be isolated to a ward or a private home. Training was important to ensure students were diligent as any misconduct or mishandling of objects could seriously harm patients.⁹⁹

With limited hospital positions, graduate nurses were forced to find outside positions. Private nurses often found work through doctor's patients or nursing registries. In private care, women sometimes lived in the patient's home and worked twelve-hour

⁹⁸ Lemley, Box 1; Clymer, Box 1; Reverby, *Ordered to Care*, 61.

⁹⁹ Clymer, daily journal, Box 1; Baly, 43; Bradshaw; D'Antonio, *American Nursing*, 40-41.

shifts. They often had limited access to supplies or new techniques. Nurses also could have domestic tasks assigned to them by patients, including cooking and housekeeping, in addition to caring for them. Whether hired by the patient or the doctor, the family established the rules and routine while the doctor gave instructions. Socially, these nurses fell into limbo. They were neither family nor servants within the home, but lived there for extended periods. Nurses worked in a private home but it was also public because they were hired in, and had the patient's family, doctors, and friends, watching the situation. These other people were not only monitoring the sick person but the nurses' performance.¹⁰⁰

¹⁰⁰Reverby, "Neither for the Drawing Room nor for the Kitchens," 461-467; D'Antonio, *American Nursing*, 4; Reverby, *Ordered to Care*, 15; Melosh, 82.

CHAPTER 6

PRESENTING NURSING HISTORY AT CLIVEDEN

Cliveden of the National Trust is an exceptional place, both in terms of the site and its history but also its available resources. In relation to other Germantown sites and house museums across the city, the Cliveden organization has abundant sources of financing for projects and can employ a large, steady staff. While many sites operate with only one or two full or part-time paid staff, Cliveden has approximately five full-time staff members. This allows the organization to have the time and personnel to find and apply for grants, to develop new programming, and to dedicate considerable time to researching new aspects of the site's history. Rather than relying on volunteers as some sites have to be, Cliveden has the resources to depend on its own staff for developing educational programming, tour interpretations, and to research different types of histories. In addition, the documents and records concerning Cliveden and the Chew family are numerous and well preserved, providing evidence of multiple possible histories for investigation and interpretation. With the amount of records and a staff open to new interpretations, my proposal is possible avenue for implementation or further research.

How then can nursing history be connected and told at Cliveden? Upper and upper middle class women, including Mary Chew, supported nursing programs in Philadelphia. Based on Mary's references to nurses, her health, social position, and the monetary donations to training programs, she was aware of the nursing transition. Using the existing house tour, nursing history can be integrated into Cliveden in a few areas, particularly in the dining room and near the servants' quarters. Since the specific names

of hired nurses are unknown and other evidence of nurses' presence is only gained through passing references, a separate program, exhibit or third-person tour of Cliveden and nursing history is not sufficiently supported by Mary's and Anne's records. However, by integrating nursing trends into the regular tour, it can enhance the discussions already mentioned concerning middle class actions and lifestyles by using Mary's actions and health concerns to connect with nursing education. As nursing history is rarely examined at house museums, Cliveden has a chance to connect its family history to a larger social context and present its visitors with a different history.

In the dining room, Mary's involvement with benevolent organizations provides an opportunity to explore larger social trends and her connections to nursing programs with the Woman's Hospital and Visiting Nurse Society. Here the guide already mentions that the Chews were members of the upper middle class who had leisure time and spending money. Exploring the upper middle class's reform efforts is important for connecting with larger stories, and in this situation with nursing. Individual private women, including Mary, took public measures through benevolent organizations to create a healthier society.

As the tour guide mentioned, Mary was a participant in various social organizations. Some of them focused on improving the city and providing services to the poor. Organizations, including Philadelphia Civic Society and the Visiting Nurse Society, were established to improve society in various aspects of life, including health care.¹⁰¹ The Visiting Nurse Society, established by upper middle class women, provided the poor

¹⁰¹ Green, 25.

with trained nursing care and education to order to improve their health. This organization survived not only because of their benevolent beliefs but also because of the donations made by their fellow middle class citizens. Mary in particular made donations periodically over the years. In addition, the VNS took on private cases, which were often the families of the middle or working class who could afford to pay for a nurse's visit. The VNS also connects middle class actions with nursing education as this organization not only hired trained nurses but also granted diplomas and trained its own pupils.

Hospitals in particular benefited from the upper middle class as their benevolent and charity activities often included establishing hospitals to provide treatment to the poor. In Mary's era, only the poorest people would visit or stay in hospitals as most people preferred homecare or outpatient services. Hospitals, in order to provide the necessary services, needed nurses. They eventually established training programs for nurses beginning in the mid-nineteenth century. They were able to use the students or graduate nurses to provide care both in the wards and in private houses.¹⁰² However, the growth of nursing programs was often aided by donations from upper middle class citizens.

Although Mary did not serve on the board of a hospital program, she was aware of the changes they supported. She already knew of the efforts made for servant training schools in Boston and France around the time that Dr. Ann Preston of the Woman's Hospital of Philadelphia advocated for trained nurses. Furthermore, in 1879, Mary established a scholarship at the Woman's Hospital for student nurses. Since the hospital

¹⁰² D'Antonio, "The Legacy of Domesticity;" Reverby, *Ordered to Care*, 20-25.

stipulated that scholarships could be no less than sixty dollars, Mary would have been a firm believer in its mission to contribute that significant amount of money. This action is a specific example of Mary's involvement with the shift in care giving and the middle class's investments in social and medical projects. In doing so, she became an associate of the greater movement for educated nurses. With a guide stressing this connection, Mary becomes a representative of larger middle class efforts that did not isolate women to the home. With her contributions, the guide can explore not only what the hospital's program was but also who the nursing students were and why doctors and society were interested in their education.

At this point (either still in the dining room or while walking towards the servant quarters), the guide can move on to discuss the concerns of doctors and society. Doctors increasingly saw a problem with the untrained nurses in hospitals and in private cases. Specifically, untrained women had a limited understanding of medical care and often did not follow instructions. Women who could afford to hire in additional help during prolonged illnesses, hired these untrained nurses for private cases. In addition, untrained assistants and family members were potentially harmful to the sick, as they failed to sterilize objects and to observe the patients properly. Doctors beginning in the 1860s desired women who were intelligent and benevolent to be officially trained as assistants.

Doctors, hospitals, and other programs like the VNS focused on teaching nurses skills and endurance. Since the majority of graduate nurses went into private duty, women need to be prepared to endure long hours of repetitive tasks while in isolation. Though nurses learned in lectures how to bandage, prepare food, bathe patients, and other basic duties, programs emphasized hands-on practical training. Students worked in the

wards but were also sent out to private cases. This system created the obedient, intelligent, and composed nurses that doctors, hospitals, and society needed. Hospitals first developed outpatient services to provide nurses to doctors and private families in order to show them the benefits of trained nurses. Whether sent out to private physicians or families, middle class patients were the most likely recipients of professional nursing services.

Moving towards the servant quarters, while those rooms are off-limit, the guide can still explain the difference between servants and outside nurses. By exploring upper middle class women's increasing dependence on servants through Mary's reliance on hired help opens a door to discuss servants' roles in care giving, particularly the children's nurses. In times of illness, the Chew servants and children's nurses were often asked to help care for the sick or were asked to pick up additional tasks. For instance, if the cook was helping the family, often the chambermaid was assigned cooking duties. Also, the upper middle class could afford to hire outside help during difficult illnesses. Mary on a few occasions did hire temporary assistants, particularly when family members were on their deathbeds. Those outside aids during the late nineteenth century were increasingly trained nurses.

With upper middle class women investing time, money, and energy into nursing programs and health care services, it is reasonable to assume they took advantage of those changes. Servants were constantly present in the Chews' lives, but Mary in her letters, refers to other nurses during serious illnesses. Middle class women were still the family's caretaker but increasingly became the manager of the house for servants and temporary aids. For the Chews, using the servants often disrupted the household schedule

causing Mary to seek extra help. However, additional help still disrupted servant schedules. Nurses had a priority to follow orders and care for patients that would sometimes interfere with servants' tasks and routines. Interruptions included extra cleaning, preparing different foods, and additional washing for both the patient and the nurse. Mothering and familial care was still present at this time but it was becoming more common for servants and strangers to help ease their burden.

Mary also had very poor health and was easily susceptible to colds, especially during her childbearing years. She relied on children's nurses, family, and servants to take care of her and the children during colds or weak-spells. On a few occasions, she indicated that temporary aids were present to care for a sick child because she could not or feared it would weaken her further. Mary's letters to Anne, mainly during critical illnesses and deaths, indicate that they discuss hiring additional nurses or referenced that a nurse was already present. While servants were referenced in care giving during normal illnesses, they were rarely mentioned with deaths. Only in dire situations are unknown nurses mentioned in the Chew women's letters.

The guide can also mention that whether Mary used the specific services of the VNS or the Woman's Hospital is not known but it is very possible she used their services or her awareness of such places to secure aid. At the very least, she did discuss with her physicians about acquiring proficient nurses for daytime or nighttime duties. Physicians at this time also started to maintain a list of private duty nurses or were in contact with training programs to acquire temporary assistance. Lastly, the guide can note that nursing programs, especially early on, relied on donations and contributions made by the upper middle class. Women could have enlisted their own servants for caretaking, but they

sought out the new nursing professionals. While doctors and hospitals began advocating this trend, its successful implementation was in part because of the support of the upper and upper middle class. Without them, the shift towards trained nurses that doctors first advocated for would not have happened, or at a much slower rate.

Using the themes of the house and specific moments in the tour, nursing history becomes a possible avenue to explore a large history at Cliveden. Through using the opportunities presented, guides can explore the Chew's connections to early nursing programs. While concrete evidence of nurses is limitedly found in the Chew records, the references to nurses in the women's letters in addition to the donations recorded at the Woman's Hospital and the VNS provides a foundation to explore nursing history in general. The tour can support introducing nursing developments when guides discuss Mary's social and reform efforts as well as passing by the servants' quarters. As servants and hired nurses were critical to Mary's life, guides can explore the dependence on others for childrearing and caring. With adding nursing history, Cliveden can connect its local history to the larger history Philadelphia nursing trends. In addition, nursing history is a unique story not commonly explored at other historic sites. Cliveden has the opportunity to educate its public about a history that is relevant to many people. Caring for loved ones is something many people can relate to, and by exploring the development of professional nurses from motherly care, a connection between the past and the present is formed.

While there are connections between the Chews and nursing developments, there are limitations to presenting this history and interpretation. By itself, nursing history at Cliveden is not fully congruent with the organization's goals and thematic interpretations. Without other changes or further research, nursing history and my proposed interpretation

remains limited and slightly imposed onto the site. In addition, the connections between the family and nursing history are not as strong compared to other topics interpreted at Cliveden. Other sites in Germantown or other house museums in the city may be more suitable to discussing this history. Another possibility to incorporating nursing history at Cliveden is if other nearby sites also discussed that history. Not only would nursing history be further developed, it would provide stronger connections between the sites, the neighborhood, and nursing trends. With communication between the sites and the community, a connection between contemporary life, current care giving options, and nursing evolution can be exposed. Through discussions with the community to make sure nursing history is relevant to them, sites can inspire people to reflect on their own situations, healthcare, and family care giving. By connecting the current community with the developments in history across several Germantown sites, a more personal connection to the past is created. While my proposal has its merits, by expanding its relevance to other sites and relating it more directly with the personal lifestyles of the current neighborhood, nursing history can be told effectively in house museums.

CHAPTER 7

CONCLUSION

The public trusts museums and historical places for historical information. In order to be responsible educational centers, historical sites need to expand their histories from traditional male stories to include forgotten voices. House museums in particular have great opportunities to educate the public on various stories. These sites have their own local histories that include the house, the family's actions and beliefs, the servants or slaves, and gender relationships. These different histories provide an opening to make a connection with larger social developments or local events. As public historians have noted, while house museums have been steadily improving their histories, there are still areas for improvement. Women's history in particular provides unique avenues for interpretation, including exploring women's roles and nursing trends.

In this thesis, I have demonstrated that house museums often limit their histories to the house or family, and rarely extend them into larger social developments. My case study of Germantown three sites—Wyck, Ebenezer Maxwell Mansion, and Cliveden—analyzed the regular house tour and its presentation of women. While all three house museums investigated their internal histories, they varied in how they discussed women. These sites primarily focused their interpretation on the families, the object collections, and the house as a structure. In addition, they limitedly explored external events or larger social developments. Women were underexplored in the most of the sites, although Maxwell's tour did frequently contextualized women's actions and behaviors. Overall women received notice in passing during discussions of the main themes. In doing so, women were left unexplored and isolated to the home. By examining the tours, several

opportunities within the thematic topics to expand on women, their roles, and position in society are found. With additional research and integrating more meaningful stories of women into the current tours, a more complete history of the sites can be presented to the public.

I also explored using local archival collections to improve women's history at Cliveden. Local resources provide the opportunity to expand house museums' interpretation to include more personal and communal histories of larger societal developments and make connections to the family's actions. Specifically, I connected the transition toward trained nurses in the late-nineteenth century to events to Cliveden and the Chew family. Through close examination of the letters, diaries, journals, and other documents of Mary Johnson Brown Chew and Anne Sophia Penn Chew, housed at the Historical Society of Pennsylvania, avenues to expand women's are found. Mary's reliance on servants and hired assistance, weakened health, and concern for her children's health creates openings to connect nursing developments to the lives of this upper middle class family.

In addition, I used another local archive dedicated to nursing programs, the Barbara Bates Center for the Study of the History of Nursing and its collections, to explore the development of nursing programs. The records of the Woman's Hospital, the Visiting Nurse Society, and the Presbyterian Hospital tells the history of doctors and upper middle class women who strove to improve society and care giving through educating nurses. These institutions not only provide information on why people were supporting these changes but also the popularity of these efforts. In addition, these organizations provide the community, both the poor and the wealthy, with nursing

services. These newly trained nurses were not isolated to hospital but found throughout society. Along with individual nurses' journals, the education system, the information and the tasks nurses were now demanded to be proficient in tells a different story of women's roles, education, and labor choices.

Using my case study and research in the archives, I link the Chews with nursing developments of the nineteenth century. Connecting nursing history to Cliveden is made directly with Mary's donations and references to the presence of hired nurses. In addition, indirect evidence of other references, her overall health concerns, and her social status supports using the family as representatives for general upper middle class behaviors and benevolent activities. While there were no specific nurses or institutions mentioned by name, there are enough references to support nursing history at Cliveden. The record collections at both archives support the notion that Mary was aware of the transitions in care giving and professional nurses. Nursing history can work within regular tours as specific examples of social developments, reliance on servants, or as an example of the changes within the middle class lifestyle. This history expands the stories told at Cliveden, not only to present a larger picture of Philadelphia's society, but also expands women's history.

Exploring nursing history at Cliveden forges a connection with the present. As with most professions, nursing has evolved over the centuries, and has become an integral part of healthcare and history. As historian Lynn Weiner noted, the majority of people in social or healthcare fields today are still women. Representing early nursing history makes a connection to the public realities and institutions today. In addition, presenting this history at sites provides a voice to a lost and ignored story that is rooted in

the local community. Nursing history at public sites introduces a larger history of changes in healthcare, caring, and middle class roles. By using exploring the family papers and using other a local archival collection, a different story can be told that enhances the history already present at historic sites. As an example, I demonstrated by closely examining the Chew women's letters links are found to shifts in care giving, nursing training and nursing schools. This creates an opportunity to expand women's history in a different yet still relevant way within a single site. Through connecting local archives and the potential histories within their collections, house museums can eliminate some of their limitations of women and servant stories. Sites can be opened up to explore new and relevant histories for the public to appreciate.

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